Nursing Education And Training (NEAT) Veterinary Clinic

Policy Document

'NEAT Staff always take PRIDE in their work'

P...  oliteness
R...  eliability
I...  nitiative
D...  edication
E...  nthusiasm
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SECTION 1: ORIENTATION TO NEAT

1.1 Welcome...

and congratulations ... on becoming part of the NEAT team.

Being located just outside a large city, in a semi-rural environment, we have the opportunity to treat both large and small animals.

The NEAT hospital is a large facility, with a wide range of diagnostic and surgical equipment and highly qualified staff.

There are two partners: Alison Lambert and Anthony Watkins who have primary responsibility for the animal care as well as the business management within the hospital. However, our two veterinarians have specialised interests: Anthony Watkins specialises in Surgery and Alison Lambert’s specialty is Medicine.

To get an idea of the size and layout of the hospital, you could have a quick look around now (link to/insert 'Floor Plan').
Now that you have seen the facilities and equipment, it might be good to mention that we are also an accredited Teaching Hospital. This means the NEAT veterinary clinic not only treats animals but also is involved with the training of veterinary nurses, providing on-the-job training and instruction.

We are committed to providing training because access to trained nurses is not only important to our clinic, but for the industry as a whole.

1.2 Aims

As a veterinary hospital with highly-qualified staff we aim to provide a wide range of animal care services

We aim to:

- deliver excellence in service
- keep abreast of technical developments for diagnosis and treatment and prevention of disease
- protect clients' confidentiality
- treat everyone with respect - staff, clients AND patients.
1.3 Contents of the Policy Document

You may look at the table of contents to get an overview of the scope of the Policy Manual but, in brief, it covers conditions of employment, expectations of staff, and job descriptions, which detail the general role, daily routines (where appropriate) and dress requirements.

In addition, it contains policies on communication, waste management, OHS, and dangerous chemical handling.

Please take the time to become familiar with this document, as it will often be your first source of information on how to approach various tasks.

1.4 Organisation Communication Flow

The chart below shows who reports to whom.

If you are in doubt about what to do, or if difficulties arise, you should:
1. locate your Job Title in the chart below;
2. note the direction of the arrow leading from your Job Title;
3. approach the person with the Job Title where the arrow points;
   if that person is not available
4. approach the person to whom that person would report.
SECTION 2: STAFFING AND CONDITIONS OF EMPLOYMENT

This section covers the expectations of staff, grounds for dismissal, job descriptions, work conditions and training.

2.1 General Expectations of Staff

What does it mean to be 'NEAT'?

N... ursing with care and patience
E... xcel at every task
A... dhere to your duty statement
T... reat animals, customers and colleagues with respect

Basically, being ‘NEAT’, means doing your job well and taking pride in your work (as in the logo intro) and being thoughtful to people and animals.

2.1.1 Immunisation and health

As there is high zoonotic potential within the industry, the NEAT hospital provides injections for Tetanus, Hep B and ‘Q’ fever.

The injections are not compulsory, but we strongly encourage all staff to have them as we believe this may be in the best interests of your health.

NB: If you opt to refuse immunisation, we will request you to sign a form stating you are aware of the hazards and risks involved. If you were to contract one of the diseases mentioned this might impact on your ability to claim workers’ compensation.

It may also be in your best interest to discuss with the PM any health issue such as pregnancy, allergies etc.

2.1.2 Wages

Wages are paid in accordance with legislation at award rates.

You must complete the Day/hours Record Book when starting and leaving a shift. This can be found in the PM’s office.
2.2 Specific Expectations of Staff

In addition to taking general pride in your work, there are some specific standards you will be required to meet.

Serious breaches of these expectations, may be considered grounds for dismissal. Dismissal procedures are in accordance with the legislation.

Any alleged breach of staff expectations will be discussed with the staff member/s involved. The discussion will be noted and, where possible, advice and support will be offered to help the staff member/s address the issues involved.

2.2.1 Personal presentation

First impressions really do count... The public tends to equate the care you give yourself to the care you give animals, so if you are unkempt, clients may question the quality of care you will give to their pet.

Therefore, staff are expected:

✓ to have neat hair
✓ to have clean hands, particularly fingernails
✓ to observe general hygiene practices

In addition:
✓ dangling jewellery is not permitted for OHS reasons; you can wear minimal jewellery and a watch
✓ shoes must have the entire foot enclosed
✓ a uniform is provided and you are expected to wear it on every shift; you will need to wash and iron the uniform; if it is lost or misplaced, you will need to meet the replacement costs; for uniform replacement, whether lost, old, or worn-out, you need to see the PM
✓ there may be specific dress requirements for particular tasks (see 2.4 Job Descriptions)
2.2.2  Attitude

1. A team approach is encouraged. This means everyone employed at NEAT, and their roles, are considered equally valuable to the running of the business.

   Staff are expected to listen to each other with respect and acknowledge the contributions of others.

   We encourage all to participate by giving feedback and sharing ideas.

2. We aim to foster good customer relations; hence, communication with customers is always to be respectful, regardless of the customer’s approach or attitude. Staff are not to respond to any anger or agitation from customers, but are to listen and try to address their concerns in a respectful manner.

   Having a ‘customer focus’ is very important to us, as it is what ‘makes or breaks’ a practice.

3. Treatment of animals is to be kind and sensitive, remembering the pet/owner relationship. Animals in our care are not ‘items’, they are adored pets of our customers.

2.2.3  Adherence to job descriptions

Your Job Description details your workplace duties and responsibilities. The roles and responsibilities of all the NEAT are detailed below.

REMEMBER: We value a Team Approach, so in carrying out your core duties, it is expected that you work in a supportive way with others.

2.2.4  Punctuality

Staff are expected to arrive at the premises on time and with sufficient time to prepare for work.

2.2.5  Facilities

We provide some facilities to make your working day a pleasure. Please care for them and clean up after yourself.

- Change rooms are provided. These have showers.

- Lockers are also in the change room to keep personal possessions safe. Keys can be obtained from the PM.
• First aid box (Green Cross) is located in the staff room.

• Staff room facilities include: small kitchenette with a jug, coffee maker, fridge and microwave.

NB: Staff are not permitted to eat inside the practice, except in the staff room, for OHS reasons and because it does not look professional to the public.

2.2.6 Smoking

Inside the hospital is a smoke-free zone.

There is one designated area outside for smoking. However, care must be taken with disposal of butts, as these can cause difficulties for patients if swallowed.

2.2.7 Client confidentiality

Breaches of client confidentiality are grounds for dismissal

NO MENTION whatsoever of clinic cases or clientele is permitted outside the practice.

Care must also be taken that discussion of customers or animals cannot be overheard within the clinic.

Any breaches of confidentiality will be treated in accordance with the appropriate legislation.

2.2.8 Other grounds for dismissal

Theft and other general misconduct are grounds for dismissal and will be treated in accordance with the appropriate legislation.
2.3 Training

NEAT promotes professional development training for two reasons: first, the importance of OHS; and second, ongoing education is important to keep pace with the latest developments within the industry.

We do this by providing induction training, monthly meetings and, lastly, by supporting your ongoing professional development (see Study Leave below).

All staff are encouraged to take advantage of training opportunities and the desire to participate in a particular external training event can be discussed with the practice manager.

2.3.1 Initial induction training

Induction training will consist of:

- tour of facility and introduction to staff
- providing a copy of this manual on the first day
- training in:
  - communication
  - OHS
  - first aid

The training is conducted over three days in the hospital. You will be paid full wages while attending.

The PM will arrange a schedule for the induction training, to be delivered within one month of your commencement at NEAT.

2.3.2 Monthly meetings

Meetings are not only an opportunity to share information and instructions, but are also used as an opportunity to do in-house training.

All staff are expected to make every effort to attend meetings.

Meetings are conducted on the first Wednesday of the month, at 11 am.

Issues to be raised in the meeting can be written on the Staff Meeting Agenda, which is found on the staff notice board in the staff room.

More information about meeting protocols can be found in Section 3, Communication and Interaction, in this manual, under the heading, Meetings.
2.3.3 Study leave

NEAT encourages and supports continual professional development and upgrading of knowledge and skills by providing access to study leave.

One week’s paid leave is available per staff member per year.

You are required to submit a request to attend a conference, to the PM at least two weeks in advance, but four weeks is preferred if possible.

The PM or your supervisor may draw your attention to courses/workshops etc. that are considered suitable for you, or beneficial to the hospital.

Depending on the training event, some assistance may be possible with registration fees, travel, and accommodation expenses.
2.4 Job Descriptions

2.4.1 Job title: Veterinarians - Senior Partners

Anthony Watkins and Alison Lambert are equal partners in the NEAT veterinary clinic.

Role
Both veterinarians together are primarily responsible for all animal care and all aspects of business management within the hospital.

Duties
The veterinarians’ duties include:
• overseeing financial decisions
• preparing and conducting staff meetings
• overseeing general clinic practices (treatment/grooming/boarding/merchandising)
• conducting consultations
• supervising all surgical admissions

Routines
The veterinarian attends the day’s scheduled consultations, diagnostic and medical and surgical procedures.

Job-specific dress
Neat casual dress with closed-in shoes.

Veterinarians will wear the dark-coloured scrub tops with the NEAT clinic logo on the pocket.
2.4.2  Job title: Practice Manager (PM)

Role
The practice manager’s role is to ensure the smooth running of the practice and support the veterinarians and supervise the nursing and clerical staff.

Duties
The practice manager’s duties include:

- preparing wages
- following instructions from the veterinarians
- liaising between veterinarians and other staff
- liaising with the public
- overseeing drug ordering
- organising advertisements
- overseeing the implementation of clinic policies
- assisting with staff meeting arrangements
- participating in staff meetings
- organising training programs
- overseeing implementation of financial decisions and activities
- ordering flowers for the reception area
- managing personnel matters

Routines
Each day the practice manager will:

1. check message board
2. check events calendar for staff birthdays etc.
3. respond to any staff absences
4. collect mail from in tray
5. prepare and complete banking
6. liaise with veterinarians
7. touch base with staff
8. check rostering
9. follow-up on incidents reported.

Job-specific dress
Neat casual dress with closed-in shoes.
2.4.3 Job title: Surgery Nurse

Role
The surgery nurse plays an important role in the implementation of aseptic techniques, ensuring that surgery will be conducted to the highest standards.

Duties
The surgery nurse is responsible for:

- cleaning of the sterilising room and theatre
- maintaining anaesthetic and surgical equipment and supplies for both areas (operation manuals for the autoclave and ultrasonic cleaner and anaesthetic monitoring equipment are located in top drawer of sterilising room. The practice manager also has a back up copy)
- ordering supplies for use in both areas (these are to be written in order book at reception desk or, if urgent, speak with receptionist or PM)
- notifying of equipment failure and need for repairs (PM to be notified verbally), recorded in the incident book and the equipment labelled as faulty)
- preparing surgical packs and equipment (lists of equipment for each type of pack is stored in top drawer of sterilising room)
- sterilising equipment
- setting up the theatre for the day's surgery
- supervising junior and trainee staff
- assisting with animal preparation for anaesthesia and surgery
- assisting the surgeon during surgery
- monitoring anaesthesia
- providing post-operative care for surgical patients

Routines
Each day the surgical nurse is to do the following:

1. liaise with the surgery veterinarian (Anthony Watkins) about the schedule of surgical cases for the day
2. check surgical cases have been admitted and identified correctly
3. check that pre-operative instructions have been followed
4. prepare and clean the theatre for use
5. clean required instruments either manually or in the ultrasonic cleaner
6. make up and sterilise the required packs
7. clean the theatre at the end of the day according to the cleaning policy (link to the cleaning policy)
8. dispose of sharps and contaminated waste at the end of the day according to the hazards policy (see the Hazards Disposal policy)
9. check the schedule for the next day to ensure the surgical packs are prepared
10. store cleaning utensils for these areas in the large cupboard in sterilising room
Job-specific dress

Inside the theatre:
✓ clean pale scrub top
✓ blue trousers
✓ surgical cap
✓ mask
✓ covered-in shoes

Outside the theatre according to policy, ie:
✓ clean scrub top
✓ hospital regulation trousers
✓ covered shoes
✓ hair tied back
2.4.4  Job title: Treatment-Room Nurse (Small Animals)

Role
The main role of the treatment-room nurse is the care of animals undergoing diagnostic investigation or receiving in-hospital treatment.

Duties
Duties of the treatment-room nurse include the following:

- assisting the veterinarian with medical and diagnostic procedures i.e.
  i. bandaging
  ii. administering drugs
- taking blood
- restocking supplies in the treatment room
- cleaning the treatment room
- soothing and comforting distressed animals by attending to
  iii. bedding
  iv. feeding
  v. comforting
- administering treatment as directed
- cleaning cages

Morning routines
On arrival, the treatment-room nurse is to:

1. conduct a quick visual check of all hospitalised animals in the treatment area

   NOTE: if there appears to be a problem, such as an animal seizing, collapsing, or dying overnight, immediately contact the vet on duty.

   DO NOT contact owner before speaking to vet!

2. identify animals and the required treatments on the white board, walk dogs, clean cages
3. check feeding requirements and feed animals as directed
4. make routine observations including: TPR, behaviour, appetite, urination, defecation and general comments
5. note the cage signage for veterinary instructions,
6. administer treatments and tick off immediately,

   NOTE: Wash hands in between cases!

7. record observations and treatment administered in animal history
8. liaise with receptionist about the day's intake of grooming
9. check with the veterinarian about bathing and grooming animals
Daily routines
Each day the following is to be carried out:
1. administer treatments
2. report to vets in charge of each case regarding progress and ongoing treatment
3. continual monitoring of animals' progress throughout the day,
4. restock treatment room medical supplies twice daily
5. general cleaning
NOTE: Your nose is a sensitive indicator of cleanliness, so if it smells, clean it!
6. dispose of sharps in yellow containers/replace when full (see Hazards and Waste policies)
7. dispose of all other rubbish the garbage bins
8. empty garbage bins as required and replace bin liners
9. dispose of garbage bags in the industrial garbage skip (see Hazards and Waste policies)
NOTE: Any spills on the floor or animal waste should be attended to immediately!

Afternoon routine
Each afternoon the following tasks are to be completed:
1. walk the animals
2. clean the cages
3. feed and administer treatments
4. record observations and treatment details in the patient records
5. mark off treatments on the whiteboard
6. wash all floors and surfaces

Job-specific dress
✓ long blue trousers
✓ blue NEAT uniform top
✓ stethoscope and thermometer
✓ closed shoes
2.4.5  Job title: Kennel Hand/Groomer

Role
The kennel hand/groomer cares for the general kennel, caring for animals admitted for boarding or grooming. The kennel hand also cares for animals in isolation, under the supervision of the treatment room nurse (small animals), ensuring the animals are kept in a clean and comfortable environment.

Duties
In relation to caring for the animals, the kennel hand/groomer is responsible for:
- walking animals twice daily or as required
- feeding according to their specific dietary or treatment requirements
- ensuring all animals have water (unless instructed otherwise)
- giving boarding animals any medication or special diets
- keeping animals clean and warm in winter, especially if under medical treatment
- washing boarding animals before discharge
- liaising with vets

Morning routines
Each morning the following routines are to be carried out:
1. observe animals, noting demeanour (BAR)
2. report any emergencies immediately to the attending veterinarian
3. report any other concerns to the treatment-room nurse
4. check whiteboard for special dietary requirements
5. remove last night’s food and water bowls from cages
6. walk dogs
7. clean kennels before returning the dogs

Daily routines
Each day the following are to be carried out:
1. clean cages and kennels
2. clean and mop floors
3. clean all food/water dishes and litter trays
4. bathe animals in cages and kennels as required
5. feed animals as instructed
6. launder bedding and surgical linen
7. order food, litter and other animal requirements

Job-specific dress
- blue overalls
- closed in shoes
- rubber boots when hosing out cages
2.4.6 Job title: Treatment-Room Nurse (Large Animals)

Role
The main role of the treatment-room nurse is to oversee the care as directed by the attending veterinarian, of hospitalised large animals.

Duties
Duties of the treatment-room nurse include:
- organising admission into horse hospital
- assisting the veterinarian with medical procedures, i.e.
  - bandaging,
  - administering drugs
  - catheter placement, change or removal
  - taking blood
- restocking supplies in the treatment room
- cleaning the treatment room
- soothing and comforting distressed animals by attending to
  - bedding
  - feeding
  - comforting
- administering treatment as directed or as recorded on whiteboard
- cleaning cages
- arranging discharge from the hospital

Morning and afternoon routines
Each morning and afternoon the following tasks are to be completed:
1. discuss with stable hand observations regarding eating and drinking habits
2. check all horses visually for demeanour
3. examine urine and faecal output
4. report any changes or unusual findings immediately to the veterinarian
5. treat horses as instructed in patient record folder (on cabinet outside stable)
6. record observations and treatment details in the patient record,
7. dispose of ‘sharps’ in yellow container
8. dispose of syringes in contaminated waste bin
9. dispose of glass in recycle bin
10. control cross-contamination by washing hands between each case
11. transfer all information into patients’ computer records

Job-specific dress
- long trousers
- NEAT uniform top
- stethoscope and thermometer
- closed shoes
2.4.7  Job title: Stable Hand/Cleaner

Role
The stable hand’s role is to support the treatment room nurse (large animals), ensuring the horses are stabled in a clean and comfortable environment.

Duties
Duties of the stable hand include:
- preparing stables for horses being admitted
- cleaning stables
- feeding and grooming horses
- preparing horses for discharge
- ordering food in consultation with PM

Morning and afternoon routines
Each morning and afternoon the following tasks are to be completed:
1. observe eating and drinking habits
2. check all horses visually for demeanour
3. check urine and faecal matter
4. report any serious problems immediately to the attending veterinarian
5. report any other notable abnormalities to the treatment nurse
6. clean stables
7. place manure and soiled bedding in horse waste pit
8. empty, clean and refill water bins
9. empty garbage bins when required, putting bagged waste in industrial skip
10. sweep breezeway and, if soiled, hose down
11. wipe all benches with dampened rag

Daily routines
During the day the following tasks are to be completed:
1. clean, lime and air stables where horses have been discharged, if very dirty
2. remove all bedding, sweep and allow to air
3. scrub feeders and water bins where horses have been discharged
4. dry feeders and water bins outside
5. groom horses to be discharged
6. prepare stables for admissions when notified
7. prepare evening feed
8. feed all horses at lunch time according to whiteboard instructions
9. top-up water after feeding
10. fill storage bins as needed
11. order feed as required after consulting with the PM
12. groom hospitalised horses as time permits
Afternoon-only routine
Prepare morning feeds for horses after evening feed.

Job-specific dress
✓ blue overalls
✓ long rubber boots
2.4.8  Job title: Receptionist

Role
The position of the receptionist is important to the success of the practice since the receptionist is responsible for fostering good client relations and is instrumental in ensuring the smooth running of the veterinary hospital.

Duties
The duties of the receptionist are diverse, ranging from customer service, scheduling and general office procedures.

Some of the specific duties include:

- cleaning, and maintaining the reception and consultation areas
- scheduling appointments, ie:
  - Routine: 8.30 – 11am
  - Out calls: 1 per morning
  - Surgery: 3.30 – 6 pm Tuesday, Thursday and Friday
- attending to customer/client needs
- preparing, sending and retrieving mail
- preparing, sending and retrieving pathology samples
- monitoring office equipment and supplies
- ordering supplies
- preparing and maintaining client information sheets

Morning routines
These are some of the duties that should be carried out in the morning:
1. switch the phone diversion off
2. prepare the float (till)
3. check the general appearance of the reception area, front desk and waiting area
4. refill and tidy merchandising shelves
5. ensure reading material for adults and children is available and tidy
6. check, tidy and clean toy box, discarding any broken toys
7. check morning appointment schedule

Daily routines
Some of the daily routines include:
1. attend to clients as they arrive
2. place incoming pathology reports in the appropriate vet’s tray
3. answer incoming telephone calls
4. provide clients with relevant information verbally and with printed materials
5. maintain and adjust scheduled appointment as necessary
6. organise animal admissions and discharge as necessary
7. forward incoming mail to the PM
8. prepare and package pathology samples to be despatched
9. report any equipment malfunction to the PM
10. generate vaccine and other reminders
11. back-up computer records
12. place orders with suppliers

Job-specific dress
As the receptionist is generally the first person seen by clients and the public, a high level of grooming is expected.

Generally follow the guidelines in section 2.2.1. and wear:
- long trousers
- NEAT uniform blouse
- closed shoes
2.4.9  Job title: Trainee Veterinary Nurse

Role
The trainee nurse reports to PM and assigned supervisors for instructions. Their role is to participate in learning opportunities and to support their supervisor in their daily routines.

Duties
The duties will change according to the supervisor to whom you are assigned. However, it will always be your responsibility to ensure:

- you have access to pen and paper
- you follow the directions of the supervisor
- you demonstrate a caring attitude to all patients
- you demonstrate a polite attitude to other staff and clients
- you spend time discussing learning topics with other trainees and supervisors

Routines
Attend to the activities and learning material provided by your supervisors in the NEAT clinic.

Job-specific dress
Unless otherwise directed by a supervisor, during the safety training you should wear:

- blue NEAT uniform top
- long blue trousers
- covered-in shoes

When training with specific supervisor, for example, the receptionist, you should follow general dress expectations (see 2.2.1) and as per the job-specific dress of the assigned supervisor.
SECTION 3: COMMUNICATION AND INTERACTION

3.1 Interaction

All interaction between staff and clients should respect the personal boundaries of each other. Humiliation of another individual within the clinic will not be tolerated.

3.1.1 Positive

All interaction with clients and colleagues is to be positive. You can do this by:

- looking for positive things to say to people
- presenting suggestions in a positive way
- acknowledging the accomplishments of others.

3.1.2 Respectful

Endeavour to be respectful of other people. You can do this by:

- acknowledging their point of view (even if you don't agree)
- listening to them when they speak
- encouraging their participation and sharing of ideas
- presenting feedback in a constructive way

3.2 Phone Protocol

When the phone rings, it is to be answered by three rings, then:

1. identify the business
2. identify yourself
3. say, ‘How may I help you’?

Speak slowly and clearly so that what you have to say is clearly understood by the listener.

If you are on a lengthy call when a client enters, interrupt the caller. Establish whether the newly-arrived client has an emergency. If not, ask them to take a seat for a minute until you deal with the caller.
3.3 Customer Relations

When a client enters the clinic, the following steps MUST be followed:

- Greet the client (by name if appears to be appointed person) within 10 seconds of their walking through the front door.

- Introduce yourself to clients and their children and their pets: ‘Hi, my name is… ’, etc… smiling all the while!

- If you are on the phone, acknowledge the client: smile and nod, or gesture with index finger to indicate ‘one moment’.

- If the phone call is lengthy, interrupt the caller. Establish whether the newly arrived client has an emergency. If not, ask them to take a seat for a minute until you deal with the caller.

- If it is an emergency, notify the caller: ‘I have an emergency; can I get your number so I can call you back?’. Give the priority to the client in the hospital, not the phone unless it is an emergency situation. Then, follow ‘emergency procedures’.

- If you are speaking with client and the phone rings, ask their leave to answer the phone.

- If the interrupting call is going to be lengthy, explain that you are attending to a client; and ask ‘would you mind if I take your number and call you back shortly?’

3.4 Meetings

All staff members are expected to attend meetings whenever possible. This is the forum for raising issues that affect the team.

Communication and interaction is expected to be positive and encouraging as discussed above.

3.4.1 Agenda

There is an agenda sheet on the staff notice board in the staff room. Any issues you wish to raise at the meeting can be noted on the sheet before the morning of the meeting.

On this sheet, you can also note if you need any other members to bring information to the meeting.
3.4.2 Participation

All staff members are expected to participate in the meeting by:

- acknowledging the comments of others
- clarifying or summarising what others have said
- offering suggestions or solutions
- listening when others speak
3.5 Written Communication

All handwriting is to be neat and legible.

3.5.1 Incident reporting

In the filing cabinet of the manager’s office you will find the Incident Report Book.

The required format for reporting an accident involving physical injury to anyone within the clinic, is on the inside front cover. It is important that as much detail as possible is written down as it may be later required for a worker’s compensation or public liability insurance claim.

Keep these things in mind when describing the incident:
- Say exactly what occurred (not what you presume happened).
- Note who or what was present.
- Say only what you saw or heard.
- Detail what you did.
- Don’t presume anything.

3.5.2 Handwriting

If you complete any form or report by hand, ensure that your writing is neat and legible.

3.6 Conflict Resolution

When there is a conflict or an upset between staff members, you are expected to take a problem-solving approach. People who take this approach believe that all parties can be satisfied and that goals don’t need to be incompatible.

A problem-solving approach attempts to integrate each party's goals on the basis that:
- conflict is natural
- conflict can be used to generate creative solutions
- discussions should have trust and openness
- displays of emotion are permitted
- all viewpoints should be discussed
- each party should have equal input in decision-making
- no-one’s needs should be sacrificed to reach a decision
- satisfaction with the process leads to acceptance and follow-up.

You are encouraged to deal with frustration and irritation that arise by being assertive, facing the issue in a calm and sensible manner -- certainly not by ignoring it.

MOST IMPORTANTLY, you are not to discuss an issue beyond the person with whom you are in conflict unless you have attempted a resolution with that person.
If you and the other person have tried all the steps below, and still feel that there is not a resolution, you are to discuss the matter in private with the practice manager.

The practice manager will mediate by working through the following steps with you:

**Step 1**
Define how things are now. This involves analysing the symptoms (the observable behaviour) and causes, as these may point to the underlying problem.

For example, the vet may respond harshly when asked for information about availability to perform a task. This is the symptom, but the underlying cause may be that he/she feels overwhelmed by the number of immediate demands.

So, when defining the way things are, look at the way you and the other person describe the problem, the way you generally interact, and the context in which the conflict happens.

**Step 2**
Define how you need things to be. You should give some thought to this before you open your discussion with the person. Try and think of wording that will not blame other people but is focused on the outcome. For example, don't say something like, 'I want her to be more considerate of my needs.' You could say something like, 'We need to arrange things so that both she and I can use the book conveniently.'

**Step 3**
Tell the other person what your needs are, once you have it clearly in mind how you can raise the topic in a non-threatening way. Ask the person when he or she would have a few moments when you could talk about something that is important to you. Don't try to raise the subject of a conflict in a 'by the way' manner. Getting an agreed time to discuss the matter helps both of you to concentrate only on the matter completely.

**Step 4**
Invite the other person to explain their needs and point-of-view. Encourage them to raise their concerns about difficulties that may arise in trying to change the situation. And, most importantly, use active listening, reflecting their feeling and content before you make any comment or offer suggestions.

Try this at home when having an argument about something. Suggest that both people are not allowed to comment on the other person's idea or point-of-view until you have repeated the other person's point-of-view to their satisfaction. Be warned, it is easier said that done.

But, it is amazing how this slows you down from responding inappropriately. It is also much more difficult for the other person to disregard what you have to say if they know that you understand their point-of-view (even if you don't accept it).

**Step 5**
Evaluate and select a solution. Remember that problem-solving aims to establish a number of different options before evaluating them. The same is the case here.

Once options have been discussed, talk about which ones will work in a practical way.
Step 6
Pick the option you will use. This is self-explanatory. Just say, ‘So we are going to ... ... (whatever you both agree on)’.

Step 7
Decide on How, Who, When, and Where, once you have decided what will be done. Talk about how it has to be done, and then allocate tasks and set a time for the changes to happen.

Step 8
This is the step most often forgotten and which can lead to further conflicts if ignored:

Follow up.

Check how the changes have affected the other person. Sometimes things sound good when discussing them in theory, then when you try them out, it doesn't work as smoothly as you would have hoped. That is okay. By checking with each other, you can identify problems and make other changes.
SECTION 4: OFFICE PROCEDURES

4.1 Hours of Business

Clinic open: 8 am to 6 pm each Monday to Friday and Saturday 8 am to 12 noon.
Consultation times: 8.30 am to 11 am and 3.30 pm to 5.30 pm Monday to Friday and 8.30 am until 11.30 am on Saturdays.
After hours a paging service will direct calls to the duty veterinarian.

4.2 Morning Routine

At the commencement of the day, the first person to enter the clinic must:
- Turn off the alarm
- Switch the phone diversion to ‘off’
- Start the computers
- Make a quick check of the building, looking for signs of a break-in, or animal escape
- Contact the duty veterinarian if you have serious concerns about any of the animals for example, if an animal appears to collapsed in its cage

4.3 Scheduling Appointments

Consultations are to be booked in every 15 minutes during consulting hours. Where two animals are brought in by the same owner for consultation, allow 15 minutes for each animal.

Allocate 1 hour for puppy litter vaccination and microchipping.

Allow half an hour for large animal consultations at the clinic.

Tuesday and Thursday mornings are available for clients requiring grooming services for their animals. Do not book in more than four appointments per morning without consulting the groomer.

Routine desexing operations are carried out from Monday through to Friday. Apart from cat castrations, do not book in any more than three routine desexing surgeries per day without consulting the surgeon on duty.

For routine large animal outcalls such as pregnancy testing, only book in one per morning.

Before booking in animals for boarding, check the availability of kennels. There is space for boarding 10 cats and 10 dogs. Birds and other small pets such as rabbits and guinea pigs may also be boarded but check with kennel staff before booking them in.

We do not agist horses.
4.4 Admission Policies

4.4.1 General

These are things you should do for each admission:

- Ensure adequate restraint of the animal, and provide cat baskets or dog leads as necessary. Leads and cages are kept at the front counter for this purpose.
- Record the admission in a daybook, and write it on the whiteboard and cage card.
- Check vaccination and worming status.
- Remember to record the animal’s weight on each visit!
- Identify the animal. Inadequate identification of animals leads to confusion. Use the colour-coded collars upon which the animal’s details can be recorded.
- Ask about other procedures which owners may also wish to have carried out at the time of surgery. These may include: vaccination, heartworm testing, microchipping, clipping and grooming.
- Ask horse and large-animal owners to unload their animals into the horse yard.

4.4.2 Obtaining client and patient details

Client details include:
- surname and first name and name of partner if married or defacto
- residential and postal address
- regular phone numbers: home, work, mobile
- contact name and number in relation to this procedure

Patient details include:
- name
- breed
- sex
- age
- microchip number
- other comments, e.g. whether aggressive

Note: For old clients don’t forget to check for change of details.
4.4.3 Surgical admissions

Routine surgery implies surgical procedures carried out on healthy animals and normally involving minimal risk to the patients' well-being. These include operations such as:

- desexing (spaying and castration)
- removal of skin tumours
- dew claw removal
- umbilical hernia repair
- dentals

Appointments are usually made in advance for the scheduling of routine surgery.

When the owner and their animal arrive at the clinic, there are certain things that you will need to do:

Retrieve patient record
Then, follow general procedures for getting/checking client details.

Verify pre-operative instructions have been followed
When was the animal last fed?

Weigh animal
Weight is needed to calculate drug doses. Nowadays, many practices have digital scales in their waiting rooms.

Consent forms
A ‘permission for anaesthesia and surgery’ form is to be signed by for each surgery admission.

Ask for other information
Always ask if the owner has any questions or queries before they leave their animals for surgery and whether they require any other procedures for their animals, such as vaccination and microchipping.

Pre-operative veterinary examination
An examination will be conducted by the veterinarian, recording the animal's vital signs, including heart rate, respiratory rate and body temperature.

The veterinary nurse is to assist with this procedure and may need to restrain the animal.

The owner is permitted and invited to be present for the examination.

Identify the animal
Fill out a cage card for animal and write the animal's name, weight and procedure on a red ID collar.

Transfer the patient to ‘hospital’ clipboard on the computer.

Write the details on the whiteboard in treatment room.
4.4.4 Triage-admission of emergencies

The admitting member of staff must make a quick assessment of every case, that is, apply triage.

If the patient is a LIFE-THREATENING EMERGENCY

1. summon a veterinarian and a nurse immediately
2. if possible, weigh the patient
3. move the client(s) and patient into a consultation room

The veterinarian will obtain the case outlines, start any necessary resuscitation or first aid procedures and will determine whether the client wishes to pursue treatment. You are to

4. comfort the client with a kind word, a seat, perhaps a coffee
5. request the client to accompany you for a few minutes so you can obtain their details
   If the client wishes to remain with the pet, write down the details on the Consent for Admission Form, then enter it in the computer immediately you have obtained all necessary details
6. enquire if the client is aware of the payment policy

4.4.5 Boarding admission

Follow general procedure and the following as additional:

- complete boarding admission form
- check for special dietary requirements
- check if any medications are required
- write any special dietary requirements, medications and instructions on the whiteboard
- confirm current vaccination status – all dogs must have a current C5 and cats an F3
- Write animal’s name on white ID collar and fill out cage card

4.4.6 Grooming admission

Follow general procedure and the following as additional:

- complete grooming admission form
- have the client explain how they want the clip and other procedures; check if any medications are required
- enquire about the time of collection
- inform client of costs
• enter details in the computer client history file
• fill out cage card

4.5 Payment Policy

Our payment policy is 'cash only'.

Do not offer accounts or credit without prior arrangement with the practice manager or one of the veterinary partners.

• All clients need to be informed of our payment policy at the time of admission. This must be done in a sensitive manner that does not create the impression we are more interested in the money than the care of their animal. For instance you could say, 'Are you aware of our payment policy?'

• Payment is to be made at the time of consultation, discharge or purchase.

EFTPOS/credit cards and cheques are accepted.

If the owners have no money, discuss with them the alternatives of:

a. proceeding with any basic first aid treatment to alleviate pain and suffering, while they organise payment.

   In this case make sure you get ID and contact details and timeframe for decision (e.g. 2 hours)

 OR

b. If the animal is severely ill or injured, you offer 'humane euthanasia' of the animal.

If client is a regular, check client status (if you don't know):

N normal
V valued
B bad debt
P pensioner

If the client's status is 'B', bad debt, refer the client to the business manager, the managing director, or the veterinarian on call, AND check client's current details.

Do not proceed with offering to do work for the client except for first aid care and/or relief of serious pain for the animal.

If you do elect to proceed with the case, you must inform the client that the prior bad debts must be settled on the next banking day and the current account is to be paid in full before the release of the pet, and that their pet will be held as a 'legal lien' until the account is paid in full.
If the animal is kept in hospital longer than 7 working days after being due for discharge, then it will be released to the RSPCA as an abandoned pet.

### 4.5.1 Credit policy

If the owner mentions difficulty paying in full at discharge, they may apply for credit.

If the owner has a current debt, but makes regular payments, then they may apply for credit by filling out a Credit Application Form.

If the client is a current debtor and has not been making regular payments, refer to the practice manager.

If the client has no current debt, then they may apply for credit by filling out a Credit Application Form.

Do NOT suggest CREDIT for:
- routine work (vaccination, de-sexing)
- amounts less than $100

### 4.5.2 Deposit

A deposit (equivalent to one-third to one-half the estimated account) is required before treatment can begin.

Any exception to this request should be approved by the business manager or hospital director.

### 4.5.3 Informing clients of costs

The client should be given a clear estimate of the cost of the treatment.

For routine work, refer to the fee schedule beside each telephone.

If you are unsure of cost or non-routine work, refer the enquiry to the veterinarian.

A client should always be given a written copy of an estimate of costs and the estimate should be recorded in the patient’s file.

### 4.6 Invoicing

The veterinarian in charge of each case is responsible for ensuring that clients are correctly invoiced for all services carried out on their behalf by the clinic. All invoices must be completed by the time an animal is ready to be discharged.

Over-the-counter sales, where possible, should be attached to the client’s file and the person conducting the sale should ensure that their initials are attached to the invoice record in the computer.

Every client should receive a computer-generated receipt on payment of their invoice.
Accounts are only sent to clients approved by the practice manager.

4.7 Filing of Reports

Details of pathology reports will be attached to the patient’s computer file. The hard copies are stored in a folder in the practice manager’s office.

Radiographs are filed in individual, large yellow envelopes. On the outside of the envelope, write the animal’s name and its file number.

Anaesthetic records are stored in large folders in the practice manager’s office.

Consent forms are stored in a large box in the practice manager’s office.

All facsimiles are to be placed in the addressee’s tray on the reception desk. Once they have been dealt with they should be initialled and filed appropriately or discarded.

4.8 Office Equipment

Manuals of operation are kept in the practice manager’s office. She should be informed of any equipment failures or problems. The practice manager will also organise the routine maintenance of equipment.

4.9 Dispensing Medications – see appendix

All dispensed medicines must have a practice drug label attached to the container. Only the veterinarian on duty can authorise repeat prescriptions of S4 drugs.

4.10 Telephone Messages

All telephone messages will be written in the message book next to the phone. Where possible the receptionist will draw people’s attention to messages left for them, but all staff members should check the book at least once a day for messages.

Please cross out the message once it has been dealt with.

4.11 Security

4.11.1 Locking-up protocol

Before the last person leaves, the veterinarian on duty and/or the rostered staff member, should ensure that:

- floors are cleaned and all equipment stored
- daily takings are locked in the safe
- a float of $50 is left in the till
• all animals are secured in their cages and have water
• all windows are locked
• all external doors are locked
• all taps are turned off including sprinklers
• oxygen cylinders are turned off
• electrical equipment not in use is turned off
• the 'dangerous drugs' cupboard is locked
• phones are diverted to paging system
• lights are turned off
• security lights are on
• all personnel have left the building

and then finally the person should:
• punch in their ID number to arm the security system, and
• lock the front door after leaving
SECTION 5: HOSPITAL PROCEDURES

5.1 Cleaning

All staff are responsible for maintaining the clinic in a tidy and hygienic state. Cleaning is one of the most important tasks in the clinic as it underscores the effective implementation of the principles of aseptic technique.

Attention to detail is often noted by clients and equated with the ability to provide acceptable standards of service.

Your nose is a very sensitive hygiene detector - follow it!

5.1.1 Cleaning equipment

Each of the following areas will have separate cleaning utensils:

- surgery and sterilising rooms
- kennels
- isolation ward
- treatment room, laboratory and radiography
- waiting room, reception and offices

Brooms, mops, buckets and other cleaning equipment are to be labelled and stored in the designated area.

5.1.2 Floors

Floors will be done twice daily and as required during the day:

- sweep sealed surfaces
- vacuum carpeted areas
- replace vacuum cleaner bags when full
- replacement bags are kept in the cleaning room cupboard
- mop floors using the correct concentration

If water is becoming dirty, dispose of and replace with clean water and detergent

- rinse mops after use and leave to dry

Do not leave buckets sitting around.

5.1.3 Surfaces

All examination surfaces are to be wiped over at the end of each consultation or procedure with a disinfectant surface spray.

This includes consulting room and treatment tables, x-ray table, laboratory benches and food preparation areas.

Other surfaces such as the reception desk are to be cleaned at least once per day.
Be careful not to spray directly into electrical sockets as this increases the likelihood of electrocution.

See cleaning instructions in the manuals for computer screens.

5.1.4 Dress /PPE

Wear the appropriate PPE for the situation, ie gloves and apron, overalls and/or rubber boots. Plastic aprons and gloves are in the store room and the consultation and treatment area bench cupboards. Overalls are located in the horse treatment area store cupboard. Rubber boots are located in the broom cupboard and the horse treatment cupboard.

If they cannot be located ask your supervisor or inform the PM.

5.4 Client Visitation

No clients are to visit animals without the veterinarian's permission.

In preparation for a visit:

- ensure the animal is clean
- ensure animal has clean cage and bedding

IMPORTANT: No information regarding the patient is to be relayed to owner without the attending veterinarian's permission!

NOTE: Owners are not allowed to visit animals in the isolation room unless given permission by the attending veterinarian.

5.5 Animal Restraint

Attention to adequate restraint of animals within the clinic is essential to prevent injury to staff, clients, and animals.

No trainee is to handle any animal while unsupervised or without permission from a supervisor.

All aggressive animals are to be approached with caution and preferably only under supervision of the veterinarian.
5.5.1 Cages

If cat clients attend without a cage, offer a plastic or wire cage to protect their cat. If they decline, warn them that dogs may enter the reception area.

On discharge, if clients want a cage, sell a plastic cat box or wire cage. Plastic cat boxes may be lent out, but it is better to encourage the owner to buy one. Boxes not returned immediately after use will be charged to the owner’s account.

We do not hire out wire cages as owners often forget to return them.

When boxes are lent, record it on the client file and inform the client that this charge will remain if the box is not returned within 24 hrs.

5.5.2 Leads and collars

All leads and collars to be returned to owner at time of admission.

Place a hospital ID collar around animal:

- white — boarding
- red — surgery
- blue — medical

If owner insist son leaving collars/leads, put lead and collar in plastic bag, label bag, then place in designated treatment tray beneath whiteboard.

Maintain at least 10 leads on left-hand side of reception counter on hook for use by staff during admission procedure.

5.6 Escape of an Animal

This is a serious situation and obvious gross negligence of staff members in this event may be grounds for dismissal.

Before examining an animal, ensure all exit doors and windows are closed. Where possible, have an assistant and use appropriate restraining devices.

Avoid carrying cats around the clinic in open arms and use a carry cage where possible.

All dogs should be restrained on a leash looped around their necks and not attached to the collars, as dogs can pull their heads through collars.

Ensure all gates to the exercise yard are closed before taking animals into the exercise yard.

Use a halter and lead rope to move horses around the stable complex.
Should an animal escape:
- enlist help immediately
- shut all exit doors and windows if animal is within the building
- inform the veterinarian or practice manager immediately if the animal has escaped from the clinic property
- do not attempt to retrieve the animal on your own unless the animal is in an area where it is readily accessible and can be easily recaptured

5.7 Isolation Treatment and Procedures

Animals that are suspected or are diagnosed with an infectious or zoonotic disease are to be separated from other animals within clinic and housed in the isolation ward.

If an animal comes into the clinic for a consultation and you suspect that the animal may have an infectious disease:
- arrange a special appointment time and inform the veterinarian
- ask them to wait outside or in the car with their animal
- alternatively, admit them through the side entrance into a free consulting room so as to avoid contact with other patients
- avoid handling the animal until it has been examined by the veterinarian
- use disposable gloves and aprons and overalls, if necessary, when handling these patients
- clean contact areas and surfaces with chloramine disinfectant after the animal has been admitted or left the building
- if possible, do not use the consulting room for the rest of the day

5.7.1 Admission into isolation

Once an animal has been admitted to the isolation ward, its details should be put on the board outside the isolation ward.

If not already present, a chloramine foot and hand bath are to be set up outside the door to the isolation ward, to be used by anyone leaving the ward.

Plastic gloves, disposable aprons and rubber boots located at the entrance of the isolation ward are to be used. Do not wear normal shoes into the isolation ward.

There is a separate rubbish bin for the isolation ward and its contents are to be emptied into the yellow biological waste bin.

All necessary medications for each case are to be left in the isolation ward.

After an animal has left isolation, its cage is to be thoroughly disinfected with chloramine disinfectant.

No client is allowed to enter the isolation ward without veterinary permission.
SECTION 6: OHS POLICIES AND PROCEDURES

6.1 Introduction to NEAT Clinic Safety

The NEAT Veterinary Clinic aims to provide a safe workplace environment for staff, clients, patients and visitors.

To assist you in fulfilling your role in maintaining the NEAT workplace as a safe workplace, please make sure that you are familiar with the following:

- fire and evacuation plan
- assessing, reporting and responding to hazards, including correct procedure, appropriate forms and logbooks
- safe animal handling and injury prevention
- safe manual handling and ergonomic practices
- hygiene procedures
- infectious diseases/ zoonoses
- handling and disposal of sharps
- checking electrical equipment and reporting equipment failure
- theft and armed robbery policy

6.1.1 Safety training

New employees joining the staff of the NEAT Veterinary Hospital will be provided with comprehensive safety training covering possible workplace risks.

- All staff are required to participate in fire evacuation drill annually.
- All staff will be provided with ongoing safety training and are required to attend meetings to discuss and review safety issues, work practices and accident reports.
- All staff are required to undertake senior first aid training.
- All staff are to use and wear personal protective equipment necessary for the procedure being undertaken.
- Vaccination against various zoonotic diseases (e.g. against tetanus, hepatitis B, Q fever, Lyssa virus) is available free of charge for staff and all are encouraged to avail themselves of this protection.

6.1.2 Worksafe practices

All employees are responsible for maintaining workplace safety.
If you see something that is potentially dangerous or unsafe, please report it to our practice manager.

Should an accident occur, it is important that policy procedures are followed to prevent any further incidents.

6.2 General Health and Safety in the Workplace

The NEAT veterinary hospital is committed to providing a safe working environment for all staff, clients and animals. All employees are expected to follow the set safety standards that apply to our clinic and adhere to all regulations as set out by the Occupational Health and Safety Act.

The following commonsense rules should be followed by all employees.

- Keep work areas clean at all times. This reduces the chance of injury and also makes the area a safer environment in which to work.
- Follow clinic policy for handling chemicals, read Material Safety Data Sheets first! Use correct personal protective equipment and place hazard signage as appropriate.
- Always wear the appropriate personal protective equipment when doing any hazardous work (such as assisting with x-rays). You will be supplied with the correct equipment as needed, including earplugs for noise reduction.
- Take necessary precautions to prevent the possibility of the spread of infection, particularly in regard to the isolation ward.
- Do not run in the clinic, particularly in wet areas, kennel rooms or operating theatre.
- Have respect for electricity - do not overload any outlet. Never have any electrical wires rolled up (such as extension cords). They may create heat and cause a fire.
- Be aware of boiling water and steam from kettles, coffee machines and equipment such as the autoclave.
- Use appropriate restraining equipment to handle animals, particularly aggressive animals.
- Use correct lifting procedures to lift large animals, heavy or awkward equipment or heavy supplies (use two people if necessary).
- Adjust chairs/equipment to provide maximum support and ease of use, and take regular breaks.

Report ANY injury immediately and record it in the incident book.

6.3 Illness and Disease

For your own and other staff members' safety, it is important to advise the practice manager should you have, or develop a serious medical condition requiring medication (eg, diabetes, asthma, epilepsy or allergies).

If you suspect you may have any illness that has the potential to cause interference with your work or may place another staff member at risk, inform the practice manager, who will implement any necessary precautions.

If something untoward is likely happen to you as a consequence of your illness, other staff will then be able to provide more informed assistance for you.
6.3.1 Communicable diseases

Staff working in a veterinary clinic are in constant contact with zoonotic diseases and biological agents. The NEAT veterinary hospital requires staff to follow clinic policy regarding hygiene, protective equipment, correct disposal of contaminated needles, and dressings.

6.3.2 Universal hygiene precautions

- When giving assistance in an emergency to someone who is bleeding, it is advisable to take protective measures.
- Disposable gloves should be worn if you expect to be in direct contact with blood, contaminated fluids, equipment, clothing or surfaces.
- Disposable gloves are part of the first aid kits, which are located in each section, and are also available from our practice manager.
- First aid kits are located in the staff room and in the cupboard in the horse examination area.
- Eye washes are also located in the X-ray room.

Remember to wash your hands with soap and hot water as soon as possible after contact with blood or other body fluids.

6.3.3 General hygiene

In addition please remember to:

- clean up spills of body fluid (blood, urine, vomit etc.)
- keep rubber gloves separate for each different application
- do not share rubber gloves
- do not share towels or other linen
- tea towels should only be used for drying dishes
- treat your own minor cuts and injuries
- cover all wounds adequately with a suitable dressing; change frequently and dispose of waste responsibly
- dispose of paper tissues in bins with bin liners
- dispose of sanitary products and hygiene materials responsibly in the receptacles provided in the staff toilets
6.4 Injury to Personnel

6.4.1 Incident reporting

All accidents are to be recorded in the incident book. The incident book is available from our practice manager, who will help you record all relevant details. This is extremely important as it also allows management to analyse all factors involved in the hope of preventing similar accidents from occurring.

It is critical that you record all details accurately so that Workers Compensation or insurance can be received if necessary.

The incident should be recorded as soon as possible after the event.

Be careful to recount the facts about what happened and not your interpretation of the event.

Be honest about what you report.

Include the names of witnesses and witness accounts where possible, if applicable.

6.4.2 First aid

In the event of a serious accident (e.g. unconsciousness, head trauma) call for urgent medical assistance.

REMEMBER        D – R – A – B – C

D - Danger. Remain calm and assess the situation for DANGER to yourself, bystanders and the casualty.

R - Response. To determine level of consciousness, check the casualty's response to a shout and a gentle shake of the shoulder.

A - Airways. If unconscious, turn casualty on side. Turn face slightly downwards. Check and clear mouth of obstructions. Open airway with head tilt and jaw support.

B - Breathing. Look, listen and feel for breathing. If not breathing, use mouth-to-mouth or mouth-to-nose ventilation; give 5 breaths within 10 seconds.

C - Circulation. Check carotid pulse; if absent, commence CPR (Cardiopulmonary resuscitation). Place patient flat on back on firm surface; for adult, depress middle of lower half of breastbone 4 to 5 cm. One person: 15 compressions and 2 breaths in 15 seconds (4 cycles per minute). Two persons: 5 compressions and 1 breath in 5 seconds. 12 cycles per minute.
6.5 Drugs, Smoking and Drinking Policy

- The use/supply and purchase of any prohibited substances within the NEAT workplace is **strictly prohibited**.
- The NEAT veterinary hospital is also a **non-smoking environment**. Smoking in any form is strictly prohibited on the premises.
- Smokers will be asked to take **cigarette breaks outside** in the designated area at the rear of the building.
- **No alcohol** is to be consumed on the premises unless you are attending an official function where drinks have been supplied.
- Alcohol may seriously affect an employee's performance and, therefore, **no employee shall consume alcohol during working hours**.
- Being under the influence of alcohol or a prohibited substance in the workplace will be cause for disciplinary action and **may lead to dismissal**.

6.6 Fire Prevention

As an employee of the NEAT Veterinary Hospital, you share a duty to help prevent fire. Always be aware of the danger of fire.

The practice manager will arrange to have the fire extinguishers checked at regular intervals.

**Important points to remember:**

- **No smoking** inside the building.
- Note the position of **all fire extinguishers** in the building.
- Ensure that small fans or single bar heaters are **switched off** when you leave a room.
- When leaving work each day, take the time to check your work area. Turn off lights and any **electrical equipment**.
- **Label and report** any faulty electrical problems to our practice manager.
- **Never** use damaged electrical cords or cables.
- Handle and store chemicals according to **Material Safety Data Sheets**, as some are explosive.

6.6.1 Fire training - Drills

Training sessions will cover the following subjects:

- **Fire prevention**
• Fire and evacuation procedures.
• Use of portable extinguishers, hose reels and fire blankets as appropriate.

A fire drill and/or evacuation exercise should be carried out at least once a year.

The drill need not necessarily be on a large scale. Irrespective of the scope of the drill/exercise it should simulate a fire emergency situation to test the following:

Action taken by staff
Communication system
Existing fire and evacuation procedures

6.6.2 Exits

It is the responsibility of each staff member to ensure that all exits from any point within the hospital building to a place of safety are not restricted in any way.

Should any impediment be noticed in exits or corridors to exits, immediate steps should be taken to clear the exits and prevent a recurrence.

Such inspections should check that all fire fighting equipment is accessible. A floor plan of the veterinary hospital will be displayed in each area of the clinic, showing nearest exit and position of fire extinguishers, hose reels and fire blankets.

NO PERSONS SHOULD ENTER THE HOSPITAL DURING ALARM STATUS

6.6.3 In case of fire

REMEMBER  R - A - C - E

➤ R - REMOVE clients/visitors, patients and fellow staff from any immediate danger.
➤ A - ALARM - alert the fire brigade — dial 000.
  ○ Give:
    Your name, and the name and address of the hospital.
    The exact location of the fire in the hospital and the hospital itself.
    The type of material burning and the extent of the fire.
➤ C - CONTAIN the fire but do not take any unnecessary risks.
➤ E - EXTINGUISH - if trained and it is safe to do so.
6.6.4 Evacuation procedures

There are three types of evacuation:

- outside the affected room
- beyond the fire doors
- to the outside of the hospital

If in doubt - EVACUATE - do not take the slightest risk with human or animal life.

- The decision to evacuate is the responsibility of the person in charge at that time, usually the veterinarian.
- The evacuation assembly areas are the back lawn and the car park. Be familiar with all exits.
- Human lives are the priority
- Animals will only be evacuated if this is considered safe to do so by the person in charge usually the veterinarian or practice manager.
- The patients are most likely to be frightened by the smoke and noise, so will need very careful handling. Security is very important.
- If patients have any visitors present they should NOT be allowed to evacuate the patient. The visitors should be asked to go to the evacuation assembly area.
- Impress on the visitors the importance of staying in the assembly area until everyone who was in the building has been accounted for.
- If it is safe to do so, the person in charge will check all rooms and confined spaces for people/animals seeking refuge.
- The person in charge will also turn off the power, anaesthetic, oxygen and other medical gases but leave the lights on.
- Do not go home.

6.6.5 Important points to remember

If you suspect fire, or smell burning, report it immediately. Never assume that someone else has done so.

- Try to keep calm and act quickly. Remember your drill.
- If you are required to give directions do so calmly and in your normal voice, but be firm.
- Advise the veterinarian/practice manager/senior nurse. Notify the appropriate emergency service and necessary hospital personnel immediately.
- Remove all clients/visitors and patients from the immediate danger.
- Ambulatory patients are to be escorted by a staff member to a safe area. Restraint using leads or carry cages ensures patients can be escorted safely.
Non-ambulatory patients will be carried/assisted to safety or, alternatively, dragged to safety on towels or blankets. The loaded towels are to be grasped and pulled from behind the patient’s head. These patients should be suitably restrained also.

Keep a list of patients and staff to check that all are evacuated.

A member of staff (or visitor) should be appointed to wait at the front driveway to direct emergency services.

Memorise location of the extinguishers.

Where practicable, close doors and windows to confine fire and smoke. A wet blanket may be used at the base of a door to keep smoke contained, eliminate draughts and thus counter the rapid spread of smoke and fire.

Remember: Only the fire brigade can determine whether it is safe to reoccupy the building.

6.7 Theft and Armed Robbery Policy

The NEAT veterinary hospital’s clinic policy for armed hold up/robbery is to ensure the safety of all staff in the event of an armed robbery. To minimise the risks, all cash and accountable drug stock should be kept to a minimum.

Should an armed hold up/robbery occur, all staff members affected will be offered trauma counselling.

6.7.1 Armed hold up

In the event of personal threat/armed hold up/robbery, DO NOT TAKE ANY RISKS.

- Remain calm.
- Retreat if safe to do so.
- Raise the alarm - there is a red emergency button underneath the reception desk which, when activated, will raise the alarm at the police station.
- Comply with all requests - don’t try to be brave.
- Hand over what is requested.
- When possible (without taking any risks) advise the veterinarian or practice manager, who will phone the police, stating urgency and giving details of event
- Should you be the only member of staff present, wait till the robber has gone and then call the police.

Try to remember any identifying features about the assailant.

- If possible, carefully observe any vehicle used by the robber and take note of its registration number, make, colour and direction of travel. Pass this information on to the police.
- Mark off the areas where the robber stood or touched immediately he or she has left. (Nobody should access these areas until the police have checked them for fingerprints and other marks.)
- Observe as much as possible - speech, mannerisms, clothing, scars or any other distinguishing features (such as tattoos). Record these in writing as soon as possible after the hold up without conferring with others present. The police will want individual impressions.
- Ask all witnesses to remain until the police arrive. Explain to them that their view of what happened, however, fleeting could prove vital when pieced together with other evidence.
- If the robber tendered a demand note, leave it untouched for fingerprint examination.
- Mark on the inside of the door frame the height of the robber by watching as he leaves.
- All members of the media are to be excluded from the hospital and the veterinarian is the only person to make a statement.

### 6.7.2 In the case of an obvious break-in

Should you be the first member of staff to arrive at work and notice signs of forced entry **DO NOT ENTER THE BUILDING.** The robber could still be inside.

**DO NOT TAKE ANY RISKS**
- Remain calm.
- Retreat to a safe distance.
- If you have a mobile phone, contact the police.
- If not, ask the nearest neighbour to do so for you, explaining the details.
- Contact the veterinarian and practice manager.
- Once the police have arrived and it is safe to enter the building - check all the hospitalised animals to make sure they are safe.
- Do not touch anything until given the all-clear by police.

### 6.7.3 Petty theft

Any suspected theft of personal property within the clinic should be reported to the PM. Staff are provided with lockers and it is strongly advised that each locker holder buy a secure lock for the door. All valuables should be kept in locked lockers.

Anyone found to be responsible for stealing another's property from the clinic or money from the till or safe will be dismissed.

### 6.8 Equipment Malfunction/Power Failure

Label all faulty electrical equipment.

Unplug the equipment from the power sockets and wind up and tie the lead with some tape. Inform the practice manager as soon as possible.
In the event of power failure or electrical fuse cut out, inform your supervisor, who will either inspect the circuit breaker in the fuse box or phone for the electrician.

Do not use any electrical equipment with frayed or faulty cords and plugs.

6.9 Hazardous Chemicals

6.9.1 Introduction

A substance is a ‘hazardous substance’ if it has the potential through being used at work to harm the health or safety of persons in the workplace and includes substances, which may be produced in the workplace.

To reduce ambiguity, a listing of substances is provided by Worksafe in Lists of Designated Hazardous Substances and for non-listed substances and mixtures, by health effect criteria in Approved Criteria for Classifying Hazardous Substances, available from the Australian Government Publishing Service.

The main objectives of this policy are to:

- minimise the risk of adverse health and safety effects to staff, and the general public from exposure to chemicals in the workplace
- ensure chemicals used at work are provided with Material Safety Data Sheets which conform to the Worksafe Australia Standards
- ensure all staff who are exposed to a chemical, are provided with information and training on the nature of chemical hazards
- ensure storage of chemicals in the workplace complies with legislative requirements (see ‘safety training’)
- ensure that the register and an inventory of all chemicals used in the NEAT veterinary clinic are correctly maintained
- provide control mechanisms to minimise exposure to chemicals
- ensure chemical waste is disposed of in compliance with legislative requirements
- ensure that staff are familiar with emergency practices

6.9.2 Material Safety Data Sheet (MSDS)

The MSDS is a structured document, which provides information about a specific substance for general application.

It describes the identity, health hazards, precautions for use, safe handling, storage and disposal information. An MSDS is required to be available for all hazardous substances that may be used (ie. handled, stored or transported) in the workplace.

This document can be found in the practice manager's office on the bookshelf.

6.9.3 Hazardous chemicals substances

See appendix 3
6.9.4 Dangerous goods

Protective and emergency equipment must be used for handling dangerous goods. You can find these in the following places:

- Emergency equipment for dealing with the prompt clean up of spills and accidents is stored in the emergency equipment cupboard in large animal treatment room. These include: quantities of absorbents, sand and vermiculite, neutralising agents and protective clothing, goggles, gloves, eyewash, masks, breathing apparatus, and first aid kit.

- Hazardous waste containers are located next to the storage cupboard for emergency equipment (purple container for hazardous materials, and yellow container for dangerous sharps).

- Emergency equipment is stored in upright cupboard in large animal treatment room.

6.9.5 Cleaning agents

**Bleaches**

Hazchem code 2X, Dangerous Goods class 8, Poisons schedule 5,
- caution should be exercised when handling these products, e.g. Chloramine
- read labels carefully
- if decanted under veterinary direction, be sure to label correctly
- store in well-ventilated areas
- wear protective clothing while using bleaches, i.e. goggles, gloves, protective footwear

**Detergents**

Defatting agents, used in cleansing of skin and surfaces.
- can cause allergies, e.g. Povidine- iodine scrub.

**Disinfectants**

- some need to be stored away from sunlight, e.g. Chlorhexidine gluconate.
- if decanting under Veterinary direction, be sure to use brown containers, and label correctly
- store in well-ventilated areas
- observe label precautions

**Antiseptics**

- can irritate skin

**Virucidal**

This is used for external obstetrical procedures, cleansing and disinfection of surfaces.
- take care when mixing dry powder to water
IMPORTANT: Never add the water to the powder!

Glutaraldehyde
This is covered in Poisons schedule 6. Some aspects to consider:
- chemically related to formaldehyde (read MSDS)
- avoid contact with skin and wear protective clothing,
- store in original container
- dispose of in contaminated waste container

IMPORTANT: Do not flush this chemical down drains!

Emergency procedures for cleaning agents
1. Spills should be cleaned up immediately, following the MSDS for product precautions.
2. Splashes on skin or in eyes should be flushed copiously with water.
3. If poisoning occurs, contact a doctor or Poisons Information Centre.
4. Burns and scalds should be immersed in water for 15 minutes to reduce the effect of heat.
5. Prevent infection according to first aid training.
6. Minimise shock according to first aid training.
7. If severe or extensive injury, transfer to hospital for medical treatment.
8. Report to clinic manager or veterinarian if unavailable.

6.9.6 Laboratory chemicals

Stains:
- do not store near ignition sources
- do not smoke while handling
- avoid skin contact; handle with gloves and eye protection
- keep containers sealed
- this product will stain skin and clothing

If spilled, absorb with sand, wear type A respirator, goggles and gloves, and place in sealable container.
Ether:
- Not highly toxic but can cause dizziness, headaches and other side effects.
- Highly flammable, fumes are heavier than air and pool in low spots or flow to ignition points.
- Static electricity can ignite the vapours.
- Spilled Ethers can be removed with a sponge and allowed to evaporate in a hood or outside.

Acetone and methylated spirits
- Highly flammable, read MSDS for handling and storage.
- Dangerous Goods class 3, Hazchem code 2, Poisons schedule 5.
- Store in cool, dry place, away from all sources of ignition.
- Incompatible with oxidising agents.
- If poisoning occurs, contact doctor

6.9.7 Compressed gases
The following is a guide for general precautions to follow when handling compressed or liquefied gases.
- Never use a cylinder that cannot be positively identified.
- Handle cylinders carefully to avoid damage to valves.
- Close cylinder valve when not in use.
- Store cylinders in a well ventilated area, away from heat and other ignition sources (approximately 3 metres).
- To prevent being knocked over, cylinders must be secured to the wall by a chain, or secured on a trolley.
- No Smoking signs should be displayed above storage area.
- Know where your fire extinguishers are located close to storage area, and know how to use them.
- Supplier’s telephone number should be readily available for expert advice if required.

6.9.8 Oxygen

Caution: It is extremely important to note that the atmosphere is considered ‘oxygen enriched’ when increased from 21% to 24%. This can cause clothing to burn rapidly instead of slowly smouldering.

Oxygen also tends to absorb on to clothing, and the increased fire hazard persists for an extended period.

Hence, you should follow these procedures:
- Store in treatment room and surgery, chained to the wall.
- Empty cylinders should also be chained to the wall.
- Notify clinic manager which cylinders are empty.
6.9.9 Liquid cryogens and solid carbon dioxide (dry ice)

Some important things to know and do when handling dry ice are:

- Liquid cryogens and dry ice must be stored in well-ventilated areas, never in a cold room
- Cryogens should always be handled when wearing protective gloves, safety glasses, covered footwear and in a well ventilated area
- DO NOT allow the cryogen to contact the body
- Do not dispose of down drains.

6.9.10 Liquid nitrogen

Some important things to know and do when handling liquid nitrogen are:

- Cryogenic liquids produce an effect on the skin similar to a burn and very small amounts of liquid convert to very large amounts of gas.
- Boiling and splashing always occur when charging a warm container or when inserting objects into the liquid. Always perform these operations slowly to minimise boiling and splashing.
- When handling liquefied gases, a supply of cold water should be available nearby with which to wash off any area of the body, which is accidentally splashed.
- Never allow any unprotected part of the body to touch uninsulated vessels containing liquefied gas - the extremely cold material may stick fast and tear the flesh when attempts are made to withdraw from it.
- Use tongs to withdraw objects immersed in the liquid, and take care where you then place both tongs and object. (Note that objects soft and pliable at room temperature usually become very hard and brittle at cryogenic temps).
- Always use liquid nitrogen in a well-ventilated area. Excessive amounts of gaseous nitrogen in the air reduce the oxygen concentration and can cause asphyxiation.
- **Note**: The cloudy vapour appearing when the liquefied gas is exposed to air is condensed moisture; the issuing gas itself is invisible.
- If liquid nitrogen is spilled in a confined area (eg. in a motor vehicle while being transported), vacate the area and ventilate it immediately.
- Never dispose of liquid nitrogen in a confined area, or pour it down the sink.
6.9.11 Heavy metals

Mercury and its derivatives
- are toxic by virtue of the fact that they interfere with or inhibit enzyme systems in the body
- both metallic mercury and mercury compounds can be absorbed by inhalation, ingestion, or contact with the skin
- mercury readily amalgamates with gold, and you should never wear rings or other jewellery when working with it
- either continued chronic exposure or acute exposure can cause poisoning.
- in cases of chronic inhalation exposure, the poisoning symptoms usually disappear when the source of exposure is removed
- complete recovery may take several years
- mercury oxide can react with ammonia, or ethyl alcohol and nitric acid, to form the highly explosive mercuric fulminate, Hg(ONC)₂
- because of the volatility of mercury, spills must be minimised and containers must be stoppered
- complete recovery of mercury from spills is impossible; pools and droplets can be pushed together and collected by suctions into a filtering flask
- DO NOT FLUSH DOWN DRAINS

6.9.12 Radiographic chemicals

Automatic x-ray developer replenisher part A
- (Hazchem code 2x) Corrosive liquid DGC 8, corrosive to eyes; keep eye bath or eyewash station close to where this is used (located....
- Corrosive to skin; itchiness and blistering and death of skin tissue can occur.
- Exposure may lead to permanent damage or scarring.

Automatic x-ray developer replenisher part B
- (Hazchem code2R) This product is an aqueous solution with acetic acid. DGC 8.
- The same precautions of personal protection to be followed as in part A.
- The acetic acid present in this product has a short term exposure limit (STEL). Read MSDS for the correct minimal exposure times.

Automatic x-ray developer replenisher part C
- An aqueous solution of ingredients with Glutaraldehyde.
- Same personal precautions as parts A and B.
- This product is also a sensitiser; exposure, once sensitisation has occurred, may cause asthma, skin rash or inflammation.

Automatic x-ray fixer replenisher part A
- Hazchem code 2X, Dangerous Goods Class 8. Keep eyebath or eye wash station close to where you work (located......
• Ingredients include acetic acid and ammonium thiosulfate.
• This product is irritating to eyes and skin so avoid contact by wearing the appropriate protective clothing.
• (PPE) goggles, gloves, apron, correct footwear.
• Storage and handling
• Read MSDS on handling and protection.
• Observe short term exposure limit (STEL) Read MSDS for minimal exposure times.
• Keep containers closed.
• Store separately from other chemicals.
• Consult dangerous goods laws to clarify your obligations regarding storage of this product.
• Automatic x-ray fixer replenisher part B.
• Hazchem code 2X, Dangerous Goods class 8 Keep eyebath or eye wash station close to where you work (located...)
• An aqueous solution containing aluminium sulfate.
• This product is corrosive to the gastrointestinal tract. Do not swallow.
• Corrosive to the eyes and the skin. Read MSDS for personal protection.
• Observe short term exposure limits.
• (PPE) goggles, gloves, apron, correct footwear.

**Automatic x-ray developer starter**

• Hazchem code 2X, Dangerous Goods class 8. Keep eyebath or eye wash station close to where you work (located.......)
• An aqueous solution containing acetic acid and potassium bromide.
• Read MSDS. This product is irritating to the skin and may be irritating if inhaled.
• Observe the same personal precautions as above.
• (PPE) goggles, gloves, apron, correct footwear and dust or vapour mask if sensitive to vapours.

**Automatic x-ray developer replenisher part A**

• Keep eyebath or eye wash station close to where you work. (located........)
• An aqueous solution which contains potassium sulphite, hydroquinone, borax, potassium hydroxide.
• This product is irritating to the eyes and skin, and if swallowed will cause gastric upset.
• Read MSDS on personal protection.
• (PPE) goggles, gloves, apron, correct footwear.
• Observe short term exposure limits (STEL). Read MSDS for minimal exposure times.

**Automatic x-ray developer replenisher part B**

• (Hazchem code 2R, Dangerous Goods Class 8. Keep eyebath or eye wash station close to where you work (located....)
• An aqueous solution of ingredients containing acetic acid, diethylene glycol, 3-Pyrazolidone, 1-phenyl-1H-Indazole, 5-nitro-
• This product is irritating to the eyes and skin and causes burns and damage to the eyes.
• If swallowed, corrosive to the gastrointestinal tract. (see emergency procedures).
• Observe short term exposure limits (STEL). Read MSDS for minimal exposure times.
• (PPE) goggles, gloves, apron, correct footwear.
Storage and handling of radiographic chemicals

- Stored in darkened cupboard under bench in developing room.
- Read MSDS before handling.
- Keep containers closed. Read labels carefully.
- Always wear protective clothing. (PPE) Gloves, apron, goggles, covered footwear.
- Observe short term exposure limit (STEL). Read MSDS.
- Keep containers closed, read labels carefully.
- Do not store near extreme heat or open flame.
- Make sure substance does not come in contact with strong oxidising agents and other chemicals.
- Store away from bases, zinc, tin, aluminium and their alloys.
- Do not expose to extreme heat or open flame.
- Some of these chemicals are corrosive substances which can cause burns and are harmful if inhaled or swallowed. Some may cause sensitisation by inhalation and skin contact. Vapours from some are heavier than air and may accumulate in sumps and low-lying spaces forming potentially explosive mixture.
- Handle in a well-ventilated area.
- When using, do not eat or drink.
- Keep eyewash or eye wash station close to where you work (located in darkroom).

Disposal of radiographic chemicals

- Do not flush down drains.
- Use contaminated waste disposal containers.

Emergency procedures

- Read MSD Sheets (located in MSDS folder stored in the practice manager's office).
- Note the nature of these products. If swallowed, corrosive to the gastrointestinal tract. Will cause burning to mouth and throat, possibly irreversible problems, even death.
- Eyes: wash out with running water.
- Skin: remove contaminated clothing and promptly wash with soap and running water for at least 15 minutes. Neutralise the corrosive medium as quickly as possible, especially on face and sensitive areas.
- In the event of a major spill; evacuate area and deny entry to unprotected persons.
- Immediately call fire brigade.
- Wear full protective chemically-resistant clothing including face mask, shield, gauntlets and breathing apparatus.
- Absorb leak into sand or vermiculite and prevent run-off from entering drains.
- Collect recoverable product into labelled containers for recycling or salvage and dispose of promptly.

6.9.13 Medicines and therapeutic agents

(See appendix 1 - Poisons schedule)

General emergency procedures - see specific categories for more details

- Avoid the hazardous effects of some drugs or cumulative effect by keeping exposure times to a minimum.
- Wear protective clothing such as elbow-length PVC gloves, cotton overalls, face shield or goggles and washable hat.
Read the labelling details of all drugs and MSDS before handling.

Staff with health problems, skin allergies etc, should talk to the clinic manager to discuss specific drugs they should avoid handling or dispensing.

If poisoning occurs, contact a doctor or Poisons Information Centre. Phone 131126.

**Anaesthetic agents - Poisons schedule 4 and 8**

- Common sense in handling drugs is required by staff.
- If handling gases, ensure the room is well ventilated.
- Read the labelling details of all drugs before handling.
- Ensure there is adequate lighting to clearly read all labelling.
- Store according to labelling.

**Volatile anaesthetic agents - halothane and isoflurane**

- Dispose of drained halothane into old halothane bottle marked 'used' and then in hazardous waste container.
- Spillage of volatile agents - avoid breathing vapour and clean up spills; immediately alert clinics manager or supervisor.

**S8 controlled drugs - e.g. Pethidine and Methadone**

- S8 drugs stored in locked cupboard in treatment room. Keys to be kept with veterinarian or practice manager.
- Vet only dispensing.
- Prescription completed by veterinarian when reordering and on receipt of drugs; fax acknowledgement of receipt back to supplier.
- On receipt of drugs, drug register book must be updated by veterinarian and a record of all quantities dispensed must be made by veterinarian.

**Anabolic steroids**

- Poisons schedule 4.
- Consult product label for relevant safety and first aid directions, and storage details.
- If pregnant, notify the clinic manager and avoid handling these products.
- On receipt of drugs, drug register book must be updated by veterinarian and a record of all quantities dispensed must be made by vet.
- To be kept in locked cupboard. Key kept with clinic manager or veterinarian.

**Hormones**

- Oestrogens and prostaglandins can be absorbed by the skin. Pregnant women and people who suffer from asthma should not handle these drugs.
- In case of accidental spillage on skin, wash with water.
- Should respiratory embarrassment result from accidental inhalation or injection, a rapid acting bronchodilator such as isoprenaline or salbutamol, by inhalation is required. Medical advice should be sought, and the incident reported to clinic manager or veterinarian.

**Cytotoxic drugs**

- Poisons schedule 4
- (PPE) protective clothing should be worn when handling these drugs.
Not to be handled unless instructed by clinic manager or veterinarian.
Disposal: Into hazardous waste container.

**Antimicrobial drugs**
- Poisons schedule 4.
- Stored away from public view.
- Read labels for storage recommendations
- Some may require refrigeration
- These drugs are Veterinary only dispensed.

**6.9.14 Other agents**
- Agents such as creams, lotions, and DMSO that do not come under the above headings.
- Read all relevant labelling.
- Use protective clothing where necessary.
- Consult with clinic Vet or clinic manager if unsure

**DMSO (dimethyl sulfoxide)**
- Avoid breathing vapour.
- Avoid contact with eyes and skin.
- Use protective gloves when handling

**6.9.15 Insecticides**
- Poisons schedule 5.
- Read all relevant labelling.
- Stored out of reach of children.
- Poisonous if absorbed by skin contact, or swallowed. Need to wear protective clothing for some products (see labelling). If splashed, wash off immediately.
- Do not flush down drain.
- Dispose of unused product into hazardous waste bin.
- Avoid contact with food. Wash before eating.

**6.9.16 Parasiticides**
- Poisons schedules 5 and 6.
- Read all labelling and observe handling precautions.
- Use correct protective clothing (PPE).
- Use only in well ventilated area (for rinses and washes).
- Observe storage requirements and refrigeration of some of these drugs.

**6.9.17 Fuels and oils**
- Do not smoke around open containers.
- Store away from extreme heat and open flame.
• Use only in a well-ventilated area outdoors.
• Portable containers for motor fuel: must not dispense fuel unless it is into a leak-proof metal container with a tight fitting closure.
• Motor fuel and oil is located in outside storage shed.

Emergency procedures

**In case of fire**
• call emergency services if necessary
• then locate the nearest fire extinguisher and use as per directions and clinic safety training

**In case of personal injury or explosion**
• call the emergency services
• notify clinic manager or veterinarian

6.10 Waste Management Policy

6.10.1 Hazardous waste

• This includes cytotoxic materials.
• The purple hazardous waste container should be lined with an appropriate plastic liner bag.
• The plastic liner bag will be collected under contract by Mainwaste Ltd every Friday.
• Mainwaste Ltd can be contacted by the clinic manager who has their number on file.

6.10.2 Surgical waste

Place all surgical waste in plastic bags and put into the yellow biological waste container.

6.10.2 Sharps

• These include scalpel blades, needles, glass, catheter stilettles, lo/dose insulin syringes.
• The yellow sharps buckets in the clinic are contracted to be picked up by Mainwaste Ltd when they are full and empty buckets left in their place.
• Mainwaste Ltd call for sharps weekly as per contract.
6.10.3 Recycled paper and bottles

- All discarded sensitive documents (financial reports etc) should be put through the shredder, bagged and placed in the green recycle bin.
- Other paper waste to be placed in the green recycle bin.
- Green recycle bin is to be put out on the kerb every Monday evening for city council pick up and brought back into the clinic on Tuesday morning.
- Recycled glassware and bottles should be placed into the square black plastic basket which goes out beside the paper waste bin for pick up every Monday evening.
- All recycled bottles should be well washed and free of chemical residue before placing in the recycle basket.

6.10.4 Radiographic chemicals

- Radiographic chemicals will be collected under contract by Mainwaste Ltd when notified.
- Mainwaste Ltd can be contacted by the clinic manager who has the number on file.
- Containers of used radiographic chemical are stored in the small shed outside the back door.
- Key to padlock on shed is stored with clinic manager.

6.10.5 Domestic waste

- Animal wastes should be cleaned up promptly.
- Dog and cat manure should be picked up with pooper scoop and placed by kennel person into the septic drum that is buried in the exercise yard (white metal lid near back fence).
- Stable manure and contaminated stable bedding cleaned out daily and placed in manure skip near stables.
- Stable waste skip will be emptied by city council waste truck every Friday.
- City council office number is noted in the clinic managers phone file.

6.10.6 Cadavers

- Small animals are to be wrapped in plastic bags, labelled and deposited in freezer in back store room.
- Small animals to be cremated are wrapped in plastic and labelled with large white tags and placed in the green basket on left side inside freezer.
- Cadavers in the freezer will be picked up every Friday by Mainwaste Ltd as per contract.
- Paperwork relating to cadavers for cremation is filled out and stored with clinic receptionist who will hand it on to Mainwaste Ltd when they call to pick up as per contract.
- Large animal cadavers are to be picked up by Mainwaste Ltd when notified; usually it is within two hours. The clinic manager is to phone them when this contract service is needed.

6.10.7 Garbage collection

- Garbage bins in the clinic should be emptied into the green council garbage wheelie bins that are emptied by council every Monday night.
• Person responsible for cleaning should put the green wheelie bin out on the kerb on Monday at the end of the day, and bring it back on Tuesday morning.
• Council wheelie bin is located at the back door to the clinic.
Appendix 1

Appendix 1.1 The poisons list

NSW HEALTH
PHARMACEUTICAL SERVICES BRANCH
GUIDE TO POISONS AND THERAPEUTIC GOODS LEGISLATION
FOR VETERINARY SURGEONS

This guide is a summary only. For complete details, reference should be made to the Poisons and Therapeutic Goods Act 1966 and the Poisons and Therapeutic Goods Regulation 2002 (obtainable from the NSW Government Information Service Bookshop at the Goodsell Building, 55 Hunter St., Sydney, Phone (02) 9238 0950, Fax (02) 9228 7227).

Further information may be obtained from the Duty Pharmaceutical Adviser, Pharmaceutical Services Branch, NSW Department of Health, P.O. Box 103, Gladesville, 1675. Phone: (02) 9879 3214. Fax: (02) 9859 5165.

THE POISONS LIST
The Poisons List is the list of substances to which the Poisons and Therapeutic Goods Act and Regulation apply. It consists of eight schedules (schedule 1 is empty, so reference to it has been omitted), according to a pattern which is uniform in most respects throughout Australia, as follows:

Schedule 2
Substances which are dangerous to life if misused or carelessly handled, but which should be available to the public for therapeutic use or other purposes without undue restriction.
May be supplied only by medical practitioners, authorised nurse practitioners, pharmacists, dentists, veterinary surgeons or persons licensed to sell poisons.

Schedule 3
Substances which are for therapeutic use and:
(i) about which personal advice may be required by the purchaser in respect of their dosage, frequency of administration and general toxicity;
(ii) with which excessive unsupervised medication is unlikely; or
(iii) which may be required for use urgently so that their supply only on the prescription of a medical practitioner or veterinary surgeon would be likely to cause hardship.

Schedule three substances may be supplied only by medical practitioners, authorised nurse practitioners, pharmacists, dentists or veterinary surgeons. Where such substances are supplied by a pharmacist, they must be personally handed to the patient by the pharmacist. Additional conditions may apply. Similarly, a veterinary surgeon should be personally and directly involved in the supply of any Schedule 3 preparation.
Schedule 4 (restricted substances)
Substances which in the public interest should be supplied only by a medical practitioner, authorised nurse practitioner, dentist or veterinary surgeon, or by a pharmacist on the written prescription of a medical practitioner, authorised nurse practitioner, dentist or veterinary surgeon.

Schedule 5
Poisonous substances of a dangerous nature commonly used for domestic purposes which should be readily available to the public but which require caution in their handling, use and storage.

Schedule 6
Substances which should be readily available to the public for agricultural, pastoral, horticultural, veterinary, photographic or industrial purposes or pest destruction.

Schedule 7
Substances of exceptional danger which require special precautions in their manufacture or use.

Schedule 8 (drugs of addiction)
Substances which are addiction-producing or potentially addiction-producing. Possession, supply, prescribing and use are strictly limited.

Provision is also made for substances to be rigidly controlled by subjecting their use or supply to special authority.

Schedule classification
Preparations classified as restricted substances (S4) or drugs of addiction (S8) are available for animal use on veterinary authority only, regardless of whether or not they are registered as stock medicines (An exception to this exists in the case of the emergency supply by pharmacists under strict conditions of benzylpenicillin, including procaine penicillin, in preparations for intramuscular use in animals). Reference to the label of a product will usually indicate the poisons schedule classification applicable to that product. For example, the label on an S4 drug is headed PRESCRIPTION ONLY MEDICINE or PRESCRIPTION ANIMAL REMEDY and on an S8 drug, CONTROLLED DRUG, while S2 or S3 medicines are labelled PHARMACY MEDICINE or PHARMACIST ONLY MEDICINE respectively.

Injectable steroids (anabolic/androgenic steroids)

An Order under the Stock Medicines Act 1989 imposes controls on the supply, use, prescription and recording of these drugs additional to those applying under the Poisons and Therapeutic Goods Act. A summary of these controls is set out below, but any clarification necessary should be directed to the Department of Agriculture, Locked Bag 21, Orange NSW 2800 or tel (02) 6391 3722, fax (02) 6391 3740.

• All injectable anabolic/androgenic steroids must be kept in a locked receptacle, e.g. cupboard, case, vehicle, when not in immediate use.
• Veterinary surgeons are not permitted to supply injectable anabolic/androgenic steroids, except to another veterinary surgeon or to return them to the supplier. An exception exists for the supply of ‘sheep testosterone products’. In this case, veterinary surgeons may supply the product when they know the purchaser and know that the purchaser owns sheep which require treatment. Veterinary surgeons may supply sufficient product for a single course of treatment of the affected sheep.
• A veterinary surgeon may not prescribe injectable anabolic/androgenic steroids.
• Animals requiring treatment with an injectable anabolic/androgenic steroid must be injected by the veterinary surgeon personally or by a person acting under the direct personal supervision of the veterinary surgeon supplying the product.

• Records must be made and kept of all quantities received and used in detail similar to that required for drugs of addiction as set out further on in this Guide, the form of the records being at the veterinary surgeon’s discretion, provided the records can be readily presented in a consolidated form when required. In the case of the supply of sheep testosterone products, the record must also include batch numbers of the products. Records must be made within 24 hours of the receipt or use of the product and kept for at least two years.

• Any loss or theft of more than 50mL of injectable anabolic/androgenic steroid during any 28 day period must be reported to the Department of Agriculture within 24 hours of discovery. However, any loss or theft must be reported immediately to the Department of Health (tel. 02 9879 3214) and, in the case of robbery, to the local police.

Prescriptions
A veterinary surgeon may write a prescription for a restricted substance or a drug of addiction for veterinary treatment only and must endorse all such prescriptions with the words FOR ANIMAL TREATMENT ONLY.

A veterinary surgeon must not issue a prescription for or supply any poison, restricted substance or drug of addiction in a quantity, or for a purpose, that does not accord with the recognised therapeutic standard of what is appropriate in the circumstances.

Each prescription is valid for 12 months from the date written, with the exception of prescriptions for those restricted substances specified in Appendix D to the Regulation (S4D) and drugs of addiction (S8), which are valid for 6 months only.

The prescription must bear the name, address and telephone number of the veterinary surgeon (may be pre-printed), and must include in ink in the veterinary surgeon’s legible handwriting, unless otherwise approved (e.g. computer-generated in accordance with set criteria, a copy of which is available from the Pharmaceutical Services Branch - See ‘Further Information’ on the last page of this Guide), the following particulars:-

(i) the date on which it was written;

(ii) the name and address of the animal’s owner, and the species of animal;

(iii) the name, quantity and strength of the restricted substance or drug of addiction to be dispensed (in the case of a drug of addiction, the quantity must be written in both words and figures);

(iv) adequate directions for use;

(v) the number of repeats, if the prescription is to be dispensed more than once;

(vi) in the case of a prescription for a drug of addiction, an anabolic/androgenic steroideal agent or amylobarbitone or pentobarbitone injection which is directed to be dispensed more than once, the time interval between repeat dispensings; and

(vii) the signature of the veterinary surgeon.

All details other than (i) and (ii) on a computer-generated prescription for a drug of addiction must also be handwritten by the veterinary surgeon.

In the case of a drug of addiction, no other item may be written on the same form (including no other preparation containing a drug of addiction).

A veterinary surgeon may not issue a prescription for, or supply, the following drugs of addiction -

- amphetamine
- dexamphetamine
- methylamphetamine
• phendimetrazine
• phenmetrazine

A veterinary surgeon may not issue a prescription for the drug of addiction methylphenidate (Ritalin, Ritalin LA, Attenta) in either tablet or injectable form, although they may supply the tablet form directly to an animal owner for administration to the animal or they may personally administer it to the animal. (Such supply of the substance must be recorded in the treatment record for the animal and in the practice’s drugs of addiction register).

Where, in the case of an emergency, a veterinary surgeon either by telephone, electronic mail or facsimile, authorises a pharmacist to supply a restricted substance or drug of addiction, a prescription must be written forthwith and forwarded within 24 hours to the pharmacist in confirmation of the earlier instruction. (Note: A facsimile or electronic mail message still has to be followed up by a written prescription).

Prescriptions must be written as set out above. In no circumstances are slips of paper bearing only the product name acceptable as prescriptions.

Prescribing records
Each time a veterinary surgeon writes a prescription for (or supplies) an Appendix D drug (see below) or a drug of addiction he or she must make a record, eg. on a treatment card, of:
• the date of the prescription or supply
• the name and address of the animal’s owner and the species of animal,
• the drug name, strength and quantity,
• the number of repeats (if any) and, in the case of an anabolic/androgenic steroidal agent, amylobarbitone or pentobarbitone injection and drugs of addiction, the repeat intervals
• the directions for use shown on the prescription or label.

Appendix D includes such Schedule 4 substances as:
• anabolic and androgenic steroidal agents
• benzodiazepines such as diazepam
• ketamine

Note: The oral forms of the short-acting barbiturates such as amylobarbitone and pentobarbitone which were in Appendix D are now in Schedule 8 as is flunitrazepam. Amylobarbitone and pentobarbitone injections remain in Schedule 4 (Appendix D) as do all forms of phenobarbitone and methylphenobarbitone.

A list of Appendix D substances (TG14) is available from the Pharmaceutical Services Branch (see last page of this Guide).

Note: Unauthorised possession of an Appendix D drug is an offence. Furthermore, if any Appendix D drug is lost or stolen, the veterinary surgeon must immediately notify the Department of Health (tel. (02) 9879 3214) and, in the case of robbery, the local police.

Supply or sale of animal medicines
A veterinary surgeon may supply scheduled substances for use in the course of animal treatment ONLY.

A veterinary surgeon must not prescribe or supply any poison, restricted substance or drug of addiction in a quantity, or for a purpose, that does not accord with the recognised therapeutic standard of what is appropriate in the circumstances.
Labelling

When a veterinary surgeon supplies a restricted substance (S4) or a drug of addiction (S8) to an animal owner, whether in the manufacturer's original pack or repacked into another container, the veterinary surgeon must label the primary container, e.g. bottle or carton, with the following details:

- the words KEEP OUT OF REACH OF CHILDREN in red on a white background
- the name of the animal's owner and the species of animal
- adequate directions for use (should be explicit - people tend to forget verbal directions)
- the name and address of the veterinary surgeon
- in respect of a preparation for external use the word POISON or the words FOR EXTERNAL USE in red on a white background
- the name of the preparation unless it is a preparation compounded in accordance with the veterinary surgeon's own formula.

Packaging

In most cases, the preparation would be expected to be supplied in its original container. Where the veterinary surgeon wishes to supply a smaller quantity and has to repack it into another container, this container should:

- be sufficiently strong to prevent leakage arising from the ordinary risks of handling, storage or transport; and
- be securely closed and be capable of being reclosed (other than a preparation packed for use on one occasion only).

Containers such as paper envelopes cannot meet these parameters and should not be used. A poison or restricted substance in liquid form intended for external animal use should be supplied in a container which has the outer surface embossed with the word POISON or the words NOT TO BE TAKEN, as well as, in the case of bottles, prominent vertical ribs or other such device as will render it distinguishable by touch from other containers ordinarily used for foods, internal medicines etc.

THE USE OF CLEAR GLASS UNMARKED MEDICINE BOTTLES FOR POISONOUS PREPARATIONS INTENDED FOR EXTERNAL USE IS HAZARDOUS AND UNLAWFUL.

Veterinary surgeons must keep in mind that once a product leaves the veterinary surgery, even though it may be intended for animal use, there is always the possibility of accidental human ingestion, hence the need for appropriate packaging and labelling, including the use of child-resistant closures where indicated.

It should be noted that a restricted substance for animal use may be supplied or used only by the veterinary surgeon personally or by an assistant working under their direct personal supervision. A similar level of supervision should be applied to the supply of Schedule 2 or 3 preparations. It is illegal for an unregistered assistant to supply such an item in the absence of the veterinary surgeon, with or without their consent.

Records of supply

Note: Refer to the DRUGS OF ADDICTION section regarding special requirements for drugs of addiction.

Every time a veterinary surgeon supplies a restricted substance in a quantity sufficient for more than 3 days' treatment he or she must make a record (eg. on a treatment card) of the supply, showing:

- the date on which it was supplied
- the name, strength and quantity of the substance supplied
- the name and address of the animal's owner, and the species of animal.

This record must be retained at the surgery for two years and be made available for inspection if required.
Pesticides

Pesticides are registered under the Pesticides Act 1999, but must also be packaged and labelled in accordance with the Poisons and Therapeutic Goods Regulation 2002. They may be classified in Schedule 5, 6 or 7 of the Poisons List (or be unscheduled) and are subject to differing requirements depending upon the Schedule applicable to the product.

Schedule 5 and 6 pesticides

Substances in these schedules which are registered pesticides must be supplied in a container bearing a label which complies with the full labelling requirements of the Poisons and Therapeutic Goods Regulation and the Pesticides Act and which is registered as a pesticide. Veterinary surgeons may only recommend the use of a pesticide in accordance with the directions on the label and may not legally repackage or relabel a registered product. Contact the Environment Protection Authority for further detail.

Schedule 7 pesticides

Pesticides in this schedule are extremely toxic, having an acute oral LD50 ranging from 4 or 5mg/kg to 40 or 50mg/kg. They must be stored in a room or enclosure to which the public does not have access.

Apart from the supply of pesticides included in Schedule 7 in the manufacturer's original pack there would be very few instances where a veterinary surgeon could supply such a pesticide legally under the Poisons and Therapeutic Goods Act. In particular, it is an offence under this Act to repack and supply small bottles e.g., 50mL or 100mL of any Schedule 7 pesticide for any purpose, let alone any prohibition provided by pesticides legislation. It is clear that these substances are far too toxic for domestic use, the regulations being designed to deter such use while still making them available for commercial purposes. Aside from, and of more importance than, the legal aspects is the very real hazard to the repacker and the client or a child from such toxic chemicals.

Schedule 7 poisons include such substances as chlorfenvinphos, ethion and parathion.

Storage and disposal of poisons and restricted substances

Substances specified in Schedule 3, 4 and 7 of the Poisons List are to be stored in a part of the premises to which the public does not have access; for example, in a cupboard or drawer in the surgery or in a storeroom, not the waiting room.

Schedule 6 poisons, excluding those packed and labelled for internal use in animals, are required to be stored either:

- in a place to which the public does not have access, for example, a storeroom
- at least 1.2m above the floor (out of the reach of young children).

This requirement does not apply to those preparations which are packed in containers of 5 litres (or 5 kilograms) or more, or to those preparations which are packed in containers with child-resistant closures.

It is an offence to dispose of any poison or restricted substance in any place or manner likely to constitute a risk to the public. Inquiries about safe disposal may be made to the Pharmaceutical Services Branch, NSW Department of Health on (02) 9879 3214.
Drugs of addiction (schedule 8 drugs)

Procurement
A veterinary surgeon must issue a signed order before they can be supplied with a drug of addiction. The signed order is cancelled and retained by the supplier. If a drug of addiction is ordered by telephone the signed order must be forwarded to the supplier within 24 hours.

Storage
Drugs of addiction must be stored apart from all other goods in a separate room, safe, cupboard, or drawer which is securely fixed to the premises and kept locked when not in immediate use. The intention is that this room, safe, drawer or cupboard should be opened only to obtain drugs of addiction. The above requirements do not apply to emergency supplies kept in a bag in a room or vehicle which is locked when not occupied by the veterinary surgeon.

If a drug of addiction becomes unwanted or is out of date, it may be destroyed only under the supervision of a member of the police force or an authorised officer of the Department of Health (phone Pharmaceutical Services Branch on (02) 9879 3214).

If any drug of addiction is lost or stolen, the veterinary surgeon must immediately notify the Duty Pharmaceutical Adviser, Pharmaceutical Services Branch, on (02) 9879 3214 and, in the case of robbery, a police officer, and enter the relevant details in the drug register.

Records
A veterinary surgeon who uses or obtains any drug of addiction must keep a separate register in which are to be entered in ink the details of each receipt, supply or use. No alteration may be made in the register, but any mistake may be corrected by a marginal note or footnote, initialled and dated. The register must be kept on the premises on which the drugs of addiction are stored and must be retained for a period of two years from the date of the last entry and made available for inspection if required. Entries are to be made on the day of receipt, supply or use, a separate page being used for each kind of drug and each strength of drug. Details required to be entered in the drug register are:

(i) the date of the entry
(ii) the name and address of the supplier (in the case of receipt), or the name and address of the animal’s owner and the species of animal (in the case of administration or supply)
(iii) the quantity received, supplied or used and the balance held after the transaction
(iv) the name of the veterinary surgeon authorising the supply or use
(v) the signature of the actual supplier or user
((iv) and (v) would, in most cases, be the same person).

A Register of Drugs of Addiction can be purchased from most veterinary or pharmaceutical wholesalers or from the NSW Government Printing Service, PO Box 256, Regents Park 2143, Phone (02) 9743 8777, Fax. (02) 9743 8603. Alternatively, an exercise book in which the pages are numbered consecutively and which has columns ruled as shown below, could be used. Each preparation of a drug of addiction and each strength must be on a separate page.
Stock checks

Twice a year, during March and September, veterinary surgeons must carry out a full stock check of all drugs of addiction in their possession. Immediately under the last entry for each drug they should write the date on which the check was made, the words 'Balance on hand', and the quantity actually held, and should sign the entry. Any person who assumes control of a practice for one month or more should immediately perform a similar check irrespective of the time of year.

Out-of-date stock

It is illegal under the Poisons and Therapeutic Goods Act to supply any medicine, whether on prescription or over-the-counter, including those for veterinary use, after the expiry date shown on the label. There are no exceptions to this requirement, including giving them away or selling at 'special' prices, even if the customer is advised beforehand that the goods have passed their expiry date.

FURTHER INFORMATION

The following brochures may be obtained from the Duty Pharmaceutical Adviser, Pharmaceutical Services Branch, NSW Department of Health, PO Box 103 Gladesville 1675. Phone: (02) 9879 3214. Fax: (02) 9859 5165 or at the Branch’s website-

List of Schedule 8 Drugs (drugs of addiction) TG 13
List of Appendix D Drugs (Schedule 4 Appendix D) TG 14
Criteria for issuing Non-Handwritten Prescriptions TG 184
Appendix 2 - Labelling

Appendix 2.1 Workplace labels - legal requirements

Labels often represent the first source of information about chemicals in the workplace with more comprehensive information available from the MSDS (ie. if the contents are a hazardous substance).

The labelling of substances used in the workplace is described in the National Code of Practice for the Labelling of Workplace Substances.

With exceptions and some additions, workplace labels are required for containers for:

- hazardous substances decanted and not consumed immediately (though the label need only have the product name and risk and safety phrases)
- articles (and substances) which can produce hazardous substances during use (eg. welding rods)
- containers not cleaned (until no longer containing the hazardous substances).

Workplace labelling is not required for specified products including registered agricultural and veterinary products, certain activities, transported or in transit, decanted if for immediate use (i.e., substances consumed immediately leaving the container empty), or imported if in transit before possession by the importer, consumer packages used by retailers and operators of warehouses under specified terms.

Appendix 2.2 Label specifications

All scheduled poisons must be labelled according to the following criteria if they are transferred to any other container, for example, when you put antibiotic tablets into bags or bottles for owners to take home for their pets.

Employers are responsible for ensuring that ALL containers of hazardous substances found in the workplace are properly labelled.

Labels should be:

- clear and easily read
- in English
- non-fading
- visible on outside of container(s)
- adhesive to outside of container(s)
- removed if the container(s) are clean and empty

The label must have the following details:

- the words KEEP OUT OF REACH OF CHILDREN in red on a white background,
- name of the animal’s owner and the species of animal
- the substance and the quantity dispensed
- adequate directions for use (these should be explicit as people tend to forget verbal directions)
- name and address of the veterinary surgeon
• in respect of a medicine for external use the word POISON in red
• OHS requirements
• date of dispensing

Preparations classified as restricted substances or drugs of addiction are available for animal use on veterinary authority only regardless of whether or not they are registered as stock medicines.

Reference to the label of a product will usually indicate the poisons schedule classification applicable to that product.
Appendix 3-Storage and handling of dangerous goods

Guide for the storage and handling of dangerous goods

Appendix 3.1

There are nine classes of dangerous goods:

- Class 1 - Explosives
- Class 2 - Gases (flammable, compressed/non-toxic, poisonous)
- Class 3 - Flammable liquids
- Class 4 - Flammable solids
- Class 5 - Oxidisers and organic peroxides
- Class 6 - Toxic substances
- Class 7 - Radioactive substances
- Class 8 - Corrosive substances
- Class 9 - Miscellaneous dangerous goods

It is possible for substances to display more than one characteristic; therefore these substances will display more than one class label. In those circumstances, the substance will have a full primary class label and a subsidiary label that is less prominent than the primary.

To further assist with the identification of dangerous goods and their particular hazards, those of classes 3, 4, 5, 6 and 8 are assigned to a packing group, which represents the 'level of danger' to persons exposed.

Packing Groups:

- I = Great danger
- II = Medium danger
- III = Minor danger

Appendix 3.2

The nine classes of dangerous goods

**Class 1  Explosives**

**Class 2  Gases**

Class 2.1  Flammable gases

- e.g.) gunpowder, gelignite, fireworks, fuses, detonators
- e.g.) air, argon, liquid oxygen
- e.g.) acetylene, LPG

Class 2.2  Non-flammable, non-toxic gases

Class 2.3  Poison gases
Class 3 Flammable liquids

Class 4

Class 4.1 Flammable solids
  e.g.) nitrogen dioxide, chlorine, anhydrous ammonia, methyl bromide
  e.g.) petrol, kerosene, paint thinners
  e.g.) sulphur, nitrocellulose, picric acid

Class 4.4 Dangerous when wet

Class 5

Class 5.1 Oxidising substances

Class 5.2 Organic peroxide
  e.g.) calcium carbide
  e.g.) calcium hypochlorite - swimming pool 'dry chlorine'; hydrogen peroxide
  e.g.) dibenzoyl peroxide, methyl ethyl ketone peroxide

Class 6 Poisons

Class 6.1(a) Toxic substances

Class 6.1(b) Harmful substances

Class 7 Radioactive substances
  e.g.) sodium cyanide, arsenic trioxide
  e.g.) lead acetate dichloromethane
  The Environment Protection Authority controls these substances.

Class 8 Corrosives

Class 9 Miscellaneous
  e.g.) hydrochloric acid, sodium hydroxide
  e.g.) These substances do not have to be licensed.
Appendix 4 Code of Ethics for Veterinarians

4.1 Introduction

The laws that govern veterinary surgeons are the base level on which professional conduct is built. However, professional conduct includes more than law.

It is also based on decisions about what is right and what is wrong and establishing ideals and standards.

In other words, it includes ethics and morality.

Many organisations have a professional code of practice to set out the desirable standards of behaviour for their members. It covers such things as:

- honesty
- reliability
- responsibility
- dress codes
- attitudes towards workmates and clients
- attitudes towards work
- attitudes towards other members of the same profession

An example of one of these codes is the Australian Veterinary Association’s Code of Ethics for Veterinarians. Have a look at this code and then think about a code for yourself as a veterinary nurse.

The Code of Ethics produced by the Australian Veterinary Association (AVA) is intended to ensure that professional credibility is maintained by giving guidelines for acceptable professional behaviour.

The Code of Ethics relates not only to professional relationships but also to professional activities. This includes things like advertising, merchandising, dispensing of drugs, provision of after-hours services and confidentiality.

The following points illustrate some of the content of the AVA Code of Ethics.

4.2 Responsibilities to their colleagues

1. Veterinarians have an obligation to their colleagues individually and to the profession as a whole to conduct themselves at all times in a manner befitting the profession.

2. Veterinarians should not speak or write disparagingly about a fellow member of the profession to a third party.

3. Employees should seek assistance whenever they find themselves at the limit of their own experience and knowledge.

4. Employers should encourage formal and informal discussions on clinical cases and client expectations.
4.3 Responsibilities to their clients

1. All veterinarians must respect the right of the client to choose and, if desired, to change veterinary practitioner.

2. In regard to communication with the client, it is unethical to commence treatment on an animal until the veterinarian has discussed the likely outcome (or prognosis) with the owner.

3. Cost of treatments and procedures should be estimated and alternative treatments or procedures outlined where possible.

4. Permission by the owner to carry out the agreed treatment or procedures must be obtained unless the situation is urgent and the owner cannot be contacted.

4.4 Responsibilities to their staff

1. A veterinarian responsible for the professional supervision of veterinary nurses and other lay staff must ensure that they carry out their duties in such a way as to avoid damaging relationships within the profession, or between the profession and the public.

2. The relationship between veterinarians, veterinary nurses and other lay staff should induce and maintain mutual respect, trust and co-operation.

4.5 Responsibilities to their profession

1. Collaboration (referral, conferral, second opinion) between veterinarians should be encouraged and conducted in a manner befitting professional people.

2. Veterinarians must not allow their professional judgement, integrity, discretion or conduct to be prejudiced by the direction or control of a lay person in any matter requiring the application of professional knowledge or skill.

3. Veterinarians must not aid or engage in veterinary practices conducted by an unregistered person, nor allow their names or qualifications to be used for such purpose.

4. Unqualified employees must not be permitted to attend a case for the purpose of diagnosis or treatment. They may give minor medical or surgical treatment under the direct supervision of a veterinarian.

5. It is unethical to be aware of illegal practice and not notify the appropriate authority.

Veterinarians should ensure that veterinary nurses and other lay staff:
- do not undertake anything in relation to veterinary work except under direct supervision
- maintain a high standard of nursing care, personal conduct and attitude
• treat as confidential (and refrain from divulging) any information acquired during the course of employment
• give, in an emergency, first aid to any animal for the purpose of saving life.