

October 31, 2019
Board Room 3
9:00 a.m.

Call to Order – Steve Karras, D.V.M.

- Welcome
- Emergency Egress Procedures

Ordering of Agenda – Dr. Karras

Public Comment – Dr. Karras

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Approval of Minutes – Dr. Karras

Pages 1-8

- July 9, 2019 – Full Board Meeting
- July 9, 2019 – Formal Hearing (Case Nos. 182114 & 182831)
- September 19, 2019 – Conference Call (Case Nos. 197135 & 194365)

Agency Director’s Report - David Brown, D.C.

Legislative/Regulatory Report – Elaine Yeatts

Pages 9-12

- Legislative Update
- Regulatory amendment (18VAC150-20-100) to adjust fee for returned checks (Action Required)

Discussion Items

Pages 13-62

- Veterinary Establishment Inspection Update – **Leslie Knachel/Melody Morton/Leith Ellis**
 - Presentation on updated inspection report form
 - Update to Guidance Document 76-21.2.1 Veterinary Establishment Inspection Report (action required)
- Report from USP Committee meeting– **Ms. Halsey/Ms. Knachel**
 - Draft of FAQs
 - Inspection committee
- Update to Guidance Document 150-18: Bylaws – **Ms. Knachel**
- Letter regarding veterinary nurse initiative – **Ms. Knachel**
- Use of an agency subordinate – **Ms. Knachel**

Board Member Training – Ms. Knachel/Kelli Moss

Navigating and Annotating Electronic Case Files

Board Counsel Report – Charis Mitchell

President’s Report – Dr. Karras

Staff Reports

Pages 63-68

- Executive Director’s Report – **Ms. Knachel**
 - Statistics
 - AAVSB 2020 Annual meeting
 - New website format

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- Outreach
 - Renewals
 - Mass Emails
 - CE audit report
 - 2020 Board calendar reminder
 - Discipline Report – **Ms. Moss**
-

New Business – Dr. Karras
Officer Elections

Next Meeting – March 5, 2020

Meeting Adjournment – Dr. Karras

This information is in **DRAFT** form and is subject to change.

**VIRGINIA BOARD OF VETERINARY MEDICINE
MINUTES OF FULL BOARD
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 4
HENRICO, VA
July 9, 2019**

TIME AND PLACE: The Board of Veterinary Medicine (Board) was called to order at 9:06 a.m., at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia.

PRESIDING OFFICER: Steven B. Karras, D.V.M., President

MEMBERS PRESENT: Tregel M. Cockburn, D.V.M.
Ellen G. Hillyer, D.V.M.
Autumn N. Halsey, L.V.T.
Mark A. Johnson, D.V.M.
Bayard A. Rucker, III, D.V.M.
Mary Yancey Spencer, J.D., Citizen Member

MEMBERS NOT PRESENT: All members were present.

QUORUM: With seven members of the Board present, a quorum was established.

STAFF PRESENT: David E. Brown, D.C., Director
Leslie L. Knachel, Executive Director
Charis Mitchell, Assistant Attorney General, Board Counsel
Kelli Moss, Deputy Executive Director
Anthony C. Morales, Licensing Operations Manager
Elaine Yeatts, Senior Policy Analyst
Melody Morton, Inspections Manager, Enforcement Division
Lena Moore, Administrative Assistant

OTHERS PRESENT: Robin Schmitz, Virginia Medical Association of Virginia (VVMA)
Taryn Singleton, Virginia Association of Licensed Veterinary Technicians (VALVT)
Carolynn Bissett, Virginia Department of Agriculture and Consumer Services (VDACS)
Ed Fallin, D.V.M., Veterinary Referral and Critical Care (VRCC)
Michael McIntyre
Nancy McIntyre
Laura Pefrella

ORDERING OF AGENDA: No changes were made to the agenda.

PUBLIC COMMENT: Dr. Fallin spoke on the effects of USP800 on veterinary practices. He feels that many of the practitioners will have difficulty complying with the requirements which become effective in December 2019. He indicated support for the Board to convene a committee to address the effects of USP requirements.

APPROVAL OF MINUTES: Dr. Rucker moved to approve the meeting minutes for the following meetings as presented:

- March 7, 2019 – Full Board Meeting
- June 4, 2019 – Formal Hearing (Case Nos. 171134 & 170749)

The motion was seconded and carried.

DIRECTOR'S REPORT:

Dr. Brown provided an update on agency activities including the roll out of updates to the main DHP website. He indicated that veterinary medicine's website will be updated in the near future.

Dr. Brown and Ms. Knachel presented Dr. Johnson with a plaque recognizing and thanking him for his eight years of service on the Board.

LEGISLATIVE/REGULATORY UPDATE:

Legislative Update

Ms. Yeatts provided a brief summary of the 2019 legislation that directly and indirectly affected the Board of Veterinary Medicine.

Adoption of Exempt Regulatory Action (SB1653 and 18VAC150-20-190)

Ms. Yeatts requested that the Board consider adoption of final regulations as an exempt action to conform the second enactment clause of SB1653 on maintenance of drug records and reconciliation.

Ms. Halsey moved to adopt the final regulations as presented.

The motion was seconded and carried.

Ms. Knachel requested that the Board consider providing a specific time period for education about the new maintenance of drug records and reconciliation. As previously done with new regulatory requirements, she commented that the inspectors could note the violation without it contributing to the points used to determine disciplinary actions.

Dr. Johnson moved to direct board staff to note a violation for this requirement and exempt the violation from point contribution until July 1, 2020.

The motion was seconded and carried.

DISCUSSION ITEMS:

Veterinary Establishment Inspection Update – Ms. Knachel/Melody Morton

Ms. Knachel introduced Lena Moore who is college student working with the Board as an administrative assistant during the summer. She has been assigned the project of updating the Veterinary Establishment Inspection Report into a new electronic format.

Ms. Morton provided an update on veterinary establishment inspections. She indicated that the virtual inspections performed electronically are proving to be an efficient means for conducting certain types of inspections. She stated that a new inspector has started in the Fredericksburg region and that the Southwest inspector will be retiring in the near future.

Guidance Document Update 150-13

Ms. Yeatts requested that this item be moved to later in the agenda.

PMP Frequently Asked Questions

Ms. Knachel stated that the PMP FAQs, when were initially developed, were logistical in nature. However, recent updates necessitate the Board consider adopting the document as guidance.

Ms. Spencer moved to adopt as presented the FAQs of PMP as a new guidance document.

The motion was seconded and carried

USP800

Ms. Knachel recommended that the Board form an Ad Hoc Committee pertaining to USP requirements and the practice of veterinary medicine in Virginia.

Dr. Johnson moved to establish an Ad Hoc Committee to study the USP800 changes.

The motion was seconded and carried.

Dr. Karras will appoint committee members.

Guidance Document Update 150-13

Ms. Yeatts provided a new draft at the meeting of updates to 150-13. She reviewed the updates included information on gabapentin being classified as a Schedule V controlled substance in Virginia and the recordkeeping requirements for feline buprenorphine and canine butorphanol.

Dr. Cockburn moved to adopt the new draft Guidance Document 150-13 as presented.

The motion was seconded and carried

Enforcement Presentation

Ms. Knachel informed the Board that Ms. Schmitz was delayed at another meeting and asked for this item to be moved to later in the agenda

BOARD MEMBER TRAINING: Ms. Moss provided a presentation on the use of electronic equipment in the disciplinary process.

DISCUSSION ITEM: Ms. Schmitz provided an overview of the Enforcement Unit and complaint investigation procedures.

BOARD COUNSEL REPORT: Ms. Mitchell had nothing to report.

PRESIDENT'S REPORT: Dr. Karras reported on his participation on the AAVSB Member Services Think Tank Committee. He will be attending the AAVSB's annual meeting in September.

BOARD OF HEALTH PROFESSIONS' REPORT: Dr. Johnson provided a report on the recent activities of the Board of Health Professions.

STAFF REPORTS:

Executive Director's Report

Ms. Knachel reported on the following:

- Board statistics;
- Drs. Karras and Cockburn and Ms. Knachel will be attending the AAVSB annual meeting in September; and
- Outreach activities.

Discipline Report – Ms. Moss

Ms. Moss provided an overview of the caseload statistics.

NEW BUSINESS: No New Business was presented.

NEXT MEETING:

Dr. Karras announced that the next full board meeting is scheduled for October 31, 2019.

ADJOURNMENT:

Dr. Karras thanked Dr. Johnson, Ms. Spencer and Ms. Halsey, the Board members whose terms are expiring, for their service.

The meeting adjourned at 10:54 a.m.

Steven B. Karras, D.V.M
Chair

Date

Leslie L. Knachel, M.P.H
Executive Director

Date

UNAPPROVED DRAFT
VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 4
HENRICO, VA
JULY 9, 2019

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 11:17 a.m. on July 9, 2019, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia.

PRESIDING OFFICER: Steve Karras, DVM, President

MEMBERS PRESENT: Mary Yancey Spencer, JD
Tregel Cockburn, DVM
Ellen Hillyer, DVM
Autumn Halsey, LVT

MEMBERS EXCUSED: Mark Johnson, DVM
Bayard Rucker, III, DVM

QUORUM: With five members of the Board present, a quorum was established.

STAFF PRESENT: Leslie L. Knachel, MPH, Executive Director
Terri H. Behr, Discipline/Compliance Specialist

BOARD COUNSEL: Charis A. Mitchell, Assistant Attorney General

COURT REPORTER: Andrea Pegram, Andrea Pegram Reporting

PARTIES ON BEHALF OF THE COMMONWEALTH: James Schliessmann, Sr. Assistant Attorney General
Jessica Kelley, Adjudication Specialist

COMMONWEALTH'S WITNESSES: Jennifer Challis, Senior Investigator
Debby Rosenberg

MATTER SCHEDULED: **Catherine Page Dyer, DVM**
Case Nos.: 182114 & 182831

Dr. Dyer appeared before the Board in accordance with a Notice of Formal Hearing dated March 12, 2019. Dr. Dyer was represented by legal counsel, John A. Conrad,

Esquire. The Board received evidence from the Commonwealth and from Dr. Dyer, and heard sworn testimony from witnesses called by the Commonwealth regarding the allegations in the Notice.

**ADJOURNMENT OF FORMAL
HEARING UNDER SPECIAL
CIRCUMSTANCES:**

Due to a safety concern in the building, the Department of Health Professions closed at 2:00 p.m. and the building was evacuated. By agreement of all parties, the Formal Hearing was adjourned, and will be scheduled to reconvene on a date and time to be determined.

Steve Karras, DVM, President, Chairperson

Leslie L. Knachel, MPH, Executive Director

UNAPPROVED DRAFT
VIRGINIA BOARD OF VETERINARY MEDICINE
SPECIAL SESSION – TELEPHONE CONFERENCE CALL
SEPTEMBER 19, 2019
MINUTES

CALL TO ORDER: Pursuant to § 54.1-2400(13) of the Code of Virginia, a telephone conference call of the Virginia Board of Veterinary Medicine was called to order on September 19, 2019, at 9:00 a.m., to consider Consent Orders for possible resolution of Case Nos. 197135 & 194365.

CASE 197135

PRESIDING: Steve Karras, D.V.M., President - Chair

MEMBERS PRESENT: Tregel Cockburn, D.V.M.
Mark A. Johnson, D.V.M.
Bayard A. Rucker, III, D.V.M.
Autumn Halsey, L.V.T.

QUORUM: With five members present established through a roll call, a quorum was established.

STAFF PRESENT: Leslie Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Terri Behr, Discipline/Compliance Specialist

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

PUNYA ANDARAWEWA, VETERINARIAN

License No. 0301203931

Case No. 197135

The Board received information from Ms. Moss regarding a Consent Order signed by Dr. Andarawewa for the resolution of Case No. 197135 in lieu of proceeding with an informal conference.

DECISION: Dr. Cockburn moved that the Board accept the Consent Order as presented in lieu of proceeding with an informal conference. Following a second to the motion, a roll call vote was taken. The motion passed unanimously.

At Dr. Karras' request, Dr. Johnson disconnected from the conference call prior to the presentation of the possible resolution to Case No. 194365, as Dr. Johnson had previously served on an informal conference committee regarding this matter.

CASE 194365

PRESIDING: Steve Karras, D.V.M., President - Chair

MEMBERS PRESENT: Tregel Cockburn, D.V.M.
Bayard A. Rucker, III, D.V.M.
Autumn Halsey, L.V.T.

QUORUM: With four members present established through a roll call, a quorum was established.

STAFF PRESENT: Leslie Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Terri Behr, Discipline/Compliance Specialist

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

ROHAN RAJAPAKSE, VETERINARIAN

License No. 0301203945

Case No. 194365

The Board received information from Ms. Moss regarding a Consent Order signed by Mr. Rajapakse for the resolution of Case No. 194365 in lieu of proceeding with a formal administrative hearing.

DECISION: Dr. Cockburn moved that the Board accept the Consent Order as presented in lieu of proceeding with a formal administrative hearing. Following a second to the motion, a roll call vote was taken. The motion passed unanimously.

ADJOURNMENT: The meeting was adjourned at 9:08 a.m.

Steve Karras, D.V.M., Chair

Leslie L. Knachel, M.P.H., Executive Director

Date

Date

Board action: Amendment to fee for returned checks

Included in agenda package:

Applicable sections of the Code of Virginia

Revised Fee section

Staff note:

Auditors from the Office of the Comptroller have advised DHP that we should be charging \$50 for a returned check, rather than the current \$35. That amount was based on language in § 2.2-614.1. However, § 2.2-4805 (from the Va. Debt Collection Act) requires the fee for a returned check to be \$50.

Board counsel for DHP boards has advised that the handling fee of \$50 in Virginia Code 2.2-4805 governs. Section 2.2-614.1 states that a “penalty of \$35 or the amount of any costs, whichever is greater,” shall be imposed. By amending § 2.2-4805 in 2009, the General Assembly determined that the costs, in the form of a “handling fee,” is \$50, and thus greater than the \$35 penalty imposed under 2.2-614.1.

Therefore, all board regulations will need to be amended to reflect the higher “handling” fee.

Code of Virginia
Title 2.2. Administration of Government
Chapter 6. General Provisions

§ 2.2-614.1. Authority to accept revenue by commercially acceptable means; service charge; bad check charge.

A. Subject to § 19.2-353.3, any public body that is responsible for revenue collection, including, but not limited to, taxes, interest, penalties, fees, fines or other charges, may accept payment of any amount due by any commercially acceptable means, including, but not limited to, checks, credit cards, debit cards, and electronic funds transfers.

B. The public body may add to any amount due a sum, not to exceed the amount charged to that public body for acceptance of any payment by a means that incurs a charge to that public body or the amount negotiated and agreed to in a contract with that public body, whichever is less. Any state agency imposing such additional charges shall waive them when the use of these means of payment reduces processing costs and losses due to bad checks or other receivable costs by an amount equal to or greater than the amount of such additional charges.

C. If any check or other means of payment tendered to a public body in the course of its duties is not paid by the financial institution on which it is drawn, because of insufficient funds in the account of the drawer, no account is in the name of the drawer, or the account of the drawer is closed, and the check or other means of payment is returned to the public body unpaid, the amount thereof shall be charged to the person on whose account it was received, and his liability and that of his sureties, shall be as if he had never offered any such payment. A penalty of \$35 or the amount of any costs, whichever is greater, shall be added to such amount. This penalty shall be in addition to any other penalty provided by law, except the penalty imposed by § 58.1-12 shall not apply.

2002, c. 719; 2004, c. 565.

§ 2.2-4805. Interest, administrative charges and penalty fees

A. Each state agency and institution may charge interest on all past due accounts receivable in accordance with guidelines adopted by the Department of Accounts. Each past due accounts receivable may also be charged an additional amount that shall approximate the administrative costs arising under § 2.2-4806. Agencies and institutions may also assess late penalty fees, not in excess of ten percent of the past-due account on past-due accounts receivable. The Department of Accounts shall adopt regulations concerning the imposition of administrative charges and late penalty fees.

B. Failure to pay in full at the time goods, services, or treatment are rendered by the Commonwealth or when billed for a debt owed to any agency of the Commonwealth shall result in the imposition of interest at the judgment rate as provided in § 6.2-302 on the unpaid balance unless a higher interest rate is authorized by contract with the debtor or provided otherwise by statute. Interest shall begin to accrue on the 60th day after the date of the initial written demand for payment. A public institution of higher education in the Commonwealth may elect to impose a late fee in addition to, or in lieu of, interest for such time as the institution retains the claim pursuant to subsection D of § 2.2-4806. Returned checks or dishonored credit card or debit card payments shall incur a handling fee of \$50 unless a higher amount is authorized by statute to be added to the principal account balance.

C. If the matter is referred for collection to the Division, the debtor shall be liable for reasonable attorney fees unless higher attorney fees are authorized by contract with the debtor.

D. A request for or acceptance of goods or services from the Commonwealth, including medical treatment, shall be deemed to be acceptance of the terms specified in this section.

1988, c. 544, § 2.1-732; 2001, c. 844; 2009, c. 797.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

[\[edit\]](#)[back](#) | [vac](#) | [integ](#) | [hilite](#)**18VAC150-20-100. Fees.**

The following fees shall be in effect:

Veterinary application for licensure	\$200
Veterinary application for faculty licensure	\$100
Veterinary license renewal (active)	\$175
Veterinary license renewal (inactive)	\$85
Veterinary faculty license renewal	\$75
Veterinary reinstatement of expired license	\$255
Veterinary license late renewal	\$60
Veterinary faculty license late renewal	\$25
Veterinarian reinstatement after disciplinary action	\$450
Veterinary intern/resident license -- initial or renewal	\$25
Veterinary technician application for licensure	\$65
Veterinary technician license renewal	\$50
Veterinary technician license renewal (inactive)	\$25
Veterinary technician license late renewal	\$20
Veterinary technician reinstatement of expired license	\$95
Veterinary technician reinstatement after disciplinary action	\$125
Equine dental technician initial registration	\$100
Equine dental technician registration renewal	\$70
Equine dental technician late renewal	\$25
Equine dental technician reinstatement	\$120
Initial veterinary establishment registration	\$300
Veterinary establishment renewal	\$200
Veterinary establishment late renewal	\$75
Veterinary establishment reinstatement	\$75
Veterinary establishment reinspection	\$300
Veterinary establishment -- change of location	\$300
Veterinary establishment -- change of veterinarian-in-charge	\$40
Duplicate license	\$15
Duplicate wall certificate	\$25
Returned check <u>Handling fee for returned check or dishonored credit card or debit card</u>	\$35 <u>\$50</u>
Licensure verification to another jurisdiction	\$25

Statutory Authority

§ 54.1-2400 of the Code of Virginia.



Virginia Board of Veterinary Medicine

Veterinary Medicine

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Main: 804.367.4468
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Draft

Registration Number:		Inspection Type:	
Name of Veterinary Establishment:		Inspection Results:	
Address:		Inspection Date:	
City:		Inspection Start Time and End Time: 24-hour format (13:00)	
State:		Inspector Name:	
Zip Code:		PMP Reporting Status:	
Establishment Hours of Operation:		Stationary:	
Establishment Phone Number:		Ambulatory:	
Establishment Fax Number:		Number of Mobile Units:	
Establishment Website:		Inspection Emailed To (person):	
Establishment Email:		Inspection Emailed To (email address):	
Veterinary-in-Charge:		Inspector Comments Below:	
Veterinary-in-Charge License Number:			
Veterinary-in-Charge Phone Number:			
Veterinary-in-Charge Email:			

Licenses and Registrations - All Establishments

Notes

Result

<p>1</p> <p>18VAC150-20-30(A)</p> <p>All licenses and registrations issued by the board shall be posted in a place conspicuous to the public or available at the establishment where veterinary services are being provided. Licensees who do relief work in an establishment shall carry a license with them or post at the establishment. Ambulatory veterinary practices that do not have an office accessible to the public shall carry their licenses and registrations in their vehicles.</p> <p><u>Guidance:</u> A license or registration is considered to be in a "place conspicuous to the public" when it is hung in an area that is easily accessed by the public for review. The original license or registration (not a photocopy) should be posted or available for inspection. Duplicate copies of a license can be obtained through the Board of Veterinary Medicine's offices for a small fee.</p> <p><u>Violation:</u> Minor - 1 point</p>		
<p>2</p> <p>§ 54.1-3805</p> <p>No person shall practice veterinary medicine or as a veterinary technician in this Commonwealth unless such person has been licensed by the Board.</p> <p><u>Violation:</u> Major - 5 points</p>		
<p>3</p> <p>18VAC150-20-70(A)</p> <p>Failure to renew an individual license shall cause a license to lapse and become invalid, and practice with a lapsed license may subject the licensee to disciplinary action by the board.</p> <p><u>Guidance:</u> All individual licenses must be current. An expired license will be reported as a violation and documentation of practicing without a valid license will be obtained.</p> <p><u>Violation:</u> Major - 5 points</p>		
<p>4</p> <p>18VAC150-20-185(B)</p> <p>All veterinary establishment registrations are current. Failure to renew a veterinary establishment permit shall cause the permit to lapse and become invalid.</p> <p><u>Guidance:</u> An expired registration will be reported as a violation and documentation of practicing without a valid registration will be obtained. Reinspection required after registration has been expired for more than 30 days.</p> <p><u>Violation:</u> Major - 5 points</p>		

Veterinarian-in-Charge (VIC)		Result	Notes
5	<p>18VAC150-20-180(A)</p> <p>Every veterinary establishment shall have a veterinarian-in-charge (VIC) who is registered with the Board in order to operate.</p> <p><u>Guidance:</u> When there is a change in the VIC, an application for a new permit, naming the new veterinarian-in-charge, shall be made five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, an application for a new permit naming a new veterinarian-in-charge shall be filed as soon as possible but no more than 10 days after the change. Days are counted as calendar days.</p> <p><u>Violation:</u> Major - 5 points</p>		
6	<p>18VAC150-20-181(A)(1)</p> <p>Veterinarian-in-Charge is responsible for regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.</p> <p><u>Violation:</u> Major - 5 points</p>		
7	<p>18VAC150-20-181(A)(4)</p> <p>Prior to opening of the business, on the date of the change of VIC, the new VIC shall take a complete inventory of all Schedules II through V drugs on hand. He shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.</p> <p><u>Violation:</u> Major - 5 points</p>		
Requirements for drug storage, dispensing, destruction, and records for all veterinary establishments.		Result	Notes
8	<p>18VAC150-20-190(A)</p> <p>All drugs shall be maintained, administered, dispensed, prescribed and destroyed in compliance with state and federal laws, which include § 54.1-3303 of the Code of Virginia, the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), applicable parts of the federal Food, Drug, and Cosmetic Control Act (21 USC § 301 et seq.), the Prescription Drug Marketing Act (21 USC § 301 et seq.), and the Controlled Substances Act (21 § 801 et seq.) as well as applicable portions of Title 21 of the Code of Federal Regulations.</p> <p><u>Guidance:</u> This regulation incorporates by reference all applicable laws and regulations related to drug storage, dispensing, destruction, and records. It is not cited as a violation if there is a specific violation identified in this section of the inspection report form.</p> <p><u>Violation:</u> Major - 5 points</p>		

<p>9</p> <p>18VAC150-20-190(B)</p> <p>§ 54.1-3461</p> <p>§ 54.1-3462</p>	<p>Repackaged tablets and capsules dispensed for companion animals are in approved safety closure containers, except safety caps are not required when medication cannot be reasonably dispensed in such containers. A client requesting non-safety packaging shall be documented in the patient record.</p> <p><u>Guidance:</u> When drugs are taken from a stock bottle and put into another container at the time of dispensing, the drugs are considered to be repackaged. As provided in § 54.1-3300, the definition of “dispense” means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for delivery.</p> <p><u>Violation:</u> Minor - 1 point</p>
<p>10</p> <p>18VAC150-20-190(C)</p> <p>§ 54.1-3410</p>	<p>All drugs dispensed for companion animals shall be labeled with the following:</p> <ol style="list-style-type: none"> 1. Name and address of the facility; 2. First and last name of owner; 3. Animal identification and species; 4. Date dispensed; 5. Directions for use; 6. Name, strength (if more than one dosage form exists) and quantity of the drug; and 7. Name of the prescribing veterinarian. <p><u>Guidance:</u> For drugs that do not have a pharmaceutical insert, consider providing information to clients about drug reactions, interactions and side effects. An uninformed client may receive misinformation from friends or the internet regarding a drug.</p> <p><u>Violation:</u> Major - 5 points for no label; or 2 points for an incomplete label. Inclusion of first name of owner is new; non-compliance will be noted, but no violation will be cited for failure to include first name of the owner until January 1, 2019.</p>

11 **18VAC150-20-190(D)(6)**

All veterinary establishment shall maintain drugs in a secure manner with precaution taken to prevent theft or diversion. Only the veterinarian, veterinary technician, pharmacist, or pharmacy technician shall have access to Schedule II through V drugs with the exception provided in subdivision 6 of this subsection.

6. Access to drugs by unlicensed persons shall be allowed only under the following conditions:

- a. Animal is being kept at the establishment outside of the normal hours of operation, and a licensed practitioner is not present in the facility;
- b. The drugs are limited to those dispensed to a specific patient; and
- c. The drugs are maintained separately from the establishment's general drug stock and kept in such a manner so they are not readily available to the public.

Guidance: Only personnel designated in the subsection shall have access to Schedule II, III, IV and V drugs. Drug stocks in establishments where keys and lock combinations are accessible to staff or the public (i.e. keys left in the lock, on a counter, hung on a hook; or combinations widely distributed or posted) are not considered secure. If the key or the combination is not secure, the drugs are not secure.

The veterinary establishment may want to ask self-assessment questions such as the following:

- Do procedures cover securing drugs from arrival at the establishment until administration to the patient or distribution to the client?
 - Are drugs that must be maintained in a secure manner ever stored in an unlocked refrigerator?
 - Are blank prescription pads lying around the office where anyone could tear one or more off?
- An unlicensed person may receive and open packages with unknown contents that may potentially contain drugs. However, once it is determined that the contents include Schedule II, III, IV or V drugs, the handling of the package contents must be turned over to the veterinarian, veterinary technician, pharmacist or pharmacy technician.

Violation: Major - 5 points

12 **18VAC150-20-190(D)(1)**

In a stationary establishment, the general stock of Schedule II through V drugs shall be stored in a securely locked cabinet or safe that is not easily movable.

Guidance: Requirement for a locked cabinet or safe that not easily movable is new; non-compliance will be noted, but no violation will be cited for failure to have a locked cabinet or safe that is not easily movable until January 1, 2019.

Violation: Major - 5 points

13	<p>18VAC150-20-190(D)(2)</p> <p>The establishment may also have a working stock of Schedules II through V drugs that shall be kept in (i) a securely locked container, cabinet, or safe when not in use or (ii) direct possession of a veterinarian or veterinary technician. A working stock shall consist of only those drugs that are necessary for use during a normal business day or 24 hours, whichever is less.</p> <p><u>Guidance:</u> Working stock that is in use during a procedure or treatment must remain within eyesight and supervision of a veterinarian or veterinary technician at all times. Requirements related to working stock is new; non-compliance will be noted, but no violation will be cited for failure to maintain working stock per the regulatory requirements until January 1, 2019.</p> <p><u>Violation:</u> Major - 5 points</p>		
14	<p>18VAC150-20-190(D)(3)</p> <p>Whenever the establishment is closed, all general and working stock of Schedules II through V drugs and any dispensed prescriptions that were not delivered during normal business hours shall be securely stored as required for the general stock.</p> <p><u>Guidance:</u> Requirements related to working stock and dispensed prescriptions is new; non-compliance will be noted, but no violation will be cited for failure to maintain working stock per the regulatory requirements until January 1, 2019.</p> <p><u>Violation:</u> Major - 5 points</p>		
15	<p>18VAC150-20-190(D)(4)</p> <p>Prescriptions that have been dispensed and prepared for delivery shall be maintained under lock or in an area that is not readily accessible to the public and may be delivered to an owner by an unlicensed person, as designated by the veterinarian.</p> <p><u>Guidance:</u> Requirements related to dispensed prescriptions is new; non-compliance will be noted, but no violation will be cited for failure to maintain dispensed prescriptions per the regulatory requirements until January 1, 2019.</p> <p><u>Violation:</u> Major - 5 points</p>		

16

18VAC150-20-190(D)(5)

§ 54.1-3404(E)

Whenever a theft of or any unusual loss of Schedule II through V drugs is discovered the VIC, or in his absence, his designee, shall immediately report such theft or loss to the Board of Veterinary Medicine and the Board of Pharmacy and to the DEA. The report to the boards shall be in writing and sent electronically or by regular mail. The report to the DEA shall be in accordance with 21 CFR 1301.76(b). If the VIC is unable to determine the exact kind and quantity of the drug loss, he shall immediately take a complete inventory of all Schedules II through V drugs.

Guidance: Whenever a theft or any other unusual loss of a controlled substance is discovered, the veterinarian-in-charge is required by state and federal laws and/or regulations to immediately report such theft or loss to all of the following:

1. Virginia Board of Veterinary Medicine;
 2. Virginia Board of Pharmacy; and
 3. U.S. Drug Enforcement Administration.
- The Boards of Veterinary Medicine and Pharmacy request written notification sent via email or letter. The Board of Veterinary Medicine recommends contacting local law enforcement. Reports to the DEA must be made in accordance with 21 C.F.R. § 1301.76(b).

Violation: Major - 3 points

17

18VAC150-20-190(E)

Schedules II through V shall be destroyed by (i) transferring the drugs to another entity authorized to possess or provide for proper disposal of such drugs or (ii) destroying the drugs in compliance with applicable local, state and federal laws and regulations. If Schedules II through V drugs are to be destroyed, a DEA drug destruction form shall be fully completed and used as the record of all drugs to be destroyed. A copy of the destruction form shall be retained at the veterinary practice site with other inventory records.

Guidance: Inspectors will verify that Schedule II, III, IV and V drugs are properly destroyed in accordance with DEA requirements available at http://www.deadiversion.usdoj.gov/drug_disposal/index.html

Disposal of Controlled Substances

A practitioner may dispose of out-of-date, damaged, or otherwise unusable or unwanted controlled substances, including samples, by transferring them to a registrant who is authorized to receive such materials. These registrants are referred to as "Reverse Distributors." The practitioner should contact the local DEA field office for a list of authorized Reverse Distributors. Schedule I and II controlled substances should be transferred via the DEA Form 222, while Schedule III-V compounds may be transferred via invoice. The practitioner should maintain copies of the records documenting the transfer and disposal of controlled substances for a period of two years. It is recommended that Schedule VI drugs be destroyed in the same manner as Schedule III-V drugs. Expired drugs may be considered adulterated drugs, may not be transferred or donated, and must be destroyed as required by federal/state laws and regulations.

Violation: Major - 2 points

18 **18VAC150-20-190(F)**

The drug storage area has appropriate provision for temperature control for all drugs and biologics. If drugs requiring refrigeration are maintained at the facility, they shall be kept in a refrigerator with interior thermometer maintained between 36°F and 46°F. If a refrigerated drug is in Schedules II through V, the drug shall be kept in a locked container secured to the refrigerator, or the refrigerator shall be locked. Drugs stored at room temperature are maintained between 59°F and 86°F.

Guidance: Requirement for refrigerated Schedule II through V to be kept in a locked container secured to the refrigerator or in a locked refrigerator is new; non-compliance will be noted, but no violation will be cited for failure to have secured storage for refrigerated Schedules II through V drugs until January 1, 2019.

Violation: Major - 5 points

19 **18VAC150-20-190(G)**

The stock of drugs shall be reviewed frequently, and expired drugs shall be removed from the working stock of drugs at the expiration date and shall not be administered or dispensed.

Guidance: The expiration date on all drugs, including prepackaged stock, should be regularly checked and drugs that are expired shall be separated from working stock. A drug expires on the month, day and year listed on the container. If only a month and year are provided, drug expires on the last day of the month listed on container.

Pursuant to the Code of Virginia, § 54.1-3401 defines "drug" to mean (i) articles or substances recognized in the official United States Pharmacopoeia National Formulary or official Homeopathic Pharmacopoeia of the United States, or any supplement to any of them; (ii) articles or substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals; (iii) articles or substances, other than food, intended to affect the structure or any function of the body of man or animals; (iv) articles or substances intended for use as a component of any article specified in clause (i), (ii), or (iii); or (v) a biological product. A vaccine is considered to be a drug and should be removed from working stock once expired.

Violation: Major - 5 points for 6 or more expired drugs; or 4 points for 1-5 drugs expired 60 days or more; or 3 points for 1-5 drugs expired less than 60 days. If expired drugs are found in both less than 60 days or more than 60 day categories, the higher point value of 4 is assigned.

20 **18VAC150-20-190(H)**

§ 54.1-3404

A distribution record shall be maintained in addition to the patient's record, in chronological order, for the administering and dispensing of Schedules II through V drugs. The distribution record shall include the

1. Date of transaction.
 2. Drug name, strength, and the amount dispensed, administered and wasted.
 3. Owner and animal identification; and
 4. Identification of the veterinarian authorizing the administration or dispensing of the drug.
- Guidance: The veterinarian's initials are acceptable to meet the requirement of "identification of the veterinarian."

When a veterinarian with a veterinary establishment registration uses the surgery facilities of another veterinary establishment, the drug distribution log(s) must clearly show whose controlled substances were used for what purpose. If the facility's stock is used, the hospital log must show that the surgery was performed by a visiting veterinarian who has the patient record and a record of administration shall be maintained at the facility. If the visiting veterinarian uses his own stock of drugs, he must make entries in his own log and

Violation: Major - 5 points for no record; or 3 points for incomplete record or records not maintained in chronological order.

21 **18VAC150-20-190(I)**

§ 54.1-3404

Original invoices for all Schedules II through V drugs received shall be maintained in chronological order on the premises where the stock of drugs is held and the actual date of receipt shall be noted. All drug records shall be maintained for a period of three years from the date of transaction.

Guidance: The original invoices, not copies, need to be filed in chronological order. Do not file the invoices by supplier, by drug or any other filing method other than in chronological order. Requirement to maintain records for three years is new; non-compliance will be noted, but no violation will be cited for failure to maintain records for three years until January 1, 2019. A violation will be cited if records are not maintained for two years as previously required.

Violation: Major - 5 points for no record; or 3 points for an incomplete record or a record not maintained for three years.

22 **18VAC150-20-190(J)**

§ 54.1-3404

A complete and accurate inventory of all Schedules II through V drugs shall be taken, dated, and signed on any date which is within two years of the previous biennial inventory.

The biennial inventory:

1. Must have the drug strength specified.
2. Shall indicate if it was taken at the opening or closing of business.
3. Shall be maintained on premises where the drugs are held for two years from the date of taking the inventory.

Guidance: The inventory must be taken on any date which is within two years of the previous inventory, but may be taken more often. The purpose of indicating whether the biennial inventory was taken at the opening or closing of business is to determine whether the drugs received or used on the day of the inventory should be counted, if a drug audit is conducted. Expired Schedule II through V drugs that are removed from working stock but still on premises during a biennial inventory must be counted. The performance of the biennial inventory may be delegated to another licensee, provided the VIC signs and dates the inventory and remains responsible for its content and accuracy.

Violation: Major - 5 points if inventory not done within two years of the previous inventory and/or is missing required information; or 3 points if the inventory is only missing required information.

23 **18VAC150-20-190(K)**

Inventories and records, including original invoices, of Schedule II drugs shall be maintained separately from all other records, and the establishment shall maintain a continuous inventory of all Schedule II drugs received, administered, or dispensed, with reconciliation at least monthly. Reconciliation requires an explanation noted on the inventory for any difference between the actual physical count and the theoretical count indicated by the distribution records. A continuous inventory shall accurately indicate the physical count of each Schedule II drug in the general and working stocks at the time of performing the inventory.

Guidance: Requirements related to monthly reconciliation of Schedule II drugs is new; non-compliance will be noted, but no violation will be cited for failure to meet monthly reconciliation requirements until January 1, 2019. A violation will be cited if original invoices are not maintained separately from other records as previously required.

Violation: Major - 5 points if inventory not done monthly and/or is missing required information; or 3 points if the inventory is only missing required information.

24 **§ 54.1-2522**

Every veterinary establishment licensed by the Board of Veterinary Medicine shall maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.

Violation: Major - 5 points for incomplete record(s). Requirement for the dispensing records is new; non-compliance will be noted, but no violation will be cited for failure to maintain the required records until July 1, 2020.

25 **18VAC150-20-190(M)**

If a limited stationary or ambulatory practice uses the facilities of another veterinary establishment, the drug distribution log shall clearly reveal whose Schedules II through V drugs were used. If the establishment's drug stock is used, the distribution record shall show that the procedure was performed by a visiting veterinarian who has the patient record. If the visiting veterinarian uses his own stock of drugs, he shall make entries in his own distribution record and in the patient record and shall leave a copy of the patient record at the other establishment.

Violation: Major - 5 points for no record; or 3 points for incomplete record(s).

Bulk Reconstitution of Injectable, Bulk Compounding or Prepackaging	Result	Notes
<p>26 18VAC150-20-190(L)</p> <p>Veterinary establishments in which bulk reconstitution of injectable, bulk compounding or the prepackaging of drugs is performed shall maintain adequate control records for a period of one year or until the expiration, whichever is greater.</p> <p>Reconstitution, compounding and prepackaging records shall show the following:</p> <ol style="list-style-type: none"> 1. Name of the drugs used; 2. Strength, if any; 3. Date repackaged; 4. Quantity prepared; 5. Initials of the veterinarian verifying the process; 6. Assigned lot or control number; 7. Manufacturer's or distributor's name and lot or control number; and 8. Expiration date. <p>Guidance: When drugs are taken from a stock bottle and put into another container prior to prescribing in anticipation of future dispensing, the drugs are considered to be prepackaged. Dispensing, labeling and recordkeeping requirements must be followed when prepackaging drugs.</p> <p>Transferring drugs to another container can affect the stability of the product. Expiration dates play an important role in maintaining the stability of a drug. The expiration date for a drug prepackaged is the same as the original stock bottle or is one year from the date of transfer whichever is less. It is best practice to store drugs under conditions which meet the United States Pharmacopeia and the National Formulary (USP-NF) specifications or manufacturers' suggested storage for each drug.</p> <p>Violation: Major - 2 points</p>		
<p>27 18VAC150-20-200(A)(6)(f)</p> <p>All veterinary establishments must have storage for records.</p> <p>Violation: Major - 2 points</p>		

28 **18VAC150-20-195(A)**

A legible, daily record of each patient treated shall be maintained at the veterinary establishment and shall include at a minimum:

1. Name of the patient and the owner;
2. Identification of the treating veterinarian and of the person making the entry (Initials may be used if a master list that identifies the initials is maintained.);
3. Presenting complaint or reason for contact;
4. Date of contact;
5. Physical examination findings;
6. Tests and diagnostics performed and results;
7. Procedures performed, treatment given, and results;
8. Drugs administered, dispensed or prescribed, including quantity, strength and dosage, and route of administration. For vaccines identification of the lot and manufacturer shall be maintained;
9. Radiographs or digital images clearly labeled with identification of the establishment the patient name, date taken, and anatomic specificity. If an original radiograph or digital image is transferred to another establishment or released to the owner, a records of this transfer or release shall be maintained on or with the patient's records; and
10. Any specific instructions for discharge or referrals to other practitioners.

Guidance: A medical record should allow any veterinarian, by reading the record, to proceed with the proper treatment and care of the animal and allow the Board or other agency to determine the advice and treatment recommended and performed by the practitioner.

The use of preprinted forms, stamps, or stickers is encouraged. Standardized medical abbreviations may be used to make recordkeeping. Handwritten records must be legible to be useful. If the veterinarian discovers that the record is incomplete or in error, the veterinarian may amend the record, being sure to date and initial when the amendment was made. Each record entry should be dated and identify the person making the entry. Requirement for documenting discharge and referrals is new; non-compliance will be noted, but no violation will be cited for failure to document discharge and referral information until January 1, 2019. A violation will be cited for other recordkeeping requirements as previously required.

Violation: 5 points for no records; or 3 points for only missing required information.

29 **18VAC150-20-195(B)**

An individual record shall be maintained on each patient, except that records for economic animals or litters of companion animals under the age of four months may have records maintained on a per owner basis. Patient records, including radiographs or digital images, shall be kept for a period of three years following the last office visit or discharge of such animal from a veterinary establishment.

Violation: 3 points if individual records not maintained on each patient; and/or 1 point if records not maintained for required time period.

30 **18VAC150-20-195(C)**

An initial rabies certificate for an animal receiving a primary rabies vaccination shall clearly display the following information: "An animal is not considered immunized for at least 28 days after the initial or primary vaccination is administered."

Violation: Major - 2 points

All Veterinary Establishments		Result	Notes
31	<p>18VAC150-20-130(C)</p> <p>When there is a veterinary preceptee or extern practicing in the establishment, the supervising veterinarian shall disclose such practice to owners. The disclosure shall be by signage clearly visible to the public or by inclusion on an informed consent form.</p> <p>Violation: Minor - 1 point</p>		
All Stationary Veterinary Establishments		Result	Notes
32	<p>18VAC150-20-200(D)</p> <p>A separate establishment registration is required for separate practices that share the same location.</p> <p>Violation: Major - 5 points</p>		
Establishments Performing Surgery		Result	Notes
33	<p>18VAC150-20-200(A)(2)(c)</p> <p>The areas within the facility shall include a room that is reserved only for surgery and used for no other purpose</p> <p>Violation: Minor - 1 point</p>		
34	<p>18VAC150-20-200(A)(2)(c)(1)</p> <p>The surgery room shall have walls constructed of nonporous material and extending from the floor to ceiling.</p> <p>Violation: Minor - 1 point</p>		
35	<p>18VAC150-20-200(A)(2)(c)(2)</p> <p>The surgery room shall be of a size adequate to accommodate a surgical table, anesthesia support equipment, surgical supplies, and all personnel necessary for safe performance of the surgery.</p> <p>Violation: Minor - 1 point</p>		
36	<p>18VAC150-20-200(A)(2)(c)(3)</p> <p>The surgery room shall be kept so that storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures.</p> <p>Guidance: Items that are not normally related to surgery may not be stored in the surgery room. Dentistry can include surgical procedures (for example: extractions, fistula repair, subgingival cleaning, etc.) Therefore, dental units may be stored and used in a surgery room.</p> <p>Violation: Minor - 1 point</p>		
37	<p>18VAC150-20-200(A)(2)(c)(4)</p> <p>The surgery room shall have a surgical table made of non-porous material.</p> <p>Violation: Minor - 1 point</p>		
38	<p>18VAC150-20-200(A)(2)(c)(5)</p> <p>The surgery room shall have surgical supplies, instruments, and equipment commensurate with the kind of services provided.</p> <p>Violation: Minor - 1 point</p>		

39	<p>18VAC150-20-200(A)(2)(c)(6)</p> <p>The surgery room shall surgical and automatic emergency lighting to facilitate performance of procedures.</p> <p>Guidance: Section 150-20-10 of the Regulations Governing the Practice of Veterinary Medicine defines “automatic emergency lighting” to mean lighting which is powered by battery, generator, or alternate power source other than electrical power, is activated automatically by electrical power failure, and provides sufficient light to complete surgery or to stabilize the animal until surgery can be continued or the animal moved to another establishment.</p> <p>Violation: Minor - 1 point</p>		
40	<p>18VAC150-20-200(A)(2)(c)(7)</p> <p>The surgery room for establishments that perform surgery on small animals, have a door to close off the surgery room from other areas of the practice.</p> <p>Violation: Minor - 1 point</p>		
41	<p>18VAC150-20-180(A)(3)</p> <p>Any addition or renovation of a stationary establishment or ambulatory establishment that involves changes to the structure or composition of a surgery room shall require reinspection by the board and payment of the required fee prior to use.</p> <p>Violation: Minor - 1 point</p>		
Laboratory		Result	Notes
42	<p>18VAC150-20-200(A)(3)</p> <p>The veterinary establishment shall have, at a minimum, proof of use of either in-house laboratory service or outside laboratory services for performing lab tests, consistent with appropriate professional care for the species being treated.</p> <p>Guidance: Stationary facilities open 24 hours a day are required to have onsite laboratory services. For all other veterinary establishments which may opt to use an outside laboratory service, a letter, email, or invoice may serve as documentation for compliance purposes.</p> <p>Violation: Major - 5 points</p>		
Housing		Result	Notes
43	<p>18VAC150-20-200(A)(4)(a)</p> <p>For housing animals, the establishment shall provide an animal identification system at all times when housing an animal.</p> <p>Violation: Minor - 1 point</p>		
44	<p>18VAC150-20-200(A)(4)(b)</p> <p>For housing animals, the establishment shall provide accommodations of appropriate size and construction to prevent residual contamination or injury.</p> <p>Guidance: A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.</p> <p>Violation: Minor - 1 point</p>		

	Radiology	Result	Notes
45	<p>18VAC150-20-200(A)(4)(c) For housing animals, the establishment shall provide accommodations allowing for the effective separation of contagious and noncontagious patients. <u>Violation:</u> Minor - 1 point</p>		
46	<p>18VAC150-20-200(A)(4)(d) For housing animals, the establishment shall provide exercise areas that provide and allow effective separation of animals or walking the animals at medically appropriate intervals. <u>Violation:</u> Minor - 1 point</p>		
47	<p>18VAC150-20-200(A)(5) A veterinary establishment shall either have radiology service in-house or documentation of outside service for obtaining diagnostic-quality radiographs. <u>Guidance:</u> Stationary facilities open 24 hours a day are required to have onsite radiology/imaging services. For all other veterinary establishments which may opt to use an outside radiology/imaging service, a letter, email, or invoice may serve as documentation for compliance purposes. <u>Violation:</u> Minor - 1 point</p>		
48	<p>18VAC150-20-200(A)(5)(a) If radiology is in-house, the establishment shall document that radiographic equipment complies with Part VI (12VAC5-481-1581 et seq.), Use of Diagnostic X-Rays in the Healing Arts, of the Virginia Radiation Protection Regulations of the Virginia Department of Health. <u>Guidance:</u> Dental units are considered to be radiographic equipment. <u>Violation:</u> Major - 5 points</p>		
49	<p>18VAC150-20-200(A)(5)(d) If radiology is in-house, maintain and utilize lead aprons and gloves and individual radiation exposure badges for each employee exposed to radiographs. <u>Guidance:</u> A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided. <u>Violation:</u> Major - 5 points</p>		
	Minimum Equipment	Result	Notes
50	<p>18VAC150-20-200(A)(6)(a) Minimum equipment in the establishment shall include an appropriate method of sterilizing instruments. <u>Guidance:</u> Veterinary establishments must have an appropriate method of sterilizing instruments. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided. <u>Violation:</u> Minor - 1 point</p>		

51	<p>18VAC150-20-200(A)(6)(b)</p> <p>Minimum equipment in the establishment shall include internal and external sterilization monitors.</p> <p><u>Guidance:</u> Veterinary establishments must have an appropriate method for internal and external sterilization monitoring. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		
52	<p>18VAC150-20-200(A)(6)(c)</p> <p>Minimum equipment in the establishment shall include a stethoscope.</p> <p><u>Violation:</u> Minor - 1 point</p>		
53	<p>18VAC150-20-200(A)(6)(e)</p> <p>Minimum equipment in the establishment shall include adequate means of determining patient's weight.</p> <p><u>Guidance:</u> Veterinary establishments must have an appropriate method of sterilizing instruments. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		

Stationary Veterinary Establishments - Open 24 hours/day

Notes

Result

1 **18VAC150-20-200(B)(1)**

A stationary establishment that is open to the public 24 hours a day shall have licensed personnel on premises at all times and shall be equipped to handle emergency critical care and hospitalization. The establishment shall have radiology/imaging and laboratory services available on site.

Violation: Major - 5 points

Buildings and Grounds

Notes

Result

2 **18VAC150-20-200(A)(1)**

Buildings and ground must be maintained to provide sanitary facilities for the care and medical well-being of patients.

Violation: Major - 2 points

3 **18VAC150-20-200(A)(1)(a)**

Temperature, ventilation, and lighting must be consistent with the medical well-being of patients.

Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.

Violation: Minor - 1 point

4 **18VAC150-20-200(A)(1)(b)(1)**

There shall be on premises hot and cold running water of drinking quality, as defined by the Virginia Department of Health.

Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.

Violation: Minor - 1 point

5 **18VAC150-20-200(A)(1)(b)(2)**

There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations.

Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.

Violation: Minor - 1 point

6	<p>18VAC150-20-200(A)(1)(b)(3) There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		
7	<p>18VAC150-20-200(A)(1)(c) Sanitary toilet and lavatory shall be available for personnel and owners.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		
8	<p>18VAC150-20-200(A)(2)(a) The areas within the facility shall include a reception area separate from other designated rooms.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		
9	<p>18VAC150-20-200(A)(2)(b) The areas within the facility shall include an examination room or rooms containing a table or tables with nonporous surfaces.</p> <p><u>Guidance:</u> A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		
Minimum Equipment		Result	Notes
10	<p>18VAC150-20-200(A)(6)(d) Minimum equipment in the establishment shall include equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes.</p> <p><u>Guidance:</u> Ambulatory agricultural/equine and house call/proceduralist veterinary establishment are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		

Stationary Veterinary Establishments - Open < 24 hours/day		Result	Notes
1	<p>18VAC150-20-200(B)(2) § 54.1-3806.1 A stationary establishment that is not open to the public 24 hours a day shall have licensed personnel available during its advertised hours of operation and shall disclose to the public that the establishment does not have continuous staff, in compliance with § 54.1-3806.1 of the Code of Virginia. <u>Guidance:</u> The Disclosure form cannot be printed on the front or back of another document. It can be smaller than a standard piece of paper. <u>Violation:</u> 3 points for missing form; and/or 1 point if form not compliant.</p>		
Buildings and Grounds		Result	Notes
2	<p>18VAC150-20-200(A)(1) Buildings and ground must be maintained to provide sanitary facilities for the care and medical well-being of patients. <u>Violation:</u> Major - 2 points</p>		
3	<p>18VAC150-20-200(A)(1)(a) Temperature, ventilation, and lighting must be consistent with the medical well-being of patients. <u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided. <u>Violation:</u> Minor - 1 point</p>		
4	<p>18VAC150-20-200(A)(1)(b)(1) There shall be on premises hot and cold running water of drinking quality, as defined by the Virginia Department of Health. <u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided. <u>Violation:</u> Minor - 1 point</p>		
5	<p>18VAC150-20-200(A)(1)(b)(2) There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations. <u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided. <u>Violation:</u> Minor - 1 point</p>		

			Notes
		Result	
6	<p>18VAC150-20-200(A)(1)(b)(3) There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more. <u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided. <u>Violation:</u> Minor - 1 point</p>		
7	<p>18VAC150-20-200(A)(1)(c) Sanitary toilet and lavatory shall be available for personnel and owners. <u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided. <u>Violation:</u> Minor - 1 point</p>		
8	<p>18VAC150-20-200(A)(2)(a) The areas within the facility shall include a reception area separate from other designated rooms. <u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided. <u>Violation:</u> Minor - 1 point</p>		
9	<p>18VAC150-20-200(A)(2)(b) The areas within the facility shall include an examination room or rooms containing a table or tables with nonporous surfaces. <u>Guidance:</u> A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided. <u>Violation:</u> Minor - 1 point</p>		
Minimum Equipment			
10	<p>18VAC150-20-200(A)(6)(d) Minimum equipment in the establishment shall include equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes. <u>Guidance:</u> Ambulatory agricultural/equine and house call/proceduralist veterinary establishment are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided. <u>Violation:</u> Minor - 1 point</p>		

Stationary Veterinary Establishments - Limited

Notes

Result

1 **18VAC150-20-200(C)**
 When the scope of practice is less than full service, a specifically limited [stationary] establishment registration shall be required. Such establishments shall have posted in a conspicuous manner the specific limitations on the scope of practice on a form provided by the board.
Guidance: The registration will include any limitations and will be considered the “form provided by the board.” A registration is considered to be in a “place conspicuous to the public” when it is hung in an area that is easily accessed and read by the public. The original license or registration (not a photocopy) should be posted or available for inspection. Duplicate copies of a registration can be obtained through the Board of Veterinary Medicine’s office for a small fee. Any license or registration that is expired will be reported and documentation of practicing without a valid license or permit will be obtained.
 Violation: Minor - 1 point

Stationary Veterinary Establishments - Open Less than 24 hours/day

Notes

Result

2 **18VAC150-20-200(B)(2)**
§ 54.1-3806.1
 A stationary establishment that is not open to the public 24 hours a day shall have licensed personnel available during its advertised hours of operation and shall disclose to the public that the establishment does not have continuous staff, in compliance with § 54.1-3806.1 of the Code of Virginia.
Guidance: The Disclosure form cannot be printed on the front or back of another document. It can be smaller than a standard piece of paper.
 Violation: 3 points for missing form; and/or 1 point if form not compliant.

Buildings and Grounds

Notes

Result

3 **18VAC150-20-200(A)(1)**
 Buildings and ground must be maintained to provide sanitary facilities for the care and medical well-being of patients.
 Violation: Major - 2 points

4 **18VAC150-20-200(A)(1)(a)**
 Temperature, ventilation, and lighting must be consistent with the medical well-being of patients.
Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.
 Violation: Minor - 1 point

5	<p>18VAC150-20-200(A)(1)(b)(1) There shall be on premises hot and cold running water of drinking quality, as defined by the Virginia Department of Health.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>	
6	<p>18VAC150-20-200(A)(1)(b)(2) There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>	
7	<p>18VAC150-20-200(A)(1)(b)(3) There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>	
8	<p>18VAC150-20-200(A)(1)(c) Sanitary toilet and lavatory shall be available for personnel and owners.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>	
9	<p>18VAC150-20-200(A)(2)(a) The areas within the facility shall include a reception area separate from other designated rooms.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>	
10	<p>18VAC150-20-200(A)(2)(b) The areas within the facility shall include an examination room or rooms containing a table or tables with nonporous surfaces.</p> <p><u>Guidance:</u> A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>	

Minimum Equipment

Notes

Result

11 18VAC150-20-200(A)(6)(d)

Minimum equipment in the establishment shall include equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes.

Guidance: Ambulatory agricultural/equine and house call/proceduralist veterinary establishment are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.

Violation: Minor - 1 point

Ambulatory Veterinary Establishments - Agricultural and Equine Establishments

Notes

Result

1 **18VAC150-20-201(A)**

An agricultural or equine ambulatory establishment is a mobile practice in which health care is performed at the location of the animal. Surgery may be performed as part of an agricultural or equine ambulatory practice provided the establishment has surgical supplies, instruments, and equipment commensurate with the kind of surgical procedures performed.

Violation: Major - 5 points

Ambulatory Veterinary Establishments - House Call or Proceduralist Establishment

Notes

Result

2 **18VAC150-20-200(B)**

A house call or proceduralist establishment is an ambulatory practice in which health care of small animals is performed at the residence of the owner of the small animal or another establishment registered by the board. A veterinarian who has established a veterinarian-owner-patient relationship with an animal at the owner's residence or at another registered veterinary establishment may also provide care for that animal at the location of the animal.

Violation: Major - 5 points

3 **18VAC150-20-200(B)(1)**

A house call or proceduralist practice may only perform surgery in a surgical suite at a registered establishment that has passed inspection. However, surgery requiring only local anesthetics may be performed at a location other than in a surgical suite.

Guidance: The locations where surgeries are performed should be maintained for the inspector's review. The house call or proceduralist practice is compliant if the surgery suite used was inspected and part of another registered veterinary establishment.

Violation: Major - 5 points

Ambulatory Veterinary Establishments - Mobile Service

18VAC150-20-201(C)

A mobile service establishment is a veterinary clinic or hospital that can be moved from one location to another and from which veterinary services are provided. A mobile service establishment shall meet all the requirements of a stationary establishment appropriate for the services provided.

Violation: Major - 5 points

Buildings and Grounds

Notes

Result

1 18VAC150-20-200(A)(1)

Buildings and ground must be maintained to provide sanitary facilities for the care and medical well-being of patients.

Violation: Major - 2 points

2 18VAC150-20-200(A)(1)(a)

Temperature, ventilation, and lighting must be consistent with the medical well-being of patients.

Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.

Violation: Minor - 1 point

3 18VAC150-20-200(A)(1)(b)(1)

There shall be on premises hot and cold running water of drinking quality, as defined by the Virginia Department of Health.

Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.

Violation: Minor - 1 point

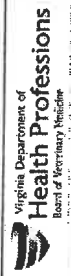
4 18VAC150-20-200(A)(1)(b)(2)

There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations.

Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.

Violation: Minor - 1 point

5	<p>18VAC150-20-200(A)(1)(b)(3) There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		
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8	<p>18VAC150-20-200(A)(2)(b) The areas within the facility shall include an examination room or rooms containing a table or tables with nonporous surfaces.</p> <p><u>Guidance:</u> A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		
Minimum Equipment			
9	<p>18VAC150-20-200(A)(6)(d) Minimum equipment in the establishment shall include equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes.</p> <p><u>Guidance:</u> Ambulatory agricultural/equine and house call/proceduralist veterinary establishment are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		
Minimum Equipment			Result
Minimum Equipment			Notes



Virginia Department of
Health Professions
Board of Veterinary Medicine

Pictures

Veterinary Establishment:

Date:

Virginia Board of Veterinary Medicine

FAQs about USP and Compounding

October 31, 2019

What is USP?

USP stands for United States Pharmacopeia. USP works with more than 900 scientists, practitioners and regulators to develop standards that help protect public health. The organization is internationally recognized and globally focused. USP standards have been adopted in 140+ countries.

Information can be found on the USP website (<https://www.usp.org/>)

What is the role of USP?

As independent non-profit organization, USP has shared a close relationship and collaborative history with the Food and Drug Administration (FDA) and the states for more than a century. USP standards are recognized in federal law (1938 Federal Food, Drug, and Cosmetic Act, 1997 FDA Modernization Act, and 2013 Drug Quality and Security Act). In addition to recognition in federal law, many states, of which Virginia is one, have adopted USP standards.

What is a USP chapter?

General Chapters establish procedures, methods, and practices to help ensure the quality of medicines including compounded preparations.

What are the USP Chapters related to compounding?

Non-sterile compounding: Chapter 795

Sterile Compounding: Chapter 797

Handling of Hazardous Drugs: Chapter 800

What is the effective date of these chapters?

The revised versions of USP Chapters 795 and 797 are postponed indefinitely with the earliest possible effective date of June 1, 2020. In the meantime, the current versions of these chapters remain in effect.

While Chapters 795 and 797 undergo further revisions, Chapter 800 cannot be fully implemented because of reference to these chapters. However, hazardous drugs categories exist without the implementation of Chapter 800.

Is there a list of hazardous drugs?

The Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH) have issued the following publication:

[NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016](#)

This list does not contain any “veterinary use only” drugs. However, the list contains human drugs that are also prescribed by veterinarians.

Table 5 found in the list provides information on personal protective equipment and engineering controls for working with hazardous drugs in healthcare settings.

How does a ventilation hood system get certified to ensure protection?

This link explains CETA (Controlled Environment Testing Association) standard CAG - 003:

<https://elsmar.com/elsmarqualityforum/attachments/cetaasepticcompoundingcertificationguide1-pdf.6706/>. Note the standard provided in this link was updated in May 2015. The updated version is only available only to CETA members. You may wish to contact CETA for more information.

The USP recommends choosing a certifier who is accredited by the CETA National Board of Testing (CNBT). The CETA website contains search engine to help locate a registered certifier: <https://www.cetainternational.org/cnbt>

Who will enforce the compounding chapters?

USP has indicated that the mechanism of enforcement is in the hands of the states. However, the FDA may take over if the states fail to address the issue of appropriate standards for compounding. For the most updated information issued by the Board related to compounding, please review **150-5 Use of compounded drugs in veterinary practice**. This guidance document will be updated as new information becomes available.

Does the USP need veterinary practitioners to participate on standards-development committees?

The USP Call for Candidates’ application for membership on an expert committee is available at <https://callforcandidates.usp.org/node>. Currently, USP needs veterinarian participation on expert committees as there are only two across 26 committees.

**VIRGINIA BOARD OF VETERINARY MEDICINE
USP AD HOC COMMITTEE
MEETING MINUTES
October 2, 2019**

TIME AND PLACE: The Board of Veterinary Medicine's (Board) United States Pharmacopeia (USP) Ad Hoc United States Pharmacopeia (USP) Committee (Committee) meeting was called to order at 12:00 p.m., at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 1, Henrico, Virginia and Virginia-Maryland College of Veterinary Medicine, 205 Duck Pond Drive, Room 131, Blacksburg, VA 24061.

PRESIDING OFFICER: Autumn Halsey, LVT, Committee Chair

COMMITTEE MEMBERS: Ellen Hillyer, DVM, Board Member
Jason Bollenbeck, DVM, Virginia Medical Association of Virginia (VVMA)
Nathaniel Burke, DVM, VVMA
Sammy Johnson, Pharmacist, Deputy Executive Director, Virginia Board of Pharmacy
Maureen Perry, Pharmacist, Pharmacy Supervisor, Virginia-Maryland College of Veterinary Medicine (participated from Blacksburg, Virginia location)

OTHER MEMBERS PRESENT: Steve Karras, DVM, Board Member (participated from Blacksburg, Virginia location)

STAFF PRESENT: Leslie L. Knachel, Executive Director
Anthony C. Morales, Licensing/Operations Manager
Elaine Yeatts, Senior Policy Analyst, (Joined the meeting at 12:25p.m.)
Laura Paasch, Administrative Assistant
Kelly Gottschalk, Veterinary Review Coordinator

OTHERS PRESENT: Gigi Davidson, Pharmacist, Chair, USP Compounding Expert Committee
Susan Seward, VVMA
Robin Schmitz, VVMA
Ed Fallin, DVM, Veterinary Referral and Critical Care (VRCC)
Kim Gemeinhardt, DVM, North Carolina Board of Veterinary Medicine (participated from Blacksburg, Virginia location)
John Wilson, DVM, West Virginia Board of Veterinary Medicine, (participated from Blacksburg, Virginia location)

ORDERING OF AGENDA: Ms. Knachel identified that Ms. Autumn Halsey would be handling "Public Comment."

PUBLIC COMMENT: There was no public comment from either site.

INTRODUCTIONS: Ms. Halsey asked Committee and Board Staff to introduce themselves.

DISCUSSION ITEMS: **Presentation on the USP Compounding Requirements – Gigi Davidson**

Ms. Davidson provided a PowerPoint presentation on the current USP Compounding Requirements, (See Attachment 1).

Compounding in Virginia Veterinary Practices

Ms. Knachel and Ms. Yeatts provided information on the Virginia laws related to veterinary compounding and options for going forward. The Committee discussed the issue and requested that staff draft a document for the full Board's consideration of frequently asked questions (FAQs) related to USP as an educational tool. The consensus of the Committee was to take no further, other than the FAQs, until the Virginia Board of Pharmacy determines its course of action.

- NEW BUSINESS:** No new business was presented.
- NEXT MEETING:** No new meeting was scheduled at this time.
- ADJOURNMENT:** With all business concluded, the meeting adjourned at 2:11 p.m.

Autumn Halsey, LVT
Chair

Date

Leslie L. Knachel, M.P.H.
Executive Director

Date

USP Compounding Standards and Veterinary Practice

Who is USP?

- Founded in 1822 by 11 physicians, non-profit, private, independent and self-funded
- Values-driven organization focused on quality standards to protect the public's health
- More than 1,000 employees worldwide

• Headquarters in Rockville MD near Washington DC, NPI and FDA
• Laboratory facilities in U.S., India, China, Brazil and Ghana
• Offices in Switzerland, Ethiopia, Indonesia, the Philippines and Nigeria

• Work with more than 900 scientists, practitioners and regulators to develop standards that help protect public health
• Internationally recognized and globally focused
• USP Standards adopted in 140+ countries



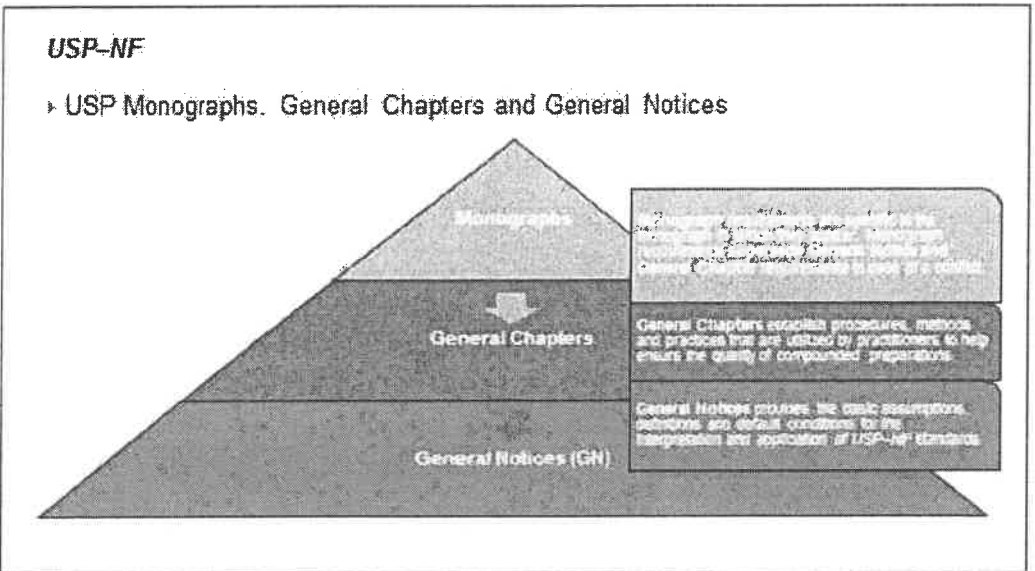
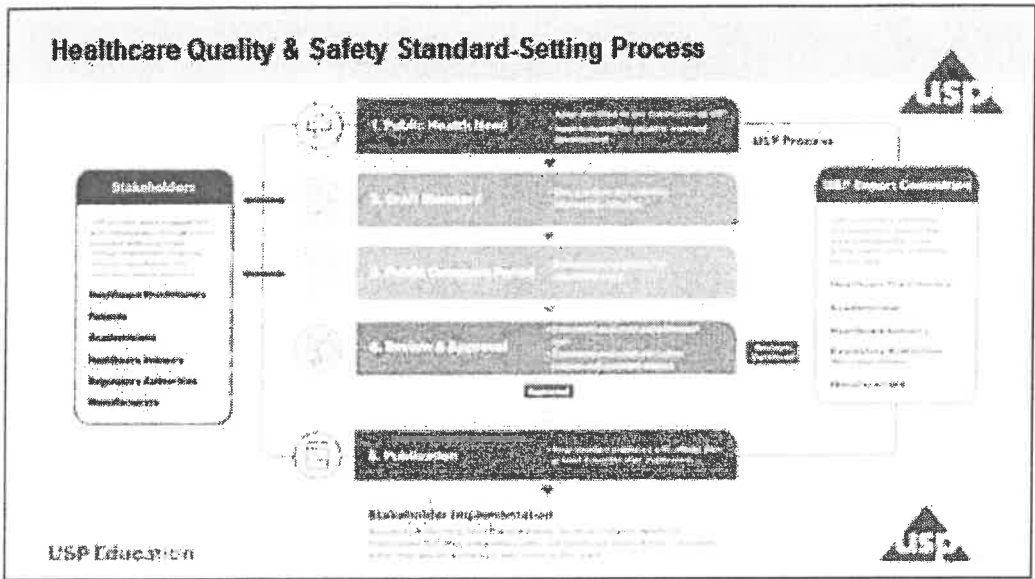
Role of USP Quality Standards and Law

- As an independent nonprofit organization, USP has shared a close relationship and collaborative history with the FDA and states for more than a century
- USP standards are recognized in federal law
 - 1938 Federal Food, Drug, and Cosmetic Act
 - 1997 FDA Modernization Act
 - 2013 Drug Quality and Security Act
 - FDA Guidance: Pharmacy Compounding of Human Drug Products under Section 503B of the Federal Food, Drug, and Cosmetic Act
 - Draft Guidance for Industry #230: Compounding Animal Drugs
- USP standards are also recognized in many state laws

USP Council of Experts

2015-2020 COUNCIL OF EXPERTS EXPERT COMMITTEES AND COLLABORATIVE GROUPS

Healthcare Quality Standards Collaborative Group	Chemical Medicines Monographs Collaborative Group	Biologics Collaborative Group	Injectable Monographs Collaborative Group	Orally Soluble Tablets Monographs Family Collaborative Group	Generic Drug Products Collaborative Group
<ul style="list-style-type: none"> Injectable Monographs Orally Soluble Tablets Monographs Parenteral Nutrition 	<ul style="list-style-type: none"> Chemical Medicines Monographs Chemical Medicines Monographs Chemical Medicines Monographs 	<ul style="list-style-type: none"> Biologics Monographs Biologics Monographs Biologics Monographs 	<ul style="list-style-type: none"> Injectable Monographs Injectable Monographs Injectable Monographs 	<ul style="list-style-type: none"> Orally Soluble Tablets Monographs Orally Soluble Tablets Monographs Orally Soluble Tablets Monographs 	<ul style="list-style-type: none"> Generic Drug Products Generic Drug Products Generic Drug Products



USP Compounding Standards

USP provides 3 types of public standards for compounding

USP General Chapters

- establish practice standards to help ensure the quality of compounded preparations

USP Monographs for Bulk Substances and Other Ingredients

- contain formal standards for specific preparations for which there is no suitable commercially available product

USP Monographs for Bulk Substances and Other Ingredients

- provide standards for identity, quality, strength, packaging and labeling for bulk substances and other ingredients that may be used in compounded preparations

Atenolol

$C_{14}H_{19}NO_2$ 266.34
 Benzeneacetamide, 4-[(2-hydroxy-1-(1-methylethyl)amino)propoxy]-
 2-[(2-hydroxy-1-(isopropylamino)propoxy)phenyl]-
 acetamide [29127-08-7]

DEFINITION

Atenolol contains NLT 98.0% and NMT 102.0% of $C_{14}H_{19}NO_2$, calculated on the dried basis.

Note the *Atenolol powder* into a suitable container. Wet the powder with a small amount of Vehicle, and triturate to make a smooth paste. Add the Vehicle to make the contents pourable. Transfer the contents stepwise and quantitatively to a calibrated container using the remainder of the Vehicle. Add sufficient Vehicle to bring to final volume. Shake to mix well.

General Chapters Numbering and Legal Significance

General Chapters can:

- Be state requirements and be compendially required if:
 - Numbered below <1000> AND are;
 - Made applicable through reference in *General Notices*, a monograph, or another applicable chapter numbered below <1000>
- Be informational:
 - Numbered <1000> to <1999>
- Be specific for dietary supplements:
 - Numbered above <2000>

Terminology

- Must — Requirements
- Should — Recommendations

Compendial Applicability of USP Compounding Standards to Veterinary Practice

- ▶ **FD&C Acts 1906, 1938**
 - Defined a "drug" as anything listed in USP
 - Defined adulteration and misbranding as anything not complying with USP standards
- ▶ **1997 Food and Drug Modernization Act Section 503A**
 - Required that compounding comply with USP standards (monographs and General Chapters)
- ▶ **Statutory reference to USP Compounding Chapters (797 and 795) in DQSA**
 - DQSA applies only to compounding for humans
- ▶ **797 and 795 are called out in the USP General Notices as applicable to compounding**
- ▶ **797 and 795 are currently postponed due to appeals by stakeholders**
- ▶ **800 will become "official" December 1, 2019**

Overview of 795—Non-sterile compounding

- ▶ **Scope: all persons and all places where compounding occurs**
- ▶ **Standards for:**
 - Personnel training and competency
 - Compounding garb and hygiene
 - Compounding spaces and equipment
 - Cleaning and sanitizing
 - Documentation (SOPs, Recordkeeping, and labeling)
 - Assigning beyond-use-dates and packaging
 - Complaints, recall, and adverse events

Overview of 797—Sterile compounding

- ▶ **Scope:** all persons and all places where compounding occurs
- ▶ **Standards for:**
 - Personnel training and competency
 - Compounding garb and hygiene
 - Compounding spaces and equipment
 - Cleaning and disinfecting
 - Sterilization methods and testing
 - Documentation (SOPs, Recordkeeping, and labeling)
 - Assigning beyond-use-dates and packaging
 - Complaints, recall, and adverse events

Overview of 800—Handling Hazardous Drugs in Healthcare Settings

- ▶ **Scope:** all persons and all places where hazardous drugs are handled
- ▶ **Standards for:**
 - Types of exposure and list of hazardous drugs
 - Personnel training, competency, and responsibilities
 - Hazardous drug receipt, storage, and disposal
 - Hazardous drug engineering controls
 - Manipulation of hazardous drugs and assessment of risk
 - Deactivation, decontamination, cleaning and spill control
 - Documentation (SOPs, recordkeeping, labeling)

Impact of USP Standards on Veterinary Practice

- ▶ 797 and 795 declare administration to be not compounding and "out of scope"
 - E.g. drawing up a dose to give to a single patient
- ▶ 797 allows for compounding for immediate use
 - Mixing 3 or fewer sterile drugs to administer to a patient within 4 hours
 - Not subject to full requirements of 797
- ▶ Compounding activities that are subject to full requirements of 795 and 797:
 - Preparing compounds for more than one patient
 - Preparing compounds with beyond-use-dates of longer than 4 hours

Compliance vs. Best Practices

- ▶ 795 and 797 postponed indefinitely
 - Pharmacy practice now reverts back to "old" 795 and 797 (ca. 2008)
 - "old" 797 and 795 make no mention of 800—disconnect
 - Compounding quality is directly attributable to patient outcomes
 - Veterinarians may not associate poor drug response with compound quality
- ▶ 800 becomes official December 1, 2019
 - Hazardous drugs do not become hazardous on December 1, 2019—they have always been hazardous
- ▶ Enforcement of standards in pharmacy and medical practice—up to the states
- ▶ FDA could move in to regulate compounding if USP standards are frozen in time and states do not step up to regulate

Potential Next Steps?

- ▶ Survey stakeholders for extent of compounding in their practices
 - Compounds purchased from pharmacies
 - Compounds prepared by veterinary practice
- ▶ Evaluate use of "administration" and "immediate use" to meet practice needs
- ▶ Identify best compounding and hazardous drug handling practices for veterinarians
- ▶ Consider inspection checklist/inspector training

Discussion

VIRGINIA BOARD OF VETERINARY MEDICINE BYLAWS

Article I. Officers of the Board.

A. Election of officers.

1. The officers of the Board of Veterinary Medicine shall be a President, a Vice-President and a Secretary. At the last regularly scheduled meeting of the calendar year, the board shall elect its officers. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.
2. The term of office shall be one year from January 1 to December 31; a person may serve in the same office for one additional term.
3. A vacancy occurring in any office shall be filled during the next meeting of the board.

B. Duties of the officers

1. President.

The President shall preside at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The President shall appoint all committees unless otherwise ordered by the board.

2. Vice-President.

The Vice-President shall, in the absence or incapacity of the President, perform pro tempore all of the duties of the President.

3. Secretary.

The Secretary shall perform generally all the duties necessary and usually pertaining to such office

4. In the absence of the President, Vice-President and Secretary, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.

5. The Executive Director shall be the custodian of all board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the

correspondence of the board and shall perform all such other duties as naturally pertain to this position.

Article II. Meetings.

A. Number and organization of meetings.

1. For purposes of these bylaws, the board shall schedule at least three full board meetings in each year, with the right to change the date or cancel any board meeting; with the exception that one meeting shall take place annually.
2. A majority of the members of the board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

B. Attendance of board members.

Members shall attend all scheduled meetings of the board and committee to which they serve, unless prevented by illness or similar unavoidable cause. In the event of two consecutive unexcused absences at any meeting of the board or its committees, the President shall make a recommendation about the board member's continued service to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

C. Order of business. The order of the business shall be as follows:

1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.
2. Public comment.
3. Approval of minutes.
4. The Executive Director and the President shall collaborate on the remainder of the agenda.

Article III. Committees.

A. Standing Committees:

1. Special Conference Committee.

This committee shall consist of two board members who shall review information regarding alleged violations of the veterinary medicine laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The President shall also designate

another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the President may appoint additional committees.

2. Regulatory/Legislative Committee.

The committee shall consist of at least three board members. The board delegates to the Regulatory/Legislative Committee to recommend actions to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the drafting of board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the board's Public Participation Guidelines and any Executive Order of the Governor, and other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full board prior to publication. The board delegates the authority to develop proposals for legislative initiatives of the board. Any proposed draft legislation and response to public comment shall be reviewed and approved by the full board prior to publication.

3. Credentials Committee.

The committee shall consist of two board members. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.

B. Ad hoc committees

There may be ad hoc committees, appointed as needed and shall consist of three or more persons appointed by the board who are knowledgeable in the particular area of practice or education under consideration by the board. The committee shall review matters as requested by the board and advise the board relative to the matters or make recommendations for consideration by the board.

Article IV. General Delegation of Authority.

A. The Board delegates to board staff the authority to issue and renew licenses and registrations for which statutory and regulatory qualifications have been met.

B. The Board delegates to the Executive Director the authority to reinstate a license or registration when the reinstatement is due to the lapse of the license or registration rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.

C. The Board delegates to board staff the authority to develop, approve and update information on forms used in the daily operations of board business, to include, but not limited to, licensure

applications, renewal forms, inspection forms and documents used in the disciplinary process. The Executive Director shall consult with the board President prior to posting inspection form changes.

D. The Board delegates authority to the Executive Director to negotiate a Consent Order in consultation with the chair of a Special Conference Committee or formal hearing.

E. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

F. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

G. The Board delegates to the Executive Director the authority to review information regarding alleged violations of law or regulations and, in consultation with a member of a special conference committee, make a determination as to whether probable cause exists to proceed with possible disciplinary action.

H. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee disputes cases without review by a board member.

I. The Board delegates authority to the Executive Director to grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee or registrant prior to the renewal date.

J. The Board delegates authority to the Executive Director to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or registrant, such as temporary disability, mandatory military service, or officially declared disasters.

K. The Board delegates authority to the Executive Director to issue an advisory letter, offer a confidential consent agreement or offer a Consent Order for action consistent with any board-approved guidance document.

L. The Board delegates to the President the authority to represent the board in instances where board "consultation" or "review" may be requested where a vote of the board is not required, and a meeting is not feasible.

M. The Board delegates to the Department of Health Professions' inspectors the authority to issue an Inspection Summary upon completion of an inspection, and the Board delegates to the Executive Director the authority to take action consistent with any board-approved guidance document related to inspection violations.

N. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.

O. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Va. Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.

P. The Board delegates authority to the Executive Director to request and accept from a licensee or registrant, in lieu of disciplinary action, a Confidential Consent Agreement, pursuant to Va. Code § 54.1-2400(14), consistent with any guidance documents adopted by the Board.

Q. The Board delegates authority to the Executive Director to assign cases to the Veterinary Review Coordinator to make probable cause decisions in consultation with board staff for cases involving the following:

- ~~i~~Impairment;
- ~~i~~Inspections;
- ~~e~~Compliance with Board Orders;
- ~~-~~PMP reporting;
- ~~and~~ Compliance with continuing education requirements;
- Aiding and abetting unlicensed activity;
- Unprofessional conduct for failure to release records; and
- Compliance with medical recordkeeping requirements ~~and make investigation decisions regarding drug theft and loss.~~

R. The Board delegates authority to the Executive Director to assign cases to the Veterinary Review Coordinator to make investigation decisions in consultation with board staff for cases involving the following:

- Lack of evidence to proceed; and
- Reports of drug theft and loss

Article V. Amendments.

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board's legal counsel prior to any regularly scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the board members present at that regular meeting.

SEP 10 2019

DHP

July 23, 2019

Dear Virginia Board of Veterinary Medicine,

I am a credentialed veterinary technician and have grave concerns about the National Association of Veterinary Technicians In America (of which I am a member) and their unfair advocacy for a title change from veterinary technician to veterinary nurse.

The American Veterinary Medical Association's House of Delegates voted in 1989 to approve the use of the term veterinary technician. We have been known as veterinary technicians for the past 30 years with little advocacy from NAVTA for title protection, client education, veterinary practice owner education, and/or any type of meaningful membership benefits.

NAVTA (supported by non-stakeholders) is pursuing the veterinary nurse initiative through unscrupulous methods of allowing title creep (the use of veterinary nurse) and encouraging business partners (non-stakeholders), educational institutions, and CE providers to push a title that has not yet been decided by the actual stakeholders – credentialed veterinary technicians. NAVTA has provided no funding for those groups/individuals to speak out against the VNI, but fully funds the NAVTA representative proponents of the initiative giving NAVTA an unfair advantage when advocating for the VNI.

NAVTA does not represent the great masses of veterinary technicians across the United States and support for the VNI is misrepresented since NAVTA only presents one side of the issue. NAVTA's membership numbers (credentialed veterinary technicians) do not reflect an even representation or percentage of credentialed veterinary technicians currently certified, registered or licensed throughout North America.

NAVTA's execution of the VNI to date has yielded no results and caused much divisiveness amongst the proponents and opponents mostly due to the manner in which the initiative was rolled out, the fiscal irresponsibility of the organization pushing an unpopular initiative, and the added confusion another unprotected title creates for veterinary technicians. I haven't even mentioned the human nursing associations NAVTA is or will be battling over the title protection for human nurses!

NAVTA would be better served to take a step back, honor our title, and begin the work they should have started 30 years ago to protect our title and advocate for credentialed veterinary technicians. NAVTA's membership numbers would soar as would their credibility as a national organization if they advocated for all of us instead of a skewed portion of a lackluster membership.

Please don't support the veterinary nurse initiative until all credentialed veterinary technicians across North America have been given an equal opportunity to weigh in on what we will be

called. Please don't support title creep – we are veterinary technicians, until we have decided otherwise!

Sincerely,

Ramona Crane

Ramona Crane, LVT, CVT
1524 North Nevada Ave.
Colorado Springs, CO 80907

Excerpt from the Regulations Governing the Practice of Veterinary Medicine

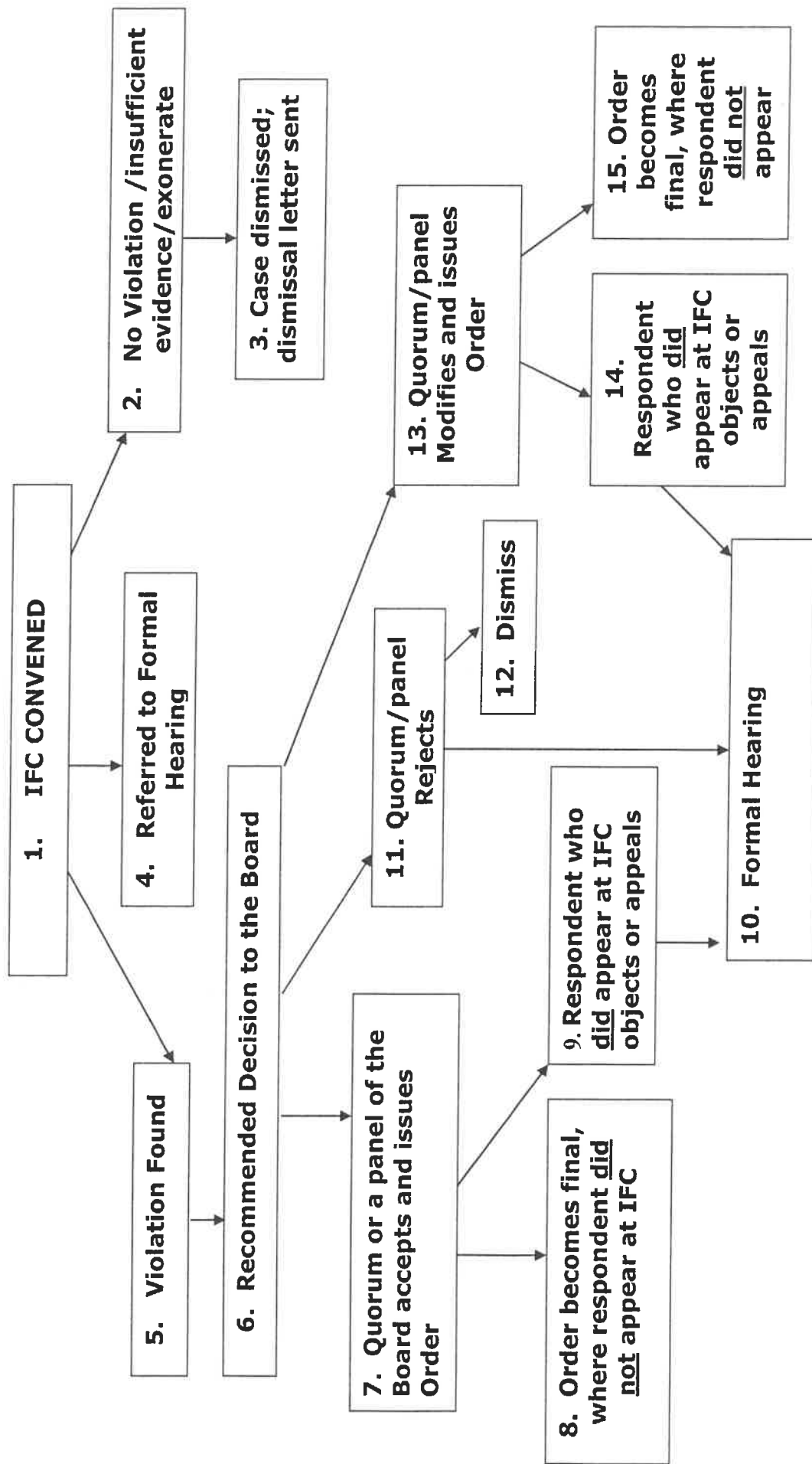
18VAC150-20-15. Criteria for Delegation of Informal Fact-Finding Proceedings to an Agency Subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

B. Criteria for delegation. Cases that may be delegated to an agency subordinate are those that do not involve standard of care or those that may be recommended by a committee of the board.

C. Criteria for an agency subordinate. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding shall include current or former board members deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



Narrative explanation of Flow Chart on Delegation to an Agency Subordinate

This describes the process in which a subordinate hears a case at an informal conference up to a case that may be referred to a formal hearing.

1. Pursuant to a notice, the designated agency subordinate (“subordinate”) will convene the informal conference (“IFC”). An IFC before a subordinate is conducted in the same manner as an IFC before a committee of the board. Following the presentation of information by the parties, the subordinate will consider the evidence presented and render a recommended decision regarding the findings of fact, conclusions of law, and if appropriate, the sanction to be imposed.
2. The subordinate may recommend that the respondent be exonerated, that there be a finding of no violation, or that insufficient evidence exists to determine that a statutory and/or regulatory violation has occurred.
3. If the subordinate makes such a finding, the case is dismissed and a dismissal letter is issued to the respondent notifying him of the determination.
4. The subordinate may decide that the case should be referred to a formal hearing. A hearing before the board would then be scheduled and notice sent to the respondent.
5. The subordinate may determine that a violation has occurred and recommend the findings of fact and conclusions of law along with an appropriate sanction.
 6. With the assistance of APD, the subordinate drafts a recommended decision, which includes the findings of fact, conclusions of law and sanction. The recommendation is provided to the respondent and to the board and must be ratified by a quorum of the board or a panel consisting of at least five members of the board.
 7. If the quorum or panel of the board accepts the recommended decision and:
 8. If the respondent did not appear at the IFC, the board’s decision becomes a final order that can only be appealed to a circuit court; or
 - 9-10. If the respondent did appear at the IFC and objects to and appeals the order, he may request a

formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

11. A quorum or panel of the board may reject the recommended decision of the subordinate, in which case:

The quorum/panel may decide to refer the case for a formal hearing (**10**); or the quorum/panel may decide to dismiss the case and a dismissal letter is issued to the respondent notifying him of the decision of the board (**12**).

13. A quorum or panel of the board may modify the subordinate's recommended decision and issue an order reflecting the modified decision to the respondent.

15. If the respondent did not appear at the informal conference, then the board's decision becomes a final order that can only be appealed to a circuit court.

14-10. If the respondent did appear at the informal conference and objects to and appeals the order, he may request a formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

Veterinary Medicine Monthly Snapshot for September 2019

Veterinary Medicine has closed more cases in September than received cases. Veterinary Medicine has closed 10 patient care cases and 12 non-patient care cases for a total of 22 cases.

Cases Closed	
Patient Care	10
Non Patient Care	12
Total	22

Veterinary Medicine has received 10 patient care cases and 10 non-patient care cases for a total of 20 cases.¹

Cases Received	
Patient Care	10
Non Patient care	10
Total	20

As of September 30, 2019, there were 187 Patient care cases open and 120 non-patient care cases open for a total of 307 cases.

Cases Open	
Patient Care	187
Non Patient Care	120
Total	307

There were 8210 Veterinary Medicine licensees as of October 1, 2019. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Equine Dental Technician	24
Veterinarian	4507
Veterinary Establishment***	1162
Veterinary Faculty**	91
Veterinary Intern/Resident**	63
Veterinary Technician	2363
Total	8210

There were 33 licenses issued for Veterinary Medicine for the month of September. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Veterinarian	17
Veterinary Establishment - Ambulatory	1
Veterinary Establishment - Stationary	2
Veterinary Faculty	4
Veterinary Technician	9
Total	33

¹ The cases received and cases closed figures exclude Compliance Tracking Cases

Virginia Department of Health Professions
Cash Balance
As of September 30, 2019

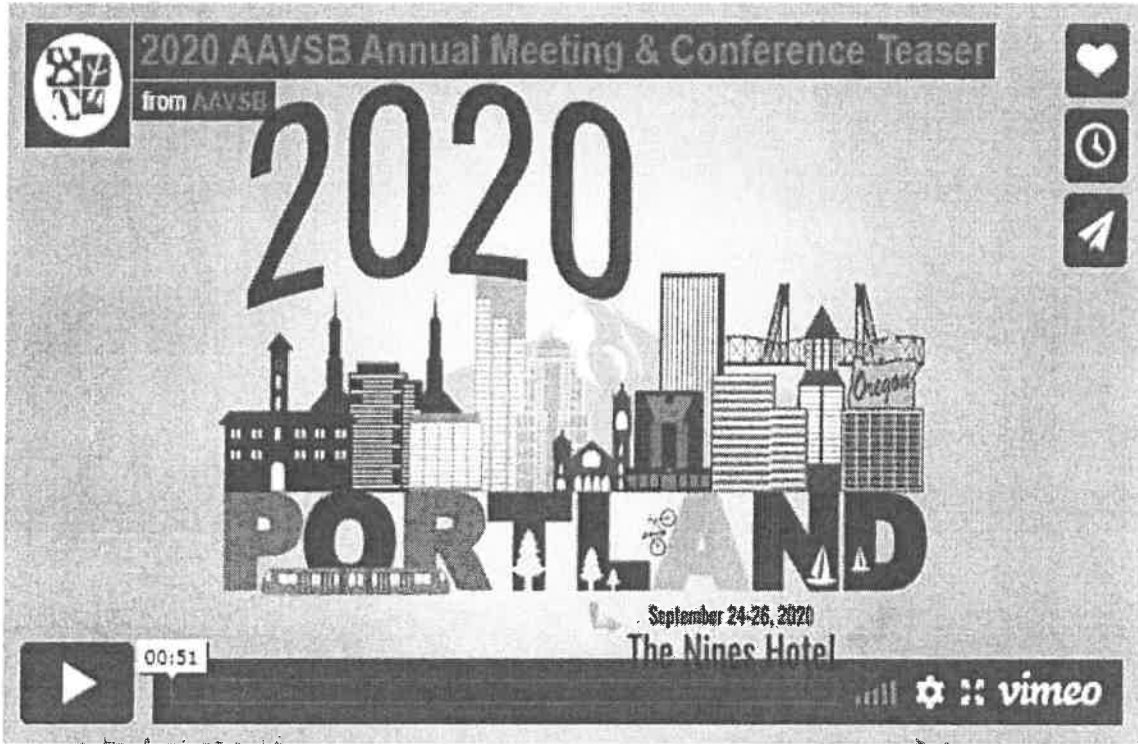
	106- Veterinary Medicine
Board Cash Balance as June 30, 2019	\$ 1,035,182
YTD FY20 Revenue	25,040
Less: YTD FY20 Direct and Allocated Expenditures	275,552
Board Cash Balance as September 30, 2019	\$ 784,670

	106- Veterinary Medicine
Board Cash Balance as June 30, 2018	\$ 956,976
YTD FY19 Revenue	30,995
Less: YTD FY19 Direct and Allocated Expenditures	263,297
Board Cash Balance as September 30, 2018	724,673

	106- Veterinary Medicine
Board Cash Balance as June 30, 2017	\$ 724,593
YTD FY18 Revenue	30,440
Less: YTD FY18 Direct and Allocated Expenditures	272,645
Board Cash Balance as September 30, 2017	\$ 482,388

Join Us in Portland in 2020!

Save the dates of September 24-26, 2020 for the 2020 AAVSB Annual Meeting in Conference to be held in Portland, Oregon at The Nines Hotel! Watch the teaser video below:



2020 AAVSB Annual Meeting & Conference Teaser from AAVSB on Vimeo.

Board of Veterinary Medicine

IMPORTANT REMINDER

Renewal of Veterinary Establishment Registration

This email is being sent to all licensees of the Board of Veterinary Medicine because a significant number of veterinary establishment registrations were not renewed, or notification of closure was not received, for the last renewal cycle in a timely manner. Please review the following information regarding the renewal or closure of a veterinary establishment registration:

150-8 Disposition of Cases Involving Practicing on an Expired License or Registration

150-7 Disposition of Cases Involving Failure of Veterinarian-in-Charge to Notify Board of Veterinary Establishment Closure

Renewal Fees for Veterinary Establishment Registrations

Renew by December 31, 2019: **\$200**

Renew by January 31, 2020: **\$275** (renewal: \$200 + late: \$75)

Renew after January 31, 2020: **\$650** (renewal: \$200 + late: \$75 + reinstatement \$75 + reinspection: \$300)

NOTE: The individual license for the current veterinarian-in-charge must be renewed prior to attempting to renew a veterinary establishment registration. Following renewal, please go to License Lookup to verify that the expiration date for a license or registration reflects the updated status.

To renew a veterinary establishment registration online and pay with a Visa, MasterCard or Discover card, go to **www.license.dhp.virginia.gov**. If experiencing technical difficulty renewing a registration, please contact customer service by telephone at (804) 367-4444 or by email at CallCenter@dhp.virginia.gov

Questions may be directed to vetbd@dhp.virginia.gov

“Establishment Registration” in the subject line of the email

Website: Board of Veterinary Medicine

From: **Virginia Board of Veterinary Medicine**
Date: Thu, Sep 12, 6:45 PM
Subject: Fraudulent Communications



Virginia Department of **Health Professions**

Board of Veterinary
Medicine

Board of Veterinary Medicine

The Virginia Board of Veterinary Medicine has received information that fraudulent communications claiming to be from regulatory authorities, such as a regulatory board or the Drug Enforcement Administration (DEA) are being sent to licensees of the Virginia Department of Health Professions. The communications are being sent by email, fax, phone and the US Postal Service and can be threatening and demanding release of personal information.

Please be aware that the Virginia Board of Veterinary Medicine will not send such communications. If you believe you are the recipient of a fraudulent communication claiming to be from the Virginia Board of Veterinary Medicine, please contact the Board at (804) 597-4133 or vetbd@dhp.virginia.gov. You may also wish to report the receipt of this type of communication to local law enforcement and the US Postal Service.

**BOARD OF VETERINARY MEDICINE
2020 CALENDAR**

JANUARY 23, 2020 (Thursday)	BR 1/HR 6 9:00 AM	INFORMAL CONFERENCES
FEBRUARY 13, 2020 (Thursday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
MARCH 5, 2020 (Thursday)	BR 2 9:00 AM	BOARD MEETING
MARCH 5, 2020 (Thursday)	BR 2/HR 1	INFORMAL CONFERENCES
APRIL 9, 2020 (Thursday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
MAY 7, 2020 (Thursday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
JUNE 10, 2020 (Wednesday)	BR 4/HR 6 9:00 AM	INFORMAL CONFERENCES
JULY 28, 2020 (Tuesday)	BR 4 9:00 AM	BOARD MEETING
JULY 28, 2020 (Tuesday)	BR 4/HR 6	INFORMAL CONFERENCES
AUGUST 25, 2020 (Tuesday)	TR 2/HR 6	INFORMAL CONFERENCES
SEPTEMBER 29, 2020 (Tuesday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
OCTOBER 29, 2020 (Thursday)	BR 4 9:00 AM	BOARD MEETING
OCTOBER 29, 2020 (Thursday)	BR 4/HR 6 9:00 AM	INFORMAL CONFERENCES
NOVEMBER 17, 2020 (Tuesday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
DECEMBER 9, 2020 (Wednesday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES