December 2020
Issue 53

Veterinary Practitioners Board

BoardTalk

President's Report

It is amazing the way that something like COVID-19, and the fundamental changes it has (and continues to) wrought on our society at large, and our profession more specifically, has completely upended many of the ways we do things.

The Veterinary Practitioners Board has been no different, but I am proud to say that, despite the changes in the nature of meetings and some shift in priorities, the essential work of the Board in regulating the veterinary profession in New South Wales has proceeded as efficiently and empathetically as usual.

The pandemic has also had the effect of forcing a review of some aspects of the process of continuing education. Veterinarians in NSW have led the country in the formal acceptance and use of continuing education to maintain standards of practice, and it is only appropriate that the system evolve as new data and circumstance come to hand.

In a sign of the times we held our Annual General Meeting (AGM) virtually this year on Monday evening 16 November. As in recent years, in addition to the standard discussions on activities of the Board, finances of the Board and fees there were presentations on complaint investigations and the demographics of the profession. All these materials are available from our website under the News section AGM.

It has been a very difficult year for many due to bushfires and the pandemic and I do hope you manage to spend some time with loved ones during the holiday season.

On behalf of all Board members and staff I wish you a very merry Christmas and a happy and safe New Year.

Registration and licence applications

A recent amendment to the *Veterinary Practice Act 2003* (sch 4, cl 19) has meant that electronic applications for registration and hospital licences may now be accepted.

Forms available on the Board's website have been updated to assist this process.

Inside this issue

Annual General Meeting

The *Veterinary Practice Act 2003* requires that the Board hold an Annual General Meeting (AGM) of the veterinary profession.

The AGM was a virtual event this year due to the pandemic and 25 people attended.

The agenda for the meeting, report of activities of the Board, audited financial statements, complaint presentation and demographic profile of the profession for 2020 are available from the News section of the Board's website.

Given the current financial environment the Board did not propose an increase in fees payable or remuneration to Board members for 2021.

The Annual Report 2020 is available from the Resources section of the Board's website.

Changes to the number of veterinarians in NSW

Over the last 5 years the total number of veterinarians in NSW has increased from 3,449 to 4,058 (approximately 1.6% per annum increase). Changes to the number of veterinarians result from new (+) registrations, removals (-) from the Register, and restoration (+) of previously registered veterinarians to the Register.

The average number of new registrations (273) and the average number of removals from the Register (269) each year for over the last 5 years suggest that the change in numbers is mostly due to the average number of restorations each year (110).

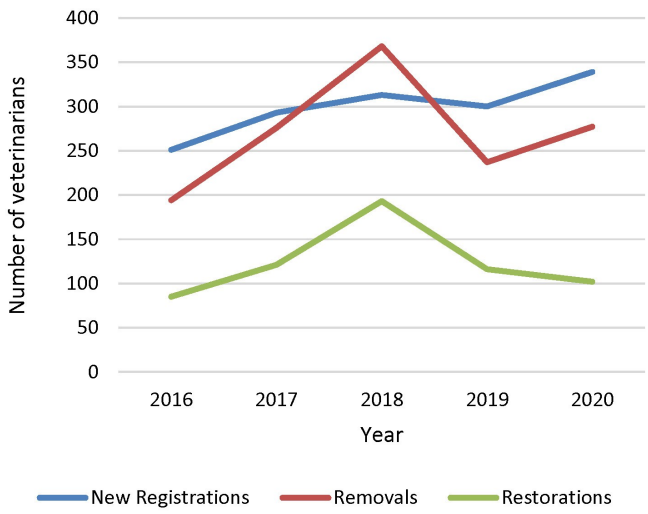
Figure 1 below shows that restorations (green) typically represent around 45% of removals (red) although in 2020 this percentage fell (possibly due to COVID 19).

During 2020, of those who voluntarily removed themselves from the Register (98) and provided a reason, approximately 29% moved interstate, 19% moved overseas, 27% retired and 12% left the profession. Sadly, a further 7% died.

In addition, approximately 8% of registrants are retired or not currently working in a veterinary field.

Unfortunately the Board does not collect data in relation to work hours hence the number of registrants does not necessarily reflect changes in full time equivalent veterinarians. Workforce data from the Australian Veterinary Association suggests that around 27% of veterinarians are likely to be working part time (25% of males and 28% of females).

Figure 1 Changes to the Register 2016-2020



Registration statistics

As at 30 June 2020 there were 4,058 registered veterinarians in NSW:

1. 3,502 (86%) with full (general) registration
2. 170 (4%) with specialist registration
3. 363 (9%) with honorary registration
4. 22 (1%) with limited registration.

This is an increase of 264 (7%) registrants compared to 2019.

Approximately 75% of veterinarians work in general or specialist practice. Of these the distribution is 70% small animal, 20% mixed animal, and 10% large animal practice.

Where are the vets?

Whilst there were 4,058 registered veterinarians in NSW only 2,900 work in clinical type practice as defined as general practice or specialist practice. The majority (62%) work in major cities and a similar percentage work in general small animal practice. The distribution of veterinarians in clinical type practice by region is presented in Figure 2.

In 2020, 60% of registrants were female and the distribution of veterinarians in clinical type practice by gender and region is provided in Figure 3.

Figure 2 Veterinarians (%) by location and type of practice

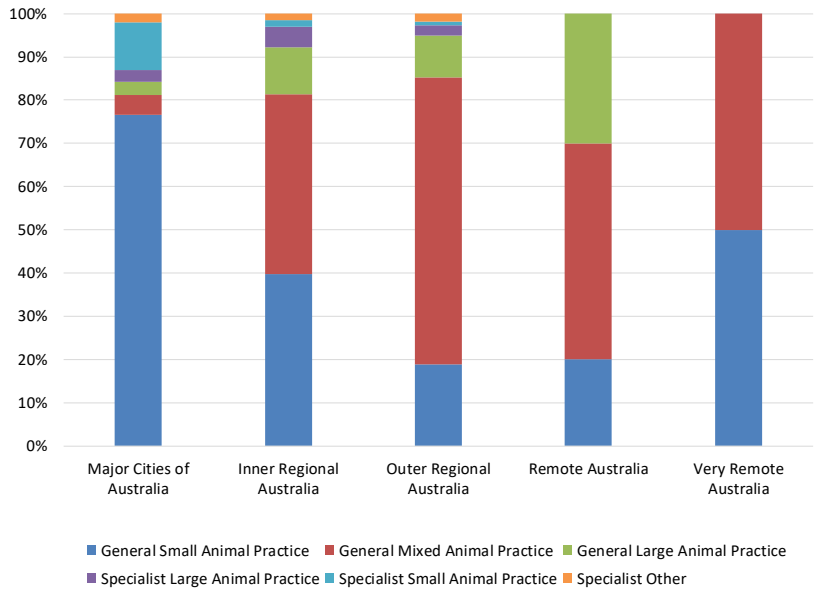
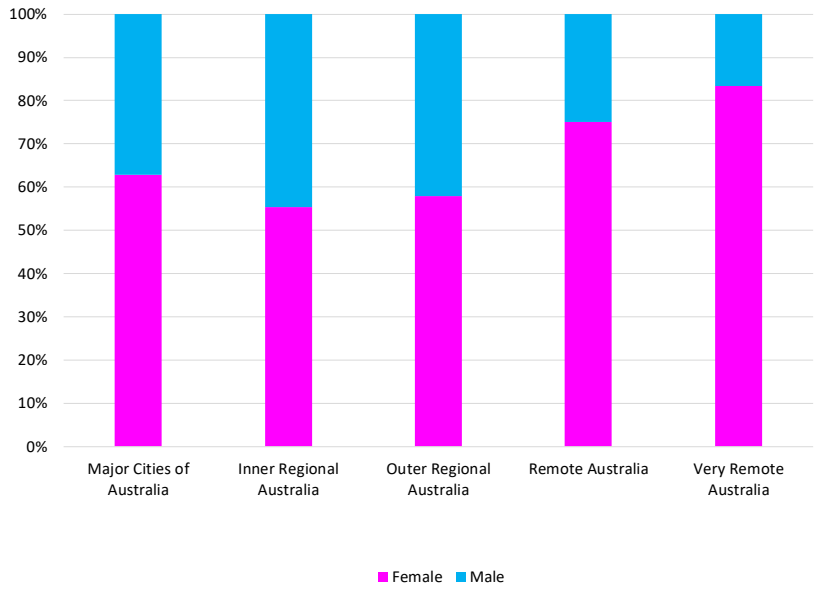


Figure 3 % Veterinarians (%) by location and gender in clinical practice



Do you speak a language other than English?

The Cat Protection Society website includes a list of veterinary practices around Sydney where community languages or languages other than English are spoken.

The Board is redeveloping its database so that this information can be collected and displayed on its website in a similar manner to the Australian Health Practitioner Regulation Agency (AHPRA).

As noted in the Complaints Committee Report, there is an emerging issue regarding communication between veterinarians and clients in situations where there is a language barrier.

Complaints Committee Report

The Board reviewed and determined 40 new complaints made against 54 veterinarians between May 2020 and October 2020. As was the case in the last Complaints Committee Report, some of these complaints named multiple veterinarians at the same practice or veterinarians across multiple practices.

Unsatisfactory professional conduct

Of the decisions made by the Board regarding complaints between May 2020 and October 2020, 31 complaints were dismissed. Complaints against a further 3 veterinarians were dismissed, but with a recommendation from the Board.

Unsatisfactory professional conduct is defined in the Act (s 35).

Most of the recent Board decisions regarding unsatisfactory professional conduct have involved conduct that demonstrates a lack of knowledge, skill, judgement or care in the practice of veterinary science (section 35(k)).

The Board reviewed and determined 40 complaints against 54 veterinarians between May 2020 and October 2020… Of these 31 complaints were dismissed.

Use of the term 'specialist' or derivative

The *Veterinary Practice Act 2003* (s 13) clearly states that a veterinarian must not refer to themselves as a specialist in the course of their practice or use any term that implies specialist knowledge or qualification unless they have been granted registration as a veterinary specialist by the Board.

A veterinary specialist is a registered veterinarian with an exceptionally high level of skills and knowledge in a specific field of veterinary science. A specialist must have undergone extensive, advanced supervised training culminating in the passing of a rigorous set of examinations.

Once satisfied that a veterinarian is guilty of unsatisfactory professional conduct, the Board may issue a caution or reprimand the veterinarian and may impose a fine not exceeding $5,000.

The Board may also place conditions on a veterinarian's registration, including the requirement to complete educational courses or referral to the Board's health program.

Nine veterinarians were found guilty of unsatisfactory professional conduct (noting that some complaints involved multiple veterinary practitioners).

Records

One veterinarian was found guilty of unsatisfactory professional conduct for failure to maintain a record of the supply of a compounded medication in accordance with the *Poisons and Therapeutic Goods Regulation 2008* (cl 56) and Board's guidelines on the use of compounded medications.

The Veterinary Practitioners Code of Professional Conduct (Code) (cl 15) requires that records are made in sufficient detail to enable another veterinary practitioner to continue the treatment of the animal and must include the results of diagnostic tests, analysis and treatments.

The Board imposed a condition on the practitioner's registration requiring that they provide copies of ten clinical records every three months for review by the Board, with the condition to be reviewed after twelve months.

Confidentiality

A veterinarian was found guilty of unsatisfactory professional conduct in breach of the Code (cl 12) for failing to maintain the confidentiality of information obtained in the course of their professional practice.

This veterinarian provided client records to another veterinary practice without the consent of the client.

Utilisation of skills of colleagues

A veterinarian was found guilty of unsatisfactory professional conduct in breach of the Code (cl 5) as they failed to utilise the skills of colleagues, by consultation or referral, as was appropriate in the situation.

In this case, the veterinarian did not ensure the client was made aware of all surgical options available for the treatment of hip luxation in a large breed dog. An offer of referral to a colleague should have been provided to the client.

Anaesthetic monitoring

Another veterinarian was found guilty of unsatisfactory professional conduct in that their treatment demonstrated a lack of adequate knowledge, skill, judgment and care (Act s 35(k)).

The veterinarian failed to adequately monitor a patient after using a low dose of butorphanol for an ultrasound procedure. The patient was noted to be flat for more than three hours after the sedation and was discharged from hospital without evidence it had been monitored or examined throughout the afternoon. The patient died at home soon after being discharged.

Anaesthetic regimen

A second veterinarian was found guilty of unsatisfactory professional conduct in breach of the Act (s 35(k)) in that their chosen anaesthetic regimen, anaesthetic monitoring and subsequent resuscitation for a patient who died during an anaesthetic involving medetomidine and ketamine demonstrated a lack of skill, judgement or care in their practice of veterinary science.

In this complaint, the practitioner had failed to place an intravenous catheter or apply the available electronic anaesthetic monitoring equipment when they discovered that the patient was not doing well under anaesthetic.

The Board may also place conditions on a veterinarian's registration, including the requirement to complete educational courses or referral to the Board's health program.

When the patient subsequently suffered a cardiac arrest, attempts at cardiorespiratory resuscitation were determined to be inadequate as the veterinarian did not administer any reversal or emergency drugs and only performed CPR for a few minutes.

It was determined that the veterinarian should have continued CPR for at least long enough for atipamezole and adrenaline to be administered, as the patient had been healthy prior to anaesthesia.

A condition was also imposed on the practitioner's registration that they complete the RECOVER Basic Life Support and Advanced Life Support courses.

Skills, knowledge and equipment of assistants

A veterinarian was found guilty of unsatisfactory professional conduct in breach of the Code (cl 13) as they did not ensure that persons assisting in the provision of veterinary services to animals in their care have the skills, knowledge and available equipment to enable them to perform their duties according to current standards.

In this case a veterinary nurse provided a hot water bottle to a surgical patient during its recovery from anaesthesia. The hot water bottle caused thermal burns to the patient.

The veterinarian had performed surgery on the patient but did not know the veterinary nurse had provided the hot water bottle in recovery. The veterinarian had not ordered any supplemental heat as the patient had been normothermic when it was moved to recovery.

Please refer to the BoardTalk article Peri-anaesthetic burns re-published in this edition to ensure that any thermal support provided by veterinarians or veterinary staff to sedated and anaesthetised patients is in accordance with current standards.

Continued p 6.

Health Program

An impairment is defined in the *Veterinary Practice Act 2003* (s 4 (3)) as any physical or mental impairment, disability, condition or disorder which detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practise veterinary science.

The Board appreciates the difficulties faced by a veterinarian suffering from an impairment and is committed to assisting these veterinarians through the establishment of its Health Program for Veterinarians.

The goal of this program is to enable veterinarians to work their way through their health issues with the support of suitably qualified professionals and the Board.

The Board has adopted the procedures outlined in the Doctors' Health Program provided by the Medical Council of NSW to achieve this goal.

Importantly, it is the Board's preference that issues of impairment or possible impairment are addressed outside of the Board's complaints processes and disciplinary powers where possible.

The Board also appreciates that stressors associated with the performance of the professional duties of a veterinarian may also be increased during a complaint investigation process.

Unsatisfactory professional conduct (continued)

Knowledge of current standards

Under the Code (cl 4) veterinarians must maintain knowledge of current standards, carry out procedures in accordance with those standards, and base professional decisions on evidence-based science or well-recognised knowledge and practice or both.

Three veterinarians were found guilty of unsatisfactory professional conduct for breaches of the Code (cl 4).

1. One veterinarian delayed a second attempt at a closed reduction of a luxated coxofemoral joint for six days (as this was the time when a different veterinarian was available to attempt the procedure at the practice).

The Board considered the practitioner should have informed the client that a further attempt at a closed reduction made six days after the initial attempt was unlikely to be successful as it was a time sensitive procedure.

The veterinarian also failed to practice in accordance with current veterinary standards when they administered NSAIDs to the patient who presented in shock without providing intravenous fluid support. In addition, a combination of NSAIDs was used without an adequate washout period.

The Board imposed a condition on the practitioner's registration requiring the completion of continuing education in the use of analgesics in the management of trauma cases.

2. A second veterinarian failed to apply currently accepted aseptic technique when performing major orthopaedic surgery.

The veterinarian used a non-sterile battery powered drill to place orthopaedic implants and further concerns as the veterinarian's assistant was not scrubbed in or appropriately attired.

The Board noted that battery-operated or air operated autoclavable orthopaedic drills are increasingly cost-effective and should be considered when regular and complex surgery requiring the use of a drill is being performed.

The Board considers that any assistant entering the surgical field or handling sterile instruments needs to be scrubbed in and appropriately attired.

3. A third veterinarian used an inappropriately high dose of medetomidine given the patient's advanced age and disease status. The veterinarian also used the NSAID, tolfedine, in a feline patient with underlying renal disease.

The Board imposed a condition on the practitioner's registration requiring the completion of continuing education in the use of analgesics, anaesthetics and sedation in companion animals.

The Board also dismissed complaints against three veterinarians with a recommendation. In these cases, whilst the Board determined the veterinarian had not been in breach of the legislation, it formed the opinion that a recommendation may assist the veterinarian and potentially prevent a future complaint.

One veterinarian had a condition imposed on their registration to supply records, involving both medical and surgical cases, for review by the Board within three months. Whilst not the subject of the complaint, an improvement in records was clearly required.

A similar recommendation was made to another veterinarian in order to encourage them to improve their clinical records and communication with clients.

The third recommendation was made to a veterinary practice as the complaint involved multiple veterinarians in the care of a patient over multiple visits and episodes of hospitalisation.

The Board recommended that the veterinary practice improve communication between practitioners and with clients and that the practice ensure clinical plans are reassessed as appropriate.

Continuing Professional Development

Veterinarians are required to provide details of Continuing Professional Development (CPD) undertaken during the year (April to March) in their Annual Return.

There is a requirement to complete 60 CPD points over any 3 year period including at least 15 structured points.

If you have not reported the required 15 structured CPD points or less than 60 total CPD points over the past 3 years you will receive a letter from the Board requiring you to address any deficit.

Failure to meet CPD requirements policy is available from the Board's website.

Recurring themes in complaints

Some recurring themes were identified in the complaints investigated in the most recent reporting period.

Trazodone

The Board has noticed that some veterinarians are dispensing trazodone to patients from stock kept on hand in the hospital. The accompanying article *Compounded pharmaceuticals* in this edition of BoardTalk, and previously published, provides information to assist veterinarians in complying with obligations under Poisons and Therapeutic Goods and Veterinary Practice legislation.

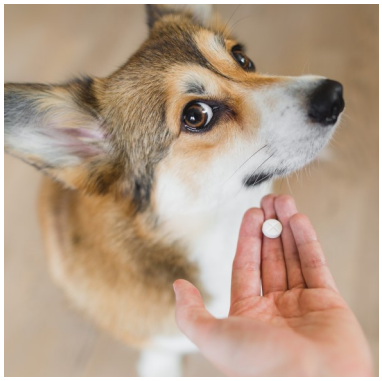
The Board notes that it may request a copy of any prescription for trazodone where it identifies that this medication has been supplied to a patient.

NSAIDs

The Board reviewed complaints involving the use of non-steroidal anti-inflammatories (NSAIDs) in the immediate aftermath of trauma cases, in very elderly patients, in patients with predisposing conditions requiring the use of NSAIDs with caution and in cases where NSAIDs are considered to be contraindicated.

The Board also investigated a complaint which raised concerns about veterinarians appreciating the importance of ensuring an appropriate washout period when switching between types of NSAIDs.

The BoardTalk article previously published on The rational use and avoidance of abuse of NSAIDs is considered essential reading.



Medetomidine

Medetomidine is a very useful analgesic and sedative when used at appropriate doses in appropriately selected patients as it is predictable, reliable and reversible.

However, this medication should not be used in patients with underlying cardiac, respiratory, liver or kidney disease, hypotension, shock or poor general health.

The Board urges veterinarians to carefully consider whether medetomidine is an appropriate choice for their patient and carefully consider the dose selected. The Board acknowledges that the registered dose range is very wide and includes high doses that are now not routinely recommended. When medetomidine is selected, consider whether a high dose is required for your patient, whether an appropriate outcome may be achieved at a lower dose or by using a combination of sedative medications in order to lower the dose required.

Please see the BoardTalk article Pain assessment and management in companion animals for further information.

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Health Declarations

An impairment is defined in the *Veterinary Practice Act 2003* (s 4 (3)) as any physical or mental impairment, disability, condition or disorder which detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practise veterinary science.

Applications for registration and restoration to the Register include a requirement to report any impairment.

Once registered, veterinarians are required to report any impairment to the Board in the Annual Return.

The Board appreciates the difficulties faced by a veterinarian suffering from an impairment and is committed to assisting these veterinarians through the establishment of its Health Program for Veterinarians.

The goal of this program is to enable veterinarians to work their way through their health issues with the support of suitably qualified professionals and the Board.

The Board has adopted the procedures outlined in the Doctors' Health Program provided by the Medical Council of NSW to achieve this goal.

If you are not able to complete CPD requirements due to an impairment or if an impairment has affected your ability to manage a case it is vital that this impairment has been declared.

Compounded pharmaceuticals

With some restrictions under the Poisons and Therapeutic Goods Act 1966 and the Stock Medicines Act 1989 (most notably in relation to food producing species), the supply options for a veterinarian in NSW include a registered product for that animal species, a registered product for use in another animal species or humans or an unregistered product compounded by either a compounding pharmacy or the veterinarian.

Veterinarians have indicated that compounded medications provide a number of potential benefits for veterinarians, animal owners and animal welfare. Compounded medications may:

1. Increase the range of available therapeutic agents to veterinarians
2. Allow more precise dosing of some animals
3. Improve animal owner compliance

There are a few important points to consider under the Veterinary Practice Regulation 2013 (sch 2) (Veterinary practitioners code of professional conduct) (Code) when considering the use of compounded pharmaceuticals:

- You may supply a compounded pharmaceutical for an animal that you have physically examined or have under your direct care and only in respect of that animal (clause 20).
- You must carry out procedures according to current standards and you must base professional decisions on evidence-based science or well-recognised current knowledge or both (clause 4). The Board is of the opinion that the current standards of veterinary practice require that compounded medications may only be indicated when a suitable registered veterinary product is not available.
- You must ensure you obtain informed consent from the person responsible for the care of the animal before providing veterinary services to the animal and this includes the likely extent and outcome of the veterinary services (clauses 7 and 16). It is important to ensure the client is aware of the likely risks and benefits surrounding the use of a compounded pharmaceutical.
- You must obey any code or rule of an animal sporting organisation when working within that industry (clause 14). It is vital to ensure that the compounded product does not contain any substances prohibited under the rules of the relevant animal sporting organisation.

Here are some frequently asked questions received by the Board regarding the use of compounded pharmaceuticals:

1. Is the veterinarian able to supply the compounded medication to the client directly rather than the medication going straight to the client from the compounding pharmacy?

Yes. There is a provision for indirect dispensing to the client by the compounding pharmacy. So, if it is more convenient for your client the compounding pharmacy may dispense the medication to the client via your veterinary practice. However, the compounding pharmacy must be able to demonstrate a direct pharmacist-client relationship.

Please note that the veterinarian is not dispensing the compounded medication in this circumstance. The compounding pharmacy is a pharmacy and not a wholesaler so this is different to you supplying a product you have purchased from a wholesaler.

2. Can the veterinarian put a dispensing fee on the price of the compounded medication or mark up the compounded medication when supplying to the client?

No. Unlike medication received from a wholesaler the veterinarian is not dispensing the product. You cannot treat medication from the compounding pharmacy the same as medication obtained from a wholesaler. The veterinarian is best able to deal with the costs and time involved with supplying a compounded pharmaceutical through a prescription fee. If the veterinarian is supplying the medication indirectly then a freight fee may also be applicable.

Storage of pentobarbital

The Therapeutic Goods Administration recently amended the Poisons Standard to include pentobarbital in injectable preparations as a poison which must be stored in a locked container to prevent unauthorised access.

Pentobarbital will remain in schedule 4 of the Poisons List.

The Board has previously made a strong recommendation to veterinarians that pentobarbital injection be kept in a locked cupboard or safe attached to the premises.

Further information

NCIS 2020, Pentobarbitone related deaths in Australia 2000-2017

TGA Reasons for decision to not move pentobarbital to schedule 8

3. Can the veterinarian provide an additional label to the compounded medication (so that it does not obscure the pharmacy label such as on the outer package)?

No. It is illegal in NSW for a veterinarian to place an additional label on prescription medicine dispensed by a pharmacy (this includes a compounded product).

4. Can the veterinarian provide additional written instructions to the client to augment the information provided by the pharmacy generated label?

Yes. This may also be a good place to remind the client of the potential time delays in providing further supply of medication as this is medication specifically compounded for their pet and therefore there are no stocks of the medication kept on the premises.

5. If a client has a question or problem with a compounded medication the label will typically provide contact details for the compounding pharmacy but it might be equally important to discuss an adverse event or other problem with the veterinarian as well. How can this issue be addressed?

Compounding pharmacists are able to discuss the problem with the client and provide either specific advice about the medication or refer the client to the veterinarian as the veterinarian's contact details are linked to the label and prescription. Alternatively, as there is a direct veterinarian-client relationship, the client may choose to contact the veterinarian initially and the veterinarian can attempt to resolve the issue or refer the client to the pharmacist as appropriate.

6. The compounding pharmacy may need more than 24 hours to fill the prescription. If the client is late requesting a repeat there is a gap in medicating the animal. Is the vet able to prescribe and store any quantity of compounded medications?

No. Compounded medications are prepared for an individual animal by the compounding pharmacy and therefore they cannot be stored in the practice or treated as if they were provided by a wholesaler. Compounded medications provide a number of benefits to clients but this is one potential disadvantage that you should discuss with the client to try to avoid periods where the animal is not medicated.

Unlike purchases from a wholesaler, a veterinarian cannot order compounded veterinary pharmaceutical products for general use in animals at a later date.

7. Is the veterinarian able to titrate the dose of the compounded medication? For example, can the directions for use on the prescription state: "Give 3 mL twice daily or as directed by your veterinarian"?

Yes. For compounded products, the veterinarian is responsible for providing instructions to the pharmacist for compounding of the products and the required label directions for use. You can also provide additional written information to assist your client.

Please note however that the compounding pharmacist may not be able to guarantee the accuracy of dosing beyond a certain point hence it is best to discuss the individual needs of your patient with the compounding pharmacist.

8. Does the veterinarian have to provide a prescription or can the veterinarian order for in-clinic use?

A compounding pharmacist may only commence compounding for an animal medication on the instruction or a prescription from a veterinarian. The instructions do not have to be in writing, but it is best practice to provide instructions in writing where possible.

In order for the compounding pharmacist to dispense the compounded product, a prescription must be issued that identifies the owner, the specific animal and quantity of compounded product sufficient to treat the animal.

Unlike purchases from a wholesaler, a veterinarian cannot order compounded veterinary pharmaceutical products for general use in animals at a later date. There is no provision allowing for the general preparation and storage of compounded pharmaceutical products.

Medicinal cannabis

Most cannabis medicines are not registered on the Australian Register of Therapeutic Goods (ARTG) which means they have not been evaluated to ensure they meet strict standards of safety, quality and effectiveness.

Unless defined as a non-therapeutic product all cannabis products not classified as Schedule 8 or Schedule 4 are classified as prohibited drugs under the *Drug Misuse and Trafficking Act 1985*.

To be a Schedule 4 product cannabidiol must comprise 98% or more of the total cannabinoid content of the preparation.

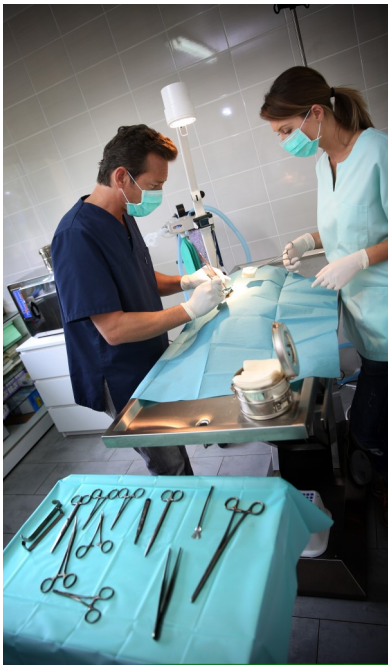
A veterinarian is not able to prescribe a Schedule 8 cannabis medicine.

A veterinarian may issue a prescription for a Schedule 4 cannabis medicine as for any other compounded pharmaceutical.

However, as detailed on this page, the veterinarian must carry out procedures according to current standards and base professional decisions on evidence-based science or well-recognised current knowledge or both (clause 4).

The Board is of the opinion that the current standards of veterinary practice require that compounded medications may only be indicated when a suitable registered veterinary product is not available.

NSW Health Cannabis Medicines Frequently Asked Questions



Peri-anaesthetic burns

The Board has received a number of concerns in recent months from clients whose pets have received burns from being actively warmed in the peri-anaesthetic period.

Due to their small body size, altered peripheral perfusion from premedication or anaesthetic drugs, intubation by-passing the warming surfaces within the nose, inhaling cold gases and heat loss from skin surface or open body cavities, small animal patients frequently suffer operative hypothermia (body temperature < 36°C). Veterinarians all know that hypothermia can lead to increased anaesthetic morbidity. So it is good practice to be making efforts to maintain body temperature of anaesthetised veterinary patients.

It is important to note that very slightly excessive thermal support can easily lead to severe burns in anaesthetised veterinary patients - the margin for error is really surprisingly narrow!

Older thermostatically controlled electrical heating mats or recirculating warm water mats, hot water bottles or latex gloves filled with hot water, or wheat or rice bags, or radiant heat sources are all very inefficient modalities of thermal support, and have all been associated with calamitous burns in small animal patients.

The variability of these devices and methods makes them inherently unreliable, and their use should only be considered if they can be very closely and continuously monitored by experienced staff. *In most circumstances their use is no longer the standard of care for thermal support for anaesthetised veterinary patients.*

Other factors that contribute to these types of burns include the temperature of the heat source of course, and the duration of contact. **The relationship between skin surface temperature and time to cause a 3rd degree skin burn is logarithmic, so, while 45°C warming can burn skin after 90 minutes, at 50°C warming can burn skin after ONLY 10 minutes.**

Dependent, weight-bearing areas of skin will be more poorly perfused, and so the removal of heat from such an area of skin by the patient's circulation will be significantly impaired. The increased pressure of weight applies the skin to the hot surface more intimately and so the risk of burns is increased.

Dry fur provides some insulation and limits heat transfer, and so hairless areas of the ventral abdomen can sometimes be more at risk. However wet fur or a wet towel covering fur can facilitate heat transfer to the surface of the skin through the fur and exacerbate the "burn risk", so those monitoring anaesthesia must pay constant attention to fluids such as blood or irrigation fluid to limit the chance of wetting occurring between the patient and the source of thermal support.

Patients that are already hypothermic are genuinely problematic – they require more heat to return to normal temperatures and their skin is often profoundly hypoperfused. The risk of a burn in these patients is proportionately increased.

There are a number of other steps that can be taken to prevent hypothermia during anaesthesia, including **warming of intravenous fluids**, and **warming of inspired air,** that work synergistically with active heating using FAWD or conductive polymer fabric warming, to lower the risk of hypothermia. They effectively "spread the load" so that the skin does not have to accept the whole load of heat transfer to facilitate maintenance of normothermia.

Pre-anaesthetic warming is a recently developed modality for managing operative hypothermia: 30-60 minutes under the cage version of the forced-air warming blanket can make a significant difference to the rate of heat loss, especially in the first few minutes after induction of our small animal patients.

Even if you are doing ALL the possible thermal support measures for your patients, there are still a few rare patients with extremely sensitive skin who seem to develop burns despite all appropriate precautions. Like many aspects of our profession we can only manage to minimise the risks, and we cannot guarantee that our management will prevent a potential problem.

The Board would like to thank Dr Colin Dunlop for his assistance in providing the resources used to write this article.

Thermal support systems

The risks of burns in anaesthetised patients can be considerably reduced with the newer generation of thermal support systems, such as **forced-air warming devices** (FAWD) and **conductive fabric (resistive polymer) electric warming**.

These technologies are coupled with modern and reliable electronic smart-controllers and thermostats, which further enhance their safety.

Some companies now make FAWD that are specifically designed and suited to the characteristics of our furred patients.

Availability to care for an animal

When a veterinarian accepts an animal for diagnosis or treatment the **Veterinary Practitioners Code of Professional Conduct (Code)** outlines the responsibilities that go with the service being provided. The Code requires that the care of the animal is to current standards, and that the client is fully informed about ongoing care for the patient.

Specifically, clause 8 of the **Code** states:

A veterinary practitioner must, when accepting an animal for diagnosis or treatment—

a) ***Ensure that he or she is available for the ongoing care of the animal, or***

b) ***If he or she will not be so available, make arrangements for another veterinary practitioner to take over the care of the animal.***

The situation may arise for example, where a veterinary practitioner initiates the diagnosis and care of an animal, but may be unavailable at night or the next day or more to continue with the ongoing care.

In these circumstances the veterinarian is expected to discuss the situation with the client so they can be given the choice of authorising whether the patient stays in their hospital without overnight care, or is transferred to another veterinary hospital with 24 hour care. If the animal is transferred to another veterinary hospital the client must be fully informed of the details of the hospital, how to contact them and what to expect.

In another situation an animal may be admitted to hospital and warrant critical care monitoring overnight. It may be the case where the veterinarian does not provide overnight monitoring of animals in their hospital.

In these circumstances the veterinarian is expected to discuss the situation with the client so they can be given the choice of authorising it to stay in their hospital without overnight care, or to transfer it to another veterinary hospital with 24 hour care. If the animal is transferred to another veterinary hospital the client must be fully informed of the details of the hospital, how to contact them and what to expect.

Clients should be advised on details of what to do in an after-hours emergency, or when an animal develops an unexpected complication following surgery or treatment in hospital.

The veterinarian must be available to examine the animal and provide the care that is required OR direct the client to another veterinary hospital that is able to provide for the care of the patient.

Again, the Code requires that the veterinarian make arrangements with the other veterinary hospital to ensure they are aware that after-hours emergencies may be referred to them. This is an important consideration when planning to open a new veterinary hospital or mobile practice.

As always, the Board encourages communication between veterinary colleagues and veterinary practices to ensure this clause of the Code is followed.

After-hours care

The Board appreciates that providing a 24 hour service is demanding and this is a situation which has been exacerbated by the recent shortage of veterinarians in NSW.

In order to meet requirements under the Code (cl 8) there are three options available to veterinarians:

1. Make arrangements with the veterinarians providing an after-hours service and provide the details of this service to your clients.
2. Make arrangements with your colleagues to share after-hours duties
3. Provide contact details for after-hours emergencies to your existing clients only. You are not required to accept an animal for after-hours care if you have not previously accepted the animal for diagnosis or treatment.

The Board appreciates that after - hours services may require the client to travel a significant distance. It would be appropriate for approximate travel time to an after hours service to be shared with the client.

Ehrlichia canis update

The tick-borne dog disease ehrlichiosis, caused by the bacteria *Ehrlichia canis*, has been detected in Western Australia and Northern Territory. Surveillance is underway to determine the origin and extent of ehrlichiosis in NSW.

All veterinarians should consider ehrlichiosis in dogs with acute and chronic cases of fever, lethargy, enlarged lymph nodes, anorexia, weight loss and coagulopathies. Suspect cases must be reported.

What to do if you suspect a case

1. **Report the case**. Infection with *E. canis* is a nationally notifiable disease in Australia. Report it to the Emergency Animal Disease Hotline on **1800 675 888** as soon as possible.

2. **Submit samples for testing**. *E. canis* exclusion testing is available at the Elizabeth Macarthur Agricultural Institute (EMAI) free of charge. Please ensure you include the following:

   A. EDTA blood (2ml) and plain blood (or serum) (2ml). If ticks are present on the dog, they may also be collected dry or placed in 70% ethanol. Ticks may be submitted in a single 5ml tube with 2ml of 70% ethanol if transporting by road. Ethanol cannot be transported by air or through Australia Post.

   B. A completed copy of *Ehrlichia canis* Surveillance Investigation form

   C. A completed copy of the EMAI Veterinary Specimen Advice Submission form

   D. Please note that wider diagnostic testing will not be undertaken, and further diagnostic workup should be sent to your preferred commercial veterinary laboratory.

3. **Notify EMAI of your submission**. Please call the Customer Service Unit on **1800 675 623**.

Testing

Diagnosis of ehrlichiosis is achieved through serological and/or molecular testing. The diagnosis is supported by clinical signs, haematological and serum biochemistry abnormalities and response to treatment.

- Both the immunofluorescent antibody test (IFAT) and the standardized enzyme-linked immunosorbent assay (ELISA) test can detect IgG antibodies against E. canis and are generally the first screening test. Antibodies may not be detectable early in disease, and titres can persist for months to years after the infection is resolved.

- PCR tests detect organism-specific DNA in the blood. PCR can be positive before seroconversion occurs and can detect an active infection.

Aetiology

The brown dog tick (Rhipicephalus sanguineus) acts as the primary vector of *E. canis*, spreading the pathogen between hosts during blood meals. It is widely distributed worldwide, including Australia. The tick retains the pathogen through its life stages (transstadial transmission) and can infect hosts in both nymphal and adult stages.

Brown dog ticks use canine species as a primary host, and as such, ehrlichiosis is predominately associated with dogs, however, the bacteria can also infect other animal species, including humans.

Unexposed ticks acquire the organism after feeding on an infected dog, then transmit the infection to other dogs during successive life stages. The organism can also be transmitted through blood transfusions.

Clinical signs

Ehrlichiosis has three phases of disease: acute, subclinical and chronic. Severity of disease can vary considerably among dogs. The incubation period for the development of acute disease is about 1–3 weeks, although the chronic form of ehrlichiosis may not manifest until months or years after infection.

Acute

Acute disease is characterised by non-specific signs such as lethargy, fever, anorexia, weight loss and lymphadenopathy. Other signs include ocular and nasal discharges and bleeding tendencies including petechiae, ecchymoses and epistaxis. Thrombocytopenia is a common haematological finding. This phase typically lasts for 2–4 weeks. Although dogs may seem pretty sick in this phase of the infection, it is rarely life-threatening. Most dogs clear the organism if they are treated in this stage, but those that do not receive adequate treatment will go on to the next phase after 1 to 4 weeks.

Subclinical

In this phase, the dog appears normal, with the organism sequestering in the spleen. Dogs can stay in this phase for months or even years. A mild thrombocytopenia and/or hyperglobulinaemia may be present in the absence of clinical signs. Dogs in this phase may clear the organism, remain asymptomatically infected or progress to the chronic form of ehrlichiosis.

Chronic

Only some dogs will develop chronic ehrlichiosis. Clinical signs are similar to those seen in the acute phase but are more severe with a worse prognosis. Clinical signs can include fever, weakness, weight loss, bleeding disorders, pallor, dyspnoea, splenomegaly, hepatomegaly, ocular and neurological abnormalities and increased susceptibility to secondary infections.

Haematological abnormalities include severe thrombocytopenia and nonregenerative anaemia. Pancytopenia can occur as a result of bone marrow hypoplasia.

Differential diagnoses

Differential diagnoses may include anaplasmosis, babesiosis, lymphoma, multiple myeloma and other immune-mediated diseases.

Treatment and prevention

Doxycycline and tetracyclines are the therapeutic agents of choice for *E. canis*. To date, no commercial vaccine for *E. canis* has been developed.

Tick control remains the main preventative measurement against the disease.

Advice for dog owners

To help prevent ehrlichiosis, dog owners should maintain their dogs on a tick control program. The best tick control products are those that are *topical, kill the tick before it bites and have residual action*. A factsheet for dog owners is available here. Ehrlichiosis requires veterinary treatment and supportive care, and early treatment provides the best chance of recovery.

Human health advice

While infected dogs do not transmit ehrlichiosis to people, in rare cases, infected ticks may transmit *E. canis* to people. See the Department of Health website for information on human health implications associated with ticks, as well as prevention, removal and first aid advice.

Emergency Animal Diseases
A field guide for Australian veterinarians

This resource for veterinarians provides information on important emergency animal diseases that do not exist in Australia or that are rare.

It helps vets to identify important emergency animal diseases when confronted with disease situations in the field; includes appropriate differential diagnoses; and necessary actions to take if presented with signs of an unusual disease.

Vets play a critical role in animal biosecurity by protecting the environment and human health from problems associated with pests and diseases of animals.

Early identification and reporting is critical to minimise the harm these diseases can pose.

The field guide was jointly developed by the Department of Agriculture and Australia's Animal Health Laboratory and is available on the Outbreak website.

The development of the *Emergency Animal Disease Surveillance Online Training* and the *Emergency Animal Diseases – a field guide for Australian veterinarians* were funded by the Australian Government's Agricultural Competitiveness White Paper (the government's plan for stronger farmers and a stronger economy) and the Australian Government Department of Agriculture.

What is an Emergency Animal Disease (EAD)?

EADs are diseases that have been agreed by governments and industry in Australia as capable of having severe effects on animal health and/or human health, trade, production, the economy or the environment.

Most are diseases exotic to Australia, but some are endemic diseases such as Hendra virus infection and anthrax.

Others are described as 'emerging diseases' because increasing incidence and/or an expanding geographic or host range would result in them having greater trade or public health effects.

What are the current EADs that are geographically of greatest threat to Australia?

The EADS that are currently geographically of greatest threat to Australia are African swine fever; African horse sickness and Lumpy skin disease.

Another EAD of interest to NSW is Avian influenza.

Current Emergency Animal Disease threats for Australia

African horse sickness (AHS) in Thailand and Malaysia

In March 2020, Thailand reported an outbreak of African horse sickness (AHS Serotype 1), which causes 90-95% mortality in horses. Malaysia reported an outbreak of AHS in September 2020. These were the first reports of AHS in the Asia-Pacific Region.

AHS is endemic in southern Africa, with intermittent outbreaks previously occurring in southern Europe and the Middle East. AHS affects equids including horses, donkeys, mules and zebra.

Infection and clinical disease with African Horse Sickness Virus (AHSV) has also been demonstrated in domestic dogs, with the most likely route of infection believed to be ingestion of infected horse meat.

Horses with AHS may show:

- swelling of the face and eyelids, with reddened eyes
- swelling of the brisket and front half of the horse
- difficulty breathing, with or without frothy discharge from the nostrils
- rapid deterioration and death.

AHS is an arbovirus in the Orbivirus genus (which also contains the Bluetongue virus) spread primarily by *Culicoides* midges. The most likely route of AHS introduction to Australia is considered to be via windborne spread of infected *Culicoides* vectors from Asia to northern Australia.

Culicoides imicola, the only known vector for AHS virus (AHSV) that is present in Asia, is not present south of Thailand so does not pose an immediate threat to Australia. Of more concern is the potential for other, more widespread species to act as vectors of AHSV and distribute the virus throughout their geographic range.

Australia has several endemic *Culicoides* species that may be competent biological vectors for AHSV.

Northern Australia has a large population of feral horses and donkeys in the endemic *Culicoides* areas. If AHS became established in this feral equid population, eradication would be very difficult.

According to the AHS AUSVETPLAN (1996) "vaccination will play an important role in the control and eradication of AHS if the virus is present in the vector population and the disease becomes widespread". The AHS AUSVETPLAN is currently under review and the writing group is considering vaccination options.

Further information is available at the African Horse Sickness-OIE-Asia web-page.

African swine fever in the Asia Pacific region

African swine fever (ASF) is a highly contagious viral disease of pigs with no cure available. The current strain impacting globally is highly virulent. The spread of ASF globally has increased the need for Australia and NSW to be prepared at all levels of the supply chain.

For information on ASF clinical presentation and laboratory sampling, please see:

African swine fever – A guide for veterinarians

NSW DPI Primefact 1710 – African swine fever (ASF) investigation

NSW DPI Primefact 955 - Recognising exotic diseases of pigs

In 2019 ASF continued its spread throughout South-East Asia, with confirmed cases reported in Mongolia, Vietnam, Laos, Cambodia, Hong Kong, Myanmar, North Korea, South Korea, the Philippines, Timor Leste and Indonesia – North Sumatra.

In January 2020 outbreaks were confirmed in Bali, Greece and India. In March 2020, the first outbreak was detected in Papua New Guinea. Disease detections have continued in several countries including Timor Leste, Indonesia and Papua New Guinea, despite these countries' implementing emergency response actions.

There have been no reported cases of ASF in Australia. The proximity of the Timor-Leste, Indonesia and Papua New Guinean African swine fever outbreaks significantly increases the risk of an outbreak in Australia.

Reports of infected meat at the border continue, and also increase the risk of disease entry into Australia.

The potential routes of introduction to Australia include:

- Infected pork and pork products
- Contaminated porcine genetic material
- Contaminated equipment and clothing
- Infected pigs and carcasses of infected pigs

The likely mechanisms of introduction include:

- Swill feeding to domestic pigs
- Infected material eaten by free-range or feral pigs
- Waste from unregulated moored yachts or foreign vessels in Northern Australia

(information from Dr David Williams, Australian Centre for Disease Preparedness, CSIRO)

These international events and their proximity to Australia highlight the importance of maintaining good biosecurity practices both at borders and on farm.

Reporting suspicion or awareness of EADs

For information on notifiable diseases and Biosecurity events please refer to Notifiable pests and disease of animals in NSW. This includes lists of diseases and pests that are notifiable.

How to report prohibited matter, biosecurity events and notifiable pests and diseases that are not prohibited matter in animals?

Suspicion or awareness of **prohibited matter and biosecurity events** must be immediately reported verbally to an authorised officer. This can be done by phoning:

• The Animal Disease Watch Hotline **1800 675 888** (24- hour hotline), or

• Your Local Land Services during work hours **1300 795 299**

Suspicion or awareness of **other listed notifiable pests and diseases** of animals must be notified within one working day. This can be done by:

• Phoning Local Land Services **1300 795 299**, or

• Contacting a NSW Department of Primary Industries authorised officer **animal.biosecurity@dpi.nsw.gov.au**

• For less urgent cases (that are not potentially prohibited matter or a biosecurity event) it is possible to use the Notifiable Pests and Diseases of Animals Reporting Form to notify. When in doubt as to whether you are dealing with prohibited matter, a biosecurity event, or another listed notifiable pest or disease of animals, it is better to phone to ensure you fulfil your duty to notify.

Current Emergency Animal Disease threats for Australia

Lumpy Skin Disease

Lumpy skin disease (LSD) is a vector borne viral disease of cattle that causes relatively low mortality, however, morbidity associated with the disease can result in animal welfare issues and significant production losses.

Infection typically causes an acute disease with fever, depression and characteristic skin nodules.

There are excellent pictures of the lesions in the **Field Guide** - see details on this page.

There may also be a marked reduction in milk yield as well as abortion in pregnant animals.

Originally limited to Africa, LSD has spread rapidly throughout the Middle East, southeast Europe and Russia in recent years. LSD has recently spread to the Asian region include outbreaks in Bangladesh (July 2019), India (August 2019), China (August 2019), Taiwan (July 2020) and Vietnam (October 2020).

As LSD becomes established in more countries, particularly in Europe and Asia, the risk of introduction to Australia increases.

Australia maintains its LSD-free status and greatly reduces the risk of incursion through the enforcement of strict biosecurity policies and border controls. Stringent, scientifically informed import regulations are in place for cattle skins and hides.

Illegal importation of commodities containing or contaminated with LSD virus is the most likely route of entry of LSD into Australia.

Arthropod vectors carrying LSD virus may be transported to Australia in commercial containers sent from endemic countries. However, the risk of this pathway is low because virus survival on insect vectors is short.

For further information on LSD clinical presentation and laboratory sampling, please see:

Emergency Animal Disease Bulletin 121

Field Guide

Field Guide

A field guide has been produced by the Department of Agriculture and Australian Centre for Disease Preparedness (formerly AAHL).

The 270 page resource is available on the Outbreak website at outbreak.gov.au/for-vets-and-scientists/emergency-animal-diseases-guide.

This guide is aimed at helping veterinarians identify emergency animal diseases in the field, ensure they consider priority diseases when conducting diagnosis and take appropriate action when they suspect signs of a biosecurity threat.

Other resources

Further information on EADs can be gained through completing the Emergency Animal Disease Surveillance online training course and /or the Animal Health Australia EAD Foundation online course.

Avian Influenza in Victoria

Avian influenza is an infectious disease of birds caused by an influenza virus.

In July 2020, an outbreak of highly pathogenic avian influenza (HPAI) subtype H7N7, was detected on a free-range layer farm near Lethbridge, Victoria. Subsequently, two more strains of low pathogenic avian influenza (LPAI) subtype H5N2 and H7N6 were discovered on a turkey farm in Lethbridge and an emu farm at Kerang respectively.

In response to this incident, NSW DPI set up a precautionary Incident Management Team (IMT) to enhance preparedness, should a spillover event occur in NSW.

This included surveillance on a trace property in NSW (results negative), development of an incident action plan, development of internal and external communications to be used in the event of a positive detection, reviewing of legal instruments, and communications and updates sent to industry and producers.

Staff from NSW DPI and NSW LLS have also participated in the response in Victoria, both remotely and physically.

Avian influenza: clinical signs to watch out for include:

- Sudden increase in bird deaths
- Sudden decline in feed and/or water consumption
- Unusually quiet birds
- Unusually depressed birds
- Decreased vocalisation
- Any decline in egg production from normal to cessation
- Sudden appearance of pale shell eggs or eggs without shells
- Any birds with swollen heads/combs/wattles
- Any birds with dark combs and wattles
- Any birds with nervous signs e.g. head shaking, head and neck tremors, unsteady gait
- Abnormal position of head and neck in a reasonable % of birds
- Respiratory disease e.g. breathing difficulties, coughing, sneezing
- Purplish patches on the legs and unfeathered skin
- Watery diarrhoea

Chickens, ducks, geese, turkeys, guinea fowl, quail, pheasants and ostriches are included in the more than 140 species that are susceptible to avian influenza.

Many species of wild birds, including waterfowl and seabirds can also carry the virus. It is mostly spread by wild birds, particularly ducks, contaminating food or water supplies.

The overall policy for an AI outbreak in Australia, according to AUSVETPLAN, is "…to eradicate the disease in the shortest possible period, while limiting the risk of human infection and minimising economic impact…".

Further information is available at the DPI Avian Influenza webpage.

Reporting suspicion or awareness of EADs

For information on notifiable diseases and Biosecurity events please refer to Notifiable pests and disease of animals in NSW. This includes lists of diseases and pests that are notifiable.

How to report prohibited matter, biosecurity events and notifiable pests and diseases that are not prohibited matter in animals?

Suspicion or awareness of **prohibited matter and biosecurity events** must be immediately reported verbally to an authorised officer. This can be done by phoning:

• The Animal Disease Watch Hotline **1800 675 888** (24- hour hotline), or

• Your Local Land Services during work hours **1300 795 299**

Suspicion or awareness of **other listed notifiable pests and diseases** of animals must be notified within one working day. This can be done by:

• Phoning Local Land Services **1300 795 299**, or

• Contacting a NSW Department of Primary Industries authorised officer **animal.biosecurity@dpi.nsw.gov.au**

• For less urgent cases (that are not potentially prohibited matter or a biosecurity event) it is possible to use the Notifiable Pests and Diseases of Animals Reporting Form to notify. When in doubt as to whether you are dealing with prohibited matter, a biosecurity event, or another listed notifiable pest or disease of animals, it is better to phone to ensure you fulfil your duty to notify.

Department of Primary Industries

EMAI Diagnostic Laboratories—Menangle Christmas and New Year trading hours

December 2020						
Monday[1] 21	Tuesday[1] 22	Wednesday[1] 23	Thursday[1] 24	Friday 25	Saturday 26	Sunday 27
Open 8.30 AM 4.30 PM	Open 8.30 AM 4.30 PM	Open 8.30 AM 4.30 PM	Open 8.30 AM 4.30 PM	Closed	Closed	Closed
Monday 28	Tuesday 29	Wednesday[1,2] 30	Thursday[1,2] 31			
Closed	Closed	Open 8.30 AM 4.30 PM	Open 8.30 AM 4.30 PM			

January 2021		
Friday 1	Saturday 2	Sunday 3
Closed	Open for deliveries	Closed

1. Couriers available
2. Reduced staff

For any enquiries related to the laboratory operations over the holiday period, please contact our Customer Service Unit on **1800 675 623** during normal trading hours.

Testing turnaround times may also be affected so please contact the lab prior to submitting samples of an urgent nature.

Please ensure that couriers are contacted to confirm their operations during the holiday period. Pick-ups just prior to public holidays may be held over in courier holding facilities in which the storage conditions cannot be accounted for. Please discuss this with couriers prior to sending samples.

The Emergency Animal Disease Hotline will continue to operate continuously over the holiday period.

To report suspect notifiable animal pests and diseases phone:

The Animal Biosecurity Emergency Hotline **1800 675 888** (available 24-hours a day), or
Your Local Land Services office on **1300 795 299** (available during business hours)

For further information about the services offered by DPI Laboratory Services please visit our website: www.dpi.nsw.gov.au/labs.

Again, we thank you for your support throughout 2020 and look forward to continuing to assist your business in being able to make reliable and professional decisions based on the results we provide during 2020 and beyond.

Australian Pesticides and Veterinary Medicines Authority

Import of unregistered veterinary chemical products

Registered veterinarians may apply for consent to import when they have examined an animal that is under their direct care and, as the treating veterinarian, consider the use of an unregistered veterinary product is indicated over the use of an available registered product. Veterinarians remain responsible for complying with the relevant laws in their State or Territory.

The APVMA is one of the administering authorities for a consent to import, and the appropriate form can be downloaded from the APVMA website and submitted via email to enquiries@apvma.gov.au.

Other importation approvals may be required depending on the product.

Further information about importing veterinary chemical products is available on our website.

Reporting problems with chemical products

Anyone can report an adverse experience to the APVMA but the contributions of veterinarians are of particular benefit. Reports may include information about:

- the advertising and supply of unregistered agricultural and veterinary chemicals
- the inappropriate manufacture of veterinary chemical products
- the importation of unregistered agricultural and veterinary chemicals
- adverse experiences associated with the use of a registered products.

Please report problems with a chemical product to the APVMA:

- Free call: **1300 700 315**
- Email: compliance@apvma.gov.au
- Online: https://apvma.gov.au/node/1101

The APVMA has developed a non-compliance reporting form. More information about the compliance monitoring function is available on the APVMA website.

Reports of adverse experiences are closely monitored by the APVMA and annual summaries of adverse experience reports (from 2015 to present) are available on data.gov.au.

Update on enforcement outcomes

On 14 September 2020 Katpet Pty Ltd made an enforceable undertaking to the APVMA.

Pursuant to subsection 145E (6) of the Agricultural and Veterinary Chemicals Code as scheduled to the *Agricultural and Veterinary Chemicals Code Act 1994*, the enforceable undertaking has been published.

Details of the events leading to the enforceable undertaking being agreed to are contained within the links.

Recalls of veterinary chemical products

The APVMA may issue recall notices under the Agvet Code.

This step may be taken when we consider there is a need for intervention based on risk, noncompliance with agvet legislation, or an absence of responsible product stewardship.

When the APVMA is notified of manufacturer-initiated recalls, those are also published on the same webpage.

To be notified of recalls via email, please complete a subscription form and select 'recall notices.'

By subscribing, veterinarians will be promptly notified of recalls which may be relevant to animals under their care.

Inquiry into GWIC

An Upper House inquiry has been established to examine the Greyhound Welfare and Integrity Commission (GWIC).

The GWIC was established in 2017 to promote and protect the welfare of greyhounds, safeguard the integrity of greyhound racing and betting, and to maintain public confidence in the greyhound racing industry.

This inquiry will examine how the Commission is achieving these objectives.

Other issues will include the appropriateness of disciplinary action and options for appeal for those industry participants breaching legal requirements; the relationship between the Commission, Greyhound Racing NSW and industry participants; the current funding agreement between the Commission and Greyhound Racing NSW; and the Commission's role in improving the welfare of greyhounds.

Submissions to the inquiry close 4 December 2020.

Further information is available from the NSW Parliament website.

NSW Greyhound Welfare Code of Practice

On 1 July 2020 the NSW Government made the Greyhound Welfare Code of Practice, which will come into effect on 1 January 2021. Development of a code of practice was a key reform recommendation accepted by the NSW Government in 2016 and is required by the *Greyhound Racing Act 2017.*

The Code specifies minimum welfare standards in relation to both racing and retired greyhounds (R). Veterinary practitioners, particularly those with clients involved in greyhound racing, are encouraged to familiarise themselves with the Code should their clients seek their advice or assistance.

The Code requires industry participants to ensure they have reliable access to a veterinarian capable of providing 24-hour veterinary advice in relation to all greyhounds in the participant's care.

Part Three of the Code focuses on greyhound health and wellbeing. This Part is of interest to veterinarians as it includes standards relating to veterinary care; storage, administration of medications and treatment records; vaccination requirements; worming and parasite control; and dental health.

Veterinarians should also be aware of Standard 4.3, which relates to heritable defects, as participants are advised to obtain veterinary advice where there are concerns that breeding may result in heritable defects.

Standard 9.5 relates to conditions under which greyhounds may be euthanased by a person other than a veterinarian and is consistent with the *Prevention of Cruelty to Animals Act 1979*. All relevant standards for euthanasia are covered by the GWIC's Greyhound Rehoming Policy.

All standards in the Code will come into effect on 1 January 2021, though existing greyhound kennels will be deemed to comply with standard 5.9, which relates to minimum sizes for greyhound housing areas, until 31 December 2030. The purpose of this deeming provision is to provide participants time to meet the new standard, though participants may be directed to comply with the standard sooner if inspectors identify welfare concerns related to housing.

Several resources and templates have been developed to assist industry participants in complying with the Code. These include Industry Practice Guides, an Exercise, Socialisation, Enrichment Plan template and Greyhound Health Record booklets.

Information and resources relating to the Code can be found on the GWIC website or by calling 13 49 42 (13 GWIC).

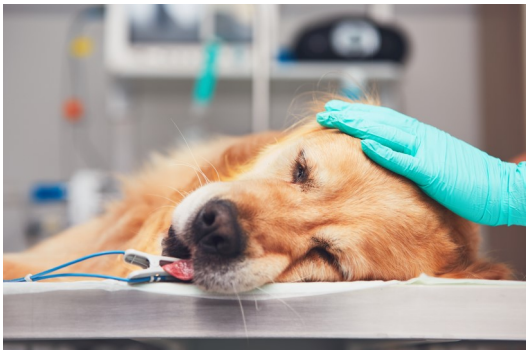
Veterinary-specific enquiries can be directed to vets@gwic.nsw.gov.au.

Recurring themes in complaints (continued p 7)

Hot water bottles

The Board has previously stated its opinion that in most circumstances, the use of unregulated heat sources is no longer the standard of care for thermal support for anaesthetized patients.

A copy of our previous advice on this issue peri-anaesthetic burns is also available in this edition of BoardTalk.



CPR

Veterinarians and veterinary staff should regularly update their knowledge and skills in relation to CPR.

Several courses are available for those who would like to update their skills, including those run by the RECOVER initiative.

Clinical records

This is worth repeating as the Board received several clinical records as part of complaint investigations during the most recent reporting period that contained inadequate detail and were deemed to be insufficient to allow another practitioner to continue with a patient's treatment.

Some handwritten records that were supplied were illegible.

Communication

There is an emerging issue regarding communication between veterinarians and clients, especially in situations where there is a language barrier and/or where relatives are translating for a client.

Please take care to provide clear, and preferably written, instructions/consent forms in situations where there may be a language barrier to ensure that clients are well-informed, and your instructions and advice are communicated effectively.

Doctors' Health Advisory Service
Helpline
02 9437 6552
24 hours

Doctors' Health Advisory Service

The Doctors' Health Advisory Service in NSW (DHAS) is a confidential, readily available source of advice and support for veterinarians, students, family members and colleagues.

The DHAS is an advisory, not treatment service.

The DHAS provides a 24-hour phone line, which is manned by an answering service.

Calls are then returned by qualified DHAS staff (a psychiatrist and social worker) or health professional associates.

Callers are not required to leave any identifying data, only a phone number to enable a return call.

Importantly, the DHAS is not an emergency service – the answering service advises callers to contact 000 in the case of an emergency.

Every doctor, dentist and veterinarian should have their own GP Helpline
02 9437 6552
24 hours

Veterinary certificates for dogs desexed after 6 months of age

The Office of Local Government (OLG) is aware of an increase in pet owners, acting on advice from their local council, requesting a veterinary certificate for dogs who are older than 6-months of age that were also desexed after this age, in order to avoid additional registration fees.

Section 18(1)(b) of the *Companion Animals Regulation 2018* provides that an additional fee of $156 applies in the case of a dog being registered in NSW that has not been desexed before reaching 6-months of age and is not kept by a recognised breeder for breeding purposes.

Where a medical exemption is appropriate, a vet must record this exemption on the NSW Pet Registry prior to the animal reaching 6-months of age. Further information about how to take this action on the Registry is outlined below.

Provided a vet has made the determination within the 6-month timeframe and recorded the action in a form that clearly displays the date the determination was made, the animal's record can be updated on the Registry or through a local council at a later date.

In no circumstance should a vet issue a retrospective certificate to assist a pet owner to avoid the additional fee.

OLG is working with councils to make them aware that this practice is not permissible.

Annual permits for non-desexed cats

OLG has published new advice for vets about the implementation of annual permits for non-desexed cats.

The NSW Government introduced annual permits for owners of non-desexed cats, restricted dog breeds, and dogs declared to be dangerous on 1 July 2020. Cat owners who choose not to desex their cats are now required to pay an $80 annual permit in addition to their one-off lifetime pet registration fee, while owners of dangerous or restricted dogs need to pay a $195 annual permit in addition to the one-off lifetime pet registration fee.

The Annual Permits – Information for NSW veterinarians document on the OLG website covers frequently asked questions and also explains how to notify/update an animals 'Desexing Status' on the NSW Pet Registry, as outlined below.

Updating records on the NSW Pet Registry

It is important for vets to assist pet owners to complete their cat (or dog's) registration on the Registry. This information is vital not only for the effective implementation of annual permits but also the integrity of the Registry and the data it holds, therefore your cooperation is appreciated.

Veterinarians are also reminded that they must enter Identification Information directly into the Registry within 7 days or provide a copy of the (P1A) Permanent Identification Form to a local council within 3 days to ensure that pets are registered appropriately and reunited with their owners should they become lost.

If you require any further information or assistance, please contact the NSW Pet Registry at pets@olg.nsw.gov.au and 1300 134 460.

NSW Pet Registry functions about desexing

Notifying an animal's desexing status before or after registration

Vets are now able to update the desexed status of any animal after it has been registered, in addition to their current ability to update the desexed status of an unregistered animal.

For example, this function allows vets to change the desexing status of a cat that was not desexed until after it was 4-months old so that the owner does not need to pay for a second year's annual permit.

Sterilisation date is now a mandatory field

From 1 July 2020, the date the sterilisation procedure took place must be entered when notifying a cat or dog is desexed in the Registry. This is particularly important for cats in order to determine whether an annual permit is required, but also impacts the registration for a dog where the additional fee may apply if the animal was not desexed prior to 6-months.

Notifying an animal as 'not recommended for desexing'

Cats and dogs that cannot be desexed for medical reasons, either temporarily or permanently, are exempt from the annual permit requirement or in the case of a dog, the additional registration fee for a non-desexed animal. For these exemptions, vets must specify in writing, **before the animal reaches the relevant desexing age** (4-months for cats and 6-months for dogs), that the animal should not be desexed either:

1. until it reaches an age specified (temporary exemption up to 18-months), or
2. that desexing the animal at any time of its life would constitute a serious health risk to the animal (desexing not recommended for life).

After an animal reaches the relevant desexing age, the pet owner will be required to pay the registration fee plus the annual permit, or additional registration fee for a dog, if the animal remains undesexed and does not have an exemption from a vet.

Notifying in the Registry

A vet can notify a medical exemption directly on the NSW Pet Registry. This is the preferred method. Instructions are available in the *NSW Pet Registry User Guide for Veterinarians and Authorised Identifiers* at www.petregistry.nsw.gov.au/#/faq.

When notifying a temporary exemption on the Registry, vets are encouraged to provide additional comments to explain the medical reason. For a permanent exemption, these comments are mandatory.

Notifying outside of the Registry

A certificate can be provided to a pet owner that they can give to a council or other registration agent to have them update their animal's record. This certificate should include the following information:

1. business letterhead with name and contact details
2. the date the sterilisation procedure took place (prior to the relevant desexing age)
3. microchip number of the specific cat
4. name and address of the owner (optional)
5. medical reasoning:
   - *Temporary exemption:* specify the age from which the cat may be desexed and its recorded date of birth as set out on the Registry (up to 18-months)
   - *Permanent exemption:* a statement of medical reasons why the exemption has been applied.

It would be prudent for veterinarians to keep a copy of these certificates.

NSW Pet Registry and Companion Animals Register password and email accounts

OLG has identified that a significant number of vet users have failed to specify an email address on their account profile or change their password from the default provided at the time of registration. This presents a risk to the system and user. An active email address is necessary for the password recovery function to be effective. OLG is encouraging vets and their staff to make these simple changes to their NSW Pet Registry profile.

If you are having trouble logging in to the Registry, please call the NSW Pet Registry help line on 1300 134 460 – Monday to Friday (9am-4.30pm).

On the Companion Animals Register, users should update their password, password recovery security questions and provide an email address to ensure they can reset their password in the future.

Tattooing of desexed female dogs and cats

The *Companion Animals Act 1998* (s 86A) introduced a requirement for veterinarians to ear mark or tattoo female companion animals (dogs and cats) at the time of desexing.

Veterinarians must only perform this procedure whilst the animal is under general anaesthetic.

Veterinarians must not tattoo desexed female dogs and cats if:

1. If it is not considered by the veterinarian to be safe and humane
2. If the owner or client has not consented to the procedure

Veterinary Practitioners Board

The object of the *Veterinary Practice Act 2003* is to regulate the provision of veterinary services in NSW to promote animal welfare and protect the public.

Board members:

Mark Simpson (President)
Magdoline Awad
Georgina Child
Wendy Cochrane
Steven Ferguson
Jane Lord
Lisa Minogue
Kylie Parry

Veterinary Practitioners Board
Suite 7.09 247 Coward St
Mascot
NSW 2020

Phone: +61 2 8338 1177
Fax: +61 2 8338 1077

E-mail: admin@vpb.nsw.gov.au
Web: www.vpb.nsw.gov.au

The information contained in this newsletter reflects the policies of the Veterinary Practitioners Board (Board) and the current NSW legislation.

Any advice on specific issues not relating to Board policy should be obtained from either the AVA or appropriate government department or your own legal advisors.

Access to restricted substances

Schedule 4 and Schedule 8 medications are referred to as restricted substances. A registered veterinarian is defined as an authorised person under poisons and therapeutic goods legislation and this allows veterinarians to access these substances.

Under poisons and therapeutic goods legislation only veterinarians, and other persons directed by a veterinarian who is on the premises, are able to access restricted substances.

Importantly:

- Restricted substances must not be supplied to clients if a veterinarian is not on the premises to authorise this supply
- Restricted substances can be administered to in-hospital patients if a veterinarian is not on the premises providing the veterinarian has examined the animal and supplied this medication for administration by non-veterinarian staff (similar to supply for a client)
- Restricted substances , including S4 vaccines, must not be stored in reception areas, consultation rooms and other areas to which the public have access.

Merry Christmas and very best wishes for 2021

The Board's office will close at midday Thursday 24 December 2020 and will reopen Monday 4 January 2021.