Many of the CDs that are abused (e.g. opioids, ketamine, benzodiazepines) are very commonly used in modern veterinary practice and are necessary to ensure the welfare of patients (e.g. analgesia). Legislation has been put into place, firstly in an attempt to control drug abuse by reducing availability, and secondly, to facilitate a practical way to safely manage CDs within a healthcare setting.

The legislation

Changes to be introduced in April 2019
Gabapentin and pregabalin are to be reclassified as Class C, Schedule 3 Controlled Drugs. They will be exempt from safe custody requirements but must follow CD prescription writing requirements. Although not a legal requirement, the RCVS recommends that all Schedule 3 CDs are kept under safe custody.

In the UK there are a number of legislative documents that describe how CDs must be regulated. However, interpretation of information contained within these documents can be difficult and time consuming and much of the recent legislation does not apply to veterinary practitioners.

The Home Office is the parliamentary body responsible for writing, updating and enforcing these regulations (i.e. the law). Much of the responsibility for overseeing the use of these drugs in veterinary medicine has been delegated from the Home Office to the veterinary medicines regulatory body – the Veterinary Medicines Directorate (VMD). The VMD Guidance for veterinary surgeons can be found on their website ( ).

The VMD also delegates some of this responsibility to the Royal College of Veterinary Surgeons (RCVS), and either of these regulatory bodies may inspect a veterinary practice to ensure that CDs are being stored and used responsibly.

Misuse of Drugs Act 1971 ( )
This legislation controls the availability of drugs that are considered ‘dangerous or otherwise harmful’. The Misuse of Drugs Act (MDA) renders all activities associated with drugs contained within it as unlawful, but provision is made for the use of CDs within medicine. The MDA classifies CDs by letter (Class A, Class B and Class C) and describes the penalty associated with possession, intent to supply and use. Increasing evidence of physical (bladder dysfunction) and psychological damage associated with the recreational use of ketamine led to this drug being reclassified under the MDA in 2014 to a Class B drug. Offences under the MDA include ‘allowing premises you occupy or manage to be used unlawfully for the purpose of producing or supplying controlled drugs’. The MDA states that veterinary surgeons may prescribe, administer or supply CDs and may have CDs in their possession when acting as a vet.

Misuse of Drugs (Safe Custody) Regulations 1973 ( )
This legislation describes the requirements for CD cabinets, safes and rooms, and the standard to which they must be manufactured or built. It is important that the CD cabinet meets the requirements set out by these regulations, as deviation from the standards increases the risk of theft. These regulations are currently being revised by the Home Office. An assessment of the risk should be made and purchase of a cabinet commensurate with that risk. It is advisable to ensure that any CD cabinet purchased complies with the Misuse of Drugs (Safe Custody) Regulations.

Misuse of Drugs Regulations 2001 ( )
This is the most relevant piece of legislation to the veterinary surgeon and classifies CDs into five Schedules. Drugs are scheduled according to a risk–benefit analysis of therapeutic value versus harm if abused.
Controlled Drug Schedules

There are five Schedules, as described by the Misuse of Drugs Regulations 2001.

Schedule 1

These drugs have little or no therapeutic value and are under the strictest control. Possession of these drugs requires a Home Office licence. They have no use within veterinary medicine (e.g. cannabis and lysergic acid diethylamide (LSD)).

Schedule 2

These drugs have much therapeutic value but are highly addictive and, therefore, subject to abuse. These drugs are subject to strict prescription, dispensing, destruction and record keeping requirements (e.g. morphine, meptadone, pethidine, fentanyl, quinalbarbitone and ketamine). All are subject to strict safe custody requirements, except quinalbarbitone.

Schedule 3

These drugs (e.g. barbiturates, buprenorphine and midazolam) also have therapeutic value, but the potential for abuse is less. They are, therefore, subject to less strict requirements compared with Schedule 2 drugs. Their use does not have to be recorded in a CD Register and they are not subject to safe custody requirements, apart from buprenorphine, diethylpropion, flunitrazepam and temazepam. However, the RCVS recommends that all Schedule 3 Controlled Drugs are locked away.

Tramadol, which was previously uncontrolled, has now been classified as a Schedule 3 (and Class C) CD. It is exempt from safe custody requirements (see RCVS advice above), but must follow CD prescription writing requirements. This will also apply to gabapentin and pregabalin, which will become Schedule 3 CDs from April 2019.

Schedule 4

These drugs are not subject to safe custody or recording requirements and include diazepam and anabolic steroids.

Schedule 5

These very low strength preparations (e.g. Pardale – codeine/paracetamol) are exempt from all CD requirements, except that invoices must be kept for a minimum of 2 years.

Specific requirements

There is a list of all veterinary authorized medicines containing Controlled Drugs available on the UK Government website ( ).

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Safe custody</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>quinalbarbitone</td>
</tr>
<tr>
<td>Extra prescription requirements</td>
<td>✓</td>
</tr>
<tr>
<td>Prescription validity</td>
<td>28 days</td>
</tr>
<tr>
<td>CD Register</td>
<td>✓</td>
</tr>
<tr>
<td>Independent witness for destruction</td>
<td>✓</td>
</tr>
<tr>
<td>Invoice kept for 2 years</td>
<td>✓</td>
</tr>
</tbody>
</table>

* The RCVS recommend that all Schedule 3 CDs are kept in safe custody

Special cases

Quinalbarbitone

This drug is currently classified as a Schedule 2 CD, but it does not require safe custody (i.e. it does not need to be kept in the CD cabinet). However, it is good practice to keep it secure. It does need to be recorded in a CD Register.

Buprenorphine

This drug is classified as a Schedule 3 CD and its use does not need to be recorded in the CD Register but safe custody does apply.

Midazolam

Midazolam has been moved from Schedule 4 to Schedule 3 and therefore prescription requirements apply. It does not need to be kept in the CD cabinet (although the RCVS recommends that all Schedule 3 Controlled Drugs are kept in the CD cabinet) and a CD Register is not required.
Ordering Controlled Drugs requisitions and stock

A requisition, for the purpose of this guide, is supply of a CD for stock purposes rather than that for a named patient. A written requisition is required, which can be computer generated or hand written. Requisitions must be signed in ink by the practitioner and it is good practice to include the Member of the RCVS registration number. It is an offence to supply a Schedule 2 or 3 CD from a faxed or electronic requisition. The medicine can be prepared so that it is ready for dispatch, but the original prescription must be received prior to dispatch. Copies of requisitions should be kept to assist with auditing.

As of 30 November 2015 a mandatory form for the requisition of Schedule 2 and 3 CDs is required. There are separate forms for England, Wales and Scotland.

- **England** form FP34PCD – CD requisition form (Schedules 2 and 3) is available on the NHS Business Service Authority (NHSBSA) website or from veterinary wholesalers
- **Wales** form WP10CDF – available from NHS Wales or from veterinary wholesalers
- **Scotland** – all private prescribers must apply to join the Prescriber List for Controlled Drugs by completing an Annex D Form. This is then signed by an Authorised Signatory for your Local Health Board and passed to eVadis to receive a Unique Prescriber Code. This enables you to purchase CDRF forms and order CDs from veterinary wholesalers.

On receipt, the requisitioned drugs must be stored safely as soon as possible and an entry must be made in the CD Register. This can be delegated, but responsibility lies with the veterinary practitioner. Stock levels of CDs should be kept to a minimum based upon clinical requirements.

If, on receipt of CDs, there are vials or ampoules broken, or if what is supplied does not match what was ordered, then the wholesaler or pharmacist must be informed immediately and discrepancies clearly accounted for in the CD Register.

**WARNING**

It is an offence for one veterinary practice to supply another with CDs unless a wholesaler licence is in place. It may be possible to justify a one-off emergency supply if the welfare of a patient is at risk (e.g. if a practice runs out of methadone and needs to treat an animal in pain). The transaction should be clearly recorded in both the supplier’s and the recipient’s Registers.

Prescription requirements for Controlled Drugs

A prescription is the act of deciding and instructing on the use of a veterinary medicine. Only a veterinary surgeon may prescribe a CD to an animal. The prescription can be written or verbal. A written prescription is only required if the drug is to be supplied elsewhere. General prescription requirements detailed in the Veterinary Medicine Regulations (VMR) must be met. See also Prescribing, supplying, dispensing and labelling procedures.

In addition to the normal prescription writing requirements, when writing a prescription for a Schedule 2 or 3 CD the following must also be included:

- A declaration that the CD is prescribed for an animal or herd under the veterinary surgeon’s care
- Full name and address of the owner plus the name of the animal to whom the CD prescribed is to be administered
- Name and form of the drug, even if only one form exists
- Amount of the product prescribed in both words and figures
- Strength of the preparation (if more than one strength is available)
- Dose to be administered (‘take as directed’ or ‘take as required’ is not acceptable)
- The RCVS number of the prescribing veterinary surgeon.

The prescription must be written indelibly (or computer generated) and the signature must be in ink. It is an offence to supply a Schedule 2 or 3 CD from a faxed or electronic prescription.

**Prescription validity and repeats**

- CDs in Schedules 2, 3 and 4 have a prescription validity of 28 days. Schedule 5 CDs (and all other prescription medicines) have a validity of 6 months.
- A prescription for a Schedule 2 or 3 CD can only be dispensed once and within 28 days.
- Repeat prescriptions (those that can be used more than once) cannot be issued for Schedule 2 and 3 CDs. If this is a pre-printed statement on a prescription, it must be crossed out in ink. It is good practice to mark the prescription ‘no repeats’.
- Repeat prescriptions are allowed for Schedule 4 CDs.

It is best practice to only prescribe and/or dispense 28 days’ worth of CDs at a time. More can be given (e.g. in the case of an epileptic dog on long-term medication) if the veterinary surgeon is sure that the owner is competent to use and store it safely.

**Prescription errors**

If an error is made, it is best practice to rewrite the prescription. Only the person who issued the prescription is allowed to alter it.
The Controlled Drug Register

Registers must:

- Be either a computerized system or a bound book, which does not include any form of loose leaf register, or card index
- Be separated into each class of drug
- Have a separate page for each strength and form of that drug at the head of each page
- Have the entries in chronological order and made on the day of the transaction or, if not reasonably practical, the next day
- Have the entries made in ink or in a computerized form in which every entry is capable of being audited
- Not have cancellations, obliterations or alterations. Corrections must be made by a signed and dated entry in the margin or at the bottom of the page. The author brackets the mistake and then makes a footnote at the bottom of the page detailing the mistake. The running balance is then corrected as necessary
- Be kept at the premises to which they relate and be available for inspection at any time. A separate Register must be kept for each set of premises
- Not be used for any other purpose
- Be kept for a minimum of 2 years after the date of the last entry.

The Register can be ‘maintained’ by a suitably trained person (e.g. a veterinary nurse), but ultimate responsibility lies with the veterinary surgeon.

The Register must be used to record details of:

- Purchase – date, name and address of supplier; amount supplied; signature of the person entering the purchase and countersigned if possible. An RCVS registration number should also be included as good practice
- Dispensing – date, name and address of owner (or animal name/case number if this can be used to identify the client in an electronic record); quantity dispensed; quantity disposed of; name or signature of the prescriber with their MRCVS number (good practice); and running balance.

For ambulatory veterinary surgeons carrying CDs in their vehicle, ideally there should be a separate Register. If the CDs are moved back to the practice after each visit, then it may be acceptable to have just one Register in which the CD is signed out on departure and signed back in again upon return.

Electronic Registers

A computerized Register must not be alterable at a later date after an entry has been made: it must be auditable, printable and appropriate back-up must be kept. There are currently no suitable electronic Registers available for veterinary practice.

Register discrepancies

Discrepancies are inevitable when using multidose CDs (e.g. pethidine, methadone and ketamine), due to needle-hub and syringe dead space. Multidose vials of CDs increase the potential for abuse (a quantity could be withdrawn and replaced with saline), and running balances are difficult to keep due to dead space volumes. It is the opinion of the VMD that these discrepancies are ‘acceptable’. A standard operating procedure (SOP) should be in place detailing what to do in the event of a Register discrepancy. One way of accounting for dead space volume is to add this to each dose dispensed, but the volume is likely to vary depending on manufacturer of the needle and syringe, and the size of syringe used. An example Register can be viewed on the VMD website (https://vmd.gov.uk).

Stock reconciliation

The running balances in the Registers should be checked regularly. The stock of each drug should be counted and checked against the running balance in the Register. Once tallied, the balance should be marked as checked and signed – this can be done by someone responsible for the Register and does not necessarily have to be a veterinary surgeon. This should be carried out at least weekly (more frequently in a busy practice). This continuous audit is a Practice Standards Scheme (PSS) requirement and also makes it easier to trace and account for discrepancies.

Recording of returned Controlled Drugs

Any CD returned by a client should not be reused. Destruction of returned CDs does not have to be witnessed by an authorized person; however, it is good practice to record CDs that are returned and destroyed, and to have a second staff member countersign. This record should not be in the CD Register and an alternative Register can be kept specifically for this purpose. Returned CDs should be stored in the CD cupboard, but clearly separated from the rest of the stock, until destroyed.

The Controlled Drugs cabinet

Cabinets must adhere to the Safe Custody Regulations 1973 in terms of design and construction. They should be constructed and maintained to prevent unauthorized access. They must only be able to be opened by a veterinary surgeon or person authorized by the veterinary surgeon. Other requirements include:

- The cabinet must be attached by substantial bolts to the fabric of the building (e.g. bolted to the wall or floor)
- It should have a robust multi-point lock
Keyholders

Access to the cabinet should be restricted to the veterinary surgeon or any persons authorized by him or her – ideally, they should be a qualified veterinary surgeon or veterinary nurse, but any team member may have access as long as they have been authorized by the veterinary surgeon and are named in the SOP. Keyholders of the cabinet can be any nominated persons within the practice. Those persons holding keys should have appropriate training.

The key should not be left in a ‘secret’ place whereby there is free access to the key. However, a combination key box which is wall-mounted is acceptable practice provided that the combination is changed regularly (monthly) and that the key safe is not immediately adjacent to the CD cabinet. SOPs should be in place to control access to the CD cabinet and should name those people authorized to access the cabinet.

Controlled Drugs in vehicles

If Schedule 2 or 3 CDs are taken out on visits, they should be transported in a lockable bag, box, case or glove compartment. They must be kept locked away when not in use. Ideally, CDs should never be left unattended in a vehicle. However, if this is necessary, there should be a locked container fixed to the body or within the boot of the car, which must meet the requirements of the Safe Custody Regulations. A locked vehicle alone is not enough. If a stock of a CD is to be kept in a vehicle, then a separate Register must also be maintained.

Destruction of Controlled Drugs

All CDs must be destroyed by denaturing to render them irretrievable, but only the destruction of Schedule 2 CDs require independent witnessing. CDs may be presented for destruction in three different circumstances:

- **Residual or waste drug** – a whole ampoule of a CD (e.g. 10 mg morphine) is dispensed to a patient but only 5 mg is administered to the patient and the remainder is denatured. Both the amounts administered and denatured are recorded on the same line of the Register to ensure that the running balance tallies (the whole vial is accounted for in the Register). Double signing is good practice (this does not have to be witnessed by an independent witness).

- **Out of date drug stock** – destruction of this falls under the Misuse of Drugs Regulations 2001, and as such it must be witnessed. This includes expired ‘in-use shelf-life’ (e.g. a part-used bottle of methadone which has been open for more than 28 days). Expired stock should be kept in the cabinet, labelled appropriately and separated from in date drug. It should not be marked out of the running balance in the Register until it is destroyed.
  - For Schedule 2 CDs, the destruction must be witnessed by an RCVS Assessor or VMD inspector, a Controlled Drug Liaison Officer (CDLO) from the police force (a list of CDLOs can be found on the Association’s website), or an independent veterinary surgeon. In order to be considered independent of the practice, another veterinary surgeon must have no personal, professional or financial interest in the practice where the drug is destroyed (i.e. locum team members or family members cannot do this). The independent veterinary surgeon must not be paid to witness the denaturing, apart from reasonable travel expenses. Their RCVS number should be recorded in the CD Register.
  - For Schedule 3, 4 and 5 CDs, destruction does not need to be witnessed by an independent witness, but it is good practice to have it witnessed by another team member.

- **Returned drug** – as the drug has been dispensed to a patient, there is no requirement to have the destruction of this drug witnessed or recorded. However, it is good practice to have it witnessed by another member of staff. This would include part-used infusions.

All CDs destroyed must be denatured such that they are rendered irretrievable. There are commercially available denaturing kits, and these can be used to destroy out of date stock CDs and returned CDs. These kits are granules that react with liquids to form a solid gel. Liquid forms of drugs should be removed from ampoules and vials and poured into the denaturing kit; fentanyl patches can be folded upon themselves and placed in the gel with everything else; and tablets should be crushed, mixed with water and added to the gel. The container should be stored.
in the cabinet for 24 hours to allow the gel to solidify. The container is then sent as pharmaceutical waste through the waste contractor.

Residual CDs are not usually denatured in this way because, as their destruction is required daily, this would prove too costly. Instead, residual drugs can be rendered irretrievable by collection into cat litter. Periodically, this cat litter is then sent as pharmaceutical waste through the waste contractor.

- In **England and Wales**, the destruction and disposal of CDs are subject to the Waste Management Licensing Regulations 1994 and the Hazardous Waste (England and Wales) Regulations 2005. The Environmental Agency (EA) is responsible for these Regulations in England and Wales and, having considered the risks, has decided that it does not believe it is in the public interest to expect pharmacies and veterinary surgeons to obtain a waste management license for denaturing CDs, as this is seen by the EA as a ‘low risk’ activity. Instead, the EA has advised that pharmacies and veterinary surgeries should apply for a **T28 Exemption Certificate**, which enables them to comply with the requirements of the Misuse of Drugs Regulations 2001 by denaturing CDs prior to their disposal. Further guidance on the T28 form is available from the EA website (🔗).
- In **Scotland**, information is available from the Scottish Environment Protection Agency website (🔗).
- In **Northern Ireland**, information is available from the Northern Ireland Department of Health website (🔗).

### Advertising and internet sales

Advertising of CDs to clients is prohibited (e.g. a practice cannot advertise to clients that it is now using methadone to provide analgesia during and after surgical procedures). However, a veterinary surgeon is allowed to discuss this with the client during a consultation.

Although it is perfectly legal for CDs to be supplied by internet pharmacies, the same legislation applies. The original prescription must be received before the CDs are supplied and they must be delivered by courier and signed for by the person specified on the prescription. The advice from the VMD is to treat the internet supply of CDs with great caution.

### Mailing of Controlled Drugs

In ordinary circumstances, CDs should never be sent through the post. In exceptional circumstances (e.g. for a client unable to travel to the practice and unable to send a representative), then recorded delivery or ‘signed for’ courier delivery is most appropriate. Prescription medicines may be sent via Royal Mail, but it is advisable to check current details on prohibited goods and packaging guidelines with the Royal Mail first.

### Standard operating procedures for Controlled Drugs

SOPs are unambiguous documents (i.e. they cannot be misinterpreted) that describe a procedure or task that must be followed. They are working documents and subject to review on a regular basis. CD SOPs within staff training protocols are very useful as they provide clarity and consistency for all staff handling CDs and define who in the practice is responsible and accountable. These SOPs will ensure that the Regulations are being followed and form the basis of an audit to demonstrate clinical governance within a practice.

SOPs should cover:

- Ordering and receipt of CDs
- Who has access to CDs
- Where the CDs are stored
- Dispensing CDs
- Transportation of CDs for visits
- Disposal and destruction of CDs
- Who to alert if complications arise
- Record keeping, including maintaining CD Registers and the continuous auditing of CDs
- What to do if a discrepancy occurs.

SOPs must, however, be appropriate to the setting (there is no one size that fits all). Below is an example SOP for what to do in the event of a large discrepancy in the CD Register:

- Check the mathematics
- Check the deliveries
- Check the records for drug use
- Check the pharmaceutical waste bin and the rest of the practice
- Alert all team members that there is a discrepancy
- Ask all team members if they can help explain the discrepancy
- Alert the senior veterinary surgeons in the practice/management of the group of the discrepancy
- If the missing drugs are not located, the police CDLO can be alerted.

It should be remembered that veterinary surgeons are ultimately responsible for all CDs in the practice.

See also [Correct storage, dispensary management and standard operating procedures](#).
Special Precautions for dispensing Controlled Drugs to clients

Dispensing transmucosal buprenorphine to clients

This short-term analgesic treatment is sometimes used for cats via the prescribing cascade and clients may, in some circumstances, be supplied with buprenorphine to administer to their cat at home. There is no specific guidance for this, but the veterinary surgeon should:

- Have a genuine clinical reason for prescribing the medicine under the cascade
- Obtain informed consent for unauthorized use from the client
- Ensure that they have personally discussed this treatment with the client and be satisfied that the client is responsible and able to administer the medication
- Emphasize that this drug is a CD and that it should be treated with extreme caution (e.g. keep out of reach and sight of children; skin splashes should be washed off immediately)
- Demonstrate correct handling of the medication during administration
- Only supply a limited amount of buprenorphine, preloaded into appropriate syringes that are capped with a syringe bung and dispensed in appropriate packaging
- Request that the client return all used and any unused syringes to the practice for disposal
- Provide all this information in written format for the client and record all pertinent information within the client record.

Fentanyl patches

The RCVS have issued the following advice about fentanyl use.

- Fentanyl patches, a Schedule 2 CD, have been used in some practices for pain relief particularly following orthopaedic procedures. These are not authorized for veterinary use, so informed consent must be obtained for their use under the cascade. There are significant risks, particularly to small children; fentanyl can cause significant respiratory depression. (The RCVS published advice for practices on Controlled Drug use can be found on their website (1)).

Practices should be particularly mindful of the risks of this powerful analgesic:

- Ideally, fentanyl patches should not be used if there are small children in the household
- Veterinary surgeons should be mindful of the risks of ingestion by other animals
- It is vital to get the client’s informed consent, which must include an explanation of the risks and how to do if the patch comes off as well as how to safely dispose of the patch
- Provide all this information in writing and record all pertinent information within the client record.

Further information about the risks of fentanyl and best practice can be found in the BSAVA Client Information leaflets (2).

QUESTIONS

1. 28 days after it was opened there is stock of 2.4 ml of ketamine left in a bottle. What should happen to it?
   a. It can be used until the bottle is finished
   b. It can be disposed of in the pharmaceutical waste bin without witnessing
   c. It must be denatured, recorded in the Register and witnessed by another practice team member
   d. It must be denatured, recorded in the Register and witnessed by an independent veterinary surgeon

2. Rover has been receiving a methadone infusion to control postoperative pain. He is now comfortable and the methadone is no longer necessary. What happens to the remaining methadone in the syringe?
   a. It is waste and is denatured, ideally witnessed by another team member and not recorded in the Register
   b. It can be squirted down the sink
   c. It is denatured and needs to be witnessed by an independent witness and recorded in the Register
   d. The whole syringe and contents are placed in the pharmaceutical waste bin

3. Which of the following is true regarding the drug tramadol?
   a. It is not classified as a Controlled Drug
   b. It is a Schedule 2 Controlled Drug and must be locked in a Controlled Drug cabinet
   c. It is a Schedule 3 Controlled Drug and legally can be kept on a dispensary shelf, but the RCVS recommends that all Schedule 3 drugs are locked in a CD cabinet
   d. It is a Schedule 4 Controlled Drug, but should be treated as a Schedule 2 Controlled Drug

4. A discrepancy of 20 ml of methadone is noted at the end of the month stock reconciliation. What is the first thing that should be done?
   a. Find the likeliest culprit and blame them
   b. Call the police
   c. Consult the discrepancy policy SOP
   d. Mark the discrepancy in the Register and adjust the running balance accordingly

ANSWERS

1 – d; 2 – a; 3 – c; 4 – c
Cytotoxic drugs

KEY POINTS
- Cytotoxic drug treatment has become more and more commonplace in clinical veterinary practice.
- The standards of practice expected in the handling of cytotoxic drugs are changing and evolving.
- All employers are expected to undertake a risk assessment and implement appropriate control measures before the handling of any hazardous substances, including cytotoxic drugs.
- Clinical competency is not necessarily indicative of competency in health and safety matters.

Treatment of cancer in animals with cytotoxic and other potentially hazardous drugs has become more and more commonplace in clinical practice and there is an increasing and appropriate expectation for their safe handling and use. The Health and Safety at Work Act (1974) states that ‘it is the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees,… including, so far as is reasonably practicable, safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances.’

Competence

An employer must appoint a ‘competent person’ to help meet their health and safety duties. In general terms, the definition of a competent person is someone who has the necessary skills, experience and knowledge to manage health and safety. It is important to recognize, therefore, that veterinary clinical training is not necessarily an indication of competence in health and safety management. External consultancy may be necessary to ensure that competent advice is available.

Risk assessment

Risk assessment is a simple process with practical outcomes that reduce risk to employees as far as reasonably possible. Via risk assessment a competent person should identify what might cause harm and prioritise appropriate and sensible control measures. For the use of cytotoxic drugs in veterinary small animal practice, a ‘5 step’ risk assessment might include:

1. Identify the hazards.
   - Cytotoxic drugs have acute effects (e.g. irritation of skin), which are typically drug-specific and can be identified on Material Safety Data Sheets (readily available on the internet by searching the name of the medicine and the company producing it), which should be consulted as part of general Control of Substances Hazardous to Health (COSHH) management.
   - Cytotoxic drugs can be carcinogenic, mutagenic and teratogenic.
   - Chronic health effects from exposure to cytotoxic drugs include known increased risks of secondary cancers in treated patients, and increased risks of spontaneous abortion in healthcare workers (Drantisaris et al., 2009).

2. Who might be harmed?
   - Those who might be harmed by exposure include those handling, preparing and administering the drugs, those caring for hospitalized patients, other workers in the vicinity and members of the public (owners). In human healthcare workers, systemic exposure to cytotoxic drugs is documented despite the use of control measures (NIOSH, 2004).
   - Pay attention to groups of workers who may be at particular risk (e.g. young workers, trainees and new and expectant mothers). Pregnant workers are especially at risk, as some drugs may be harmful to the unborn child.

3. Evaluate the risk and decide on precautions.
   - Potential sources of exposure for healthcare workers.
   - Other considerations are the physical layout of the clinic and the nature of the patient(s) including their size (and therefore relative dose) and ease of handling/treating.
   - See ‘Control measures’ below.

4. Record your significant findings.

5. Review your assessment and update if necessary.
   - The frequency of review will be determined by issues such as the size of the practice, changes to facilities, staff and procedures and other factors as deemed pertinent by the competent person.

Control measures

The Health and Safety Executive outlines that good practice in the control of substances hazardous to health is encapsulated in the eight generic principles set out below (with specific reference to controls for cytotoxic drugs). See also the HSE website (www.hse.gov.uk). See also the HSE website (www.hse.gov.uk).

1. Minimize emission, release and spread.
   - Of clinically equivalent alternatives, choose drugs with the lowest risk profile.
   - Dispense minimum quantities necessary.
   - Minimize hospitalization to reduce staff exposure to treated patients.
   - Limit the number of people handling and treating cases.
   - Prepare and administer drugs in chosen designated areas.
   - Maintain effective hygiene of patients and facilities.
   - Provide washing facilities for staff and patients.