

BOARDS AND COMMISSIONS

Board of Veterinary Examiners (New Administrative Regulation)

201 KAR 16:750. Licensed veterinary technicians (LVTs) -- Scope of practice and supervisory requirements.

RELATES TO: KRS 321.175, 321.190, 321.441, 321.443

STATUTORY AUTHORITY: KRS 321.235(2)(b)3.c., 321.441(3)(b)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 321.175 and 321.235 declare that the Kentucky Board of Veterinary Examiners shall protect the public by ensuring only qualified individuals are allowed to engage in the practice of veterinary technology the Commonwealth to promote, preserve, and protect the public health, safety, and welfare. KRS 321.441 details that a license is required for veterinary technicians to practice veterinary technology in the Commonwealth. KRS 321.441 and 321.443 detail that veterinary technicians and veterinary assistants must be properly supervised when assisting a veterinarian with the practice of veterinary medicine. This administrative regulation sets forth the scope of practice under various levels of veterinarian supervision to ensure the safety and welfare of animal patients, clearly define appropriate roles to be assigned by supervisors, and to provide confidence in basic care and support for clients.

Section 1. Definitions.

- (1) "Direct supervision" is defined by KRS 321.181(59)(c).
- (2) "Immediate supervision" is defined by KRS 321.181(59)(b).
- (3) "Indirect supervision" is defined by KRS 321.181(59)(d).
- (4) "Veterinarian-client-patient relationship" or "VCPR" is defined in KRS 321.185.

Section 2.

- (1) A licensed veterinary technician (LVT) may perform the following acts as set forth in this administrative regulation under the direction, supervision, and responsibility of a board-licensed veterinarian, who has established and maintains a current veterinarian-client-patient relationship (VCPR).
- (2) The veterinarian and LVT shall comply with the record keeping rule established by the board in 201 KAR 16:701 (Standards for Medical Records).
- (3) The decision about the level of supervision required by an LVT is ultimately up to the discretion of the supervising veterinarian as long as:
 - (a) The tasks assigned to the LVT do not provide a lower level of supervision than that which is prescribed in this administrative regulation;
 - (b) The supervising veterinarian is confident in the level of training and trust in the LVT; and
 - (c) The tasks assigned to the LVT comply with all state and federal laws.
- (4) Pursuant to KRS 321.443, a veterinary assistant under the employ of a board-licensed veterinarian may be assigned work similar to an LVT, as described in subsection (3) of this section, so long as the supervising veterinarian is confident in the level of training and trust in the veterinary assistant and their ability to competently and safely perform assigned tasks.
- (5) Except as authorized by KRS 321.200, nothing in KRS Chapter 321 or 201 KAR Chapter 16 shall be construed to permit an LVT or veterinary assistant, or any person who is not a veterinarian to perform any of the following activities relating to animals:
 - (a) Surgery;
 - (b) Diagnosis;
 - (c) Prognosis; or
 - (d) Prescription.

Section 3. Immediate Supervision. Allowable animal healthcare tasks for LVTs under immediate supervision are:

- (1) Assisting the veterinarian with surgical procedures; and
- (2) Placement of abdominal, thoracic, or PEG tubes.

Section 4. Direct Supervision. Allowable animal healthcare tasks under direct supervision are:

- (1) Dental procedures including, at a minimum:
 - (a) The removal of calculus, soft deposits, plaque, and stains;
 - (b) The smoothing, filing, and polishing of teeth;
 - (c) Dental single root extractions not requiring sectioning of the tooth or sectioning of the bone;
 - (d) Suturing a gingival incision;
- (2) Euthanasia; and
- (3) Placement of intraosseous catheterization.

Section 5. Indirect Supervision. Telesupervision falls under the definition of indirect supervision. Allowable animal healthcare tasks under indirect supervision are:

- (1) General anesthesia and sedation, maintenance, and recovery;
- (2) Non-emergency endotracheal intubation;
- (3) Regional anesthesia, including paravertebral blocks, epidurals, local blocks;
- (4) Placement of tubes, including at a minimum:
 - (a) Gastric tubes;
 - (b) Nasogastric tubes; and
 - (c) Nasoesophageal tubes;
- (5) Placement of epidural and nasal catheters;
- (6) Ear flushing with pressure or suction;
- (7) Application of casts, splints, and slings for the immobilization of fractures;
- (8) Administration of chemotherapy;
- (9) Administration of radiation therapy;
- (10) Intravascular catheterization through creation of a relief hole in the skin;
- (11) Intra-arterial catheterizations;
- (12) Unless prohibited by state or federal regulation administration, preparation and application of treatments, including at a minimum:
 - (a) Drugs;
 - (b) Medications;
 - (c) Controlled substances;
 - (d) Enemas; and
 - (e) Biological and immunological agents,
- (13) Suturing, stapling, and gluing of an existing surgical skin incision;
- (14) Fluid aspiration from a body cavity or organ, as known as cystocentesis;
- (15) Intravenous catheterization, intra-arterial catheterization, and maintenance;
- (16) Imaging, including at a minimum:
 - (a) Radiography;
 - (b) Ultrasonography;
 - (c) Computed tomography;
 - (d) Magnetic resonance imaging;
 - (e) Fluoroscopy; and
 - (f) Administration of radio-opaque agents/materials;
- (17) Except when in conflict with state or federal law:
 - (a) Collection of blood;
 - (b) Collection and preparation of cellular or microbiological samples by skin scrapings, impressions, or other non-surgical methods;

- (18) Collection of urine by expression, catheterization (unobstructed), and insertion of an indwelling urinary catheter;
- (19) Monitoring, including at a minimum:
 - (a) ECG;
 - (b) Blood pressure; and
 - (c) CO2 and blood oxygen saturation;
- (20) Clinical laboratory test procedures;
- (21) Handling and disposal of biohazardous waste materials;
- (22) Implantation of a subcutaneous identification chip;
- (23) Laser therapy;
- (24) Animal rehabilitation therapies;
- (25) Ocular tonometry, Schirmer tear test, and fluorescein stain application;
- (26) Suture and staple removal;
- (27) Reproductive ultrasound, and semen evaluation;
- (28) Floating equine teeth; and
- (29) Tasks at the discretion of the veterinarian, which are not in contravention of KRS 321.190 and 321.181(50).

Section 6. Emergency Animal Patient Care.

- (1) A supervising veterinarian in emergency animal patient care may assign to an LVT:
 - (a) Application of tourniquets and/or pressure procedures to control hemorrhage;
 - (b) Application of appropriate wound dressings in severe burn cases;
 - (c) Resuscitative oxygen procedures;
 - (d) Anti-seizure treatment; and
 - (e) Supportive treatment in heat prostration cases.
- (2) In emergency situations and while under the direct supervision of a veterinarian via verbal communication or in accordance supervising veterinarian's protocols, an LVT may:
 - (a) Administer drugs to control pain and shock;
 - (b) Initiate and perform CPR and provide immediate post resuscitation care, including:
 - 1. Administration of medication; and
 - 2. Defibrillation according to protocols established in writing at the veterinary facility.

MICHELLE M. SHANE, Executive Director
For STEVEN J. WILLS, DVM, Board Chair

APPROVED BY AGENCY: July 12, 2023

FILED WITH LRC: July 12, 2023 at 1 p.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall be held on September 25, 2023 at 1:00 p.m., at the Kentucky Department of Agriculture, Office of the State Veterinarian, 109 Corporate Drive, Frankfort, Kentucky 40601. Individuals interested in being heard at this hearing shall notify this agency in writing by five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made prior to the end of the hearing. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through September 30, 2023. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

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