



Practice Limited to Horses

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www.equusvet.com

DHS Public Health Division
Brittany Sande, PH Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, OR 97232

07-18-08P02:54 RCVD

July 18, 2008

Dear Ms. Sande:

This letter is to express concern about the proposed rule changes for veterinary radiography as they pertain to an equine practice.

There are differences between companion animal and equine radiography that would make some of the rules impractical and/or impossible to meet in an equine setting. For example, it is not possible to tie horses down under general anesthesia in order to take radiographs. Equine general anesthesia involves considerable risk, and some views need to be weight-bearing images.

There can be several people involved in taking equine radiographs, i.e. one to hold the lead rope, one to hold the plate, and one to take the image. The horse owner may be the one holding the horse. Requiring everyone involved in the process to take a 20-hour course would be impractical and expensive.

Frequently, equine radiographs are taken out in the field, not in a clinic setting. How would the rules apply in a pasture or in an owner's barn?

Please consider the consequences for equine practitioners when making these rule changes.

Sincerely,

Steve Sundholm, DVM

Brittany A SANDE - RPS rule amendments

From: "Lori Makinen" <Lori.Makinen@state.or.us>
To: "SANDE Brittany A" <Brittany.A.Sande@state.or.us>
Date: 6/26/2008 5:04 PM
Subject: RPS rule amendments

Brittany - Passing this on to you.

Lori Makinen, Executive Director
Veterinary Medical Examining Board
800 NE Oregon St., Ste. 407
Portland, OR 97232
971-673-0223
Fax 971-673-0226

Please visit our website for minutes, licensee directory and the Customer Satisfaction Survey! www.oregon.gov/ovmeb

From: Dr.Takashima [mailto:dr-takashima@parkwayvet.com]
Sent: Thursday, June 26, 2008 4:36 PM
To: Gayle R Shriver
Cc: Gayle R Shriver; Lori Makinen
Subject: Re:

I feel these revisions are appropriate for safety and efficiency, for both patient and staff.
Thank you
Dr Takashima

----- Original Message -----

From: Gayle R Shriver
Cc: Gayle R Shriver ; Lori Makinen
Sent: Thursday, June 26, 2008 4:14 PM

Extension of Public Comment Period for Radiation Protection Section rule amendments.

=====
Lori Makinen, Executive Director
Veterinary Medical Examining Board
800 NE Oregon St., Ste. 407
Portland, OR 97232
971-673-0223
Fax 971-673-0226

No virus found in this incoming message.
Checked by AVG.

Brittany A SANDE - Proposed changes to OR 33-106-0601

From: "Rachel Tennant" <tennantr@gmail.com>
To: "SANDE Brittany A" <Brittany.A.Sande@state.or.us>
Date: 6/24/2008 1:06:44 PM
Subject: Proposed changes to OR 33-106-0601

Ms. Sande,

I just wanted to express my opposition to the proposed changes by radiation protection services. I worked as a tech for a year, and will graduate from veterinary school in two years and I feel the changes as they are worded leave the veterinarians no option but to sedate animals for even the most routine of procedures. In animals that are already compromised, this could endanger their health. It will also be more costly to the client. I feel the risk of exposure by restraining our patients ourselves is less than the risk we would cause by taping/bagging them down or sedating them before xrays. Thank you.

--

Rachel Tennant, M.S.
Natura Pet Products Student Representative
Integrative Medicine Club President
Canine Club President
Class of 2010
College of Veterinary Medicine
Oregon State University

Ignorance more frequently begets confidence than does knowledge: it is those who know little, not those who know much, who so positively assert that this or that problem will never be solved by science. - Charles Darwin

FACSIMILE COVER PAGE

Date: 6/23/08
Time: 14:29:02
Page: 1

Fax #: Manual transmit

From: Holly Thau
Address: 513 NW 3rd St
Pendleton, OR 97801
USA

Fax #: 541-276-4870
Voice #: 541-276-4870

Received

JUN 23 2008

Public Health

Message:

I am writing concerning the proposed rule for veterinarians and veterinary clinics and hospitals requiring animals be restrained and sedated for ALL Xrays.

This rule poses a very serious health threat to the many animals that cannot tolerate sedation due to age, medical conditions, allergies, etc or whose owners cannot financially take on the added costs of sedation, etc. The effect of the rule will be to obstruct needed evaluation and treatment and will lead to needless suffering and death.

I speak from personal experience with a chronically ill immune compromised animal who successfully underwent xrays without sedation and who would have been denied the evaluation if sedation had been required.

Please leave this healthcare decision in the hands of veterinarians and owners and keep the state out of it!!

FACSIMILE COVER PAGE

Date: 7/2/08
Time: 16:19:10
Page: 1

Fax #: Manual transmit

From: Holly Thau
Address: 513 NW 3rd St
Pendleton, OR 97801
USA

Fax #: 541-276-4870
Voice #: 541-276-4870

Message:

I am writing concerning the proposed revised ruled for veterinarians and veterinary clinics and hospitals pertaining to radiation protection services.

The recommended revision in d appears to provide the needed veterinarian discretion for animals to be held if needed.

Received
JUL 02 2008
Public Health

Tigard Animal Hospital
13599 SW Pacific Hwy Ste C
Tigard, Oregon 97223
503-684-3232

Received

JUN 19 2008

Public Health

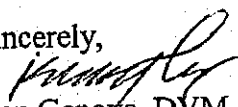
6-19-08

Dear DHS Public Health Division Coordinator,

The OVMA sent us a copy of the proposed rule changes for veterinary radiography. I am writing to make a suggestion. Before you institute the conditions you propose why don't you select several hospitals and see what level of exposure is occurring to those taking the films they way it is being done now?

We work with animals and they will not stay still or in the positions needed without either being sedated or held. That in mind the new proposals will require every animal to be sedated to have radiographs taken. This could lead to the denial of many animals needing radiographs from getting them because of cost or risk. If dangerous exposure is really happening to people; your sample testing would verify it, then your proposal could be implemented and unfortunately lower the care available to pets for the reasons stated.

Sincerely,


Ken Genova, DVM

To Whom it May Concern:

I am writting to give my input regarding the revised radiation safety requirements being discussed.

-Although restraint devices can be useful there are MANY instances when the appropriate torque, traction, or positioning cannot be accomplished without manual assistance even with anesthesia.

-Additional fees for anesthesia will double the cost of films.

-Not only the expense but also the public's concern regarding anesthesia will decrease the number of radiographs taken. This is a critically needed diagnostic!

-Even sedated animals frequently need manual restraint to obtain good quality radiographs.

I suggest the following:

-Send all veterinary hospitals a copy of the radiation safety requirements. Follow that up with an OSHA or OVMA sponsored CE for clinics and their staff. Clinicians and Office Managers can learn about the specific requirements, while Technicians and Assistants can learn how to effectively use the restraint devices. This will educate everyone appropriately.

-Continue to require the x ray pedal pusher to have the 20 hour certification it should also teach effective restraint device usage, ect.

-Develop a short course for support staff to go over effective restraint devices, personal protection equipment, personal monitoring devices, and positioning.

-Provide a grace period on new employees if the clinic has no one else to assist with radiographs.

-Now that everyone is educated, check for compliance. Issue warnings and citations for violators. This will punish those few not in compliance and provide everyone with the opportunity to change or improve their current radiography practices.

Ultimately, clinicians must be given the opportunity to determine which patients need manual restraint. A mandate requiring mechanical devices with all staff out of the room will lead to either non-compliance on the part of the clinic in the patients best interest or no radiograph taken. This could compromise the patients heath care. A state should not place a medical provider in such a position.

Received

JUL 01 2008

Public Health

Brittany A SANDE - X-ray of animals

From: "Andrew Holub" <holubandrew@qwest.net>
To: "SANDE Brittany A" <Brittany.A.Sande@state.or.us>
Date: 7/14/2008 10:32 AM
Subject: X-ray of animals

Hi Brittany: I understand the risk of constant X-ray exposure to vet staff. I do not think an animal should be sedated for every x-ray. I would suggest the possibility of the owner holding the animal, wearing protective coverings, when needed. The owner is not an employee and should not be held to the OSHA standards of employee. The owner is also not exposed to the degree an employee is.

I feel the new rulings will be a risk for some animals who are all ready sick. Anesth. is dangerous. The cost will add to already high vet bills(there will be added cost of lab test before administrating anest).-

There needs to be exceptions for special cases in any new regulations.

Sincerely,

L. Van Mierlo
justbart@comcast.net

June 21, 2008

DHS Public Health Division

Brittany Sande, PH Rules Coordinator

800 NE Oregon Street, Suite 930

Portland, OR 97232

Fax to (971) 673-1299

Dear Ms. Sande,

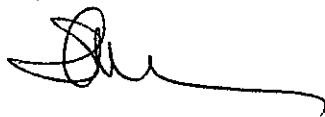
I just received notice from my veterinarian that your division has proposed a rule that would require staff to leave the room when an animal is being x rayed. This may work well for dentists where the patients are human and presumably willing to stay in the chair when the staff steps away. However, this will not work for animals, so they will need to be sedated or TAPED to a table to keep them in place for the x ray. This will unreasonably scare and stress the animals, who are already likely sick or injured and do not need the additional trauma.

Our veterinarian is confident that there is no risk to the staff when they remain in the room as long as they wear protective gear. I suggest that the Division withdraw the proposed rule, thoroughly research the alternatives and come up with a new plan.

It also appears as if there has not been adequate time for people to find out about this proposed rule and comment. So at a minimum please extend the comment period and do a better job of notifying the public before it's too late for people to express their views.

Please let me know what you decide to do. Thanks.

Sara Vickerman
3080 Westview Circle
Lake Oswego, Oregon 97034
(503) 656-3495
svickerman@comcast.net



Received
JUN 24 2008
Public Health

971-673-1299

June 20, 2008

DHS Public Health Division
Brittany Sande, PH Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, OR 97232

Received

JUN 20 2008

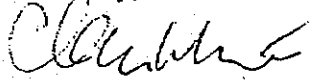
Public Health

To Whom It May Concern:

I am writing to voice my opposition to the proposed amendments and new rule for OAR chapter 333 divisions 100, 102, 103, 106, 111, 116, 118, 119 and 120 that impact veterinary practices involving x-rays. Currently, the staff at my veterinarian wears protective lead gear and holds my pet while they are getting x-rays taken. I am informed that the staff wears radiation detection badges and has never had any measurable radiation exposure. The new rules require that all staff leave the room when the x-ray is taken and means that that all pets must be sedated and held down by restraining devices such as tape and sand bags. This will be extremely expensive for me, the pet owner, because of the cost of sedation, and very scary and stressful for my pet. These new rules will cause me to avoid x-rays for my pet because they will make the cost prohibitive, thus negatively impacting my pets' health.

I strongly oppose these new rules. Please consider these issues regarding x-rays and the health care and cost for pets and their owners. Thank you for your consideration.

Sincerely,



Claire White

2640 Renaissance Ct.
West Linn, OR 97068
503 697-7261
claire.white@comcast.net

Received

To Whom It May Concern:

JUN 24 2008

I am writing to give my input regarding the ^{Public Health} new or revised radiati
on safety
requirements being discussed. I have spoken in-depth with Glen at th
e OVMA so
I have a good feel of where this is all going. I still would like to
give my
two cents worth. I have worked in 80+ clinics as a relief veterinari
an and
held an associate position in 3 practices prior to purchasing my own
practice. Because of my extensive exposure to many practice environm
ents that
I feel I can offer a different perspective.

- I would agree that collimation is poorly monitored in most clinics
. There
are frequent situations where collimating to the plate size is indic
ated
depending on patient size and areas of interest.
- Only 1-2 clinics did not have all of the protective gear (thyroid
shields)
or didn't utilize the gloves in all cases. That is a very small perc
entage.
- Although restraint devices can be useful there are MANY instances
when the
appropriate torque, traction, or positioning cannot be accomplished
without
manual assistance even with anesthesia. It is frustrating and costly
to spend
\$1000 for restraint devices that do not accomplish their intended us
e.
- Additional fees for anesthesia will double the cost of films. Not
only the
expense but also the publics concern regarding anesthesia will decre
ase the
number of radiographs taken. This is a critically needed diagnostic!
Even
sedated animals frequently need manual restraint to obtain good qual
ity
radiographs.
- requiring all staff that assist to have 20 hrs of CE at \$300 a pop
is not

financially feasible for most small practices due to high staff turn over.

Most smaller clinics, even the larger ones, have staff retentions of only

3-6m. I am fortunate to have an average retention of ~2yr but I still prefer

to wait a good 6m prior to putting a staff member through the training

because of the expense. I don't mind investing in staff I know, or think, are

going to stick around enough for it to pay off. One could potentially hire a

staff member right after a training and have to wait 3-6m before the next

training was available. Those that do take the course are not given adequate

training on restraint, positioning, and collimation.

- some of these changes will be very costly to clinics and clients in a time

when money is at a premium given the recession. Ultimately, our patients will

pay the price in lower quality care.

I applaud your goal but feel several planned changes are impractical

. I would

suggest the following:

- I have never received any paperwork stating the state laws/requirements. How

about sending all veterinary hospitals a copy. Follow that up with an OSHA or

OVMA sponsored CE for clinics and their staff. Clinic owners and Office

Managers can learn about the specific requirements, while Technicians and

Assistants can learn how to effectively use the restraint devices. This will

educate everyone appropriately on PPE, collimation, personal monitoring

devices and restraint devices.

- Continue to require the pedal pusher to have the 20 hr certification - also

should go over effective restraint device usage, collimation, PPE, personal

monitoring devices, etc.

- Develop a short less expensive course (4-8hr?) for assistants to go over effective restrained devices, PPE, personal monitoring devices, and positioning.

- Provide a grace period of 6-9m for clinics to get up to speed on these requirements. I realize you believe these are already in place, but I can

assure you most clinics are either unaware of current requirements or believe

they are recommendations NOT requirements. It will take some time for the very

small clinics with no certified staff to plan for and obtain certification in

a timely manner. Also, provide for some grace period on new employees is the

clinic has no one else to help.

- Now that everyone is educated, check for compliance. Issue warnings and

citations for violators. This will punish those few not in compliance and

provide everyone with the opportunity to change or improve their current

radiography practices. It does not punish those already safety conscientious

practices. Those that are WILLFULLY non-compliant now will continue to be

non-compliant in the future as they are unethical. Those that are ignorantly

non-compliant now will become compliant because they ARE ethical.

- If a good mechanical restraint device course is provided and attended then

ethical clinics WILL utilize them. Unethical clinics won't now nor later and

will be fined for non-compliance. Ultimately, we the clinicians must be given

the opportunity to determine which patients need manual restraint. A mandate

requiring it will lead either to non-compliance in the patients best interest

or no radiograph which will compromise the patient's health care. A state

should not place a medical provider in such a position.

Yvonne Wikander, DVM

To Whom It May Concern:

Received

JUL 03 2008

Public Health

I have some additional concerns with the revised ruling regarding no

individual in the room with the patient during radiographs.

- Our radiograph unit is located in a large treatment room. Our foot pedal

does not reach any door jam in that room to allow radiograph shooting from

outside the room.

- Also, it would be impossible to obtain anything close to reasonable dental

films - we do not currently have a dental radiograph unit.

- cystograms including dye studies, etc.

- I would also be very reluctant for my staff to step out of the room if we

found a way to restrain appropriately using mechanical devices on a non-anesthetized patient.

- OFA hip and elbow screens, skull films require torque and specific

positioning impossible without manual restraint even under anesthesia.

- large animal vets couldn't possibly take radiographs at any time on any

patient with these requirements.

- human patients can be instructed to hold just so for a film but our patients

don't comply with such requests and are frequently very concerned with the

goings on around them. The sound of the rotor, the ding of the exposure, the

position they are asked to take all make it challenging at best to obtain

many view without manual restraint or full anesthesia. I recall several years

ago I took my 5yr old son to Emanuel Hospital for a respiratory problem. They

had me hold him while they took the film. He and I had on lead gowns but

someone had to be there to hold him or he would have needed an anesthetic. If

the human hospitals can do this why is it a problem for us to restrain our

patients to avoid unnecessary costly anesthesia?

- If I use a lead glove or mitt to position a patient, is it simply assumed that there was a hand in that glove or mitt? If so, why?

I believe it is a mistake to assume the worst about veterinarians and their staff. No one wants overexposure to radiation. No employer wants their staff overexposed to radiation. For the most part, veterinarians and their staff want to comply with regulations. Some ARE ignorant to requirements and a small number are unethical. Educate the ignorant and cite the unethical!

Yvonne Wikander, DVM

RALPH WILBORN & ETTA L. WILBORN

3675 Fairhaven Drive

West Linn, Oregon 97068

Telephone: 503-650-2610 Fax: 503-723-3405

FACSIMILE COVER SHEET

DATE: June 24, 2008

TO: Brittany Sande, PH Rules Coordinator,
DHS Public Health Division

FAX NO.: 971-673-1299

NO. OF PAGES INCLUDING COVER PAGE:

SENT BY: ETTA L. WILBORN

REGARDING: new rules for veterinary practice
(radiation protection)

The information contained in this transmission may be privileged or confidential. It is intended only for the use of the designated recipient. If you are not the intended recipient, please appreciate that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error please notify us immediately. Thank you for your courtesy and consideration.

Brittany Sande: I appreciate your considering the following comments regarding the proposed new rules for x-rays procedures in veterinary offices. Requiring that all staff leave the room during x-rays means that all patients must be sedated and restrained for the procedure. This will be extremely scary for the animals and will increase health risks due to the additional sedation or anesthesia required for an x-ray procedure that normally would not require sedation or anesthesia. I feel it unwise and a significant risk to my cats to expose them to unnecessary sedation, stress, or anesthesia. I think my cats are more comfortable and safer if the staff holds them during the x-ray procedures. Additionally, the added cost for sedation and/or anesthesia for x-rays may make the procedures prohibitive for many clients; therefore, place many sick animal at risk of not being treated or facing euthanasia. Please reconsider the proposed new rules. Thank you for considering my comments.

Etta L. Wilborn

(x) Facsimile transmittal only

If you do not receive all of the described material, please telephone us at (503) 650-2610 as soon as possible.

Received

JUN 24 2008

Public Health

Wilsonville Veterinary Clinic, LLC

9275 Barber St
Wilsonville, OR 97070
503-682-3737

Ray Calkins, DVM *Andy Nuijens, DVM*
Kristen Hardinge, DVM *Jennifer Anderson, DVM*

June 23, 2008

DHS Public Health Division
Brittany Sande, PH Rules Coordinator
800 NE Oregon St, Suite 930
Portland, OR 97232

Received
JUN 23 2008
Public Health

Regarding: Proposed rule changes—Radiation Protection Services

Sirs

I am adamantly opposed to a rule change of this magnitude. While eliminating operators and positioners from the radiation room may seem a safe idea for individuals operating radiation units in veterinary hospitals, there are too many ramifications and exceptions necessary for the reasonable practice of veterinary medicine to enforce. Changing the rules because of the infractions of some clinics is not the way to approach this issue. Several years ago I refused to pay for my radiation license until the state inspected my facility for radiation safety. Enforcing the current use of personal protective equipment protects our employees taking the films and allows the animals that need the procedures without sedation to have them. That list would certainly include animals with:

- heart conditions
- airway and pulmonary conditions
- liver failure
- renal failure
- vomiting
- acute trauma
- possible GI obstruction that require a barium series
- pregnant animals
- bitches in dystocia
- PennHip and OFA hip studies

Radiology is safe and noninvasive. Adding anesthesia not only increases risk to patients but time to procedures and dollars to clients. This will result in lower client compliance taking radiographs and a lower level of diagnostics for out patients. The protective devices now in use are adequate and employee physicians are not concerned about their exposure.

Sincerely


Raymond L. Calkins, DVM