



North
Portland
Veterinary
Hospital

Radiation Protection Services
Hearing on Proposed Rules
Veterinary Radiography
June 23, 2008

To Whom It May Concern:

My name is Don McCoy. I have been a veterinarian for thirty-eight years. I own a ten-doctor practice in North Portland and employ twenty employees who assist in taking radiographs. They have all been trained in the Veterinary Technician Course or in the Radiation and Safety Course given by Richard Kay. Radiation Safety is an important part of our Clinic Culture.

I participated in the Veterinary Working Group discussion held by Radiation Protective Services. At that time, I testified that mechanical supporting and restraining devices do not work in awake animals. As Veterinarians, we need the flexibility to decide whether sedation and/or restraining devices should be used. Examples where this would be detrimental to the patient would be congestive heart failure or severe dyspnea. Animals with fractures need to be handled gently and mechanical devices may end up with further injuries. In addition, using sedatives and mechanical devices in a barium series, slow down peristalsis rendering the study invalid.

We all believe that it is our duty to protect our employees and our patients. We need the latitude to determine when sedatives and mechanical support and restraining devices are appropriate. When Radiographs have to be repeated, we actually end up with more exposure to our employees and patients.

Sincerely,

Donald E. McCoy DVM

Donald McCoy DVM
Cheryl Warner DVM
Debra Barnes DVM
Lynn Shanks DVM
Christine Fletcher DVM
Sue Schallberger DVM
Kathryn Kirstein VMD
Heather Dillon DVM
Ross Weinstein BVSc

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JUN 23 2008

RADIATION
PROTECTION SERVICES

3000 N. Lombard
Portland, Oregon 97217
503-285-0462
Fax 503-285-7316
www.northportlandvet.com

June 1, 2008

To Whom It May Concern:

I have a ten doctor practice in Portland. I have twenty employees that take radiographs (excluding the doctors). Fourteen of the twenty are certified Veterinary Technicians. The other six have taken the Radiation and Safety course given by Richard Kay. We take approximately 1600 regular films and 1000 dental films a year.

All of our patients are anesthetized when taking dental films. Probably half of our regular films are taken under anesthesia. We have everyone not needed leave the room. If someone is needed to hold an animal, they must wear a 0.5 mm Lead Gown, Thyroid Shield and Lead Gloves. Our Badges are worn outside the Thyroid Shield. We monitor all of our employees who take radiographs and receive reports quarterly. We collimate our films and do not allow any human body parts to be in the X-ray beam. Anyone pregnant is not allowed to take radiographs.

Most of my employees have been with me a long time. The highest exposure is 147 MR lifetime exposure. That employee has been with me for nineteen years. Those with any exposure at all, run 50-100 MR lifetime exposure.

Examples of animals that need to be held for radiographs without sedation are:

- Patients with Heart Disease
- Patients with Dyspnea (difficult breathing)
- Fractures
- Intestinal Foreign Bodies
- Barium Series

My hospital is one of the busiest in the state, so this can give you an idea of the risk of exposure to employees in other practices.

Sincerely,



Donald E. McCoy DVM

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JUN 23 2008

RADIATION
PROTECTION SERVICES

Brittany A SANDE - 333-106-0601 - Holding Animals during Radiographs

From: <donald1020@aol.com>
To: "CRAWFORD Steve C" <Steve.C.Crawford@state.or.us>
Date: 6/25/2008 12:09:21 PM
Subject: 333-106-0601 - Holding Animals during Radiographs
CC: "LINDSEY Terry D" <Terry.D.Lindsey@state.or.us>, <glenn.kolb@oregonvma.org>

Dear Mr. Crawford,

I have been thinking about the problem with holding animals while taking Radiographs and think that I missed a very important part. Years ago, I had an animal jump off a table and I ended up having to pay for a collapsed carpus repair. The repair ended up requiring a bone plate and fusion which cost at the time about \$1000.

Awake animals on a table, need to be held to keep them from jumping down. If they jump down and injure themselves, we would be negligent. Even sedatives don't guarantee that an animal can't jump or roll off the table. In Exam rooms and in the Treatment room, we never leave an animal on the table by themselves.

If everyone has to be out of the room while taking radiographs, then the patient would have to be anesthetized, which would frequently be detrimental to the patient.

Could you please add this to the hearing notes. I think the deadline is today.

Sincerely,

Don McCoy

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June 23, 2008

JUN 23 2008

RADIATION
PROTECTION SERVICES

**Radiation Protection Services
Hearing on Proposed Rules – Veterinary Radiography**

To whom it may concern:

Good afternoon. My name is Glenn Kolb. I am the executive director for the Oregon Veterinary Medical Association and am here on behalf of our 900-plus members across the state to address the proposed rules on veterinary radiography.

Before I share with you some thoughts on the proposed rules, I want to note that safety in the workplace – for all employees and animal patients – is imperative. As an organization we expect this of our membership and emphasize this in an OSHA DVD and an accompanying training and education manual that we developed for the veterinary profession. Some of this material covers radiography safety in veterinary medicine.

With regard to the proposed rules, we strongly oppose OAR 333-106-601(3)(c) as written. The proposal reads: “When an animal must be held in position during radiography, mechanical supporting or restraining devices *shall* be used.” This change, if adopted as is, would remove the word “should” – a suggestion – with the word “shall” – a requirement.

As filed and published, the proposed rule offers no allowance for professional judgment. None. It clearly says that mechanical supporting or restraining devices *shall* be used all times and for all radiographs – even if they are not indicated for a patient’s health. This simply is not practical or reasonable.

For instance, in companion animal medicine inducing anesthesia or using tie-down restraints are not always viable options for a cat or dog that has been hit by a car and may be suffering from serious internal injuries or broken bones. It may be necessary for a human holder to be in the room to restrain – and comfort as much as possible – that patient.

While mechanical support and restraint devices are used in equine medicine, they are done more as a tool to help control the horse. As an example, when a myelogram of a horse’s neck is being taken, a technician must hold and flex or extend the head for the correct positioning when this type of radiograph is called for. The technicians I have talked with say there isn’t any way around this. Yet under the proposed rules neither of the examples I noted would be allowed.

These are but a couple of examples of the many veterinarians and technicians in clinical practice have brought to my attention. And I believe they underscore how important this issue is to the profession and why these professionals need flexibility with their decision making.

If adopted intact, the proposed rule in all likelihood would mean that more animals will be sedated or placed under anesthesia. While sedation and anesthetization of patients is common in

veterinary medicine, they are not always indicated and, at times, are contraindicated for the animal's health and safety. Again, veterinarians must have the allowance to make this decision based on the best interest of his or her patient.

I also would like to point out that it appears that doctors, nurses and technicians in human medicine have the latitude that is needed – and required, really – for veterinary medicine. Under Division 106, OAR 333-106-0040, Patient Holding and Restraint, item (1) says: "Mechanical holding devices shall be provided and used when the technique permits." And item (8) says: "Holding of patients shall be permitted only when it is otherwise impossible to obtain the necessary radiograph." This is a similar context to what those in veterinary medicine encounter daily. I would like to make another point, too. It is important to keep in mind the differences between humans and animals: people understand when they are asked to be still and can be compliant, but animals – especially those in discomfort and pain or those who merely are overly stressed – don't understand "Don't move."

A few weeks ago, after the notice of the proposed rules were published, I participated in a working group discussion held by Radiation Protection Services. We had a lengthy and healthy discussion on this specific topic which addressed the intent of Radiation Protection Services and also the practical issues that veterinarians and their staffs encounter in clinical practice. Consensus among the group was that veterinarians need allowance for professional judgment in treating their patients.

In fact, the working group drafted – and supported – language that was suggested by Mr. Terry Lindsey, Manager of the Radiation Protection Services Section. The language we arrived at reads: "When an animal must be held in position during radiography, mechanical supporting or restraining devices *shall be available and used as appropriate.*"

The words "**as appropriate**" are critical to us, as they provide the veterinarian and/or key technician discretion for making the decision when such support or restraint devices are ineffective or inappropriate for a specific case and shouldn't be used.

The language developed by the working group addresses this concern, while also meeting the intent of Radiation Protection Services. In our view it is a pragmatic approach that is good for employees in clinical practice as well as for the patients in the care of our membership. For these reasons we ask that if you are to adopt the proposed rules, please accept the suggested language of the working group with regard to OAR 333-106-601(3)(c).

Thank you for your consideration.

Sincerely,

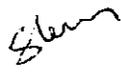


Glenn M. Kolb
Executive Director

Oregon Veterinary  Medical Association

July 7, 2008

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

From: Glenn Kolb, Executive Director 

Re: Proposed Amendments/Rule – OAR, Chapter 333

I attended the recent hearing in Portland and presented comments on veterinary radiography on behalf of our 900-plus membership. With the extension of the public comment period to July 18, 2008, I wanted to take the opportunity to address one area that did not receive much attention at the hearing but could very well impact the profession.

Under OAR 333-106-0601 (b) "No individual shall be in the X-ray room while exposures are being made unless such individual's assistance is required." The present rule allows the operator to remain in the room, but the proposed change deletes the words "other than the operator" from the present rule.

We are unclear as to what "such individual's assistance is required means." Does this refer to an individual who must hold an animal in place at times? Does it also refer to the operator, the person who pushes the button for the X-ray exposure and who in some practices might need to remain in the room?

Why is this important to us? If a patient is undergoing an urethrogram, for example, an individual MUST be in the room when the radiograph is being taken. There are no ifs, ands or buts with this procedure. Would the change in rules, as written, preclude this from occurring?

Also, not all veterinary practices are configured for an individual to be completely out of the room. Practices across the state come in all kinds of shapes and sizes, and there very well may be times when the intent behind the rule conflicts with the practical reality in the field. How will this be addressed by RPS inspectors?

If the proposed amendments/rules are adopted as written, we hope that RPS will take our comments under consideration as they enforce the rules. We also ask that RPS provide us with some guidelines (or background) as to what they will be looking for in a practice so that we can share this information with our membership.

Thank you for your consideration. I appreciate your time.

Received

JUL 07 2008

Public Health

Glenn Kolb

From: "Esther Monical" <esther.monical@comcast.net>
To: <glenn.kolb@oregonvma.org>
Sent: Monday, June 23, 2008 8:46 AM
Subject: Radiation Protection

Dear Mr. Kolb:

I have recently been informed of the proposed new rules for veterinary practice regarding radiation protection for veterinary staff while taking x rays (i.e. leave the room when the x ray is taken). I am certainly supportive of not exposing staff unnecessarily, it is my understanding that staff routinely wear radiation detection badges and, when done properly, do not have any measurable radiation exposure.

I do not support using any method that could require all patients to be sedated and held down by restraining devices (e.g. tape and sand bags). Not only will this be scary for the pet, it will also significantly increase the cost of x rays due to the drugs used for sedation. I want these patients to feel comfortable and safe when left in the care of veterinary staff. Many patients are getting x rays because they are sick and sedating them or stressing them by taping them down or placing weights on/around their body could put them at great risk.

Thank you,

*Concerned Citizen and Voter,
Esther Monical
18735 Nixon Avenue
West Linn, OR 97068
(503) 635-3312*

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JUN 23 2008
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PROTECTION SERVICES

Glenn Kolb

From: "Rachel Tennant" <tennantr@gmail.com>
To: <glenn.kolb@oregonvma.org>
Sent: Monday, June 23, 2008 12:03 PM
Subject: Proposed changes to OR 33-106-0601

Dr. Kolb,

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

--

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

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Exhibit 5

Effects of New Rule Changes

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Unnecessary Health Risk for Patients

- 1) At Cascade Summit Animal Hospital for the month of May 2008, 23 radiographic studies were taken for these reasons:
 - a. 11 Thoracic radiograph studies: heart murmur; pulse deficits on exam; coughing with labored breathing; coughing with a tumor on the leg and rads showed collapsed lung; difficulty breathing with possible seizure; check heart because littermate died from heart disease; tracheal stenosis and coughing more lately; metastasis check for dog with melanoma; coughing with vomiting blood
 - b. 8 abdominal radiographic studies: breathing hard with abdominal mass (died one week later); vomiting; vomiting blood; urinating blood; distended /swollen abdomen; not eating with lethargy and shaking; vomiting; vomiting with lethargy.
 - c. 4 skeletal radiographic studies: has lymphoma and is now weak in rear legs; elbow pain; limping; back pain
- 2) Out of these 23 cases, I would only feel comfortable giving sedation or using restraining devices on 3 of them.
- 3) Dental procedures are performed under general anesthesia on healthy patients. How do you propose we leave the room for dental radiographs when the patient is under general anesthesia? The dental radiograph unit has a cord that stretches about 6 feet from the base. The tube head is usually about 4 feet from the base, so we are standing approximately 10 feet away when the exposure is taken. If the patient needs assistance with breathing, we wear protective gear and stand approximately 3 feet away with the anesthesia machine. When a patient is under general anesthesia, we are obligated to be there with the patient to closely monitor their status and often assist them with breathing. Full mouth radiographs are taken with every dental cleaning. Typically 8-10 radiographs are taken. Leaving the room for each exposure would significantly increase the time the patient is under anesthesia as well as put them at risk due to lack of monitoring.

Increased Costs

- 1) Cost of sedation: includes the IV catheter for administration and reversal of sedatives, the drugs (domitor, butorphanol, antisedan reversal), and monitoring machines. \$191
- 2) Cost of the 20 hour radiation education certification class (\$299) plus the hourly wage of the employee for three days 8am-5pm (24 hours on the clock, (\$240 in wages plus taxes) which must be paid if the employer is requiring the employee to attend. Most veterinary assistants are only with a clinic 1-2 years, so the cost will be repeated with employee turnover.

Current Radiation Practices at Cascade Summit Animal Hospital

- 1) When we submit our radiographs to Veterinary Diagnostic Imaging Center for radiologist consultations, they grade us on position and technique on a scale of 1-10. We average 8.9 on technique which means we are collimating well and using the correct exposure.
- 2) All employees wear radiation detection badges. See the attached report. Our lifetime exposure to date is too low to be measured.
- 3) When taking radiographs, employees wear lead aprons, gloves, and thyroid shields.
- 4) New employees are required to have OSHA training and in hospital phase training and take a quiz before starting work. This includes radiation safety training.

Current Risk Level for Veterinary Staff

The following information was taken from an online class given by Matt Wright, DVM, MS, DACVR.

For comparison purposes, a unit of 1 is equal to the radiation a person receives when they have a chest x ray taken.

- 1) Average person living on Earth receives 44 times the radiation of an x ray each year from the environment.
- 2) Smoking 20 cigarettes per day equals 662 chest x rays per year.
- 3) A single CT scan is 312 times the exposure of a chest x ray
- 4) One year working at a vet practice equals < 2.5 times a chest x ray.

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

Received

JUN 18 2008

From: Dr. Christine Ortner, DVM
22320 S Salamo Road
West Linn, OR 97068

Public Health

RE: Proposed Rule Changes for Veterinary Practice

Dear Ms. Sande:

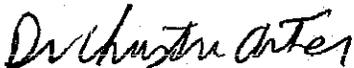
I am writing in response to the proposed rule changes. I think the proposed changes are ridiculous.

Many of our patients are being x rayed for heart or lung diseases. These patients cannot tolerate stress or drugs for sedation. Giving them sedation would likely kill them. Trying to position them with tape and sandbags when they are struggling to breathe as it is will likely kill them. These are not little people that will sit still when told to do so.

My clinic is very small and like many small clinics does not have a separate room for the x ray machine. It is located in a hall near the treatment room. Since the area does not have doors, what do you consider "being out of the room" for the staff? Also, the dental x ray machine is mounted in the treatment room. It has a button on a cord that will stretch 6 feet, but not out of the room. How do propose we take these x rays? Not to mention I will not leave the room when I have a patient under general anesthesia for dental x rays. That is malpractice. If I have a patient die due to these new rules, I will pass the liability on to you. What insurance company do you have for such a lawsuit?

Requiring my teenage assistants to sit through 20 hours of lecture just to help hold a patient is absurd. They will be bored to death with the physics and will not retain half of it. A shorter, more clinically applicable class is needed.

Sincerely,



Dr. Christine Ortner

Cascade Summit Animal Hospital
22320 Salamo Road
West Linn, OR 97068
(503)-655-1722
Fax (503) 607-0136

Received

JUL 02 2008

Public Health

To: Brittany Sande, PH Rules Coordinator

Company: DHS Public Health Division

Fax: 971-673-1299

From: Cascade Summit Animal Hospital, Dr Christine Ortner

Date: 7/2/2008

Reason: Comments on proposed rule changes

Number of Pages: 1 including fax cover

I received the June 26, 2008 notice of amendments pertaining to rules for veterinary requirements. You made a comment in **bold type** that the revised rule "**does not discuss animal sedation for X-ray procedures.**" You are missing the point that in order to use mechanical restraining devices, almost all animals need sedation to tolerate those devices. The two go hand in hand. That is why sedation was discussed so much during the public hearing. It is a rare animal that will tolerate being held down with tape and sandbags while it is scared or in pain without sedation.

I did not see any edit or amendment to the proposed requirement that all assistants would need to take the 20 hour radiation education course. I hope that is still being discussed for amendment. I believe it is the responsibility of the DHS to provide the education if it is going to require it. The only available education at this time is expensive and held by a privately run business.

Sincerely,

Dr. Christine Ortner

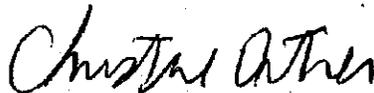


Exhibit 6**Received**

JUL 03 2008

Public Health

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

7/3/08

Dear Ms Sande,

The following are some comments that I have, as a small animal veterinarian and practice owner, on the proposed RPS rules changes.

To begin with, our practice is very safety conscious. Anyone who operates the machine or assists in any way has a radiation badge and **always** uses it. (In the 18 years we have been taking radiographs and using badges, we have had nothing but minimal radiation exposures). In addition, most of us (all doctors, our three certified techs and one of our assistants) have completed the radiation safety course. No one who has not completed the course has anything to do with taking radiographs, except to occasionally assist the operator as directed. We have protective aprons and gloves and always use them, as well as a movable full body shield that we use when possible (see below). We have been inspected regularly with no violations ever noted.

I am somewhat upset that proposed rules changes are apparently being considered because some other practices have been found to be ignoring the already existing safety rules. Rather than making things harder on those of us who are safety conscious, as well as potentially threatening the health of some of our patients (see below), it seems that a more logical course of action would be to do more inspections, with education and/or penalties if safety violations are found.

(I would have no objection to a rules change requiring anyone assisting in any way with radiographs to take a safety course, though I agree that the existing course is too technical for assistants with no aspirations to become certified technicians).

It seems that part of the tone of this debate has been that RPS expects us to try to get around the rules as much as we can. Why not believe, as I do, that most of us have great respect for the power of radiation, care greatly about our own safety and the safety of our employees and patients, and do our best to scrupulously follow all safety rules?

To address some of the particular proposed changes:

1. Our xray room is very large, and not configured such that it is possible for the operator to be completely out of the room if not needed to position an animal. When we have a sedated animal, positioned with mechanical restraint devices, the operator stands well away from the beam (usually about 4-6 feet), wearing the protective apron and standing behind our movable full body shield to take the exposure. From the wording of the rules changes, I am not sure whether that would suffice, though this amount of protection seems to me to be as least as great as that given by physical removal behind a sheetrock wall.

2. It's unclear whether physical restraint of an animal would still be allowed. Many times we are taking films of animals in shock after an injury, in heart failure, or with advanced disease, that would make sedation quite risky, if not actually life-threatening. However, in many cases the information we gain from the radiograph is very important. I would hate to be in the position of having to decide between sedating an animal, at some risk to its health or life, and forgoing the valuable data we might receive from taking a radiograph.
3. Just so you know, in my experience virtually no animal, no matter how calm, can be alone in a room, restrained on a table with mechanical devices alone. Sedation is virtually always needed, if the calming presence of the operator is not allowed.

Sincerely,

Laura Archer, DVM
Ash Creek Animal Clinic
194 S. Main St.
Independence, OR 97351
503-838-5325

Back on Track

Veterinary Rehabilitation Center, LLC

1000 W. 10th Street
Des Moines, IA 50319

515-281-1111
www.backontrackvet.com

Monday, June 23, 2008

To: Brittany Sande, PH Rules Coordination of the DHS Public Health Division

FAX: 971-673-1299

Re: New Rules for Veterinary Practice

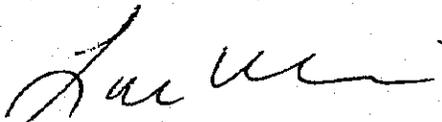
Dear Ms. Sande:

We wish to voice our opposition to the proposed new rules for veterinary practices which we are sure would put our patients at risk and increase costs for both practice and client. We believe that training and PPE regulations already in place are sufficient for clinical practice and do not present any serious risk to staff or pets. Requirements to leave a pet unattended in an x-ray room present an unnecessary interference with clinical care and safe practices.

Sincerely,



Bianca Shaw, DVM



Laura Wilson, CVT

Received

JUN 23 2008

Public Health



Received
JUN 20 2008
Public Health

Dear Brittany and to all concerned:

We are writing to ask that you PLEASE NOT change rules for veterinary practice requiring all staff to leave pets alone in the x-ray room while x-rays are being taken. By changing this requirement, it means that all pets must be sedated and held down by restraining devices such as tape and sand bags. Not only will this be such a scary situation for pets, it will also significantly increase the cost of x rays due to the drugs used for sedation. I do everything I can to avoid having drugs, especially sedatives, to be administered unnecessarily to my pets. Drugging them when it really isn't necessary or taping them down is inhumane. Many pets get x-rays because they are sick. Sedating them or stressing them by taping them down could put them at considerable risk and is outrageous.

Human patients are x-rayed without being left tied down, weighted down, or drugged, and left alone in a room. This proposal is very dangerous and inhumane. Veterinary staff wear protective gear and x-ray badges to protect themselves when taking x-rays and report that there are no effects of being exposed evident.

Please, on behalf of our beloved pet population, reconsider this ridiculous and inhumane ruling.

Michael and Cindy Bankston
Gresham OR

From: "Carol Lee" <bentzc@comcast.net>
To: BSANDE@DHS.STATE.OR.US
Date: 6/25/2008 1:30:02 PM
Subject: Holding animals during x-rays

Hello Brittany,

I have had dogs for almost 50 years and am still an animal supporter and lover in my 70's. Many years ago I had a dog that the vet let me wear the cover they do when x-raying and I helped to soothe and comfort her during the procedure which was quick and went very well. Animals DO have feelings, too. Our current vet doesn't let us in during procedures, but I'm sure the technicians hold our dogs and the dogs are very happy to go to the vet's office. IF YOU START RESTRAINING ANIMALS WITH STRAPS AND CLAMPS, I feel it will harm their personalities and temperaments and make them afraid when we've worked so hard to have calm animals and it will risk physical damage to the dogs that fight the restraints. Anesthetizing is not the answer either as some dogs are allergic to such medications or it could be over administered. Would you like to be strapped down for an x-ray and not have any other human talking to you or helping you to relax for the procedure? Think!! Dogs and animals are our BEST FRIENDS. Are we going to reward them for this or have them learn to fear human beings. Is someone behind this who wants us to get rid of our pets entirely? PLEASE DON'T PASS THIS NEW LAW!!!!

Carol Bentz

Received

JUN 25 2008

Public Health

TO: Brittany Sande, PH Rules Coordinator

June 19, 2008

Dear Brittany,

It has come to my attention that a new law may go into effect requiring veterinary staff to leave the room while animals get x-rays.

(OAR 333-106-0055 and OAR 333-106-0601.)

To my knowledge the people working with the animals wear protective gear, radiation detection badges and work quickly.

Their presence greatly helps the animals during this process by keeping them as calm as possible. Most of these animals are loved pets and feel safer when they hear gentle voices and experience firm but caring hands.

In order to property x-ray animals without human touch they will need to be tied down, restrained and taped. Imagine you are a beloved pet and all of a sudden you are in a strange smelling place and are being tied in an unnatural position. Animals are in the moment - they only know love and fear.

This law will not only create undue stress and fear in our animals amounting to cruelty - but it will add to the stress and anxiety of the concerned veterinary workers - and the pet owners. It also adds to the expense of x-rays - potentially creating less tests due to affordability issues - and untreated illness as a result.

Instead of this potential law that works against all concerned - how about allowing vet staff to choose whether they participate in the x-ray process. Why regulate what most doctors are taking excellent care of currently?

Regulate the use of protective equipment - not the care.

If a doctor is insistent and a staff member is unwilling - perhaps there can be a mediator assigned to these few and far between cases.

Please consider how this law will affect the animals, the staff, the pets' owners and the costs before regulating something that the veterinarians can regulate themselves.

Thank you for considering my ideas,



Linda Cahan
2455 SW Gregory Drive
West Linn, OR 97068

503-638-6727

On a personal note - my cat had to have x-rays for bronchial asthma. If he had to be tied down he probably would have experienced another asthma attack out of anxiety - and his heart could have been affected. I would have personally insisted that I hold him down - and very likely many deeply caring pet people would do the same to prevent the cruelty of having their loved ones put into a state of fear.

I trust my vet to do the right thing for my cat - and for their staff.

While there may be a few veterinary doctors that are making this potential law something worth considering - you will be punishing animals all over Oregon for the sins of a very few.

How about just dealing with those few and let the responsible people do what they do best, please?

Received

JUN 24 2008

Public Health

DHS Public Health Division
Brittany Sande, PH Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, OR 97232
fax to (971) 673-1299.

This is regarding proposed proposed rule changes for Veterinary Radiography.

The proposed rules revisions are supposedly a response to too many practices not having badges and protective gloves and aprons. For these a more appropriate program is not more stringent rules, but better inspection and enforcement of current rules, with perhaps requiring doctors and Practice managers to attend the radiation safety classes when found in violation.

Overall the proposed rules are not realistic for veterinary medicine and will drive up consumer cost out of proportion for any other good, will decrease the quality of animal care and will cause needless suffering of equine patients who will not be able to receive field radiographs and will have to travel to the nearest large animal specialty practice for radiographs. The expectation for zero xray exposure for staff is not realistic. That may work for the human side but not veterinary medicine. You can ask and explain to people about sitting still for the radiography, but not with animals. Please consider this scenario - sick cat with irregular respiration. We need 2 views of the thorax (and perhaps abdomen) - we place kitty in position and tell kitty to stay still while we leave the room. Not going to work. We have restraint devices and tie down the kitty - who is now thrashing and fighting while having respiratory compromise. We would need to sedate the pet - but with impaired respiration this is NOT a good choice. With tie-downs animals will fight unless sedated. With manual restraint you can talk to and calm to the pet. Once we start adding sedation to all radiography, we need blood testing to make sure that there isn't underlying kidney or liver disease or other issues. Then all animals will need the sedative drugs.

I would tell owners that it was all required by the state when they complain about the price.

This set of rule changes is unnecessary when basics are observed and a goal of minimal exposure is followed. The rule changes would increase consumer costs and be directly attributable to government regulations which would generate ill-will towards state government.

Matt Dahlquist DVM
Gateway Veterinary Hospital
Portland, Oregon.



I Am writing in regard to the Radiation Safety memo that recently went out.

- 1) DOES it state about members of the public helping w X-rays?
 - ① IS this allowed OR NOT?
 - ② What about rural vets on-call?
- 2) Please define 'well away' in inches or feet, in part (a)
- 3) Please add protection - thyroid shield and eye wear in part (d)

RECEIVED

JUN 30 2008

RADIATION
PROTECTION SERVICES

thank you

Dr. Dannel Davis

PS Please fax the Radiation Protection rules to me
at ~~503~~ 503 543 2909

Double Arrow Veterinary Clinic, PC
66260 Lewiston Highway
Enterprise, OR 97828
541-426-4470
541-426-4602 fax
doublearrowvet@gmail.com

07-18-08A11:56 RCVD

Received
Received
JUL
JUL
Public Health Received
Public Health 8 2008

July 10, 2008

Brittany Sande, Rules Coordinator,

Public Health

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

We are writing in response to the proposed rule changes to OAR 333-106-0601 pertaining to veterinary radiography. This rule as proposed is impractical and impossible to fulfill. This rule would require sedation and or general anesthesia in nearly every patient that needed a radiograph. In emergency cases such as animals hit by car or severe cardiac failure cases, this could lead to more deaths due to anesthetic complications. Many of these cases need radiographs, but anesthesia is contraindicated. There are non-emergency situations, such as performing urethrograms or arteriograms that require someone to be present in the room to administer the agent immediately before the radiograph is taken. Sedation before a barium study will slow or deter the movement of the barium through the gastrointestinal tract and cause delayed emptying times. Therefore, these studies need to be taken without sedation.

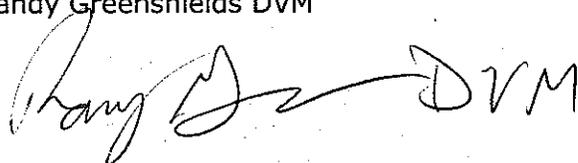
In large animal cases, it is necessary to have horses standing on all 4 limbs to be able to assess joints and look for angular limb deformities in foals. It is impossible to sedate a month old foal and have it stand in place without physical restraint in order to get diagnostic radiographs. This means at least 2 people are required to complete the radiograph.

We have always worked to minimize our exposure during radiology. When animals are anesthetized or sedated and can be filmed without someone in the room we leave the room. There are just many situations that it is not possible or the patient's life is at risk to sedate or anesthetize them for radiographs. Please take these ideas into consideration when working on revising the proposed rule.

David Schaefer DVM

Randy Greenshields DVM


Rene' Fleming DVM


Randy Greenshields DVM


Chris DVM

LAKEVIEW ANIMAL HOSPITAL
18644 ROBERTA ROAD
LAKEVIEW, OREGON 97630
(541) 947-3383 PHONE
(541) 947-3115 FAX

Received

JUL 07 2008

Public Health

July 7, 2008

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

RE: Proposed Division 106 rule changes for veterinary requirements for control of radiation.

To Whom It May Concern:

My name is Rodney Ferry and I am a mixed animal practitioner in Lakeview, Oregon which is in the rural south central portion of Oregon.

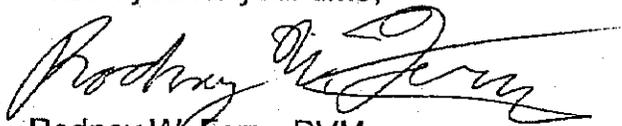
Our practice utilizes collimation to limit exposure; however sometimes it is better to collimate slightly wide to make sure you get the proper area which avoids taking another radiograph if the first misses the desired area. It is also our policy to wear protective gowns, collars, and gloves as well as personal monitoring devices. However, it is the exception not the rule for us to use mechanical restraint devices as this requires anesthesia increasing time and cost for our clients and puts our patients at an increased risk. Most patients requiring radiographs are sick, injured, or geriatric and therefore are in a higher anesthetic risk category. I would not want to radiograph an older animal to determine the extent of arthritis only to have the animal not recover from anesthesia. It should also be noted that anesthetic agents create a small risk to employees and therefore we would only be decreasing one risk and increasing another.

What is the risk in a practice similar to ours? Over the last 6 months we have taken 123 films or 213 views, which is 20.5 films or 35.5 views per month. This exposure is distributed to 4 veterinarians, 2 licensed technicians, and numerous assistants. We have a minimum of one licensed person in the room on all radiographs. We currently have 2 badges, one labeled doctor and one labeled assistant and they are used on all radiographs. The first badge (assistant) has an inception date of 5/1/1995 has a lifetime total of 150 mrem. The second badge (doctor) has an inception date of 2/1/1998 and has 209 mrem lifetime totals. With over 400 mrem allowed per month by your guidelines and these

totals being spread over numerous employees, it seems these numbers are almost insignificant. Our average is less than 20 mrem per year or less than .4% of the allowable limit. No individual takes more than half of the radiographs and if we had badges for each person they would most likely show a constant zero.

My main concern on the proposed regulations is two fold. I have already alluded to the increased risk to our patients and employees due to anesthesia. My second concern is the requiring of all individuals who assist completing the 20 hour course. Assistants come and go and when you live in an area where courses are several hundred miles away the cost will be prohibitive. This will lead to fewer people in the radiology room and thus more exposure for the ones that are. We also only have one doctor on for night and weekend duty. Again, the nearest emergency clinic is 200 miles away; thus, if the owner is not pregnant and over 18 they are often asked to assist on radiographs for the hit by car dog. This proposal will take away a valuable diagnostic tool for rural practitioners. There is some inherent risk for veterinarians and technicians but creating rules that do not allow practice within the standards of veterinary medicine will not reduce this risk and will increase the cost of quality veterinary care.

Thank you for your time,



Rodney W. Ferry, DVM

Occupational Radiation Exposure Report

Accredited by the National Institute of Standards and Technology through NIST for the specific scope of accreditation under lab code 100555-0

REPORT NO: 06373

ACCOUNT NO: 57935

LOCATION: 00000DPT

DATE BADGES RECEIVED: 04/11/2008

DATE BADGES REPORTED: APR 16, 2008

PAGE: 1 OF: 1

LICENSE NO:

PURCHASE ORDER NO:

NOTIFICATION LEVELS	
DEEP	SHALLOW
	EXTREMITY

REPORT TO:
LAKEVIEW ANIMAL HOSPITAL

SHIP TO:
LAKEVIEW ANIMAL HOSPITAL

18644 ROBERTA RD
LAKEVIEW, OR 97630

18644 ROBERTA RD
LAKEVIEW, OR 97630

WEARER NUMBER	SLOT NUMBER	PROCESS CONTROL NUMBER	NAME (LAST) OR OTHER DESIGNATION	ID TYPE	SSN / ID	BIRTH DATE	SEX	BADGE TYPE	BODY PART	SERVICE	MONITORING PERIOD		DOSE EQUIVALENT IN MILLIREMS FOR PERIODS INDICATED BELOW												LIFETIME TO DATE					
											FIRST DAY	LAST DAY	CURRENT			QUARTER TO DATE			YEAR TO DATE			LIFETIME TOTAL								
												DEEP	EYE	SHALL	DEEP	EYE	SHALL	DEEP	EYE	SHALL	DEEP	EYE	SHALL	NO. RPTS	DOSE HISTORY ADJUSTMENT					
3		0160127	CONTROL	1				01	Q	Q	01/01/2008	03/31/2008	0	0	0	0	0	0	0	0	0	0	0	0	1	150	05/01/1995			
4		0160127	ASSISTANT	1				01	Q	Q	01/01/2008	03/31/2008	0	0	0	0	0	0	0	0	0	0	0	0	1	209	02/01/1998			
1	2	3		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Global Dosimetry Solutions

SEE REVERSE SIDE FOR COMPLETE REPORT DETAILS BY COLUMN NUMBER
IT IS RECOMMENDED THAT YOU KEEP THIS REPORT FOR YOUR RECORDS

2652 McGaw Avenue, Irvine, CA 92614
U.S./Canada: (800) 251-3331
http://www.dosimetry.com e-mail: info@dosimetry.com

to: Brittany Sande

Received

JUN 20 2008

Public Health

June 20, 2008

I am writing regarding the proposal for a new rule about the procedure for X-raying dogs. As I understand it the rule would require the dog to be restrained by tape and or sand bags during the procedure rather than a technician holding the dog. I feel this would add stress to the animal along with added cost to the owner for sedation if needed. I oppose the new rule, as is the reason for my input.

Sincerely,

Joy Greenlees

Joy Greenlees
A Dog Owner

To:

Brittany Laude
DH& Public Health Division

I am writing to comment on the proposed rule changes for vets. The new rules would require staff to leave the room when x-rays are taken. This would require sedating and restraining the animal.

I have talked with my vets (I go to 3 different veterinary clinics), and they have explained that this is a bad idea for a number of reasons: it's scary for the animal - an animal that may already be injured and scared - sedation may be not be possible for some patients, such as an animal having heart problems, and it will raise the cost considerably.

I understand that there are a few practitioners who don't follow the existing safety guidelines, but that's no reason to punish the majority of vets who do.

Sincerely,

Bill Fultine
PO Box 347
Beavercreek, OR 97004

**Halsey East Animal Clinic
16057 NE Halsey Street
Portland, OR 97230
503-255-0261**

June 24, 2008

To Whom it May Concern,

As an Oregon certified technician of 29 years I have read the proposed changes in radiation protection services with great interest. We currently have six technicians and assistants on staff at Halsey East Animal Clinic.

On two occasions we hired a technician or hosted a Portland Community College veterinary technician student who reported they observed the staff of several other veterinary hospitals not wearing protective devices during radiographs. I find it completely unacceptable that the practice owners or director of medical services would allow this to occur in their hospitals. In our hospital we require every employee who is in the x-ray room during x-ray exposures to be safety certified. Requiring x-ray safety training for those employees being exposed to radiation is a sound proposal. If the practice owner or other staff members are modeling unsafe practices it is imperative that the least educated staff members who may be called upon to assist with patient restraint know how to protect themselves. In addition if such actions are proven there should be severe consequences for the practice owner. Radiation safety courses are available and with increased demand would likely become available in a greater number of locations soon.

The patient restraint proposals concern me. In an ideal world we would never have to hold a patient in position during an exposure. While positioning devices, sedatives and anesthesia are helpful it would be medically unsafe to administer such drugs to many of our x-ray patients. Radiography is expensive but yields invaluable information. To lose that information because owners can not afford the cost of radiographs and anesthesia combined or are unwilling to anesthetize their pet would impact animal health. If the staff are safety trained and wearing the required shielding items personal exposure levels are quite low. I urge you to require restraint devices to be available and used as much as possible but to not limit a person restraining the pet if needed.

Sincerely,

Julie Nielsen, CVT

Julie Nielsen, CVT
Head Technician

Received

JUN 24 2008

Public Health

Halsey East Animal Clinic
16057 NE Halsey St.
Portland, OR 97216
503-255-0261

To Whom It May Concern:

After reading the proposal changes, I feel that some ideas are very warranted. All too often technicians and assistants take for granted the radiation exposure they are subjected to. At the practice where I currently work, they take safety seriously. Some of my previous places of employment in Oregon unfortunately did not. I have seen technicians without thyroid shields, dosemetry badges, gloves, and also exposing extremities in the radiograph. In my opinion that is unacceptable.

I think it would be a valuable practice to require that all employees that are in the radiography room be educated, at a minimum the 20 hour saftey course. It is imperative to understand the risks associated with radiography as well as how to minimize those effects.

As far as the proposal to use restraining devices and mechanical support, it is ideal in an ideal world. However veterinary medicine is not always ideal. The patients do not cooperate all the time, trauma victims such as a hit by a car are not stable enough to comfortably leave the room without concern for the animals well being. Unfortunately radiography in itself is expensive and it would only be a further expense to the client to have to use sedatives or anesthesia. Anesthesia also requires monitoring, and stepping out from the room even for a few minutes, is compromising patient care. I also fear that clients who are already concerned with cost would unfortunately decline the procedure and put their animal's health at risk due to the increased cost of sedation and/or anesthesia.

Overall, some of the proposals would be excellent in extending quality medicine in the veterinary field. I do feel that you have to take into account that the veterinary field is limited in some aspects as far as patient cooperation and client income.

Sincerely,

Marissa Hammer, CVT
Marissa Hammer, CVT.

Received
JUN 24 2008
Public Health

From: "Cheryl Henning" <cherylhenning@juno.com>
To: BSANDE@DHS.STATE.OR.US; TSCARPENTER@DHS.STATE.OR.US
Date: 6/20/2008 1:55:48 PM
Subject: Question about proposed new rules for xrays

Hi ~ For the proposed new rules for xrays, do they make it so that animals must be immobilized by some means other than a person holding them? That is, do they need to be mechanically restrained or medically sedated to keep them still during the xrays? I'm thinking specifically about companion animals like dogs when they are xrayed to certify their hips or to monitor the progress of joint disease or healing after an injury.

Thank you,

Cheryl Henning
Salem, OR

Hit it out of the park with a new bat. Click now!

<http://thirdpartyoffers.juno.com/TGL2141/fc/loyw6i3n5YPSqH6zpPxGhpPILzXkYKj8tks7VVUC5xwWB09ezdRbog/>

From: "Cheryl Henning" <cherylhenning@juno.com>
To: TLINDSEY@DHS.STATE.OR.US
Date: 6/24/2008 1:42:56 PM
Subject: Re: Fwd: Question about proposed new rules for xrays

Thank you, Terry, for this additional information. I'm grateful for the assurance that vets and techs are very much involved in rulemaking process and that their suggestions around the immobilization requirements are being incorporated.

Cheers,

Cheryl

Please note: message attached

Make all systems go with these great constipation treatments! Click now!
<http://thirdpartyoffers.juno.com/TGL2141/fc/loyw6i3nrCyU7iArULNOFTvDsRYYoXQQ4T680BegAcfFZ4EcFbsh5/>

CC: glenn.kolb@oregonvma.org; TSCARPENTER@DHS.STATE.OR.US;
SCRAWFOR@DHS.STATE.OR.US; MLUT@DHS.STATE.OR.US; JFUSSELL@DHS.STATE.OR.US; ..

Brittany A SANDE - Fwd: Re: Updated information

From: Connie J GRATER
To: SANDE, Brittany A
Date: 6/30/2008 2:06 PM
Subject: Fwd: Re: Updated information
CC: CARPENTER, Todd S; LINDSEY, Terry D

Brittany - I emailed the memo regarding the "extension of comment period for our rules" to the group of people you only had email addresses for. Here is a response I received. Connie

>>> "Cheryl Henning" <cherylhenning@juno.com> 6/27/2008 5:23:21 PM >>>
Thank you very much for this info and for your follow-through.

Cheers,

Cheryl Henning

Please note: message attached

Are you safe? Click for quotes on a home security system.

<http://thirdpartyoffers.juno.com/TGL2141/fc/Ioyw6i3ni3cpLmo0U5WsZc92ESfx4M8EqYCGNNQhNN5R9E8AC6>

Brittany A SANDE - Restraining Animals During X-Ray

From: "Hillside Dog Sports" <hillsidedogsports@gmail.com>
To: "SANDE Brittany A" <Brittany.A.Sande@state.or.us>
Date: 6/24/2008 9:27 PM
Subject: Restraining Animals During X-Ray

As a long time pet owner I would NOT take my pet to vet that TIED IT DOWN to do an x-ray. The animals are already under enough stress! The people who work in vet offices, who work with x-rays KNOW what the risks are, and VOLUNTARILY make the decision to do the work. Our animals do not, and to sedate and tie and animal down for the purpose of taking a quick set of x-ray seems very cruel.

Thank-you for allowing me to express my feelings.

--

Tiara
Hillside Dog Sports
agility, rally and obedience
where our focus is FUN

<http://hillsidedogsports.com>
425.223.9254

Rebecca M Horn
2570 Cambridge St
West Linn, OR 97068

Brittany Sande,
PH Rules Coordinator
DHS Public Health Division

25 June 2008

Dear Ms Sande;

I am greatly concerned about the proposed new rule change which would require all veterinary staff to leave the room when an x-ray is taken.

I believe it would be detrimental to the medical care of the animal, while not offering any, or at best negligible safety improvement to the staff.

Since all staff involved in taking x-rays are required to wear radiation protective gear and detection badges, I believe the current protection policy and monitoring of exposure is sufficient. Unless it can be shown that the protection badges are detecting radiation exposure above the accepted level, there is no need to change the rule as it now stands.

By requiring staff to leave the room during x-rays, the pet would have to be restrained by movement restrictive devices, and in most cases, would required sedation. This would so significantly increase the cost of the procedure that a lot of pet owners would not be able to afford having an x ray taken, which would seriously reduce the quality of care the animal receives.

I am fully aware of the dangers of radiation exposure, having run the x-ray department of a large internal medicine & orthopedic practice in Lake Oswego for years. I held an x-ray license, and had to fulfill continuing education requirements of which Radiation Use & Safety was mandatory every 2 yrs.

I strongly recommend that the proposed new rule be rejected, for the reasons stated above. In short: not improving the safety of the staff, and being detrimental to the health and care of the animal.

Sincerely,
Rebecca M Horn

Received
JUN 26 2008
Public Health

Brittany Sande
PH Rules Coordinator of the DHS Public Health Division

Received
JUN 20 2008
Public Health

Dear Ms. Sande,

It has come to my attention that the Oregon Public Health Division Radiation Protection Services Section is proposing new rules for veterinary practice regarding x-ray procedures that I believe would be detrimental to an animal's well being. Taping down an animal that may be hurt or in pain then leaving them alone in a room to have an x-ray is cruel and inhumane. It would cause excessive stress to the animal that may already be in a fragile state. In fact, it could exacerbate the severity of the situation. I understand that the animal may be sedated but that simply makes sure that the animal is quiet and that their physical body is calm. It does not at all address the stress and anxiety that would result from being left alone in a room strapped to a table. Sedation can in no way compare with the support and comfort provided by human hands.

Another point is the increase in cost to the consumer if these rules were to be implemented. Sedation and restraining equipment would increase the cost of x-rays which in turn might make it more likely that people may not be able to give their animal the care they deserve.

Lastly, the main goal and creed of a veterinarian is to provide humane service and aid to animals. By making the proposed changes, you would be undermining that very objective.

I sincerely ask that Oregon Public Health Division Radiation Protection Services reconsider the proposed changes to the x-ray procedures for animals in veterinary offices. The proposed rule changes are cruel and inhumane to the animals that we are entrusted to protect.

Thank you,

Kelly Krause
Kelly.krause@comcast.net
(503) 970-1125

June 19, 2008

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

Received

JUN 20 2008

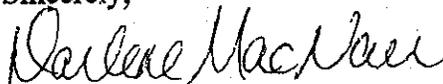
Public Health

Dear Brittany:

I was just made aware of a proposal for a new rule concerning taking veterinary x-rays. It seems that you want that the staff to leave the room before taking an x-ray. On the surface this sounds like a good idea but having received notice from my clinic that they already feel completely safe with the procedures already in practice, it looks like you are creating a very compromising situation for the animals on the receiving end. First, I don't want unnecessary sedation for my pet which can in itself be very harmful. I have had x-rays without sedation that were quick and painless for all concerned. Secondly, stressing my animal and putting him in harms way with restraints or sandbags to hold him in place, instead of the hands of a caring individual is unconscionable. Thirdly, the price of x-rays is already very expensive adding all these extras will put it out of reach for many people to help their pets. This can cause complications or even death if they aren't administered to properly for lack of an x-ray. Can you sleep at night with that decision?

My veterinary clinic is a professional and very caring establishment and if they say the feel safe with the x-ray procedures in place, I believe they know best. The only outcome I can see from this new rule change is that many animals will suffer needlessly from more stress, sedation and possibly death from lack of money to pay for all the new costs. I implore you to stop and think about what suffering your actions can cause to animals who can't speak for themselves.

Sincerely,



Darlene MacNair
5856 Lakeview Blvd.
Lake Oswego, OR 97035

From: "Lori Makinen" <Lori.Makinen@state.or.us>
To: "LINDSEY Terry D" <Terry.D.Lindsey@state.or.us>
Date: 6/25/2008 10:56:29 AM
Subject: RPS Proposed Rules

Terry,

I have heard from some folks who feel they did not have an adequate chance to review the rule changes. Additionally, I don't recall seeing a copy of the amendments that have been characterized as approved by the working group. There may be operator safety issues that need further consideration.

Would you please extend the public comment period to accommodate more balanced input and improve the perception that this process has been skewed in favor of the profession?

Thanks.
Lori

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

CC: <dgalindo@pcc.edu>



Oregon

Veterinary Medical Examining Board

Suite 407

800 NE Oregon Street

Portland, OR 97232

(971) 673-0224

FAX: (971) 673-0226

TTY: (971) 673-0372

E-Mail: ovmeb.info@state.or.us

July 17, 2008

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

Re: Proposed amendments to OAR 333-106-0601(3)

The Board supports the proposed amendments and encourages RPS to continue to review and enforce its rules concerning veterinary radiography to ensure the safety and protection of persons working in veterinary practices.

Sincerely,

Lori Makinen
Executive Director

07-18-08P02:07 RCVD



To: Brittany Sande,
Fax 971-673-1299

June 22, 2008

Dear Ms. Sande,

It is my understanding that the rules may change regarding veterinary xrays requiring everyone to leave the room. This would require the sedating , taping and sand bagging of the animals while alone.

In speaking with my vet, Dr. Christine Ortner, those working with the animal during an xray wear protective gear, radiation badges and work quickly. The Dr. feels that this enough protection as does her staff. I assume that it is regulated that all vets must use this protective gear as it makes good sense.

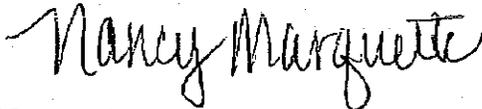
Having lost a dog to her 1 year booster shot, I am always concerned about any shots and possible reactions or side effects. I am also concerned about sedating a dog that may as yet me undiagnosed and any complications that may occur. Taking a stressed dog and creating a situation that could induce more stress may be more harmful than helpful.

This procedure would also increase costs and I am sure more time.

I hope you will reconsider this decision.

Thanks for you attention.

Respectfully



Nancy Marquette
6104 Churchill Downs Dr,
West Linn, Or 97068
503-650-6702

Received

JUN 23 2008

Public Health

Cheryl A. Martinez
771 Eagle Avenue
Alameda, California 94501
510-521-7249 home
510-325-3185 cell
chermartinez@sbcglobal.net email

CHERYL A. MARTINEZ

Fax

Received

JUN 20 2008

Public Health

To:	Brittany Sande, PH Rules Coordinator	From:	Cheryl A. Martinez
Of:	DH Public Health Division	Pages:	2
Fax:	1-971-673-1299	Date:	6/20/2008
Re:	New Rules/X-Rays		

Dear Ms. Sande:

I belong to several on-line Miniature Schnauzer groups, and one of the members recently informed us of the Oregon Public Health Services Section's proposed new rules for veterinary practice that will put out pets in danger. She lives in Oregon and I live in California, but I thought my voice should be heard anyway! I do travel to Oregon at least once a year, and now I am thinking **WHAT IF MY BABIES GET SICK WHEN WE ARE THERE?**

Yes, my dogs are my babies. My husband and I have two Miniature Schnauzers. We, like all other people we know who have animals, consider the animals to be a part of the family. They are our children (we call them our furkids). Would the proposed rules for x-rays be acceptable if the children were human? I think not.

I am shocked to learn that the new rules will require that all staff leave the room when the x-ray is taken, and that the animals will have to be sedated and held down by tape and/or sandbags. This procedure is, in my opinion, cruel and abusive. Most of the animals requiring x-rays are sick and sedating them or stressing them out by taping them down could put them at great risk. Has the world gone MAD?

Every time my dogs need to be anesthetized, I worry. Fortunately, it has only been once for my boy (when he was neutered) and once for my girl (when she was spayed and then again when she had a foxtail lodged in her nose that had to be removed). I would never allow my dogs to be taped or sandbagged to a table, or sedated unnecessarily. Nor would I allow

them to be left alone in a room!!! The notion of doing this to a poor sick innocent animal is absolutely horrifying!

I hope and pray that my dogs don't require veterinary attention while we are traveling through Oregon. I also hope and pray that people will come to their senses and not allow this to become happen! I urge you to do your part to make sure it does not become a reality!

Thank you.

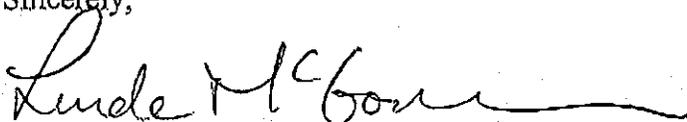
Regarding OAR 333-106-0055 and OAR 333-106-0601

To Whom it Concerns:

I strongly disagree with the proposal to require all staff to leave the room when x rays are taken. It is not acceptable to sedate and hold down pets by restraining devices such as tape and sand bags just to have x rays taken. This is an asinine proposal that brings animal welfare back to the dark ages.

If these rules come into effect, I will strongly consider going across the water to Vancouver for veterinary services.

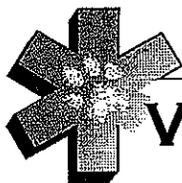
Sincerely,



Linda McGovern
18115 SW Pheasant Lane
Beaverton, OR 97006

June 25, 2008

Received
JUN 25 2008
Public Health



Southern Oregon
VETERINARY SPECIALTY CENTER

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Received

JUL 11 2008

Public Health

July 11, 2008

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

Subject: Proposed amendments and new rule text for OAR, chapter 333, divisions 100,102, 103,106,111,116,118,119, and 120 pertaining to Radiation Protection Services

To Whom It May Concern:

I am very concerned by the proposed rules change on Radiation Protection Services. **This rule change will be detrimental to veterinary patients and their owners.**

As a veterinarian with over 30 years of experience in academia and as an owner in a specialty private practice I can assure you that I am concerned not only for the well being of my patients but also my students, staff and all employees. This rule change does nothing to ensure compliance; rather it may likely place my patients (particularly those with significant respiratory issues) at increased risk.

I whole heartedly support the requirement for using protective shielding devices (gloves, aprons, thyroid shields, glasses) – and this is where the effort and enforcement must lie. I also advocate and my technicians use restraining devices (e.g. sandbags) when indicated or needed sedation to obtain radiographs.

However, mandating that all personnel must be out of the room however is excessive and will place some patients at risk. Restraining devices may work sometimes, but animals in respiratory distress for example (or in shock or if severely traumatized to name a few situations) should not be sedated in most instances and will not (due to their distressed state) tolerate restraining devices. Application of this rule in large animals is bordering on being ridiculous.

I suggest that the goal of reducing radiation exposure would be better served by spending the effort, time and money for this rule change on ensuring that the current rules are adhered to, that existing equipment (collimnators, protective clothing etc.) are in working order and all personnel are using them.

I do not support this rule change and need to advise you (as one of a few respiratory specialists in the country) that this rule change will place many veterinary patients at risk.

Sincerely,

Brendan C. McKiernan, DVM
Diplomate, American College of Veterinary Internal Medicine
Staff Internist

EMERGENCY
Christina...
Address...
Board...
College...
Emergency...
DENTAL
Diana...
Board...
College...
Emergency...
DIAGNOSTIC
Rianna...
Board...
College...
Emergency...
CHERYL CROLEY DVM
HANDY PACE DVM
NATASHA CHEMELTZ DVM
SURGERY
Steven B. Ferreira DVM
Board Certified American
College of Veterinary Surgeons
Eric Hoofs DVM
Residency Completed
American College of
Veterinary Surgeons
INTERNAL MEDICINE
Brendan McKiernan DVM
Board Certified American
College of Veterinary
Internal Medicine
DERMATOLOGY
Christine Graham Mize DVM
Board Certified American
College of Veterinary
Dermatology

To: Brittany Sande, PH Rules Coordinator of the DHS Public Health Division

Fax 971-673-1299

Received

JUN 20 2008

Dear Ms. Sande,

Public Health

It has been brought to my attention that a new rule is being considered that would require that animals be sedated, taped, and/or otherwise secured to examining tables while being x-rayed --- as opposed to the common practice of lead shields and radiation detection devices used by their human counterparts.

Although I know the Public Health Division is attempting to look out for people over animals, I firmly believe that each practice should be given the choice of whether to use shields or sedation.

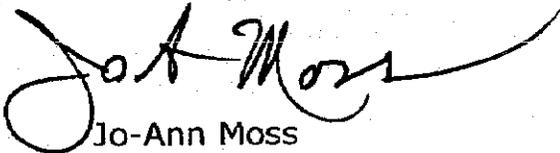
Pets are family members. Those who own them love them every bit as much as a human family member.

This rule will result in vets breaking the law, pet owners scrambling to find practices who are willing to look the other way, or more sick animals because their owners will be reluctant to take them to the vet. Sick animals can be dangerous. All in all, both the rule and the possibility of less care for the animal is simply inhumane.

Please consider these points before your public hearing.

Thank you.

Sincerely,



Jo-Ann Moss
5160 Summit St.
West Linn, OR 97068

503-656-5452



Radiation Protection Services
DHS Public Health Division
Brittany Sande, PH Rules Coordinator

Received

JUN 20 2008

Public Health

I am not in favor of proposed rule changes for veterinary clinics. I believe the current regulations do decrease the amount of radiation exposure. If the goal is to eliminate, then no x-rays should be taken anywhere. Monitoring devices utilize a control and without exception, the control does monitor some radiation even with no x-rays taken. Many clinics take many more x-rays than we do. They have monitoring devices that have, to the best of their ability, shown an extremely low exposure rate. We cannot eliminate exposure. Making more rules will not eliminate those practices that are currently breaking the rules. We have monitoring badges. Every employee associated with the taking of X-rays has 20 hours of approved radiation credit. Gloves, aprons, thyroid protection are utilized. X-ray machines are inspected and found to be within normal ranges.

I would like to address, "... establishing a higher standard of practice and care." Who sets the standard of practice and care? Our patients don't understand, "don't move." My limited understanding of proposed rule changes make it impossible to take x-rays with the patient awake, therefore anesthesia must be administered. Now our standard of care takes on a new meaning. There are some who feel an animal should not be placed under anesthesia without previous blood work. What about the patient? What about the client? Do we not take x-rays because blood values are not within the reference range? Do we risk the possible loss of a pet because of anesthesia? When do we take x-rays? X-rays are not routine; most x-rays are taken at a time of crisis; are taken to confirm our worst fears; taken to determine how to proceed. There are numerous cases when a patient is placed under anesthesia before x-rays because of the injuries sustained in an accident. In most cases the x-rays determine whether or not the owner would proceed and in numerous cases the patient is not allowed to wake up. But what about those cases when the owner wants to proceed? Is the standard of care to allow this patient to wake up only to be placed under anesthesia again within hours? Is there more of an anesthetic risk when going under again? We are not equipped to handle emergency surgery 24 hours a day. Is the standard of care going to be referring accident cases that might have to have an x-ray? If the owner cannot get to an emergency clinic, do we throw up our hands and put the patient to sleep, or do we proceed with treatment without proper diagnosis? Where is the standard of care in that situation? How can we do a barium series while the patient is under anesthesia?

Large animal x-rays – films are taken in the field, literally. How do proposed rule changes affect large animal veterinarians? Is there evidence of increased exposure to x-rays taken on the farm versus taken within the small animal clinic? If not applicable,

what makes them the exception? If it is applicable, will animals have to be taken to an x-ray facility? In an ideal world we wouldn't be discussing this.

Not knowing what has been discussed I would like to know actual numbers. How many cases have been diagnosed as overexposure? Do veterinarians and veterinary staff have increased exposure more than human x-ray staff? As humans we make rules to cover bad decisions which need more rules to cover good intentions. The current rules are fair and applicable to veterinary medicine. Those not following them should be required to quit or be fined. There's always someone whose sole purpose in life is not to follow the rules and serves as a warning to others. More stringent rules place restrictions above common sense for the rest of us. "Good judgment comes from bad experience, and a lot of that comes from bad judgment."

I did not mention dollars. More x-rays are needed in my practice than people are able to afford. It's no surprise there is a correlation between animals hit by cars and people who have no money. If anesthesia is added to the cost there will be even more patients put to sleep. This isn't about the money. Reality is ever present.

Veterinary medicine and surgery is unique and should not be compared with human medicine and surgery.

Submitted:

E.L. Osburn DVM
Osburn Veterinary Clinic

FAX

To	Brittany Sande PH Rules Coordinator of the DHS Public Health Division
FAX	971-673-1299
From	Ron V. Parsons 32690 Woods Drive Warren, OR 97053
Subject	OAR 333-106-0055 and OAR 333-106-0601 Veterinary X-Ray Rule Change

I strongly object to the proposed rule changes.

1. The radiation doses being delivered by modern X-ray machines are miniscule compared to naturally occurring radiation, hence the added 'risk' to the staff is low.
2. It should be easily possible to inform the veterinary staff of the degree of risk involved and allow them to make informed decisions on their own, rather have than a central authority (no matter how well-intentioned) imposing its will.
3. The proposed rules will force restraining and/or drugging of the animals, increasing the risk to them. This also drives up the cost of animal health care, which will invariably lead to animal suffering.

Regards



Ron V. Parsons

Received
JUN 25 2008
Public Health



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

July 17, 2008

Thank you for the extended public comment period. As a practicing veterinarian and a clinic owner I appreciate the intention of the rules to reduce unnecessary radiation exposure to myself and staff. I am however confused by the purposed revisions to Oregon Administrative Rules, chapter 333, division 106.

OAR333-106-0601 (3)(b) would read; No individual shall be in the X-ray room while exposures are being made unless such individual's assistance is required. If no individual is to be in the room during an exposure then where does rule (3)(a) come into effect? If all personnel have left the room during the exposure, then who is monitoring the patient for movement before or during the exposure, or for possible complications if the patient is sedated or anesthetized?

The revised wording of (3)(c) implies that supporting or restraining devices are required when an animal must be held in position during radiography. Is this in addition to an individual holding the animal when it must be held? Some radiographic procedures, such as OFA certification films, would become complicated if these devices were to be used, resulting in an increase in the number of films taken and potential radiation exposure.

As currently written I believe that the rules and their intentions are clearly understandable. I feel that education and monitoring of the rules as they are would go a lot further to reducing unnecessary radiation exposure than the purposed revisions, which are confusing, ambiguous, and will drive up the cost of quality pet care.

Thank you again for your time,



Reed Prince DVM.

Received

JUL 17 2008

Public Health



Cheryl Lopate, MS, DVM
Diplomate, American College of Theriogenologists

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

June 23, 2008

This letter is in reference to the proposed rule changes regarding veterinary radiography safety. Altering the rules regarding how veterinary radiographs are taken is only acceptable if it does not affect the ability of the veterinarians to provide quality, adequate and timely veterinary care to our patients.

There are many situations where a patient cannot or should not be sedated or anesthetized for a radiographic procedure (I will list just a few here, there are hundreds of different scenarios):

1. Animals who have undergone trauma (hit by car, kicked by horse, taken a fall) whereby sedation may further compromise an animal already in shock.
2. Animals with underlying organ disease (renal or liver disease) – where sedatives may not be able to be metabolized properly resulting in worsening of their illness.
3. Animals who have cardiac or pulmonary disease where sedation may affect the ability of the animal to have proper cardiac output or lung function.
4. Pregnant bitches or bitches in dystocia where sedation may affect fetal viability or the bitches ability to complete delivery.
5. Animals with gastrointestinal obstruction who require multiple radiographs in a series over the length of the day – not only will repeated sedation affect GI motility but the animals cannot be sedated 6 or more times in an 8 hour day.
6. Brachycephalic breeds where sedation may compromise respiratory function due to oronasal conformation.
7. Sighthounds where sedation may result in malignant hyperthermia.

There are also situations where anesthetized animals need to be physically manipulated to achieve the radiographic view required (OFA and PennHIP studies) due to rotational forces required to attain the views needed. No mechanical restraint can produce the views needed for these studies.

While there are times when sedation is appropriate to minimize human exposure, there are **MANY** situations where it is contraindicated. If these proposed rule changes are put into effect, it will put at risk hundreds of thousands of animals in our state every year. Clients will be unwilling to have radiographs taken due to the increased risks (and costs) of the procedures. There will be increased time needed for each procedure due to sedation/anesthesia induction and recovery periods which will further increase costs and affect the ability of veterinarians and staff to provide care to other patients.

If compliance with protective equipment, improper use of collimation beams, and use of restraint where appropriate is unacceptable in some practices, then the state should institute a better monitoring system, have requisite inspections and require continuing education for veterinarians and staff. Forcing veterinarians to compromise the care to their patients because a few clinics cannot comply with radiation safety guidelines is not the solution. My personal physician has never been concerned with the amount of radiation exposure I have had over the 17 years of practice in which I have been involved. In our practice, badges, aprons, gloves and thyroid protectors are always worn when operators are in the room taking a radiograph.

I am vehemently opposed to these proposed changes. They do not take into consideration in any way, the needs of our patients and their owners.

Sincerely,

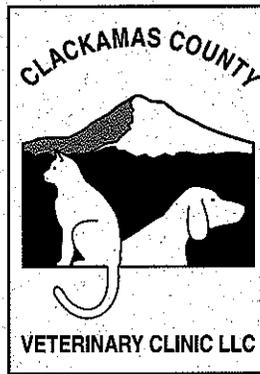
Cheryl Lopate, MS, DVM
Diplomate, American College of Theriogenologists

Received

JUN 25 2008

Public Health

W. Kurt Schrader, D.V.M.
Teri Lechner, D.V.M.
Lacy Redmond, D.V.M.



phone: 503-657-3171
fax: 503-657-0359
email: ccvc@bctonline.com

To whom it May Concern,

The proposed rule regarding mechanical restraining devices is completely unworkable. Animals fight rigid constraint. It would be impossible to do without anesthesia or excessive sedation.

I do agree strongly with the emphasis on appropriate shielding of individuals involved in animal restraint.

And as you are aware, proper technique has resulted in very low to non-existent exposure for veterinary clinic staff involved in radiology.

Recommended rules should reflect the real world and need. Neither is applicable here. Please eliminate the rule requiring mechanical devices for animal restraint during radiography.

Received

JUL 03 2008

Public Health

Sincerely,
W. Kurt Schrader, DVM

From: "Karen Shilling" <schatzburg@aol.com>
To: "LINDSEY Terry D" <Terry.D.Lindsey@state.or.us>
Date: 6/23/2008 8:17:14 PM
Subject: new xray regs

I am very concerned about the new regs proposal that animals be sedated for xrays. this would be very dangerous for my pet who is a cavalier king charles spanial and gets very upset at the vet unless having human contact. I would not ever approve of her being held down with sand bags. she already had a shoulder injury which is being treated by a rehab vet. this new reg proposal is rediculous and I want you to disgard it.

Karen Shilling