

SCAVT NEWS 

**Jan/Feb 2023**

Title Protection Update

Changes to the current LVT regulations were presented for a vote by the SC Board of Veterinary Medical Examiners (BVME). They have been approved by the BVME but what happens now? Well, that was just the first step in getting these changes cemented for SC LVTs. The revised regulations were published in the official state record, called the State Register, and there was a period of time open to the public to vocalize their questions, concerns, and approval. The revised regulations have now gone to the House and the Senate committee for review. Changes, deletions, approvals can happen during these reviews. We remain hopeful and will update you as we hear what is happening in the House and Senate committees this year. The proposed changes as submitted to the BVME are as follows:

D. “Emergency animal patient” means: a patient with a medical condition manifesting itself by acute symptoms of

sufficient severity, such that the absence of immediate medical attention could reasonably be expected to result to any of the following:

1. Cardiopulmonary arrest (CPA), imminent/impending CPA, or death;

2. Serious jeopardy to the long-term health of a patient;

3. Serious, life-threatening impairment to bodily functions;

4. Serious, life-threatening dysfunction of any bodily organs or part.

E. “Imaging” means including but not limited to, radiography, ultrasonography, computed tomography, magnetic resonance imaging, and fluoroscopy and the administration of radio-opaque agents/materials.

120–8. Practice Standards for Licensed Veterinarians.

The following are additions to the definitions section 120-8

D. Supervision of Unlicensed Veterinary Aides. The licensed veterinarian is responsible for determining whether tasks delegated to unlicensed veterinary aides are within the aides’ training, expertise, and skills. The licensed veterinarian shall verify and document qualifications of unlicensed veterinary aides in accordance with SC Code of Law 40-69-270(C).

The delegating veterinarian remains responsible for the care of the patient.

(1) Supervision:

Any unlicensed veterinary aide must at all times be under the \*\*appropriate degree \*\*supervision of a licensed veterinarian whenever providing patient care in this state.

(2) Emergency Animal Patient Care:

An unlicensed veterinary aide working under the indirect supervision of a licensed veterinarian may provide acute care for emergency medical conditions. In the event of a CPA, an unlicensed veterinary aide may follow standing medical orders that have been established by a veterinarian until the patient is stabilized or a veterinarian can provide supervision.

# Title Protection-Where Are We?

“Dedicated to increasing public awareness of the vital role licensed technicians play in the veterinary healthcare team and to provide professional unity within South Carolina.”

SCAVT 2022-2023

Executive Board

President

*Melissa Entrekin*

Past President

*Jeanna Lineberger*

Treasurer

*Zohra Badat*

Piedmont District Representatives

*Adrienne Kruzer*

*Sarah Schwenzer*

*Nicole Haynes*

Midlands District Representatives

*Michele Neal*

*Annika Ramcke*

Coastal District Representatives

*Lauren Howard*

*Kendall Bak*

*Michelle McConnell*

##

(3) An unlicensed veterinary aide shall not:

(a) Make any diagnosis or prognosis.

(b) Prescribe any treatments, drugs, or medications.

(c) Perform surgery.

(d) Identify as a licensed veterinarian, licensed veterinary technician, veterinary technician, veterinary nurse, veterinary technologist, vet tech or technician. A veterinary aide must clearly identify himself or herself as such in order to ensure that he or she is not mistaken by the public as a licensed veterinarian or licensed veterinary technician.

120–9. Practice Standards for: Licensed Veterinary Technicians;

\*\*(USED TO INCLUDE UNLICENSED VETERINARY AIDES)\*\*

A. Licensed Veterinary Technicians. Duties shall be performed under the direction, supervision and control of a South Carolina licensed veterinarian who has established a veterinarian-client-patient relationship.

1. Immediate Supervision:

(a) Surgical assistance to a licensed veterinarian.

(b) Floatation of equine teeth.

2. Direct Supervision:

(a) Administration of rabies vaccines as allowed by law.

(b) Perform euthanasia.

(c) Induction, maintenance and recovery of anesthesia.

(d) Perform dental procedures including, but not limited to, prophylaxis and procedures not altering the shape,

structure, or positional location of teeth in the dental arch.

3. Indirect Supervision:

(a) Administration and application of treatments, drugs, medications and immunological agents by parenteral (to include subcutaneous, intradermal, intramuscularly, intraperitoneal and intravenous) and non-parenteral routes, except when in conflict with government regulations.

(b) Initiation of parenteral fluid administration.

(c) Perform peripheral venous catheterizations.

(d) Perform imaging including settings, positioning, exposing, processing and safety procedures.

(e) Collect venous blood specimens as allowed by law.

(f) Collect urine by free catch, expression, cystocentesis or catheterization.

(g) Collect and prepare tissue, cellular or microbial samples by skin scrapings, impressions or other non-surgical methods.

(h) Perform routine diagnostic tests.

(i) Supervise handling of bio hazardous waste materials.

(j) Collect and prepare blood or blood components as related to blood transfusions.

(k) Administer blood or blood components as related to transfusions.

(l) Apply splints, bandages, slings and casts.

(m) Perform non-emergency intubations.

(n)Measure medication quantities as prescribed by a licensed veterinarian.

(o) Perform arterial catheterization.

(p) Perform central venous catheterization.

(q) Administer vaccines, excluding rabies.

(r) Microchip insertion

4. Other services under the appropriate degree of supervision of a licensed veterinarian.

5. Emergency Animal Patient Care.

A licensed veterinary technician working under the indirect supervision of a licensed veterinarian may provide acute care for emergency medical conditions. In the event of a cardiopulmonary arrest (CPA) or imminent CPA, a licensed veterinary technician may follow standing medical orders that have been established by a veterinarian until the patient is stabilized or a veterinarian can provide supervision.

6. Practice Limitations. Licensed veterinary technicians shall not be permitted to:

(a) Make any diagnosis or prognosis.

(b) Prescribe any treatments, drugs, medications, or appliances.

(c) Perform surgery.

(d) Identify as a licensed veterinarian or anything other than a licensed veterinary technician.

B. In accordance with SC Code of Law 40-69-270(C), licensed veterinarians may delegate duties superseding the above scope of practice restrictions to licensed veterinary technicians holding specialty certification from the National Association of Veterinary Technicians in America’s Committee on Veterinary Technician Specialists.

Thank you for being a member of the SCAVT and for all you do for the animals of SC! We’re headed in the right direction. Stay with us!

**Congratulations to the SCAV LVT of the Year**

**Jessica Owen!**



Jessica graduated from Tri-County Technical College in 2013. She then attended Lincoln Memorial University in 2015, graduating with her bachelor’s degree in Veterinary Technology. She started working part-time at Magnolia Veterinary Hospital in 2012 while attending school. She is now the lead technician at Magnolia Veterinary Hospital.

Thank you for all you do for the animals of South Carolina!

Technician Spotlight

**Name:** Jess Owen

**Birthplace:** Bradenton, Florida

**Graduated:** Tri-County Technical College in 2013 with my associates in vet tech. Lincoln Memorial University in 2015 with my bachelor's Veterinary medical technology.

**Current Employer:** Magnolia Veterinary Hospital, started as an assistant in 2012, went from part time to full time juggling school, been full time now for the last 3 years

**Favorite task being an LVT** would obviously be caring for my patients, being their voice, but I also enjoy uplifting my team, keeping everyone light on the floor, trying to make our days fun and establishing a relationship with all my fellow co-workers.

**Least favorite task as an LVT** would be "ABD" cases, there is usually so much shaving, swelling and those babies are always so painful and bruised.

**Pets at home:** I have 3 dogs, some poultry and 14 goats.

**Interests outside of work:** I am a momma to my son River so I devote a lot of time to him; we do have a daughter coming in June too :) . I also love art/crafts, and i actually have my own business Gypsy Goat Soaps where I use the milk from my dairy goats and make handmade soap and lotions.

**Most memorable moment:** hard to think of just one, but memorable moments to me are being recognized by my clients, it allows me to know I did my job correctly for their fur baby!

**My favorite parasite** would be Demodex, I think they are the cutest little things under the microscope.

**If coworkers were to describe you as an animal what would it be and why?**I definitely think my staff would say I was a dog, and some breed that would be blonde and bubbly in personality.

\*\*Just a little something else I did except a new position before in December if the Associate Practice Manager at Magnolia Veterinary Hospital. This role is quite a change but definitely won't keep me from being out on the floor, I can't help it! :)

**2022 Accomplishments**

 While on the outside it may not appear that the SCAVT has done very much in 2022, we’ve been busy laying some much needed groundwork and updating things to continue to move our profession forward in SC. Here are some notable things we’ve accomplished this year as an all-volunteer run organization:

● Received 501(c)(3) non-profit status as an organization

● Participated on the SC regulation committee to review the current veterinary regulations and provided input on changes in several meetings throughout the year

● Offered a vet tech track in the SCAV Fall Conference including our very first free wet lab

● Purchased, packaged, and shipped National Vet Tech Week gifts to all SCAVT members

● Requested and received the SC governor’s proclamation declaring Oct. 16-22 National Vet Tech Week in SC

● Provided SC vet tech student awards

● Provided NAVTA representation

● Upgraded to offer SCAVT membership registration and payment options online

● Added more LVT district reps to the SCAVT board to cover all of our state districts and increase representation

● Participated in SC vet med board meetings

● Worked on updating the SCAVT by-laws and constitution

● Wrote and sent newsletters to SCAVT members

● Increased public awareness of the vital role licensed technicians play in the veterinary healthcare team in SC via Facebook, Instagram, and LinkedIn posts

● Responded to social media and email inquiries regarding licensure, professional concerns, etc.

● Obtained our own CE broker account to have lectures approved more easily

● Added a Career Center to our website to aid LVTs in SC in their career search and employers in finding LVT team members

● Updated our website to add more information and streamline membership registration and renewal

● Created a Hospital Membership option for veterinary businesses with 5 or more LVTs on their team

**Education Page**

Pre-Anesthetic Preparation/Anesthesia Machine Preparation

 By Michelle McConnell, LVT, VTS(A&A)

Proper planning facilitates improved performance, and any good anesthetist should have a preanesthetic checklist. This should include a checklist for your patient and your equipment. There are steps that should be performed on your anesthesia machine before EVERY patient is anesthetized. These steps include but are not limited to:

1. Verify and ensure you have enough oxygen supply for the procedure and recovery.

2. Attach the correct size circuit and bag to the machine. Always keep in mind to metabolic scale if necessary.

3. Fill and ensure the vaporizer has the correct amount and type of agent.

4. Ensure the absorbent granules are not expired and the correct amount is being used. There is no set time for keeping track of the absorbent. Here’s a rule of thumb to keep in mind: If the granules crumble easily, they are good. If they are hard and do not crumble, they are expired and need to be replaced before using the machine. Expired absorbent can lead to dangerous levels of CO2 in the system.

5. Pressure test the anesthesia machine.

6. Verify WAG Scavenging is connected and functioning properly.

It is extremely important to leak test the anesthesia machine to ensure there are no leaks present. If the machine is leaking it can be difficult to keep the patient at a good plane of anesthesia or to assist in mechanical ventilation. Also, if there are leaks in the machine, the staff will be at an increased risk of harmful waste anesthetic gas exposure. Follow these steps to pressure test your anesthesia machine:

1. Attach an adult breathing circuit and a bag.

2. Close the pop-off valve.

3. Occlude the patient side of the circuit with your thumb.

4. Using the flush valve, increase the manometer pressure in the anesthesia machine to 30 cm H20. If the manometer pressure continues to increase, there is a significant leak in the flowmeter and/or flush valve. The machine must be serviced before using.

5. If the manometer pressure drops, set the flowmeter to 200cc/min. The pressure on the manometer should remain constant or increase. If the manometer pressure continues to decrease, the leak must be isolated before attaching a patient.

6. Open the pop-off to release pressure from the machine and breathing circuit. It is important to open the pop-off first in order to ensure that all absorbent granules and dust do not get drawn into the breathing circuit and possibly end up in the patient’s lungs. This also verifies that the WAG scavenging system is not occluded.

In conclusion, most anesthesia machine failures can be corrected before the anesthetic procedure. Even after performing the above steps, keep in mind that an anesthesia machine is not a “set it and forget it” piece of equipment. Close monitoring should continue through the anesthetic procedure because problems can arise at any time.

Works cited: Anesthesia for Veterinary Technicians by Susan Bryant

Visit Our Website for all our current job openings

Job Openings

[WWW.SCAVT.ORG](http://WWW.SCAVT.ORG)

# Continuing Education

[NAVTA | Webinars](https://www.navta.net/webinars/)

[Home - Zoetis Learning Solutions (zoetisus.com)](https://learn.zoetisus.com/pages/79/home)

[BluePearl Veterinary Continuing Education | Facebook](https://www.facebook.com/bluepearlvetce/)

[IDEXX Learning Center](https://learn.idexx.com/learn)

[VETgirl (vetgirlontherun.com)](https://vetgirlontherun.com/?s)

**Veterinary Technician Oath**

**​**

I solemnly dedicate myself to aiding animals and society by providing excellent care and services for animals, by alleviating animal suffering, and by promoting public health.  I accept my obligations to practice my profession conscientiously and with sensitivity, adhering to the profession's Code of Ethics, and furthering my knowledge and competence through a commitment to lifelong learning.

Fun Facts:

The now extinct colossus penguin stood an incredible six foot 8 inches tall. That’s as tall as champion basketballer LeBron James. The colossus penguin could hold its breath for 40 minutes at a time, making it an uber fish hunter. By comparison, most whales and dolphins only hold their breath underwater for 20 minutes.

