December 2013

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vetregister

The Newsletter of the Veterinary Surgeons Board of Queensland

CVE/CPD Approved unit accumulation—1 point unstructured

Inside this issue:

Annual Renewal of Veterinary Registration

Registrations expire on 31 December 2013.

Your renewal form and payment must be received by 31 January 2014.

Non-compliance will result in your name being removed from the Queensland Register of Veterinary Surgeons.

A renewal form will be posted to the postal address nominated on the Register. The Board's statutory responsibility is to remove the name of any person who has not renewed registration before 31 January each year. *It is not responsible for locating that person before doing so.*

If you have not received your renewal form by post please contact our office on 30878777 to check your postal address details. The law requires that you update any changes to your contact details within 21 days.

You can now also complete the renewal process on line at this link: https://forms.business.gov.au/aba/qldgov7/veterinary-surgeons-board-of-queensland-registration-renewal/ (this process is not compatible with all operating systems)

Recent Changes to the Veterinary Surgeons Act 1936

National Recognition of Veterinary Registration (NRVR)

On 23 September 2013, Queensland joined Victoria, New South Wales and Tasmania to allow for NRVR.

Veterinarians who hold 'primary' registration in any Australian jurisdiction will now be able to practice in Queensland without having to register for secondary or limited registration as they will be 'deemed' to be registered in Queensland.

Likewise, Queensland registrants can practice in Victoria, New South Wales and Tasmania.

Deemed registration in participating jurisdictions is subject to any conditions that remain active in their primary State.

If you relocate permanently to another jurisdiction, you must register with that jurisdiction prior to the expiration of your existing registration.

Requirements for Employers

As with Queensland registrants, employers must ensure that locum veterinarians registered in another state or territory are registered by checking with the relevant veterinary registration board http://www.vsb.qld.gov.au/links.html

Further information is available on the Board website http://www.vsb.qld.gov.au/registration

Veterinarians to provide emergency contact details

Veterinarians are now required to provide their emergency contact details for government to contact them to provide information about controlling, eradicating or preventing the spread of exotic or other diseases or declared pests.

Emergency contact details includes a telephone number (landline or mobile) and email address at which the veterinarian can be contacted immediately, during or outside of ordinary business hours.

Access to these details is constrained to the chief executive of the Department of Agriculture, Fisheries and Forestry and chief executives of other state Government departments only for the purpose outlined above.

The registration renewal form for 2014 includes fields to collect this information. The law also requires that if a registered veterinary surgeon's contact details or emergency contact details change, they must notify the Board within 21 days of these changes.

A Toxicologist's Perspective on the Use of Mineral Turpentine For Dermal Decontamination and Light Petroleum Distillate Toxicity in Dogs and Cats

A contribution from

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Petroleum solvents should not be used for skin decontamination in veterinary medicine. This problem is most likely to occur when veterinarians attempt to remove materials that either stain or adhere to the hair coat; or when owners inappropriately expose their animals to household products that contain these materials.

A recent case in New South Wales has illustrated the potential pitfalls of using light petroleum distillates, such as mineral turpentine, for decontamination of the skin. The case also highlights some of the pitfalls that veterinarians may encounter with the management of contamination of the hair coat by adherent materials and polymer preparations (such as paints, wood stains, glues/adhesives, tar/bitumen). While the presence of adherent material or stains may be upsetting to an owner, this situation is far better than the risk of inducing a chemical skin burn and possible systemic toxicity.

It should be noted that "mineral turpentine" (synonyms: white spirit, Stoddard solvent, solvent naphtha, petroleum spirits) is a family of light petroleum distillates that falls within the C9-C14 Aliphatic (2-25% aromatic) hydrocarbon solvents category. The C9-C14 Aliphatic (2-25% aromatic) hydrocarbon solvents are chemically very different from true turpentine (synonyms: spirit of turpentine, oil of turpentine, wood turpentine). This hydrocarbon solvent category consists of complex hydrocarbon mixtures that contain C8-C14 branched and straight chain paraffins and naphthenes (cycloparaffins), which represent about 70% of the volume. Aromatic hydrocarbons such as alkylbenzenes (single ring) and alkylnaphthalenes (double ring) may be present at up to 25% by volume. Olefins are usually not present at more than 5% by volume. "Natural" turpentine contains various plant resin-derived polymers of isoprene, most of which fall within the essential oil family. The predominant isoprene polymer present in the "natural" turpentine depends upon its plant source. Most "natural" turpentine products are derived from distilled pine resins and the predominant essential oil in the material is pinene. Pinene is notably toxic for cats.

Veterinarians should take note that any medication or procedure that suppresses the gag or swallowing reflexes will increase the risk of hydrocarbon aspiration pneumonia.

Light petroleum distillates of the C9-C14 Aliphatic (2-25% aromatic) hydrocarbon solvents category are also very commonly encountered components of household products, including many paints, wood stains, glues/adhesives, cleaning products, degreasing products, solvent products, lubricants and fuels. Thus this short commentary is also relevant to accidental or malicious exposure of dogs and cats to these substances.

The light petroleum distillate toxidrome has at least 4 components:

- The single most critical hazard is hydrocarbon aspiration pneumonia. In dogs and cats, this can occur either by ingestion (or malicious oral dosing) or by the animal grooming the contaminated hair coat. If these petroleum distillates are present at ≥ 10% and overall the product has a kinematic viscosity of less than ≤ 20.5 mm^2/s at 40°C (the viscosity cutoff is approximately the viscosity of "Johnson's Baby Oil") there is a significant risk of aspiration. Veterinarians should note that while clinical signs such as petroleum smelling breath, coughing, gagging etc. are indicators of petroleum distillate aspiration, the majority of cases will display few or no clinical signs before the onset of respiratory distress at several hours to several days following exposure (typically 24-48 hours post-exposure). Radiological changes are also typically delayed and slow to develop. For the most part, petroleum aspiration pneumonia is a quiet, insidious process involving progressive respiratory distress, often with fatal respiratory failure at 24-48 hours post-exposure (depending on the aspirated volume).

  Veterinarians should take note that any medication or procedure that suppresses the gag or swallowing reflexes will increase the risk of hydrocarbon aspiration pneumonia.

- Narcosis and other CNS effects are the second of the classical tetrad of effects associated with light petroleum distillates. Evidence of CNS effects may include restlessness, head pressing, episodic stargazing, pupillary dilation, ataxia, generalized cognitive depression and so forth. The severity of these effects does show some patterns in relation to composition: as a "general rule of thumb", the higher the aromatic content, the more potent the narcotic properties and the more severe the CNS effects. It is the CNS and narcotic properties of the light petroleum distillates (combined with their low cost) that make them attractive drugs of addiction.

- Skin, digestive mucosae and respiratory mucosae irritancy is the third member of the tetrad. The modes of action for these effects are: (a) defatting injury to the skin and other membranes; and (b) solvent action on cell membranes. As "general rules of thumb" the longer the contact with the skin and the greater

the aromatic content (i.e. the greater the product's solvent action), the more severe the skin/mucous membrane damage is likely to be. Some very light petroleum distillates that evaporate very rapidly from the skin surface (e.g. the C3-C6 distillates in petrol) can produce freeze injuries to the skin.

- The final member of the classical hydrocarbon solvent tetrad of toxicological effects is sensitization of the myocardium to catecholamine-induced arrhythmias. As "a general rule of thumb", myocardial effects usually require exposures sufficient to produce narcosis/CNS effects. There are also relatively clear structure-activity relationships for effects on the myocardial electrical system: (a) in general, the higher the C4-C5 aliphatic hydrocarbon content, the more potent the substance is as a myocardial sensitizer. Within this spectrum, butanes (C4) are generally considered to be the most potent myocardial sensitizer; and (b) the higher the simple aromatic content, the more potent the substance is as a myocardial sensitizer.

  Thus if CNS or narcotic effects are present, or if the product involved in the exposure is known to have a high C4-C5 and/or high simple aromatic content, monitoring of cardiac electrical activity is an important feature of clinical management. Handling stress may also increase the risks associated with

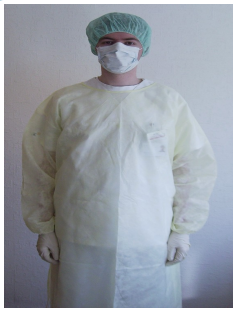
catecholamine sensitization. There is some evidence that catecholamine sensitization may last for several days.

The case against the use of light petroleum distillates, such as mineral turpentine, in dermal decontamination can be summarized as follows:

- A complete lack of evidence of any clinical efficacy (except in very specialized and rare circumstances).
- The very real risk of combustion and associated thermal injury. These materials, particularly Stoddard solvents, will spontaneously combust when in direct contact with the cotton fibers commonly used in skin dressings. This spontaneous combustion is an oxidation reaction that needs no external ignition source. Setting one's patient or practice on fire is not a desirable outcome of treatment.
- The very real risk of skin irritancy and defatting injury.
- The risk of causing a freeze injury when volatile hydrocarbons are used.
- The very real and substantial risk of producing a chemical skin burn, particularly with sustained or repeated contact.
- The destruction of the barrier function of the skin that may actually increase skin absorption.
- The combination of washing with a detergent and wiping with a light petroleum distillate may exacerbate the skin damage.
- The very real risk of aspiration associated with grooming behaviors.
- The risk systemic absorption of the solvent and the possibility of systemic effects.

The currently generally accepted recommendations for dermal decontamination are as follows:

- Dermal decontamination is almost always a lower clinical priority compared with stabilization/resuscitation (airway, breathing and circulation in that order) and the administration of known effective antidotes. Stabilization and antidote administration should not be delayed by dermal decontamination. It may be possible for all of these procedures to be performed concurrently.
- The original product container and an intact label are often the single most useful pieces of diagnostic information in cases of poisoning.
- Dermal decontamination can expose the treatment team to significant levels of toxicants. Appropriate personal protective equipment (PPE) including chemical resistant gloves, a long sleeve coat and/or shirt, long pants, eye protection and closed footwear are the minimum PPE requirements. Some toxicants will require the use of a full-face gas mask with appropriate canisters. If in doubt, get adequate training in the use of PPE. Ill-advised attempts at rescue and decontamination remain a significant cause of human toxicological casualties.
- Flushing of the skin surface with large volumes of water as soon as possible following exposure is recommended. Particular care must be taken to prevent hypothermia during this treatment, especially with small animals. Veterinarians should take particular note that reducing body temperature actually *increases* the effects of pyrethroids and pyrethrins on the nervous system of mammals. Part of the selective toxicity of these pesticides is based on the lower body temperature of insects compared with mammals. On the other hand, it is also important to avoid flushing with water that is too warm as this will produce dermal vasodilatation, increased dermal blood flow and greater dermal absorption of the toxicants.
- Several wash-rinse cycles of the affected area using a *mild* hand dishwashing detergent should be applied as soon as possible following exposure. Again, it is particularly important to avoid both hypothermia and washing/rinsing with materials that are too warm. A particular emphasis is applied to the term "mild" for a reason: strong detergents, strong surfactants, laundry detergents and machine dishwashing detergents must not be used because of their corrosive potential. It is also important not to go to extremes with this procedure. Even mild detergents cause some defatting in their own right.
- Attempts to chemically neutralize acids and bases on the skin should be avoided because of the risk of thermal injury.
- There is some evidence that products such as Diphoterine may improve the outcomes of skin contact with corrosive materials in humans. However, large-scale trials are lacking and the safety properties of these products in domestic animals have not been assessed.
- Specialized skin decontamination may be required for particular materials (e.g. the use of calcium gluconate gels for hydrofluoric acid exposures). The best source of information regarding this is your local poisons information service. Alternatively the US ASPCA Animal Poison Control Center should be contacted.
- Substances that are adherent to the skin or hair (e.g. adhesives, polymers, bitumen, tar) or produce skin/hair stains should be left in place (and a Elizabethan collar used to prevent self-mutilation) unless they interfere with biological functions e.g. materials adhered to the eye-lashes or that interfere with breathing/eating/drinking/defecation/urination. If the materials interfere with biological functions, an attempt to remove the material can be made using very gentle treatment with a non-irritant, simple cosmetic emulsion. Substances such as Tween 80 have also been suggested for this purpose. If this is not successful, more aggressive surgical interventions may be required.



Ensure appropriate PPE is used.

- Eye exposures commonly co-occur with skin contamination. Eye exposures are often genuine ophthalmic emergencies: Seek specialist help as soon as possible.
- In general, the assessment and management of chemical skin burns is the same as for thermal burns.
- Dermal exposures may produce significant systemic toxicity (e.g. phenol, hydrofluoric acid, pyrethrins/pyrethroids) that requires additional treatment and support.
- Solvents have no place in dermal decontamination.
- Treat the patient, NOT the poison.

"Petroleum solvents should not be used for skin decontamination in veterinary medicine."

"Treat the patient, NOT the poison!"

Board Policies

A patient remains under the care of the veterinarian once it has been discharged.

The owner of an animal is entitled to seek a second opinion from another veterinarian on the management of that patient.

Failure to provide records to a second veterinarian can have serious animal welfare consequences for the animal involved.

Discharging Patients from Veterinary Care

A patient remains under the care of the veterinarian treating that patient once it has been discharged from a hospital or clinic. It is the veterinarian's responsibility that appropriate medical care is provided for the patient following discharge.

The Board recommends that all patients, hospitalised for either medical or surgical treatments, should be discharged by a veterinarian, preferably the veterinarian primarily involved with the case.

If patients are discharged by a veterinary nurse or technician, then the responsibility remains with the veterinarian.

Detailed written instructions should be given to the owner for the continued care of the discharged patient at home. These include, but are not limited to:

- Date of discharge
- Identity of patient
- Identity of veterinarian and veterinary practice
- Diagnosis
- Treatment plan
- Medications prescribed, with detailed instructions
- Analgesic pain relief if needed
- Care of wound, incision and suture removal for surgical patients
- Advice for ongoing care
- Post-operative requirements, including level of activity permitted
- Bathing advice
- Feeding advice
- Complications to watch for
- A contact number to report any complications (including after-hours phone contact)
- Recommended dates for scheduled rechecks (including post-operative rechecks, bandage/dressing changes, radiographs, further laboratory tests.

Complex medical or surgical cases may require further communication with the owner and more extensive review of the written discharge instructions.

The administration of medications should be carefully explained, especially for drugs that are not registered for use in that species.

An owner may request to remove his/her animal from the care of a veterinarian. However if such action is considered by the treating veterinarian not to be in the best interest of that patient, then it is recommended that the owner request this in writing.

Referral

The Veterinary Surgeons Board of Queensland recommends that a veterinarian should refer a patient to a specialist or another veterinarian if it is in the best interests of that patient. The qualifications of the veterinarian receiving the referral should be discussed with the owner, including whether the veterinarian is a specialist or not. If the owner of the animal does not give permission for referral, then it is recommended that the veterinarian document this in their clinical record.

The referring veterinarian should provide a formal communication (verbal or preferably written) to the receiving veterinarian providing accurate clinical information (history and treatments) of the case. The wishes of the referring veterinarian and the owner must also be specified. Contact details of the referring veterinarian should also be provided to expedite communication between the veterinarians.

Ultimately, it is the owner's decision as to how and by whom the animal is to be treated although the welfare of the animal should be the primary consideration. Ideally, the referring veterinarian and the receiving veterinarian should communicate closely to provide the best possible patient care in accordance with the owner's wishes.

A specialist or other veterinarian should not treat any ailment other than the condition for which it was being referred. Exceptions to this situation may arise in the case of emergencies or upon consultation with the referring veterinarian. At all times it is the welfare of the patient and the wishes of the client that should be primary considerations for each veterinarian and these must be respected by all parties.

The specialist or other veterinarian should provide a detailed report (verbal followed by written) to the referring veterinarian on the outcome of the referral. If appropriate, the client should be advised to contact the referring veterinarian for the continuing veterinary care of that patient.

Second Opinion

The owner of an animal is entitled to seek a second opinion from another veterinarian on the management of that patient.

It is recommended that the primary veterinarian, out of professional courtesy, provide the clinical records (including history, results of clinical tests and copies of imaging) to the second veterinarian.

The provision of these records, although not a direct requirement under the *Veterinary Surgeons Act 1936*, is recommended as a professional courtesy.

The welfare of the animal should be the primary consideration.

Storage of Lethabarb

Recently the Board has received reports about the personal misuse of the poison "Lethabarb" (pentobarbital) by both veterinarians and veterinary practice staff.

Although Lethabarb is a Schedule 4 (S4) poison, the Board strongly recommends that all stocks of Lethabarb and other like branded euthanasia solutions be **stored in a locked receptacle in the pharmacy or in the Schedule 8 (S8) drug safe and accessible only to the veterinarian on duty**.

Veterinary Premises

Signage
Signage must include:
- Name of Practice
- Name and qualifications of each of the veterinarians employed at the practice (*not required for casual veterinarians employed for less than 30 days*)
- Hours of business and days business operates.
- Telephone number and details for obtaining out of hours veterinary attention.

Exercise Facilities
An enclosed or fenced-off area is required to prevent the escape of patients and ensure confinement of animals at all times.

Hand-washing Basins
Basins are required in all consultation rooms but are not permitted in surgical theatres due to the high risk of contamination.

Theatres must be aseptic, must not be used as a storage area and must not be used for any purpose other than surgery (ie not for conducting x-rays).

Approvals
The law requires that the commercial conduct of veterinary practice must only be undertaken in approved veterinary premises.

Veterinary house call practices also need approval from the Board to operate.

Further information can be accessed on the Board website.

Veterinary Premises
http://www.vsb.qld.gov.au/links.html

Veterinary House Call Practices
http://www.vsb.qld.gov.au/housecalls.html

All types of veterinary practices require approval from the Board to operate.

Refer to the Board's website for detailed information: www.vsb.qld.gov.au

Drugs and Poisons

Sale of Poisons
Veterinary surgeons are authorised to sell schedule 2, 3, 5, 6 and 7 poisons ***to the extent necessary to practice veterinary medicine***.

Employees at the practice may only sell schedule 5 or 6 poisons.

Poisons Licences
Veterinary surgeons wishing to operate a general retail outlet for schedule 7 animal care products must apply for a licence through Queensland Health.

Re-packing poisons
The re-packing of poisons (other than dispensing) is considered to be manufacturing. Re-packing schedule 2, 3 or 7 poisons for sale requires a poison manufacturer licence.

Sale of drugs and poisons after expiry date
Controlled and restricted drugs and schedule 2 and 3 poisons must not be sold (or used) after the expiry date.

Advertising drugs and poisons
Veterinary surgeons must not advertise a controlled or restricted drug or schedule 3 poison (unless permitted under the Standard for the Uniform Scheduling of Medicines and Poisons SUSMP) whether or not the drug or poison is named in the advertisement.

This restriction does not apply to an advertisement, promotional material or price list circulated only in the veterinary profession or to a price list that complies with the Information Code of Practice published by the Therapeutics Goods Administration.

For further information refer to the Queensland Health document What Veterinary Surgeons Need to Know
http://ww.health.qld.gov.au/ph/documents/ehu/vet-surgeons-ntk.pdf

"Veterinary Surgeons may only sell restricted drugs and poisons to the extent necessary to practice veterinary medicine."

Pet Rabbits

The Board has received a number of enquiries from vets who have had rabbits presented to them for treatment.

It is illegal to have a rabbit as a pet in Queensland as they cause severe land degradation and soil erosion and threaten the survival of many rare and endangered native species.

Only persons with a permit can keep domestic rabbits. Permits are only issued for approved purposes such as for certain forms of public entertainment (e.g. magic shows and circuses) and for scientific and research purposes (universities only).

It is not a direct offence under current legislation for a veterinarian to treat an illegally kept pet, as the owner of the pet has legal responsibility for the animal. The vet may choose to advise the owner of the possible repercussions of illegally keeping a declared pest animal. Animals can be seized and destroyed under the Act and the owner prosecuted.

For further information about prohibited animals and your obligations under the legislation, please refer to this link on the Board website.
http://www.vsb.qld.gov.au/land-protection.html

Rabbits are a destructive pest in Queensland and are illegal to have as a pet. The maximum penalty for this offence is $40,000

Employers

Are you about to employ a vet? Have you checked whether they are currently registered to practice?

It is an offence under the Act to allow or direct a person who is not registered to practice veterinary science.

To find out if a vet is registered to practice, you can conduct a search on the VSB website: http://www.vsb.qld.gov.au/search.html , email vsbqld@daff.qld.gov.au or call the Registry on 07 3087 8777 during business hours.

Have you changed/updated your contact and/or emergency contact details?

The law now requires that these changes be notified to the Board within 21 days (maximum penalty $1100)

You can update your details by:

Completing the Notification of Details Form http://www.vsb.qld.gov.au/forms/Change-of-particulars-on-register-form.pdf

Email – vsbqld@daff.qld.gov.au; or

Telephone – +617 3087 8777

A Safer Tomorrow: Our Stand Against Hendra Virus

Zoetis Australia has produced a six chapter documentary that looks at those who have had first-hand experiences in dealing with the disease and includes a discussion on mandatory vaccination at horse events.

The documentary is available on YouTube http://www.youtube.com/watch?v=JVdh5IuhXMM&list=PLq6VCBcUmEGfJelo6iuC7z4z_MfwPLuq9

New diseases do occur

You may be looking at the first case!

EXOTIC DISEASE WATCH HOTLINE
1800 675 888

USEFUL LINKS

Exotic disease bulletins & alerts http://www.daff.gov.au/animal-plant-health/pests-diseases-weeds/animal/ead-bulletin

AVA Code of Professional Conduct http://www.vsb.qld.gov.au/avacode.html

Hendra Virus Personal Protective Equipment (PPE) Rebate Scheme

The Queensland Government has allocated $1 million over four years to help frontline veterinarians in their fight against Hendra virus through the Hendra virus Personal Protective Equipment (PPE) Rebate Scheme. The rebate promotes the use of PPE and minimise the risk of exposure to Hendra virus by offsetting the purchase price of PPE.

Two separate rebates are available for eligible equine veterinarians:

(a) Start-up rebate—rebate for initial purchase of prescribed PPE for an eligible veterinary surgeon ($250). An applicant can receive only one Start-up rebate. The applicant must have purchased PPE on or after 24 March 2012 and provide proof of purchase.

(b) Replenishment rebate—rebate for purchase of prescribed PPE payable after an approved test of a suspected Hendra virus infection sample has been submitted by the veterinarian ($250 for each test completed). Only one Replenishment rebate can be paid in relation to an approved test.

To apply for the rebate, download an application form from the QRAA website www.qraa.qld.gov.au or call **1800 623 946**

Case Study

A vet was called to an agistment centre to attend a horse that was not weight bearing.

On initial examination, the vet provided a differential diagnosis of '*possible fracture or massive soft tissue injury*'. Although the vet advised that he may refer to horse for ultrasound or x-ray, no referral was provided.

The vet attended the horse again 3 days later. The horse was still not weight bearing and although the vet recorded '*prognosis still very guarded*' on the clinical record, the vet did not provide any treatment plan.

The agistment owner called the vet 8 days later advising the horse was still not weight bearing. The vet advised that it wasn't likely that the horse would recover and that he/she would next attend the horse 6 days later as he/she was currently out of town.

The vet attended the horse after 6 days and the horse was euthanised. A necropsy revealed the horse had a mid-shaft femur fracture.

The Board determined that it was negligent for the vet to continue to take responsibility for the horse, to not have pursued the matter more vigorously and to have left the horse non-weight bearing for 17 days.

Routinely, in a case where there is a differential diagnosis of a fracture and the horse is continuing non-weight bearing, the Board would expect that an experienced practitioner would have recognised that more substantial treatment was required during the 2nd visit and during the subsequent telephone conversation 8 days later.

The Board formed the view that on the day the agistment owner telephoned the vet should have recognised that there was no more treatment that he/she could have provided and insisted the owner seek immediate treatment at an alternative practice, given that there was a delay before he/she was able re-examine the horse some 6 days later.

Registrar's note:

The Board's function is to administer the *Veterinary Surgeons Act 1936* (the Act).

One of the Board's obligations under the Act is to investigate complaints that bring into question a veterinary surgeon's professional performance or conduct.

The Board routinely investigates complaints by following the process published on the Board website http://www.vsb.qld.gov.au/forms/VSB-Complaints-Guidelines.pdf

More information about the complaints process will be published in future editions of VetRegister.

If you have general questions relating to this topic, please send an email to vsbqld@daff.qld.gov.au