

# Boardtalk

www.vpb.nsw.gov.au

April 2007

Issue 25



## President's Report

Welcome to 2007 and the first time veterinarians in NSW will be required to submit an annual return as is already required by other professions in NSW. The staff in the Board's office has been busy doing all they can to make the submission of the annual return and the payment of registration fees as easy as possible. We have invested in creating the opportunity to fill in and submit the annual return via a secure site on the internet. It is also possible to pay the annual fees via the internet using Bpay or a credit card. I have run through the process myself via the internet on the test site and found it to be very easy and uncomplicated to perform.



I apologise for the need to have two lots of fees so close together. It was necessitated by the change of registration year to line up with the financial year. In relation to this, the Board resolved to make a special fee for new graduates who will be registering after the final year exam results each year so that they will not be required to pay a full year of fees for their first 6 months of registration.

The legislature requires that the first annual return include information on continuing professional development over the previous 3 years. This is to gain historical information only and is not going to be considered for the purposes of the 3-year cycle/ 60 points minimum guidelines. It will not be until the annual return of 2010 that the Board will have the information that may lead to enquiries for an explanation as to why a veterinarian has not participated in 60 points of CPD.

The CPD point allocation and acceptable participation levels, which are available on our Web site, have been developed by and agreed to by all registration boards and the Australian Veterinary Association.

When it comes to answering the questions other than those relating to CPD I ask veterinarians to read the guidelines created by the Board very carefully. At first read some of the questions, which

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*President's report continued*

are in the legislation, may be confusing and create more questions than they answer so to speak. However, the Board believes that the guidelines created should provide enough help to allow most people to focus on the relevant information required to answer the question.

The new complaints committee, a committee of peers with one layperson, is working efficiently and effectively. A Complaints Committee report is included in this edition of Boardtalk. The goal is to process complaints fairly and without undue delay. Currently most investigations are completed within 3 months. The first 6-8 weeks are information gathering. The complaint is forwarded to the veterinarian requesting his or her response and records of the case (2weeks). The complainant

is then given a chance to respond (2weeks) and some complaints are withdrawn once the circumstances are made clear, while others continue. The veterinarian is then given a chance to reply in relation to the further response from the complainant (2weeks). The committee then considers the matter and further information may need to be sought. The committee then makes a reasonably detailed recommendation to the Board. The whole Board then determines the outcome of the investigation.

I would also like to congratulate all those NSW registered female veterinarians who received the Belle Bruce Reid Medal in November 2006. The list is included in this edition of Boardtalk.

*Garth McGilvray*

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## **From The Registrar's desk**

The Board is now in full swing implementing the many changes required under the new Veterinary Practice Act 2003 and Regulations 2006.



Veterinarians should have received their package containing their registration invoice, CPD Diary, Annual Return and Guidelines on how to complete the Annual Return in the post by now.

We would really appreciate it if you read the guidelines carefully before contacting the office with any queries. The submission of the Annual Return which includes Continuing Professional Development points (CPD) is the biggest change that the profession has faced for many years although it is simply bringing the veterinary profession in line with many other professions in New South Wales.

### **On line payments and B Pay**

The office has implemented two new payment options with the introduction of online payments with a credit card via the Board's website and B pay from the biller code on the registration invoice. While the options to pay by post (credit card or cheque) or via faxing credit card payments will continue, the Board would prefer to receive

payments electronically. When payments are done electronically errors in credit card payments are avoided and the database entry and payment reconciliation is less laborious.

The submission of the Annual Return electronically via the website is also the Board's preference but understands if this is not possible.

When paying for registration via the website, the Annual Return must be submitted at the same time. This is a new process and I'm aiming to entrench the idea that payment and Annual Return go hand in glove. As you can imagine processing over 3,000 invoices and marrying the annual return is an administrative challenge, but with the cooperation of the profession, I'm confident that it shall work out smoothly.

I have provided information about the changes to the legislation this year at many AVA meetings and, provided I can fit the time into my schedule, I am happy to continue with this liaising. I am also continuing with the hospital inspections program and suspect this will also provide an opportunity to gather some general feedback about the new legislation that I can present to the Board.

*Glenn Lynch*

# Hendra Virus Infection in a Veterinarian - Alert for the Profession

The Board wants to remind the profession of the dangers of Hendra Virus and other zoonoses. Below is an excerpt from Medical Journal of Australia [Volume 185 Number 10] 20th November 2006 [see [http://www.mja.com.au/public/issues/185\\_10\\_201106/han10698\\_fm.pdf](http://www.mja.com.au/public/issues/185_10_201106/han10698_fm.pdf). Or check the link on the Boards website]

The veterinarian undertook a high-risk procedure, taking less than optimal precautions. She was a relatively recent graduate and her training may not have adequately impressed upon her the need to undertake such procedures with due care. Just as human health workers have had to accept that several recently emerged viruses (e.g. blood-borne viruses and the SARS coronavirus) have changed working procedures, those working in animal health also must accept that recently emerged zoonotic viruses [e.g., HeV and Australian bat lyssavirus) necessitate appropriate working procedures and personal protective equipment in veterinary practice.

After this HeV incident. The Queensland Department of Primary Industries and Fisheries published revised guidelines for veterinarians handling horses suspected of being infected with HeV. These guidelines provide clinical case definitions and the recommended response measures, including the personal protective equipment that should be used when managing a suspected case, and necessary reporting procedures. We suggest these guidelines should be widely disseminated throughout the Australian veterinary community.

The guidelines referred to are available via a link on the Boards website or direct <http://www2.dpi.qld.gov.au/health/16503.html> and the Board recommends all veterinarians check these guidelines

*Australian Government  
Department of Agriculture, Fisheries and Forestry*

**Dear NSW Veterinary Practitioners Board**

Prevention of zoonotic diseases

I wish to draw your attention to a recent article that appeared in the Medical Journal of Australia concerning a case of Hendra virus infection in a veterinarian. I am writing to the Registrars of all Australian Veterinary Surgeons Boards about this matter. The article is attached, and it is available on-line at [http://www.mja.com.au/public/issues/185\\_10\\_201106/han10698\\_fm.pdf](http://www.mja.com.au/public/issues/185_10_201106/han10698_fm.pdf).

The article questions the suitability of the precautions used by the veterinarian during a high-risk procedure. It further comments that just as human health workers have accepted the changed working procedures necessitated by the emergence of diseases such as HIV and SARS, those working in animal health also must accept the need for appropriate working procedures in veterinary practice. The recent confirmation of Hendra virus in a horse in NSW is a timely reminder that geographical borders do not restrict such diseases.

The article recommends that the Queensland Department of Primary Industries and Fisheries' revised guidelines on handling suspect Hendra virus cases be widely disseminated through the Australian veterinary community. These guidelines are available on-line at <http://www2.dpi.qld.gov.au/health/16503.html>.

I have formally raised this matter at a national level through the Animal Health Committee and the Deans of Australian veterinary schools. I seek your support to assist in providing advice to registered veterinarians on safe procedures to adopt when investigating potential cases of Hendra virus.

Yours sincerely  
Dr R. R. Biddle  
Australian Chief Veterinary Officer (A/g)

# Veterinary Hospital Requirements

## Large Animal Practices now require a Veterinary Hospital Licence.

The Veterinary Practice Act 2003 at Section 65 requires all premises that perform 'major surgery' as defined at S 64, to be licensed. Under the previous Veterinary Surgeons Act 1986, there was an exemption for large animal practices, however this exemption no longer exists.

The Board has identified and contacted many large animal practices in NSW through the yellow pages etc. so these practitioners know what to do. However, if we have missed a practice you may work at, please request that they contact the Board's office or visit the Board's website for the 'Guidelines for a Large Animal Veterinary Hospital Licence', and the accompanying application forms.

Section 65 of the Act, states 'that 'major surgery' on all animals must be performed in licensed premises', however the legislation provides at 65 (2) 'for a defence to a prosecution if the defendant establishes it was necessary to perform the surgery on the animal at a place other than licensed premises because of one or more of the following reasons'

- a) The major surgery was performed in an emergency and there was no time to move the animal to a veterinary hospital,
- b) It was impractical to move the animal to a veterinary hospital because of the size and type of animal,
- c) It was dangerous to the health of the animal to move it to a veterinary hospital.

The Board has established guidelines to assist practitioners to interpret the section / reasons above. Is important to note, the Board believes the above reasons should be interpreted in a broad sense, such as b) it will often be 'impractical' to move a food producing animal because the cost of transport,

hospitalisation, the major surgery and post operative care etc. would make it commercially 'impractical to move the animal because of the type'. It may also be c) 'dangerous to the health of a horse' to move it if it is not accustomed to transport etc. and of course there are many other reasons.

The intent of the legislation is not to reduce the current availability of veterinary services that are provided on farms etc. and this is why the Board has developed the guidelines to provide some degree of comfort to the practitioner or if any person is in any doubt about S65 (2). The decision to refer (or not to refer) 'major surgery' to a licensed veterinary hospital ultimately rests with the veterinary practitioner's judgement in consultation with the client. Please refer to the 'Guidelines for Major Surgery to be undertaken', available on the Board's website under 'Hospital Licensing' or 'Publications' for more information.

## Previous "C" Class Veterinary Hospitals please note.

Section 66 of the Act, makes it an offence for unlicensed premises to be represented as a veterinary hospital by using words (without limiting the ways in which the representation may take), hospital, clinic, surgery, veterinary practice, etc. All the previously registered class C practices or branch practices have been advised in writing of this change to the legislation and are expected to comply with this section of the law immediately without further notification.

## Hospital Signs

S68 of the Act requires the holder of a veterinary hospital licence to display information that specifies the type of major surgery authorised to be carried out at the premises. The Board will contact all licensed veterinary hospitals (large and small), later this year. There is no need to do anything yet in regard to the sign.

**EMERGENCY ANIMAL DISEASE WATCH  
HOTLINE**

**1800 675 888**

24 HOURS A DAY TO REPORT SUSPECTED OUTBREAKS OR SIMPLY ANY UNUSUAL SYMPTOMS

## **Confidential Help for Veterinarians - Doctors Health Advisory Service**

Independent and confidential service staffed by specially selected and trained medical practitioners who are able to offer personal and health assistance as well as referral to specialists. Veterinary practitioners / their families / their colleagues are able to make calls to the Help Line. Issues vary and all calls are unique but may involve depression, alcohol abuse, drug use, work related stress or marriage difficulties. This highly respected and leading health care advisory organization aims to assist veterinarians to maintain full personal, professional and social capability. The dedicated telephone service is available 24 hours a day.

**(02) 9437 6552**

-24 hours-

## **News from the Faculty of Veterinary Science, The University of Sydney.**

It is the start of the academic year and the Faculty of Veterinary Science at The University of Sydney welcomes new students enrolled in the BVSc and those enrolled in the BAnVetBioSc. The BVSc is the degree to become a veterinarian while the BAnVetBioSc prepares students for professional careers in research, commercial or government laboratories, as consultants or regulators within government authorities etc. in the veterinary and animal sciences.

In year 1 of the BVSc, the students complete the following units of study: there's still Chemistry (but no longer Physics or Biology), Animal Husbandry, Cell Biology, Veterinary Anatomy and Physiology and Professional Practice. Professional Practice was introduced specifically into the new curriculum and is presented as distinct units of study in years 1-3 and integrated with units of study in years 4 and 5. In year 1, Professional Practice involves initially introducing students to the tertiary environment and developing their communication skills and introduces the benefits of team-work in the professional environment. As Year 1 progresses, Professional Practice introduces exploration of human animal interactions and concepts of communication such as conflict resolution, ethics and professionalism, practice management, personal development and animal welfare. In Year 2, Professional Practice addresses principles of veterinary practice management and in Year 3, students consider financial and legal perspectives in the management of cases and study the Acts that influence the running of veterinary practices.

Besides the curriculum change that commenced in 2000, there is general agreement that the approach to teaching has changed as well. Over the last decade the University has stressed its expectation of 'good teaching' from its teaching staff. Those of us that graduated from some universities in the previous decades can remember long boring lectures where the lecturer read from notes for 55 minutes and we did our best to write down the main points. That type of teaching is now considered a relic of the past. Teachers now are expected to use teaching methods that encourage students to actively engage in their learning rather than the old model of being passive recipients of knowledge. I also bet many of you can also remember the terror of the examination period when we passed or failed on the only examination for that subject. Things have really changed in this regard; students are offered at least two intra-semester tasks per unit of study as well as a task due in the examination week. There are a couple of reasons for this: students learn best when stress is minimised and some students may demonstrate their learning better in one assessment format than another. Consequently a common student complaint is that they are "over-assessed" but if I was a student I'd prefer two to three smaller assessment tasks over the whole of semester than a battery of single exams for each unit of study. No wonder the student years of yesteryear had much greater failure rates!

*Merran Govendir*  
*Senior Lecturer in Veterinary Pharmacology*  
*Sub Dean of Post Graduate Education and Research*  
*Training*  
*Faculty of Veterinary Science, The University of Sydney.*

## News of Veterinary Science at Charles Sturt University, Wagga Wagga

Hard to believe, but the School of Agricultural and Veterinary Sciences at Charles Sturt University is embracing its third intake (slightly less than 60 students). Although original applicant numbers were similar to those of previous years, the number actually interviewed (165) was higher. Despite the time and labour consuming aspects of interviewing prospective veterinary students, we are very pleased with the process which has improved with each year. Interview teams usually comprise three individuals; two staff members and one practitioner, all efficiently marshalled by Doug Bryden. We are most grateful to Doug, and our participating practitioners, for their efforts in helping to make this process work so effectively and seamlessly.

Apart from a bevy of excited new students, we are also very pleased to welcome Scott Norman as Senior Lecturer of Equine Reproduction. Scott graduated BVSc from The University of Queensland in 1983, and has since accumulated a wealth of experience and credentials, including a PhD and Membership of the American College of Theriogenologists. He has already contributed greatly to veterinary education, mentoring and research and he will be a great asset to our program.

We also warmly welcome Helen McGregor as Lecturer in Sheep Veterinary Practice. Helen has had experience with mixed veterinary practice in the UK as well as with the University of Sydney, and brings a wealth of relevant experience in practice, teaching and research, as well as an interest in breeding kelpies and a Scottish accent.

Ground breaking will occur in April for our new Clinical Training Centre (CTC); due to come "on-line" in February 2008 at a projected cost of nearly \$9 million. The CTC will possess an excellent infrastructure for working with cattle, sheep, horses and small animals and will include facilities for an equine referral practice and hospital, as well as for teaching surgery (and anaesthetics), diagnostic imaging, intensive care, and "state of art" veterinary reproduction ("theriogenology").

In addition, the design process for the new Veterinary Diagnostic Building is well underway and it is planned to have most of the functional capacities in operation by mid 2009. Our architectural team have been involved in similar projects worldwide and have done a great job at capturing all the design elements that will make this building a key feature of our service to the livestock industries in the region.

In late January this year, expressions of interest were invited from any interested veterinary practitioner in the Wagga region for the operation of a Small Animal Clinic in conjunction with the University, to provide the environment and case load for clinical training of our later-year students under the supervision of a placed academic clinician. Two particular goals for the plan to work with at least one local practice are to operate a business which does not compete with the local veterinary practices and to provide our students with access to a strong primary accession case load, in addition to referral practice provided through other mechanisms. Planning for the construction of a new clinic building, and the development of a formal relationship with one or more of the interested parties will continue through the first half of 2007.

Finally, preparations for the problem-based learning (PBL) phase of our teaching programme (semesters 5-9, commencing this year) are well underway. The first set of "problems" is in the final stage of preparation, rooms for meetings of the teams and lab resources have been identified and physical resources such as text books and computers ordered. Students and staff alike are looking forward to the PBL program with great anticipation, as it promises to be an exciting, stimulating and educational process for all concerned. One of the most pleasing aspects of the imminent arrival of PBL is that it has encouraged academic staff members to reflect upon "best" teaching and learning methods, and to use this knowledge to help frame curriculum content.

*Professor Peter Chenoweth BVSc, PhD  
Professor of Veterinary Reproduction  
School of Agricultural and Veterinary Sciences &  
Graham Centre for Agricultural Innovation  
Charles Sturt University, Wagga Wagga*

*Veterinary  
Practitioners Board*  
*[www.vpb.nsw.gov.au](http://www.vpb.nsw.gov.au)*

# Complaints Made to the Board about Veterinary Practitioners

The Board wishes to introduce a regular article to inform and educate the profession about complaints that have been lodged with the Board and the outcomes and decisions made by the Board.

Firstly, the office has procedures in place to listen to 'grievances' when a user of veterinary services has called seeking information. The Registrar or the Complaints Officer take these calls and often suggest that the complainant seek resolution by speaking directly to the Superintendent or owner of the practice. It is explained that the Board has limited powers to investigate complaints about fees for service issues and that NSW Fair Trading handle those particular fee related complaints (not withstanding that veterinarians are legally bound by the Code of Professional Conduct in conveying an estimate of the fees and likely outcome of treatment). The complainant is informed of the complaint handling process enunciated on the Board's website including the requirement to submit the complaint in writing as a Statutory Declaration should they wish to go ahead with the complaint.

It would appear that many complaints are resolved through these communications because in many cases the Board's staff doesn't hear from the complainant again.

Since its appointment in September 2006, the Board has investigated and made decisions in regard to several complaints. The Board has supported the referral of two serious matters to the NSW Administrative Decisions Tribunal (ADT). Such referral is made when the Board believes the seriousness of the case may warrant suspension or removal of the veterinary practitioner from the register

Board decisions include the following

- In one complaint, the Board resolved to Caution and order the costs of the investigation (\$1,500) for the use of a non-current procedure when performing a surgical procedure.
- In another complaint, the Board resolved to Caution and order the costs of the investigation (\$800) plus a fine (\$500) for inadequate clinical records regarding a patient.
- In another complaint, the Board resolved to Caution and order the costs of the investigation against two vets in the same practice (\$220 each) for inadequate records regarding

consent for surgery. Both were also fined (\$250 each).

- In another complaint, the Board resolved to Reprimand and fine (\$1,100) for performing major surgery in an unlicensed premise, fine (\$2,200) for performing major surgery on animals without provision of gaseous anaesthesia and emergency oxygen, costs of the investigation including travel costs (\$608), totalling \$3,908.

- In another complaint, the Board resolved to Reprimand and fine (\$2,000) for failure to keep adequate records, failure to offer referral for a serious condition and failure to provide ongoing veterinary treatment.

- The Board dismissed some complaints which, following investigation, revealed no Unsatisfactory Professional Conduct and no Professional Misconduct on the part of the veterinary practitioner.

The Registrar received a letter from one of the complainants, which reads;

*Dear Mr Lynch,*

*I thank you sincerely for your advice of the Board's decision.*

*Your profession must be enhanced by insistence on high professional standards that in turn encourages pet owners to entrust their cherished friends to your members care.*

*Yours faithfully,*

*Mrs (Complainant)*

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## Legislation Readily Available [www.vpb.nsw.gov.au](http://www.vpb.nsw.gov.au)

The practice of veterinary science in New South Wales is influenced by many pieces of legislation. The Veterinary Practice Act 2003 and Regulations 2006 is the legislation which comes to mind first but all veterinarians are expected to know their obligations under the many other relevant laws. A feature of new legislation is the lack of repetition so if the Poisons Act outlines an offence then veterinary practitioners are bound by that Act even though it will not be in the Veterinary Practice Act.

### Test your knowledge today...

- Do you know the meaning of "Infected" as it pertains to stock, carcass or land? [Stock Diseases Act 1923]
- Did you know veterinary practitioners are not permitted to give injectable anabolic steroids to clients [Stock Medicines Act 1989]
- Did you know it is illegal to confine a bird to a

cage with a ring and chain? [Prevention of Cruelty to Animals Act 1997]

- Do you know the definition of a “dangerous dog”? [Companion Animal Act 1998]

- Did you know it is illegal to supply, sell or even give away medicines, which have passed their expiry date? [Poisons and Therapeutic Goods Act]

Boardtalk highlights for veterinary practitioners some of the legislation but for more information consult the Board’s website. If you go to [www.vpb.nsw.gov.au](http://www.vpb.nsw.gov.au), then to Legislation, you can quickly access

- Veterinary Practice Act 2003 is the Act which outlines major issues of registration, hospital licences, Board responsibilities and functioning, complaints and disciplinary action while the Veterinary Practice Regulations 2006 defines restricted acts of veterinary science, defines meanings of terms such as “professional misconduct” and “unsatisfactory professional conduct” and importantly the “veterinary practitioners conduct that must be obeyed according to the “Veterinary Practitioners Code of Professional Conduct” - the Code is included as an insert in this edition of Boardtalk.

- Poisons and Therapeutic Goods Act [and its Regulations] is concerned with the regulation, control and prohibition of the supply and use of poisons, restricted substances, drugs of addiction, certain dangerous drugs and therapeutic drugs. Keeping of drug registers, labelling and repackaging of prescription drugs are outlined in this Act.

- Guidelines to Poisons and Therapeutic Goods Legislation for Veterinary Surgeons. A hard copy of this excellent publication was sent to every registered veterinary practitioner in 2000. This valuable practice resource is still readily available on the Board’s website under ‘publications’. Lost your copy? Download another today.

- Stock Medicines Act 1989 [and its Regulations] relates to medicines and animals used in production, aiming for safeguarding of stock and other animals as well as the environment. It is this Act that permits veterinary practitioners to personally compound or prescribe registered human products to treat animals under their care and to allow off label use of scheduled drugs in non-food producing species.

- Companion Animal Act 1997 covers the varied areas of identification, registration, responsibilities and restrictions of companion animals, defining of “restricted as well as “dangerous dogs” and the repercussions associated with ownership of a dog “declared” under those terms.

- Animal Research Act 1985 covers the accreditation and licensing of research establishments. Also covers the supply of animals for research, keeping animals for research and complaint handling.

- Prevention of Cruelty to Animals Act 1979 concentrates on the offences [such as electrical devices, sale of injured animals, spurs, fighting, firing, etc] as well as the need to report injuries, malicious poisoning and the power of veterinary practitioners to destroy animals under certain circumstances. This Act

lists prohibited acts such as docking of tails of dogs, cropping of dogs ears, declawing cats and branding the face of any animal.

- Radiation Act 1990 regulates those who own and operate radiation equipment, licensing and enforcement of the requirements.

- Stock (Artificial Breeding) Act 1985 regulates issues such as licensing of premises, supervision of activities, offences relating to ova, sperm and importation, technical aspects of restricted activities.

- Drug Misuse and Trafficking Act 1985 concentrates on manufacture, cultivation, supply, sale and self-administration of prohibited drugs as well as the penalties connected to these offences.

Boardtalk will continue to highlight various aspects of legislation but at the end of the day it is the veterinary practitioner’s responsibility to ensure adequate knowledge of the law in areas of professional and personal life. Ignorance of the law will not be accepted as an excuse when deliberating over a complaint made by a consumer or a government department.

**Practitioners should file the attached Veterinary Practitioners Code of Professional Conduct for ease of reference.**

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## **Veterinary Medicines Generally**

*Lee G Cook*

*Biological and Chemical Risk Management*

*NSW Department of Primary Industries*

**The new Veterinary practitioners code of professional conduct (Schedule 2 of the Veterinary Practice Regulation 2006) includes requirements at Clause 20 for supply of restricted substances.**

***These controls are now very specific compared to previous requirements. They make it clear that a veterinary practitioner may only supply S4 and S8 drugs to a person whose animals the veterinary practitioner has “physically examined or has under his or her direct care”. This has implications for all practitioners but especially those working with food producing animals.***

On the other hand this clause also now permits you to supply a client or visitor on the authority / prescription of another practitioner.

**Virginiamycin** is registered as an acidosis preventative in cattle and sheep. In these times of drought it has also been used with apparent good results as an early treatment for grain poisoning. This is a good example of the benefits that veterinarians have in relation to off-label use.

But practitioners are reminded that they also



need to comply with Sections 39D and 39E of the Stock Medicines Act 1989. These sections require the provision of written instructions to the owner of the animals and keeping detailed records of their own action / supply / advice. See the VPB web site for access to this legislation.

### **Companion Animals and Veterinary Medicines (including alternative therapies)**

Veterinary practitioners are permitted under the Stock Medicines Act 1989 to use and supply unregistered products to clients for non-food producing species (or a single animal of a food producing species). The Act has detailed requirements in the latter case and should be consulted before such use.

In regard to unregistered products for dogs, cats etc. Clause 142 of the Poisons and Therapeutic Goods Regulation 2002 applies even if such products are not scheduled poisons. This clause requires that such products must be labelled in accordance with Appendix A of the Regulation i.e. with a full dispensing label. Refer to the legislation on the VPB web site for full details. (Once you open the Regulation, Click on "179 saving" then select [Next] to see the Appendix.)

*Lee G Cook  
Veterinary Officer  
Biological and Chemical Risk Management  
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## **Belle Bruce Reid Medal**

On November 28th 2006 the University of Melbourne named one hundred Australian female veterinarians [graduates of Australian and overseas universities] Outstanding Women Veterinary Science Graduates. These women were awarded this honour to mark the centenary of the qualification and registration of Belle Bruce Reid GMVC [the first female veterinarian to graduate in Australia] on 28 November 1906. Many of the eminent veterinarians listed are, or have been, veterinarians in New South Wales.

Acland, Helen M  
Aiton, Jan  
Alders, Robyn  
Anderson, Gail  
Barton, Mary Darvall  
Barty, Kathleen Josie  
Bellamy, Teri Ann  
Bernoth, Eva-Mara  
Brightling, Pauline  
Carlisle, Carol  
Carter, Margery  
Carter, Tanya  
Chapman, Helen  
Christian, Margaret Enid (Peg)  
Churchill, Jennifer  
Citer, Lorna  
Cotton, Michelle  
Coupe, Enid  
Edols, Jenifer  
Elliott, Denise  
Ellis, Patricia  
Farr, Kathleen Ionie (Mrs Walker)  
Farrell, Lynette Stella  
Flashman, Ann Flora (Lady Rylah)  
Friend, Sue  
Gibney, Diane  
Giesecke, Robin (nee Harbutt)  
Goodwin, Margaret (Peg)  
Gunn, Alison  
Halloran, Susan  
Handler, Judith  
Hills, Jan  
Holyoake, Patricia  
Hunt, Geraldine

Jackson, Anne  
Jephcott, Barbara (Lady)  
Jones, Helen  
Kahn, Sarah  
Kater, Joan  
Keats, Margaret Gwendoline  
Kelly, Deborah  
Lillecrapp, Judith Anne  
Littlejohn, Patricia  
Lloyd-Webb, Lis  
Love, Daria  
Mackie, Eleanor  
Macpherson, Ola Mary (nee Dall)  
Maddison, Jill  
Marshall, Kathleen  
Martin, Robyn  
McCarthy, Cate  
McCracken, Helen  
McKenzie, Marilyn  
McWhirter, Pat  
Melville, Lorna  
Miller, Ann  
Moncur, Norma  
Neiderer, Helen  
Newby, Jonica  
Nichol, Roslyn  
Nicholls, Julia Mary  
Ong, Elaine  
Osborne, Debbie  
Osborne, Virginia  
Palmer, Rebecca  
Rand, Jacqui  
Raymond, Kathleen Lindsay  
Read, Emma

Read, Peggy Elizabeth Roberta (Lady Humphries)  
Reid, Marjorie Anne  
Richards, Violet Maree  
Rose, Margaret  
Scanlon, Pam  
Schwilk, Isobel  
Scott, Lyndal  
Scott, Lyndy  
Scott-Orr, Helen  
Seksell, Kersti  
Shaw, Susan  
Sheehan, Di  
Sillence, Joanne  
Slocombe, Judith  
Smith, Barbara  
Stuckey, Joan  
Studdert, Virginia  
Stutsel, Mary-Jane  
Thompson, Ruth  
Toia, Jo  
Turner, Alison  
Vanselow, Barbara  
Vaughan, Jane  
Ward, Gwen  
Warren, Katrina  
Webb, Carole  
Webb, Sarah  
Wellington, Barbara  
Weston, Jenny  
Wickham, Nancy  
Wilson, Barbara  
Yager, Julie

## Declared Diseases Of Livestock

*Marilyn Evers, Animal Biosecurity,  
NSW Department of Primary Industries*

The term 'declared disease' is commonly used, especially by government vets, but is rarely explained.

The term derives from the NSW legislation, which regulates animal diseases, mainly the NSW Stock Diseases Act 1923, and the NSW Exotic Diseases of Animals Act 1991. Any disease can be 'declared' under one or both of these acts. This means that the sections of the act defined in the declaration then apply to that disease.

Note: Different sections of the acts refer to different aspects of regulation, e.g. section 7 of the Stock Diseases Act refers to general powers of inspectors, section 9 refers to notification and section 10 refers to the Minister's power to declare a quarantine area.

Stock Diseases Act declarations are made by way of a proclamation signed by the NSW Governor, which is quite a complicated process. The diseases to be declared are listed in the first column of a schedule within the proclamation. The same schedule applies all sections of the Stock Diseases Act (by default) to each disease, or uses the second column to state which particular sections apply to a particular disease.

Anthrax and strangles are good examples. Anthrax is listed in column 1 but has nothing listed against it in column 2, which means it is declared for all sections of the act. In contrast, strangles has 'only section 9' listed against it in column 2, which means it is only subject to the section 9 requirement for notification. Reason? Anthrax is considered a

serious disease so all powers of the Stock Diseases Act are made available. Strangles is considered a far less serious disease and only notification is required, mainly to assist with export certifications.

It is much easier to declare diseases under the Exotic Diseases of Animals Act. It's done by an order and is kept simple so that, in the event of a completely new disease or a new and serious variant of an already known disease, NSW can immediately declare the disease and access the Exotic Diseases of Animals Act powers.

Foot and mouth disease and rabies are individually defined within the Exotic Diseases of Animals Act as exotic diseases to which all sections apply. A ministerial order lists about 80 other exotic diseases as declared under the Exotic Diseases of Animals Act and subject to all sections.

Incidentally, all the exotic diseases declared under the Exotic Diseases of Animals Act are now also declared under the Stock Diseases Act, primarily to give access to the more commonly used Stock Diseases Act powers, especially during an early investigation phase.

You can access the acts and their subordinate legislation such as proclamations and orders on the NSW Department of Primary Industries legislation page.

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## Safe Handling of Cytotoxic (or Antineoplastic) Drugs

Cytotoxic drugs are therapeutic drugs intended for, but not limited to the treatment of neoplasia. Some are also used to control autoimmune diseases. Cytotoxic drugs have different mechanisms of action but are highly toxic to cells through their action on cell reproduction. Many are mutagenic (causing changes to DNA), carcinogenic and can be teratogenic.

Cytotoxic drugs are universally identified by a purple symbol representing a cell in late telophase. They are available as tablets or capsules for oral administration and powder or solutions for injection. Cytotoxic drugs can be extremely irritant, producing harmful local effects on direct contact with skin, mucous membranes and eyes which can lead to contact dermatitis, local toxic or allergic dermatitis or allergic reactions. Prolonged exposure or exposure to high concentrations of these drugs

also have systemic effects such as blood cell count alterations, foetal mortalities or malformations, reduced fertility, abdominal pain, hair loss, nasal sores, vomiting, liver damage and secondary tumours. Exposure may occur through contact via skin, eye, or mucous membranes during preparation or administration, spills, inhalation of aerosols and powders, sharps and contact with patients' biological fluids such as vomitus, faeces and urine. Persons handling these drugs should be aware of the potential dangers and take steps to minimise any risk to themselves, their staff and their clients.

### **Tablets/capsules<sup>1-2</sup>**

- Tablets should not be broken or crushed and capsules not opened. Cytotoxic tablets dispensed for home medication use should be labelled Do not crush

- Disposable latex or polyvinyl gloves should be worn when handling cytotoxic tablets that do not have a protective coating

- In addition to the statutory requirements for the labelling of medicinal products, all containers used for dispensing cytotoxic drugs must be child-proof and carry a clear warning that they should be kept out of reach of children. Containers should be clearly labelled with the name of the agent.

- Staff and owners should be given clear instructions on the administration of medication and dealing with the patient's waste (see below)

- Disposable gloves should be worn when administering tablets because the tablet's protective barrier may break down on contact with saliva.

- Hands should always be washed after handling any cytotoxic drug

### **Injectable solutions<sup>1-2</sup>**

The main risk of exposure arises during the preparation and administration of injectable cytotoxic drugs, many of which are presented as powder requiring reconstitution with a diluent. Potential dangers are the creation of aerosols during preparation/reconstitution, administration and disposal of these drugs. The level of protection required depends on the agent, but the minimum requirement would be:

- Latex or polyvinyl gloves

- A gown with long sleeves to protect the skin

- Eye protection

- A surgical mask or a 'P2' mask to provide some protection against splashes to the face

### **Reconstitution**

- Cytotoxic drugs should be only reconstituted by trained personnel

- Reconstitution should be performed in a designated area, free from draughts and well away from thoroughfares and food

- If drugs such as doxorubicin are used on a regular basis they should be reconstituted in a

protective, vertical-flow, biological safety cabinet

- Careful technique should prevent high pressure being generated within the vials and minimise the risk of creating aerosols

- It is necessary to expel excess air from a filled syringe it should be exhausted into an absorbent pad (disposed of in a appropriate manner - see below) and not directly into the atmosphere.

NSW WorkCover guidelines state

- o Do not recap needles

- o Do not expel air from syringe

- o Do not expel cytotoxic agent from syringe

### **Administration**

- Luer lock fittings should be used in preference to push connections on syringes, tubing and giving sets

- All animal patients must be adequately restrained by trained staff (wearing protective clothing). Fractious or lively animals may need to be sedated

- In the advent of spillage, the spilt material should be mopped up with disposable absorbent towels (these should be damp if the spilt material is in a powder form) and the towels disposed of. Contaminated surfaces should be washed with copious amounts of water

### **Waste disposal**

Cytotoxic waste includes any unwanted cytotoxic drug preparations; disposable laboratory consumables and sharps that may have been contaminated with cytotoxic material; and the carcasses of animals treated with cytotoxic drugs and associated animal bedding.

Urine and faeces will contain some proportion of the agent or perhaps active metabolites. For example 62% of cyclophosphamide when administered by a single IV injection will be detectable in urine after 48 hours and will be detectable for 5 days in faeces after an oral dose (Cass & Musgrave 1992). Don't forget that vomitus, saliva etc. will also contain drug traces. The NSW WorkCover Guidelines (see first reference) is available over the internet and contains a table of the elimination times of cytotoxic drugs into urine, faeces etc. in people. While this information is not strictly applicable to animals, it does act as a guide for drug elimination times.

Cytotoxic waste must be segregated from all other waste streams and packaged in purple cytotoxic waste bags or cytotoxic sharps containers displaying the telophase cytotoxic symbol and the words CYTOTOXIC WASTE – INCINERATE AT 1100 CELSIUS. The bags and sharps containers must then be placed into a Purple Cytotoxic Clinical Waste Bin. Specialist hazardous wastes contractors

are used to collect, re-pack (if necessary), transport, treat and dispose of the hazardous wastes in accordance with legislative requirements. If you require an EPA licensed waste disposal contractor contact the Environmental Protection Agency or your local council.

### **Additional points about cytotoxic waste**

- Adequate care should be taken over the disposal of syringes, needles etc. used to reconstitute and administer cytotoxic drugs

- Sharps should be placed in an impenetrable container specified for the purpose and sent for incineration

- Excess or unwanted drugs should be disposed of by high temperature chemical incineration by a licensed authority

- Solid waste e.g. contaminated equipment, absorbent paper and faeces (of treated patients) should be placed in double-sealed polythene bags and disposed of by high temperature chemical incineration by a licensed authority

- Owners should be educated about drug residues in their pet's excreta and provided with practical guidelines on handling and disposal of this material

- When hosing to remove urine or faeces, wear protective clothing and hose lightly to minimise both splash and aerosolisation.

The WorkCover NSW Handling cytotoxic drugs and related waste 2006 Draft provides a thorough coverage of all aspects of handling cytotoxic drugs including a chapter on usage in a veterinary context.

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## **Boardtalk**

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#### **IMPORTANT:**

The information contained in this newsletter reflects the policies of the Veterinary Practitioners 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