1. The Safety, Health & Welfare At Work Act 2005 makes it incumbent on any employer, as far as is reasonably practical, to create and maintain a safe and healthy workplace for all workers and any other persons who may enter the premises or be involved in work practices.

2. In order to ensure such safety, any employer, with more than three employees, is obliged by law to undertake a risk assessment of the workplace and to formulate policies and procedures within a written Safety Statement.

3. Under Section 8 (2) (1) of the Act, the employer is required, where necessary, to employ a competent person, as an employee or otherwise, to ensure, as far as is reasonably practical, the safety, health and welfare of employees.

4. In order to be compliant with the legislation, veterinary practices will need the assistance and expertise of a competent person, to identify hazards, to assess risks, to formulate control measures and to compile a written Safety Statement.

This Veterinary Ireland Model Safety Statement is issued to members of the Organisation as an example only, and its use alone, without following the criteria given in section 4 above, should not be taken as fully meeting the requirements of the Safety, Health and Welfare At Work Act 2005.
NOTICE

TO ALL EMPLOYEES

This veterinary practice has a safety statement, a copy of which can be obtained from the Practice Safety Officer.

Signed: __________________________________________

______________________________________________ Principal/Partner
## GUIDES TO HEALTH AND SAFETY RULES

### GENERAL SAFETY NOTES

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SAFETY STATEMENT of (Practice Name)

1. The practice will take all practical and reasonable steps to reduce the risk of accidents, and to avoid any known risks resulting from activities by ensuring as safe a working environment as is possible.

2. The practice will comply with relevant legislation and regulations.

3. Each member of staff shall be responsible for the effective implementation of the practice’s policy within his/her area of control and continually appraise the health and safety policy to ensure it is effective.

NB. IT IS THE RESPONSIBILITY OF EACH MEMBER OF STAFF TO WORK WITH CARE; TO OBSERVE SAFETY RULES; TO UTILISE SAFETY AND HEALTH EQUIPMENT AND TO REPORT HAZARDOUS CONDITIONS.

ARRANGEMENTS FOR SAFE-GUARDING SAFETY/HEALTH OF EMPLOYEES

Mr./Ms. (Name) has been appointed Safety Officer for the practice and he/she shall endeavour to ensure that the practice’s safety policy is up-to-date and effective.

1. Every member of staff will have a duty to co-operate with the Safety Officer in order to ensure a safe working environment and shall report to the Safety Officer any defects in equipment, place or system of work which might endanger health and safety.

2. The practice will provide protective clothing where necessary.

3. The practice will provide cleaning/washing-up facilities.

4. The practice will provide first-aid facilities in work locations.

5. The practice will investigate accidents to prevent recurrence.

SAFETY TRAINING

All employees shall be adequately trained for the work they are required to do and will be informed of the safety policy and their responsibilities in relation to the same.
GENERAL SAFETY AND HEALTH RULES

To be revised as appropriate at each monthly safety meeting.

GENERAL SAFETY NOTES

1. **Good Housekeeping**
   Efforts must be made to maintain a clean and tidy work area with stock properly stored and spillages or breakages dealt with at once.

2. **Safety and First Aid Equipment**
   Always be familiar with type, position and operation of safety equipment, e.g. Fire Extinguishers and Protective Clothing.

3. **Warning Notes**
   You must always make fellow workers aware of any dangers and special handling requirements by instruction and by drawing their attention to warning notices which are displayed in all work areas.

4. **Carrying Bottles**
   Bottles should always be carried with both hands. Never carry a bottle by its neck.

5. **Toxic + Corrosive Materials**
   Always treat all chemicals as potentially dangerous. Avoid direct contact with any breakages/spillages and never breathe in solvent vapours.
   **IN CASE OF SKIN CONTACT DRENCH WITH WATER, THEN WASH WITH SOAP AND WATER AND SEEK IMMEDIATE MEDICAL ADVICE.**

6. **Waste Disposal**
   A procedure operates in the Practice for the disposal of clinical waste. All such waste must be rendered safe and stored in a well-defined area prior to disposal. Clinical waste **must not** be disposed of with ordinary rubbish.

7. **Notification**
   Every employee carries a responsibility to ensure that good housekeeping practices are maintained. Any accident, no matter how small, should be reported to a partner immediately, in order that we may all learn from the experience and possibly prevent further incidents of a similar nature.
GUIDE 1 - RADIATION PROTECTION

Staff should be familiar with the following publication:

"Radiation Protection in Veterinary Radiology"

A Code of Practice prepared by the Nuclear Energy Board, Radiation Protection Institute of Ireland, 3 Clonskeagh Road, Dublin 14.

LOCAL RADIATION SAFETY RULES

Radiation Protection Officer (RPO) is: (Name)____________________

(a) Controlled Area: X-rays to be taken only in the X-ray room or wherever is the approved place.

(b) Persons who can use X-ray machines: Those staff over 16 years of age who wear radiation dosage monitoring badges.

(c) Persons who cannot use, or be in the same room as, the activated X-Ray machine: N.B. 3. Persons under 16 years of age. N.B. 4. Pregnant women.

(d) Protection: 1. X-ray beam should only be directed vertically whenever possible.
2. Sedation or general anaesthesia should be used for animal restraint.
3. No human should be X-rayed.
4. Any pregnancy of staff should be notified to (Name)____________________
5. Use of X-rays in any direction other than vertically down should be authorised by (Name)____________________
6. Staff should wear protective clothing provided.
7. Staff must not expose themselves to useful beam.
8. Any finger, etc., appearing on X-ray must be reported to (Name)____________________ and notified in writing.
9. Staff should take care of X-ray protective clothing (which should not be bent or folded, etc).
10. X-ray only if there is a definite clinical indication.
11. No unnecessary repetition of radiographs.
12. All animals should be positioned on special table.
provided in the X-ray room.
13. On the rare occasion when manual restraint is necessary, the duty must be shared among designated persons.

(e) Badges: Should be -
1. Worn on the body trunk under a lead apron.
2. Kept dry and away from heat and other X-ray sources when not worn.
3. Not worn outside work.
4. Changed for a new one every calendar month.
5. If lost, damaged or laundered, reported immediately to (Name)_________

(f) Management of controlled area:
1. No entry or exit during radiography.
2. Minimum personnel present.
3. Protective clothing used at all times.
4. Only specific persons present during X-raying.

(g) Sequence to be taken during X-raying:
1. Immobilise (in preparation area).
2. Take to X-ray area.
3. Close door.
4. Switch on machine.
5. Select exposure.
6. Position animal on table.
7. Don protective clothing.
8. Stand back and warn others.
9. Expose (if switch jams on, turn off at mains and inform (Name)_________)
10. Switch off.
11. Remove protective clothing and store correctly.

**RADIATION SAFETY SUMMARY**

**Warning Light**
Ensure Red warning light is on prior to exposure, and is turned off afterwards.

**Restraint**
Sedation or general anaesthesia must be used routinely. Do not hold by hand - use troughs, sandbags and ties.

**Protective Clothing**
Wear protective aprons and gloves.
Store correctly after use to avoid cracking.

**Monitor Badges**
Wear monitor badges under aprons.
Report immediately if badges are lost, damaged or laundered.
Cone Down Beam
Cone down primary beam as much as possible.
Avoid unnecessary exposure.

GUIDE 2 - ACCIDENTS AND FIRST-AID

1. All accidents must be recorded in an Accident Book.

2. The First-Aid box is located ________________

3. The supply of First-Aid contents is the responsibility of the First-Aid Officer who is (Name ____________________)

4. A list of individuals' next-of-kin and doctors' telephone numbers is kept __________

IMMEDIATE FIRST-AID RESPONSE

GENERAL

NOTE: Take care not to become a casualty yourself while administering First-Aid. Be sure to use protective clothing and equipment where necessary. If you are not a trained first-aider, send immediately for the nearest first-aider where one is available.

ADVICE ON TREATMENT

If the assistance of medical or nursing personnel will be required, send for an ambulance immediately. When an ambulance is called, arrangements should be made for it to be directed to the scene without delay.

BREATHING

If the casualty has stopped breathing, resuscitation must be started at once before any other treatment is given and should be continued until breathing is restored or until medical, nursing or ambulance personnel take over.

BLEEDING

Always wear gloves when dealing with injuries involving human blood. All spillages of human blood should be cleaned up using an approved disinfectant (see Guide 12). Soiled dressings and cleaning materials should be treated as clinical waste. If bleeding is more than minimal, control it by direct pressure - apply a pad of sterilised dressing or, if necessary, direct pressure with fingers or thumb on the bleeding point. Raising a limb if the bleeding is sited there will help reduce the flow of blood (do not move the limb if it is fractured).
UNCONSCIOUSNESS

Where the patient is unconscious, care must be taken to keep the airway open.

BROKEN BONES

Unless exposed to further damage, do not attempt to move a casualty with suspected broken bones or injured joints until the injured parts have been supported. Secure so that the injured parts cannot move.

BURNS AND SCALDS

Small burns and scalds should be treated by flushing the affected area with plenty of clean, cool water and by applying a sterilised dressing or a clean towel. Where the burn is large or deep, simply add a dry sterile dressing. (NB. Do not burst blisters or remove clothing sticking to the burns or scalds).

CHEMICAL BURNS

Remove any contaminated clothing which shows no sign of sticking to the skin and flush all affected parts of the body with plenty of clean, cool water ensuring that all the chemical is so diluted as to be rendered harmless. Apply a sterilised dressing to exposed, damaged skin and clean towels to damaged areas where the clothing cannot be removed. (NB. Take care when treating the casualty to avoid self-contamination).

FOREIGN BODIES IN THE EYE

If the foreign object cannot be removed readily with a clean piece of moist cloth, irrigate with clean, cool water. People with eye injuries which are more than minimal must be sent to hospital with the eye covered with, if possible, a sterilised pad or dressing.

CHEMICAL IN THE EYE

Flush the open eye at once with clean, cool water; continue for at least 5 to 10 minutes and, in any case of doubt, even longer. If the contamination is more than minimal, send the casualty to hospital.

ELECTRIC SHOCK

Ensure that the current is switched off. If this is possible, free the person, using the heavy duty insulating gloves (to BS697/1977) provided for this purpose near the First-Aid container, or using something made of rubber, dry cloth, or folded newspaper; use the casualty's own clothing if dry. Be careful not to touch the casualty's skin before the current is switched off. If breathing is failing or has stopped, start resuscitation and continue until breathing is restored or medical, nursing or ambulance personnel take over.
TOXIC FUMES

Move the casualty to fresh air but make sure that whoever does this is wearing suitable respiratory protection. If breathing has stopped, start resuscitation and continue until breathing is restored or until medical, nursing or ambulance personnel take over. If the casualty needs to go to hospital, make sure a note of the chemical involved is sent with the patient.

GENERAL

Hygiene - When possible, wash your hands before treating wounds, burns or eye injuries. Always take care not to contaminate the surface of dressings.

Treatment Position - Casualties should be seated or lying down while being treated.

Record Keeping - An entry must be made in the accident book of each case.

Minor Injuries - Casualties with minor injuries that they could attend to themselves at home may wash their hands and apply a sterile dressing from the kit.

FIRST-AID

First Aid Box - Located in ______________________

Emergency Numbers

(a) Dire Emergencies: 999
(b) Local Hospital: _________
(c) Local Doctor: _________
(d) First Aider: _________

Medical History

Notify the Safety Officer if:
1. You have a history of eczema/allergies etc., which might influence the type of work that you can safely perform within the practice.
2. You suspect that you may be pregnant.

GUIDE 3 - HEALTH SURVEILLANCE

The practice Safety Officer (Name)__________________ should be notified if:

1. You have a history of eczema or allergies which might influence the type of work that you can safely perform within the practice.
2. You suspect that you may be pregnant.
3. You have any other illness/condition that your doctor feels might influence the type of work you are able to perform.

GUIDE 4 - LABORATORY PROCEDURES

1. Specimens should always be labelled with the patient's identity and the date of collection.

2. The request form should state the provisional diagnosis and type of specimen, e.g., throat swab, faecal swab. This facilitates the choice of techniques to be selected. Suspicion of T.B. or any other zoonosis should also be stated.

3. The correct container should be used. Most specimens should be received in a sterile container.

SAFETY PRECAUTIONS

1. Always wear a protective coat.

2. Never lay a culture tube on the bench; always place in a rack.

3. Always dispose of contaminated material in the clinical waste receptacle.

4. Keep working surfaces clear, and wipe up any spillages with disinfectant. (See Guide 12).

5. Clearly label all culture plates, tubes, etc.

6. Do not smoke, eat or drink in the laboratory.

7. Do not lick gummed labels.

8. Always wash hands with soap after handling cultures and before going off duty.

9. Note that a working fire extinguisher is available in the laboratory.

LABORATORY

**Protective Clothing** - Wear suitable protective clothing.

**Specimen Storage** - Store labelled specimens in racks/trays. Ensure all containers are sealed correctly.

**Cleaning Procedures** - Dilute disinfectants according to manufacturers' instructions.
Clean down bench area after each procedure.

No Refreshments - Do not eat or drink in laboratory area.

Washing - Ensure hands are washed with antiseptic at end of job. Dry hands on disposable paper towels.

GUIDE 5 - POSTAGE OF PATHOLOGICAL SPECIMENS

PARCELS CONTAINING BIOLOGICAL MATERIALS

PACKING AND DESPATCH OF PARCELS AND CARRIERS' REGULATIONS.
The postal service, bus, rail and air freight companies have requirements for the carriage of pathological material. These regulations must be observed whenever such material is packed. Pathological material for despatch should be parcelled in safe enclosures, with full details of contents on the appropriate form. As well as the consignee, the sender's name must be shown on the outer label for disease control purposes.

PERISHABLE BIOLOGICAL SUBSTANCES + ARTICLES SENT BY POST FOR MEDICAL EXAMINATION OR ANALYSIS

Perishable Biological Substances and all articles sent for medical examination or analysis must be sent only by Letter Post and, if they are being sent to the U.K. or any other country abroad, must also be registered. They may be sent only to officially recognised qualified laboratories and are restricted to countries whose postal administrations have declared their willingness to accept such items. Particulars regarding countries prepared to admit the items may be obtained from International Mails Section, G.P.O., Dublin 1.

PACKING AND MAKE-UP

A. Infectious Perishable Biological Substances
1. Perishable biological substances consisting of living pathogenic microorganisms or of living pathogenic viruses which are known or suspected to cause disease in animals or humans must be declared "Infectious Substances" and are subject to the special packing conditions laid down in the following paragraphs.

2. Senders of infectious substances must ensure that shipments are prepared in such a manner that they arrive at their destination in good condition and that they present no hazard to persons or animals during shipment. Elements of such packaging include such essentials as:
   (i) a watertight primary receptacle;
   (ii) a watertight secondary packaging;
   (iii) absorbent material must be placed between the primary receptacles and the secondary packaging. If multiple primary receptacles are placed in single secondary packaging they must be wrapped individually to ensure that contact between them is prevented. The absorbent material, such as cotton wool, should be sufficient to soak
up the entire contents. A non-hygroscopic material, which does not evaporate under shipping conditions and is non-toxic for man may be added;

(iv) an outer packaging of sufficient strength to meet performance tests equivalent to those laid down in the regulations of the international bodies competent in the matter.

3. Although exceptional items, such as whole organs, may require special packaging, the great majority of infectious substances can and should be packaged according to the following guidelines:

(i) substances shipped at ambient temperatures or higher: primary receptacles including those of glass, metal or plastic. Positive means of ensuring a leak-proof seal must be provided such as heat seal, skirted stopper or metal crimp seal. If screw caps are used, these must be reinforced with tape;

(ii) substances shipped refrigerated or frozen (wet ice, "cold dogs", dry ice): primary receptacles closed by screw caps must not be used. Ice or dry ice must be placed outside the secondary packaging(s). Interior supports must be provided to secure the secondary packaging(s) in the original position after the ice or dry ice has been dissipated. If ice is used, the packaging must be leak-proof. If dry-ice is used the outer packaging must permit the release of carbon dioxide gas.

The outer box (as well as the outer wrapping if there is any) shall be furnished:—on the side which bears the address of the officially recognised laboratories sending and receiving the item; with a special diamond-shaped label, with black lettering on a white background. It bears the following words: "Infectious Substance. In the case of damage or leakage immediately notify public health authority". These labels are available from International Mails Section, Room Z-149, G.P.O., Dublin1.

Packets being posted to addresses within Ireland must be conspicuously marked "Pathological Specimen" or "Infectious Substance-Fragile, With Care" as appropriate.

B. Non-infectious Perishable Biological Substances.

Perishable biological substances, which contain neither living pathogenic microorganisms nor living pathogenic viruses, must be packed in an inner non-porous container, with an outer protective container and with an absorbent material placed either in the inner container or between the outer and inner container. This material should be of sufficient quantity to absorb, in case of breakage, all the liquid contained, or capable of being formed, in the inner container. Moreover, the contents of the inner as well as of the outer container should be packed in such a way as to prevent any movement. Special provision, such as drying by freezing and packing in ice, should be made to ensure the preservation of substances sensitive to high temperatures. Air transmission, which entails changes of atmospheric pressure, makes it necessary, if the substances are packed in sealed phials or well-stoppered
bottles, that these containers, as well as the outer wrapping of the item, should be furnished on the side which bears the address of the laboratories sending and receiving it with the violet coloured label which is obtainable from International Mails Section, Room 2-149, G.P.O., Dublin 1.

C. **Prohibitions**

Prohibited articles, if tendered for transmission, will be refused or, if detected in transit, detained. They are liable to be dealt with in such manner as An Post determines, and the sender is in some cases liable for prosecution.

The Regulations contain the following provisions:

Any package shall not be posted, conveyed or delivered by post which consists of or contains: any dangerous drug; any explosive, highly flammable, corrosive, noxious or deleterious substance; any sharp instrument not properly protected; any article or thing whatsoever which is likely to damage other postal packets in course of conveyance or likely to injure any officer of An Post or other person who may deal with such packet; any substance having an odour so strong as to affect the contents of other packets in the postal post.

Many commonly used laboratory chemicals/reagents are excluded from the post, therefore.

**In particular Formaldehyde, because of its toxicity, mutagenicity, teratogenicity and suspect carcinogenic properties, used as a preservative for tissues/organs, should not be sent through the postal services. Organs/tissues should be “fixed” prior to “dry dispatch”.

**ANIMAL PATHOGENS FROM ABROAD.**

Before any viruses, bacteria or other pathogens of animal origin are imported into Ireland from abroad, an import licence must be obtained from the Department of Agriculture and Food, Veterinary Division, Agriculture House, Kildare Street, Dublin 2.

**RECEIPT AND UNPACKING OF PARCELS**

Unless the contents of a parcel are known to be harmless, all parcels should be unpacked with full precautions against infection. The reception area should preferably be a laboratory and never part of a general office. There should be to hand supplies of approved disinfectant, paper towel, discard bags, sacks, etc. High risk specimens, when revealed, should be taken without delay to the appropriate biohazard area, and not dealt with in the routine reception area.

Therapeutic and diagnostic substances, such as blood, serum, vaccines etc., are classified as pathological specimens.

Please be sure that anything you send by post complies with the regulations, otherwise it may be removed from the mail and destroyed. Not only will you lose a
valuable specimen, but the practice may also be prosecuted by An Post. Even more importantly, you may cause injury or disease to someone handling the package either during its transit through the mail, or at the receiving laboratory.

GUIDE 6 – SAFE PRESCRIBING AND HANDLING OF MEDICINES

LEGAL REQUIREMENTS

The legal requirements with which veterinary surgeons must comply when handling and dispensing medicines are extremely detailed. All veterinary surgeons and nurses in the practice are urged to refer to the articles listed at the end of this section and to ensure that they have read and understood them. The ability to supply and dispense medicines is a privilege granted to the profession, and abuse of this privilege by failure to prescribe and dispense in accordance with the law jeopardises the case for veterinary surgeons to be permitted to continue this practice in the future.

PRACTICE RULES

1. No smoking in the pharmacy.
2. No food or drink in the pharmacy.
3. Use the correct container with tamper-proof lid or seal.
4. Label the medicine correctly.
5. Use gloves when handling hazardous drugs (e.g. cytotoxics, prostaglandins).
6. Pregnant women should observe special handling precautions (e.g. griseofulvin, prostaglandins).
7. If in doubt consult the data sheets.
8. Use a product licensed for use in the appropriate species whenever possible.

FOR FURTHER INFORMATION

Refer to:

GUIDE 7 – INJECTIONS

1. Injections should only be drawn up into the syringe immediately prior to use.

2. Any spillage around the bottle should be wiped off with absorbent paper and disposed of as clinical waste.

3. At the time of injection, every precaution should be taken to avoid accidental self-injection or injection of either a nurse or the owner.

4. Immediately after use the needle should be removed from the syringe and disposed of in the sharps container.

5. The empty syringe should be disposed of as clinical waste.

6. Disposable gloves should be used when handling drugs that can be dangerous if absorbed through the skin, e.g. prostaglandins, corticosteroids, cytotoxins.

7. Disposable gloves should be used if an individual has a history of sensitivity or allergy to specific drugs.

GUIDE 8 – RESTRAINT OF ANIMALS

Animals must be suitably restrained at all times within the practice building.

IN THE WAITING ROOM

The owner is responsible. All dogs must be kept on a suitably short lead. Muzzles should be worn if legally required. Cats should be held within escape-proof boxes. All other species should be kept in a suitable contained or box to ensure their own safety as well as that of the other clients and their pets.

IN THE KENNELS

Dogs to be restrained with choke chains while being moved. Use muzzles of tapes if there any doubts about temperament. Use a dog catcher to catch aggressive dogs within the kennel – DO NOT take chances. Generally dogs should be given a pre-med on admission. Use other appropriate sedatives if necessary under the direction of a veterinary surgeon.

Cats are to be given a pre-med on admission. Use wire baskets for transfer within the practice. Aggressive cats should be restrained with a crush cage prior to sedation.
Parrots and birds of prey – Use protective gloves.

**UNDER NO CIRCUMSTANCES SHOULD RISKS BE TAKEN WHEN DEALING WITH POTENTIALLY AGGRESSIVE ANIMALS.**

**GUIDE 9 – SPILLAGES**

**IMMEDIATE ACTION**

**LIQUID / CAUSTICS**

Wear rubber gloves. In the case of small quantities, spillages should be mopped up with absorbent paper towels, which should then be disposed of in the clinical waste. The area should then be liberally washed with soap and water. For large quantities, sand should be used as an absorbent, and the contaminated sand put into sealed containers using a dustpan and brush. The dustpan and brush should then be thoroughly washed, as should the floor area.

**INFLAMMABLES**

Generally treated as Liquid/Caustics above. In addition, open windows (do not use and electric fan). **DO NOT turn ON** any electrical equipment. **DO NOT turn OFF** any electrical equipment already in use.

**POWDER**

Generally treated as Liquid/Caustics above. In addition close windows and doors to avoid draughts. Wear a face mask and gloves.

**BROKEN GLASS**

Sweep up with a dust pan and brush. Transfer this immediately to the sharps container, wash the area and the dustpan and brush after use.

**INFECTIVE MATERIAL**

All blood, urine and faecal matter should be considered as potentially infectious. Disposable gloves should be worn and the material mopped up with absorbent paper towel, which can then be put into the clinical waste. The area should be cleaned with antiseptic and water, and sprayed with a deodoriser / disinfectant.

**HAIR / DEBRIS**

Sweep up at regular intervals to avoid accumulation of hair. Use vacuum cleaner if appropriate.
**DISPENSARY**

**LABELLING** - Ensure correct labelling of all drugs.

**CONTAINERS** - Ensure approved containers used for dispensing.

**DANGEROUS DRUGS** - Controlled drugs to be kept in locked cupboard. Records of use/supply of controlled drugs to be kept up-to-date.

**POWDER / DUST** - Wear face mask if handling powders.

**CYTOTOXICS / PROSTAGLANDINS** - Wear gloves if handling, e.g. Lysodren, Endoxana. Wear gloves if medical history of drug sensitivity.

**NON-SLIP TOOLS** - Use non-slip tools to reach high cupboards.

**HEAVY WEIGHTS** - Use trolleys to move heavy weights around the practice. Do not store bulk material in corridors.

---

**GUIDE 10 – DENTAL SCALER**

1. Wear face mask to cover the operator’s eyes, nose and mouth. Dispose of mask after use.

2. Wear Safety spectacles.

3. Use 0.2% solution of Chlorhexidine as a bacteriostat in the coolant water bottle.

4. Ensure adequate anaesthetic gas scavenging.
GUIDE 11 – WASTE DISPOSAL

SHARPS
Dispose of immediately after use in specifically designed plastic containers. Full containers should be sealed and stored in the appropriate place, ready for disposal by (Name of Company)

CLINICAL WASTE
Syringes and materials contaminated with animal secretions or tissue. These should be placed in specially designed plastic sacks labelled “Clinical Waste”. Where small bin liners are in use, these should be transferred at frequent intervals to the clinical waste sacks. Full sacks should be sealed and stored in the appropriate place, ready for disposal by (Name of Company)

CADAVERS
Store individually in suitable bags sealed with a plastic tie. These should be transferred immediately to the mortuary for storage in the freezer chest. For individual cremation, store in bags and label with the name of the animal and the owner’s name and address.

INDIVIDUAL WASTE
All other waste should be stored in refuse sacks. Full sacks are sealed and transferred to appropriate refuse bins prior to collection.

CARDBOARD BOXES
Fold flat and store as appropriate before disposal.

ON NO ACCOUNT SHOULD CLINICAL WASTE BE DISPOSED OF WITH ORDINARY RUBBISH

GUIDE 12 – DISINFECTANTS AND FLOOR CLEANING
The following disinfectants are used in the practice. Ensure that these are used at the recommended dilution rates as shown. For example:

Dettol: Chloroxyleneol — 3 tablespoons (90ml) per
Savlon: Chlorhexidine Gluconate, plus cetrimide – 5ml in 1 litre (50ml in 2 gallons)
Parvocide: Glutaraldehyde - 10ml in 1 litre of water

Use disposable rubber gloves and suitable footwear. Plastic aprons should be worn if appropriate.

Avoid leaving pools of water on the floor – ensure that all fluids are adequately mopped up.

GUIDE 13 – KENNELS

1. Wear suitable protective clothing – gloves, aprons, footwear.
2. Always ensure adequate ventilation.
3. Disinfectants use in the kennels should be used at the recommended dilution rates (see Guide 12).
4. No refreshments should be taken within the kennel area.
5. Use non-slip stools to reach high cupboards.
6. Take care when handling animals (See Guide 18).
7. Wash hands well after handling any animal.

GUIDE 14 – ANAESTHETIC GASES

PERSONAL

No member of staff can be employed in a nursing capacity is she is pregnant, because of the potential danger to the unborn foetus from inhalation of certain anaesthetic vapours. It is the duty of all employees to inform the Safety Officer is such a situation exists.

DESIGNATED AREAS

Except in an emergency, anaesthetic gases shall only be used in the following designated areas:

1. Preparation Room
2. Operating Room
3. X-ray Room
AGENTS

The following substances are extremely dangerous and some can give rise to explosions:

1. Ether
2. Ether and Oxygen
3. Ether and Nitrous Oxide
4. Ether, Nitrous Oxide and Oxygen
5. Compressed gases (air, Oxygen and Nitrous Oxide), spirits (methylated) and spirit based lotions (e.g. Hibitane tincture)
6. Floutane and Oxygen.

REDUCTION OF CONTAMINATION: SAFETY RULES – DESIGNATED AREAS

1. Avoid mask induction if a suitable, safe, injectable alternative is available.
2. Use closed circuit anaesthesia where possible.
3. Use inflated endotracheal tubes where possible.
4. Utilise scavenging ducts to outside where possible. In other cases use halothane absorbers (weigh regularly to check when full).
5. Anaesthetics must not be used for the disinfection or cleansing of skins, apparatus or surfaces.
6. Vapouriser – fill at the end of the day and ensure that it is off. Ventilate the room at the time of filling and for half an hour afterwards.
7. Any spillage or anaesthetic liquids must be dealt with immediately.

REDUCTION OF EXPLOSIVE RISKS – DESIGNATED AREAS

1. No naked flames or spark producing materials to be used in designated areas where explosive gases are used.
2. No electrically operated fires in designated areas where explosive gases are used.
3. No diathermy and thermocautery in designated areas where explosive gases are used.

**GAS CYLINDERS – SAFETY RULES**

1. Any faulty cylinders must be reported to the Safety Office and must be made safe until they can be exchanged.
2. All gas cylinders must be switched off at the end of each operating session.
3. All faulty gauges, regulators and equipment shall be reported to the Safety Officer as soon as possible.
4. Storage areas for gases should be adequately ventilated at all times.
5. Single cylinders kept for emergency use should be secured to prevent them being knocked over.

**MAINTENANCE OF EQUIPMENT**

The anaesthetic machines and piped gas system are regularly maintained by technicians. Any problems noted during regular use shall be reported to the Safety Officer, who will inform maintenance personnel accordingly.

**ANAESTHETIC GASES SUMMARY**

- **Induction** – Avoid gas induction if a suitable, safe, injectable alternative is available. Intubate patient where possible.
- **Vapouriser Filling** – Fill at the end of the day; ensure turned OFF. Ventilate room at time and for half an hour after filling.
- **Ventilation** – Ensure good air movement during and after use.
- **Scavenging** – Utilise scavenging systems to outside, where possible. Use halothane absorbers at other times.
- **Limitation of Time** – Avoid unnecessarily long anaesthetics. Make pre-surgical preparation prompt.
- **Connection and Disconnection** – Connect patient before delivering N₂O/halothane. Flush circuit with O₂ before disconnection.
**GUIDE 15 – FIRE PRECAUTIONS**

**IN CASE OF FIRE**

1. In the event of fire it is the first duty of all concerned to prevent injury or loss of life.

2. For this purpose, all members of practice staff should make certain that they are familiar with all fire alarms and all the means of escape in case of fire. Should there be an opportunity in the event of a small fire to bring the flames under control with the relevant fire extinguisher or a hose reel, members of practice staff should be familiar with the locations of such equipment.

3. **IF YOU DISCOVER A FIRE**, or one is reported to you, you should **RAISE THE ALARM**.

4. The Principal, or the authorised deputy, is responsible for ensuring that the fire brigade is called immediately on the sounding of the fire alarm.

5. Immediately after the fire alarm has sounded, members of practice staff should:
   a. See that any doors immediately surrounding the fire situation are closed.
   b. Escort the persons in your charge from the area, in accordance with the detailed fire drill procedure, ensuring that all doors through which you pass are closed after you.
   c. When the persons arrive at the assembly point (which is at ____________________), call the roll and notify the Principal or the authorised deputy, at once of the result (e.g. all persons present, one missing with name and likely location, as the case may be).
   d.

**GUIDE 16 – MORTUARY**

**PROTECTIVE CLOTHING**

Use gloves, boots, coats or aprons as appropriate. Disposable items should be put in clinical waste.

**FACE MASKS**

Wear a face mask if there is a risk of respiratory disease e.g. during parrot post-mortem. Dispose of filter after each use and wash rubber mask.
DISINFECTION

Thoroughly disinfect protective clothing, table and floor after use. The disinfectants to be used are referred to in Guide 12. Ensure they are used to the recommended dilution.

REFRESHMENTS

Under NO circumstances is food, drink or any refreshments to be taken into the mortuary.

LIFTING AIDS

Use mechanical aids to move or lift heavy cadavers.

WASHING UP

Ensure hands are washed thoroughly before leaving the mortuary. Dry with absorbent, disposable paper towels.

GUIDE 17 – HOME VISITS

DISPENSING

Ensure all drugs are dispensed and labelled according to usual regulations (See Guide 6).

INJECTABLES

Ensure syringes and needles are disposed of correctly, i.e. take all sharps and clinical waste containers away in car and dispose of according to Guide 11.

CLINICAL WASTE

Ensure all clinical waste is removed from site safely and disposed of in accordance with Guide 11.

PROTECTIVE CLOTHING

Wear suitable protective clothing, e.g. boots and coats. Ensure boots are washed before leaving site.
ADVICE TO OWNERS

Ensure that the owner is aware of his/he responsibility is a zoonosis is suspected, or if hazardous chemicals are used in treatments.

GUIDE 18 – STERILISERS

OPERATION

Care should be taken to operate sterilisers as per manufacturer’s instructions.

INSPECTION/SERVICE

1. Sterilisers must be inspected and/or serviced in accordance with manufacturer’s instructions.
2. Service and inspection records should be kept on file.

MANUFACTURER’S INSTRUCTIONS

Summary:___________________________________
Full version is kept:________________________

LATENT GAS STERILISERS

These should only be used in well-ventilated areas.

GUIDE 19 – X-RAY PROCESSING

1. The chemicals involved in X-ray development are:
2. Developer:_________________________________
   Fixer:_____________________________________

   Both chemicals are harmful by inhalation, by contact with the skin and if swallowed. In case of contact with the eyes, rinse immediately with plenty of water and seek medical advice.

3. When changing chemicals, wear disposable gloves, plastic aprons and wellington boots. Avoid contact with skin. Make up dilutions in well ventilated areas.
4. Care should be taken in the disposal of spent chemicals.
GUIDE 20 – VISUAL DISPLAY UNITS

Proper protection screens should be used where employees are expected to work on visual display units for long periods.