

Management of occupational health risks in small-animal veterinary practices

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Background	Small-animal work is a major element of veterinary practice in the UK and may be hazardous, with high levels of work-related injuries and ill-health reported in Australia and USA. There are no studies addressing the management of occupational health risks arising from small-animal work in the UK.
Aim	To investigate the sources of health and safety information used and how health and safety and 12 specific occupational health risks are managed by practices.
Methods	A cross-sectional postal survey of all small-animal veterinary practices in Hampshire. A response was mandatory as this was a Health & Safety Executive (HSE) inspection activity.
Results	A total of 118 (100%) practices responded of which 93 were eligible for inclusion. Of these, 99 and 86%, respectively, were aware of the Royal College of Veterinary Surgeons (RCVS) practice standards and had British Small Animal Veterinary Association (BSAVA) staff members, while only 51% had previous contact with HSE (publications, advice and visit). Ninety per cent had health and safety policies, but only 31% had trained responsible staff in health and safety. Specific health hazards such as occupational allergens and computer use were relatively overlooked both by practices and the RCVS/BSAVA guidance available in 2002.
Conclusions	Failings in active health risk management systems could be due to a lack of training to ensure competence in those with responsibilities. Practices rely on guidance produced by their professional bodies. Current RCVS guidance, available since 2005, has remedied some previous omissions, but further improvements are recommended.
Key words	Occupational health and safety; veterinary practice; work-related injuries.

Introduction

Small-animal work (involving pets and wildlife) is a major activity of veterinary surgeons and evidence suggests that this work can give rise to significant occupational injuries and ill-health, though there is a lack of UK research in this area.

There are ~4000 general veterinary practices in the UK registered with the Royal College of Veterinary Surgeons (RCVS) [1] employing an estimated 12 173 veterinary surgeons [2]. In addition, there are 7360 RCVS listed veterinary nurses, 99% of whom are small-animal qualified [1]. Veterinary surgeons spend 70% of their time working with small animals in general practice [2]. Such

workplaces may be hazardous, with >70% of respondents in an Australian survey reporting a work-related injury over a 10-year period [3]. Poole *et al.* [4] reported that the commonest sources of injuries to workers included animal bites, needlesticks, slips, trips, falls, lifting and exposure to hazardous substances. A further survey of Australian veterinarians found that 46% of small-animal practitioners reported chronic work-related musculoskeletal problems [5]. In the UK, only 87 statutory reports (as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) involving veterinary workers were made in 2003–04 to the Health & Safety Executive (HSE) and a further 76 cases of occupational ill-health were voluntarily reported to The Health and Occupation Reporting network (THOR) from 1993 to 2003 by physicians [6]. While both schemes acknowledge significant under-reporting HSE relies upon the latter for occupational health statistics. Inspections of veterinary practices by the HSE have identified variable health and safety standards, particularly relating to occupational health risks.

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Practices may be independent (lone) or may form part of a group practice with common ownership. Half of all practices employ fewer than eight workers [2], and hence may lack resources to address their health and safety duties adequately.

The Health and Safety at Work etc. Act 1974 gives practices a general duty to protect the health, safety and welfare of employees, and third parties affected by work activities, so far as is reasonably practicable. Secondary legislation, in the form of regulations, defines specific duties whereby this general duty will be met [7–11]. At the inception of this study, both the RCVS, as the regulatory body for the veterinary profession, and the British Small Animal Veterinary Association (BSAVA), as an industry body, provided practices with guidance on health and safety [12,13]. The guidance covered some hazards (such as cytotoxic medication, waste anaesthetic gases and X-rays) in detail, some (e.g. bites and scratches, lifting heavy animals, infection control, sharps and violence at work) were only mentioned and others (e.g. allergens and use of display screen equipment) were omitted entirely. Since January 2005, these bodies have jointly published a single voluntary RCVS Practice Standard [14].

This cross-sectional study was designed to address the lack of data on occupational health risks in small-animal veterinary work in the UK, namely the sources of health and safety information used by practices, how health and safety is managed in practices and how occupational health risks are managed.

Methods

We undertook a cross-sectional postal survey of all small-animal veterinary practices in Hampshire in 2002. We identified 118 practices from the HSE Field Operations Computer System database, the RCVS Directory of Veterinary Practices 2001 and the Yellow Pages telephone directory. These practices received a questionnaire (Ap-

pendix; available as Supplementary data at *Occupational Medicine* Online) requesting data on the information resources used for health and safety, how health and safety was managed and how 12 occupational health risks (Table 1) were managed. The covering letter stated ‘it may be necessary to visit a very small sample of practices to assess the validity of the questionnaire’, but resources did not permit this. The letter also explained the purpose of the study and that as an HSE inspection activity a response was mandatory. Non-responders received a telephone call and, if necessary, a visit.

The HSE Ethics Committee Chairman advised that ethical approval was not necessary as the study was collecting information relating to veterinary practices rather than individuals. Each practice received advice based on the information it supplied. Data summaries were shared with the practices and the BSAVA and RCVS.

The data were coded and transferred to a spreadsheet (Microsoft Excel 2000 software; Windows 98). Free text responses were systematically recorded and coded where possible. Data were analysed using Epi Info 2002 (Revision 2). Statistical analysis was limited to frequency descriptions because of the expected lack of independence of the practices from each other and the relatively low power of the study.

Results

All 118 practices (100%) responded. Of these, 93 were eligible for inclusion. The 25 ineligible practices comprised a miscellaneous group of database errors (closed practices $n = 6$, duplicate listings $n = 2$), a practice currently changing ownership, a large animal practice, mixed animal practices ($n = 12$), a veterinary practice headquarters office, a rehoming centre and a TV/film animal consultant.

Seventy-three (78%) of the eligible practices were part of a group–practice structure with the rest being independent. The number of practices within each group varied from 2 to 44 (median 3). Practices were mainly owned by partnerships (60%) or sole practitioners (21%). The median number of staff in each practice was 8 (range 2–43) and the median number of cases treated each year was 7000 (range 775–32 000).

All but one of the responding practices were aware of the RCVS Guide to Professional Conduct, Annex on Practice Standards [12] and 8% were recognized by the RCVS as a Veterinary Hospital and thus subject to RCVS inspection. Eighty-six per cent of practices had employees who were members of the BSAVA and 23% of the practices were approved by the BSAVA, thereby following and being inspected to the BSAVA Practice Standards [13]. The other main sources of health and safety information used are listed in Table 2. In contrast, only 51% of practices had had previous contact with HSE. Of these, 83% had sought HSE publications, 30% had used the HSE Infoline service, 23% had been visited

Table 1. Occupational health hazards included in questionnaire

Physical
Bites and scratches
Sharps
X-ray
Chemical
Animal allergens
Cytotoxic medication
Glutaraldehyde
Latex gloves
Waste anaesthetic gases
Biological
Toxoplasmosis
Ergonomic
Lifting heavy animals
Display screen equipment
Psychosocial
Violence at work

by an HSE inspector and 13% had sought telephone advice from an HSE inspector.

Ninety per cent ($n = 84$) of practices had a written health and safety policy. Of the remaining nine, only two employed fewer than five people making them exempt from this requirement. Most (67%) had reviewed their policy within the year, but only 60% indicated that health and safety was always considered before adopting new working practices. Just over half (54%) of practices stated that their policy covered the selection of staff, equipment and materials, as well as the way work is organized, in accordance with HSE recommendations.

The majority of practices (97%) had appointed a person responsible for health and safety, and 37% reported obtaining external health and safety advice suggesting that the majority relied on in-house health and safety competency. Yet, only 29 (31%) reported that a member of staff had received training in health and safety. Pre-employment health screening was conducted by 22 (24%) practices, but only three of these (14%) sought advice from a nurse or doctor qualified in occupational medicine.

Eighty-three per cent indicated that health and safety information was available to all staff, using a combination of induction packs, computer networks and notice boards to disseminate this. Seventy-two practices had regular practice meetings, but only 39% of these had health and safety as a fixed agenda item. All the practices had a reporting system for accidents, but only 69% had a similar scheme for occupational ill-health. In addition, few practices (10%) indicated that they had set targets to reduce ill-health or accidents at work, with two practices commenting that such events were so rare that setting a target was 'irrelevant'.

All the practices employed female staff and 98% reported that a pregnant worker would have a risk assessment performed on notification of her condition. Thirty-nine per cent employed young people (<18 years old), but only 64% of these had performed a specific risk assessment for young workers.

Practices were asked to rank generic control measures [elimination, substitution, enclosure, ventilation and personal protective equipment (PPE)] according to their effectiveness in reducing risk. Elimination of the hazard was correctly ranked first by 81% of practices and second by 11%. PPE should ideally be used as a last resort, and yet

58% placed it first, second or third, with only 27% ranking it fifth.

The percentage of risk assessments completed by each practice is shown in Figure 1. Forty-four practices reported that all the assessments had been done, and two practices had completed none, one of which employed fewer than five people. Figure 2 shows the percentage of practices that had done risk assessments for 10 relevant hazards. The (I) annotation in this figure indicates the hazards for which there was intermediary guidance available at the time of the study [12,13,15,16]. Table 3 shows the specific risk control measures used by practices, grouped by hazard.

Cytotoxic medication (which may have immunosuppressant, carcinogenic or teratogenic effects) was used in 47 (51%) practices, with a median of three patients treated per year (range 1–150). Vincristine ($n = 32$) and cyclophosphamide ($n = 26$) were the most commonly used of eight agents. The written information that practices gave pet owners to reduce their risk of exposure to cytotoxic medication is shown in Figure 3.

Fourteen per cent of practices reported that a member of staff had had a zoonotic infection over the last 2 years, with ringworm being the commonest. There were no cases of toxoplasmosis.

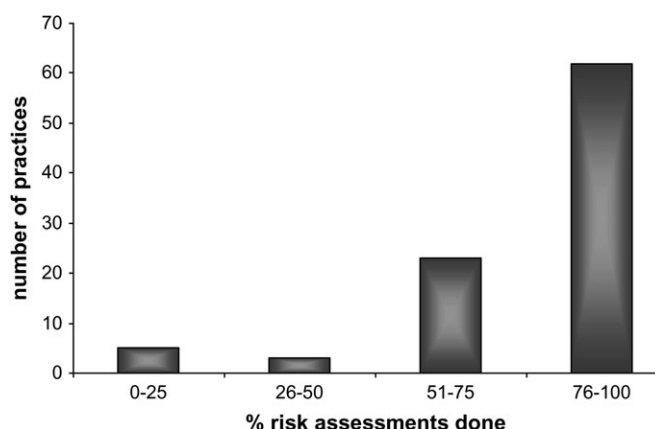


Figure 1. Percentage of risk assessments completed by practices.

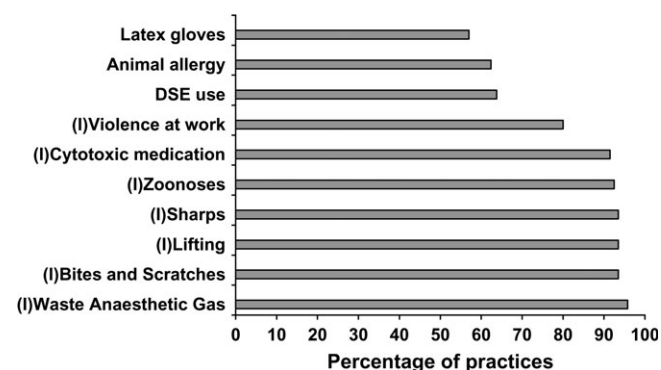


Figure 2. Practices that had completed risk assessments for defined hazards. (I) denotes intermediary guidance for this hazard was available.

Table 2. Sources of health and safety information

HSE
RCVS
BSAVA
British Veterinary Association
British Veterinary Hospitals Association
Society of Practising Veterinary Surgeons
Veterinary Poisons Information Service
Veterinary Practice Managers Association

Table 3. The risk control measures used by practices (n = total number of responding practices)

Physical	Bites and scratches (total = 92)	n	%	Sharps (total = 93)	n	%	X-ray (total = 63)	n	%
	Advice to seek medical help if infected	92	100	Use of sharps bins	93	100	Advice sought from RPA	63	100
	Muzzles for dogs	91	99	Always working near to sharps bin	93	100	Functional light beam diaphragm	63	100
	Sedation of animal	91	99	Have a sharps policy that staff follow	86	92	Staff wear dosimeters	60	95
	Cover head of animal	84	91	Needles disposed of directly rather than resheathed ^a	83	89	Review of number of X-rays of poor quality	53	84
	Training of junior staff	82	89				Formal dose investigation level set	43	68
	Protective gloves/gauntlets	79	86				Manual restraint used		
							Never	21	33
							Rarely	36	57
							Sometimes/often	6	10
Chemical and biological	Animal allergens—protecting a sensitized worker (total = 86)			Latex (total = 86)			Glutaraldehyde (total = 4)		
	Avoid contact with species ^b	79	92	Washing of hands after wearing latex gloves	73	85	PPE	4	100
	Face masks	52	60	Limiting use to necessary procedures	70	81	Alternate disinfection process considered	2	50
	Air-fed visors/hoods	4	5	Low-risk latex gloves bought ^c	49	57	Ventilation	2	50
				Alternative gloves offered e.g. nitrile, vinyl	31	36	Enclosed system	0	0
	Waste anaesthetic gas (total = 71)			Cytotoxic medication—IV reconstitution (total = 17)			Cytotoxic medication—cutting crushing of oral preparations (total = 30)		
	Endotracheal tubes used	71	100	Pregnant workers excluded	17	100	Staff do this	24	80
	Scavenging units used	71	100	Disposal arrangements in place	17	100	Pet owners do this	18	60
	Regular checks of breathing circuits	70	99	Only trained staff reconstitute	17	100			
	Regular maintenance	70	99	PPE used	14	82	Toxoplasmosis (total = 85)		
	Monitoring of waste gas levels	47	66	Designated area with exhaust protected cabinet	0	0	Good hygiene	85	100
	No ventilation used	13	18				Precautions for pregnant workers stated	39	46
Ergonomic and psychosocial	DSE (total = 47)			Lifting heavy animals (total = 93)			Violence at work—arising from night work, lone work (total = 65)		
	Use of adjustable chairs	39	83	Two person lifts	91	98	Building security e.g. intruder lights, entryphone system	54	83
	Worker told how to adjust chair	35	74	Treating heavy dogs on the floor ^d	88	95	Training of staff	48	74
	Eyes are level with top of monitor	33	70	Training on lifting technique	75	81	Written instruction on how to remain safe ^e	39	60
	Wrists are kept horizontal while keying in	27	57	Pet owner assists with lifting	56	60	Panic alarms	30	46
	Eye tests are provided on request	22	47	Adjustable table	70	75			
				Stretcher	63	68			
				Trolley	37	40			
				Hoist	2	2			

RPA, radiation protection adviser.

^aThree practices preferred to resheath needles. One practice used single-use sharps.^bOpposing views were noted in the free-response section, from 'it would not be possible to have someone working in a veterinary centre with an animal allergy' to 'Medication if required by the GP'. One practice volunteered that a member of staff had to retire early because of asthma symptoms related to work with animals.^cNon-powdered gloves with low level of extractable protein.^dVery heavy dogs were occasionally operated on at floor level, but some practices said this concerned them as it could increase risk because of awkward postures.^eOrganization of out-of-hours work was also cited e.g. limiting home visits, no lone working.

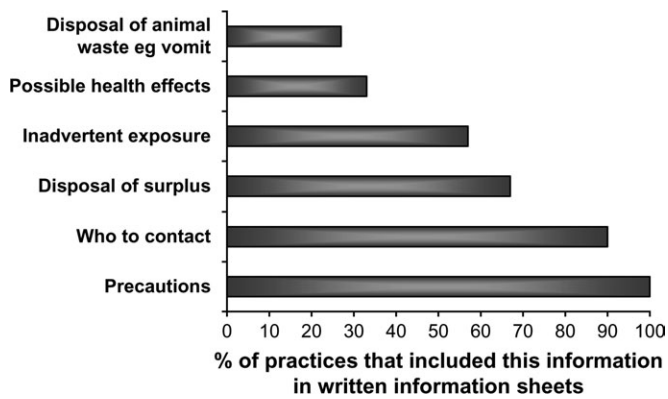


Figure 3. Percentage of practices that gave specific information to owners of pets receiving cytotoxic medication.

Discussion

Our study demonstrates firstly that practices rely on guidance produced by their professional bodies and secondly that practices lack access to competent advice; both in training of responsible staff within the practice and in accessing occupational health advice. These findings may explain the observed relative failings in some health risk management activities that we have described.

The 100% response rate and the similarity of the practice demographics with the national picture [2] both justify the assumption that these findings apply more widely to this sector. Paradoxically, this excellent response rate probably introduces bias towards apparent legal compliance because provision of the information to HSE was mandatory. The magnitude of any such bias can be estimated from a similar study, where 41% of general practices reported having a health and safety policy, and yet only half were able to provide a copy to the researcher [17]. This weakness and the delay in publishing this data are unlikely to detract significantly from the main findings.

While this study is primarily descriptive, it is useful to note good practice and consider opportunities to further improve practice.

Animal bites represent the commonest injury to veterinary workers [3–5], and it is reassuring to find universally implemented control measures. Similarly, as the RCVS requires practices to offer 24 h care and burglaries of veterinary practices have been reported [3], it is reassuring to see examples of good practice that would reduce the risk of violence to staff from lone working outside ‘office hours’.

Potentially important workplace allergens (glutaraldehyde, latex gloves and animal allergens) appeared to have been overlooked by professional guidance [12,13] at the time of this study, despite being topical in human health care and animal research centres. Interestingly, glutaraldehyde was rarely used by practices, thus perhaps justifying its omission. In contrast, latex gloves were widely used and not all practices had policies covering buying low-risk gloves or offering non-latex alternatives. Three reports of

latex sensitivity in veterinary workers have been made to THOR from 1993 to 2003 and latex sensitivity in veterinary workers has been reported in other studies [18,19], so it is timely that current guidance [14] specifically mentions this hazard.

There is good evidence to suggest that veterinary surgeons are at increased risk of asthma probably due to animal allergen exposure [20,21], although this risk may be greater for large-animal than small-animal practitioners [21]. Confusion arose among practices as to whether an animal-sensitized worker could continue to work in the veterinary setting and, if so, how best to protect them; effective respiratory protection was rarely specified. Persistent allergen exposure in a sensitized individual may have serious chronic health implications [22], and these findings suggest that professional guidance should clarify duties, control measures, health surveillance and the need for competent occupational health advice.

The BSAVA guidance at the time of this study only required practices to have a lifting policy [13]. It now mentions the need to use lifting aids [14]. We showed that lifting aids were less likely to be used than measures that relied entirely on human factors, which is contrary to general guidance [10]. In addition, heavy dogs were commonly treated (and occasionally operated on) at floor level, yet the resultant static posture could increase risk. An RCVS/BSAVA review of best practice in moving heavy animals, with input from an ergonomist, could lead to improved guidance on this topic.

The universal use of waste anaesthetic gas scavenging equipment is not previously noted [3,23] and could be explained by the RCVS mandate for this [12]. Surprisingly, the need for good ventilation to dilute pollution from leaks appears to have been overlooked by 18% of practices. This could be addressed when intermediary guidance is updated in the future.

Cytotoxic medication use is widespread but infrequent, leading to a low risk. Cutting/crushing of cytotoxic oral medication was common despite guidance to the contrary [15]. This is likely to be due to the apparently insurmountable problem of the manufacture/supply of oral medication more suitable for human weights than small-animal weights. Improved detail in the written advice, given to pet owners by the practice, on the nature of risk to health and how to handle animal waste (Figure 3) may further reduce any residual risk.

Needlestick injury rates comparable to those in the human health services have been reported in small-animal practices [24]. Our results indicate that only 89% of practices dispose of sharps directly, rather than resheathing them. Surprisingly, a few even indicated a preference for resheathing. This indicates a need for further guidance and education on this topic.

The finding that ringworm was the commonest zoonosis is supported by other studies, as was the lack of reports of toxoplasmosis [25,26]. Nevertheless, the perception of risk

from toxoplasmosis has been reported as relatively high [3]. Despite this, fewer than half of the practices, when openly questioned on control measures to prevent toxoplasmosis, specifically mentioned precautions required for pregnant workers. This could reflect the low actual level of risk assuming good hygiene (common for all workers), thereby negating the need for additional measures. However, pregnant workers should be specifically considered and provided with appropriate information [7].

The widespread use of DSE, as confirmed in our study, has since been addressed in the current practice standards [14]. Future researchers could investigate whether more practices are now aware of the duty to offer sight tests to DSE users.

Current UK guidelines concede that manual restraint during radiological procedures may occasionally be necessary [16]. While 57% of practices appear to follow these guidelines, a further 10% of practices reported using manual restraint more than 'rarely'. Wiggins *et al.* [23] report findings similar to this with 76% of respondents in their postal survey reporting physically restraining animals for X-ray procedures. Further research in this area could explore the human factor aspects that may account for this disparity between guidance and practice.

This study is the first to benchmark occupational health risk management activities by small-animal practices in the UK and to show that practices rely on guidance produced by their professional bodies.

Key points

- This is the first published benchmark of occupational health risk management activity by small-animal veterinary practices in the UK.
- Less than a third of practices had trained responsible staff in health and safety and only 14% of practices had sought advice from an occupational health professional when conducting pre-employment screening. This lack of access to competent advice could result in the observed failings in active health risk management activities.
- We have shown that practices primarily rely on health and safety guidance produced by their professional bodies. The relationship between this guidance and our findings is discussed in order to recommend where further improvements can be made to better protect the health of veterinary staff working with small animals.

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Conflicts of interest

Eva D'Souza is employed as a medical inspector by the HSE.

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Appendix

QUESTIONNAIRE (WITH HSE LOGO)

Small Animal Veterinary Practices and Occupational Health Hazards
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Please complete this questionnaire by answering all the questions and return it in the pre-paid envelope provided by **Friday 29th November 2002.**

This study is only collecting information on small animal practices. If your practice deals with large animals in addition or exclusively, or for any other reason you do not consider it to be a small animal practice, please tick the relevant box and return the questionnaire **without completing it**

(please tick)

This practice deals only with large animals	☐
This practice deals both with large and small animals	☐
Other; please specify	☐

Thank you

Section 1

General Information

This section requires you to fill in some basic details. These will help us to update our records and contact the right person with any queries.

Name of practice	_____
Address	_____ _____ _____
Post code	_____
Tel no	_____

Name of person completing this questionnaire	
Job title	
Qualifications	

Section 2

Background Information

This section collects information that may be of interest when interpreting the results

- 1) Is the practice registered as a *(please tick)*

Partnership	
Limited Company (Ltd)	
Charity	
Or run by a sole practitioner	

- 2) What type of area is the practice based in? *(please tick)*

City	
Town	
Village	
Rural	

- 3) Are there any other practices related to this practice? eg branch or corporate group structure

(please tick)

Yes	
No	

- a) If yes, please list all of them

Name	Address

- 4) How many people work in the practice? Please include all part-time staff

Please fill in the exact numbers, including 0 for none, of the following groups of workers in your practice.

Veterinary partners		
Veterinary associates		
Veterinary locums		
Nurses	a) trained	b) in training
Nursing assistants		
Non-clinical staff eg admin		
People on work experience		
Others; see below		
Total		

If there are any others, please specify their roles

5) How many cases are treated in the practice in one year?

Section 3

Sources of Advice on Health and Safety (H & S)

This information will help in identifying what information sources the practice may have had access to

6) Is the practice aware of the health and safety advice given by The Royal College of Veterinary Surgeons (RCVS) in their Guide to Professional Conduct, Annex on Practice Standards?

(please tick)

Yes	☐
No	☐

7) Is the practice a Veterinary Hospital, in that it is recognised by the RCVS as such and subject to mandatory inspection?

(please tick)

Yes	☐
No	☐

8) Are any of the staff members of the British Small Animal Veterinary Association (BSAVA)?

(please tick)

Yes	☐
No	☐

9) Has the practice been approved by the BSAVA, in that it follows and is inspected to their Practice Standards?

(please tick)

Yes	☐
No	☐

10) Is the practice an approved training centre (VNAC or TP) for veterinary nurses?

(please tick)

Yes	☐
No	☐

a) If yes, what H & S topics are covered in their training and how much time is allocated?

11) Has any other member of staff had health and safety training, for the purposes of guiding the practice on managing H & S?

(please tick)

Yes	
No	

If yes,

a) Has any member of staff obtained a qualification in health and safety?

(please tick)

Yes	
No	

b) If yes, please give details

Which qualification	From what organisation

12) Has the practice had any previous contact with The Health and Safety Executive (HSE)?

(please tick)

Yes	
No	

a) If yes, was this

(please tick)

The HSE Infoline	
The HSE Incident Contact Centre (ICC) when reporting an accident or disease	
Use of HSE publications	
Telephone advice from an HSE inspector	
A visit from an HSE inspector	
Enforcement action by an HSE inspector eg an improvement notice issued	

If the practice obtains advice on H & S by a contractor this will be covered later in the questionnaire

13) Are there any other sources of H & S advice/information that are useful e.g. county meetings, other professional groups or affiliation with other practices?

Yes	
No	

a) If yes, please list with details

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Section 4

Assessment and Control of Occupational Health Hazards

This section is aiming to find out what the practice does to protect workers and where necessary members of the public, in relation to known occupational health hazards in veterinary practice.

Physical Occupational Health Hazards

Bites and Scratches from animals are a common hazard to staff treating small animals

14) Has a risk assessment been done? *(please tick)*

Yes	
No	

15) How is the risk from this hazard minimised in the practice?

(please tick)

Using muzzles for dogs	
Sedating the animals for stressful procedures	
Using towels etc. to cover the head	
Using protective gloves/gauntlets	
Training of junior staff by more experienced animal handlers	
Advice to seek medical help if any sign of infection	
Other; please specify	

Injuries from Needles or Scalpels are also a common hazard

16) Has a risk assessment been done?

(please tick)

Yes	
No	

17) How is the risk from “sharp” minimised in the practice?

(please tick)

Having a “sharp” policy that staff follow	
Needles are disposed of directly rather than being re-sheathed	
Using approved “sharp” bins	
Always working with the “sharp” bin close to where the needle is being used	
Other; please specify	

Lifting large dogs or heavy equipment can lead to back problems if done in an uncontrolled way

18) Has a risk assessment been done?

Yes	
No	

19) How is the risk from this hazard minimised in the practice?

(please tick)

Two person lifts required for animals above a set limit	
Treating heavy dogs on the floor where possible	
Use of a hoist	
Use of adjustable tables	
Use of trolleys	
Use of stretchers	
Training on correct lifting technique	
Pet owner asked to lift/assist	
Other; please specify	

Ionising Radiations (X-Rays) are also a well known hazard

20) Does the practice have an X-Ray machine?

(please tick)

Yes	
No	

If no, please go onto question 21

If yes,

a) Has advice from a Radiation Protection Adviser (RPA) been sought?

(please tick)

Yes	
No	

b) Do all staff working with X-rays wear dosimeters?

(please tick)

Yes	
No	

c) How many X-ray exposures, approximately, are performed per year?

d) Is manual restraint used during an X-Ray of an animal? *(please tick one option)*

often	sometimes	rarely	never
-------	-----------	--------	-------

e) Is the machine fitted with a functional light beam diaphragm?

(please tick)

Yes	
No	

f) Has a dose investigation level been set?

(please tick)

Yes	
No	
Not sure	

g) Are the numbers of X-Ray exposures performed subject to regular review, in order to limit the number to as low as is reasonably practicable? e.g. by reducing the number of under/over exposures

(please tick)

Yes	
No	

Working with computers can cause musculoskeletal problems

21) Are any members of staff regularly using computers as a significant part of their normal work?

(please tick)

Yes	
No	

If yes,

a) Have they had a workstation assessment?

(please tick)

Yes	
No	

b) What is done to maximise the comfort of these workers?

(please tick)

Use of adjustable chairs	
The worker has been told how to adjust the chair	
Eyes are level with top of monitor	
Wrists are kept horizontal whilst keying in	
Eye tests are provided by the practice on request	

Chemical Occupational Health Hazards

Substances hazardous to health include irritants, sensitisers, micro-organisms and carcinogens. They include chemicals, medication, organic material, dusts and waste. The requirement to assess and control substances that are hazardous to health is under the Control of Substances Hazardous to Health Regulations 1999 (COSHH). Health effects of concern include sensitisation leading to occupational asthma or dermatitis; reproductive effects; cancers; as well as irritant and toxic effects.

- 22) The following statements relate to assessments required under COSHH. Please indicate whether you believe each to be true or false.

(True or False)

The Safety Data Sheet alone, is sufficient as an assessment	
Identifies the way in which the substance is used and those at risk	
Input from those doing the job isn't generally required	
Identifies which substances need controlling as a matter of urgency	
Are not treated as a "living" document	
Should be reviewed as and when	
Review is needed if there is any reason to suspect the assessment is not valid	

- 23) When controlling risk there is a recognised hierarchy that reflects the most effective method of control. This is found in the table below although the order is not correct. Please rank the options using 1-5, according to their effectiveness as a control measure (*where 1 = most effective in reducing risk and 5 = least effective*)

(Rank)

Ventilation	
Enclosure	
Personal protective equipment (PPE) e.g. gloves	
Elimination	
Substitution	

- 24) I would like to review a COSHH assessment. Please could you send me a copy of the assessment for Griseofulvin. If for any reason this is unavailable please could you indicate the reason here

(See end of questionnaire for a reminder)

Animals can produce proteins that can cause and aggravate animal allergies in those who work with them.

- 25) Has the risk from this been assessed?

(please tick)

Yes	
No	

26) What is done to ensure a member of staff with an existing animal allergy would be protected from further exposure?

(please tick)

Avoiding contact with that species	
Face masks: please state EN number if known/relevant	
Airfed visors/hoods	
Other; please specify	

Cleaning agents and gloves can cause allergy symptoms

27) Is glutaraldehyde used?

(please tick)

Yes	
No	

If yes,

a) Has a risk assessment been done?

(please tick)

Yes	
No	

b) What has been done to control the risk to health?

(please tick)

Alternative disinfectant or process has been considered	
It is used in an enclosed system	
Use of ventilation	
Use of personal protective equipment	
Other; please specify	

28) Are latex gloves used?

(please tick)

Yes	
No	

If yes,

a) Has a risk assessment been done?

(please tick)

Yes	
No	

b) What measures have been used to reduce exposure to latex?

(please tick)

Limiting use of gloves for necessary procedures only	
Making nitrile gloves available	
Non-powdered gloves with low level of extractable protein bought in preference	
Washing of hands after wearing latex gloves	
Other; please specify	

29) Does your practice perform surgery?

(please tick)

Yes	
No	

If no, please go to Question 30

If yes,

a) which anaesthetic gases are used?

(please tick)

Halothane	
Isoflurane	
Nitrous Oxide	
Other; please specify	

Reproductive health risks from waste anaesthetic gases to operating staff in the human and animal health services has been a focus of research over recent years.

b) Has the risk from waste anaesthetic gas to members of staff been assessed?

(please tick)

Yes	
No	

c) What control measures are used to control the risk in the operating theatre?

(please tick)

Natural ventilation of the room (e.g. opening windows)	
Mechanical ventilation of the room	
Regular maintenance of anaesthetic equipment	
Regular checking of breathing circuits (eg pipes, connectors)	
Use of endotracheal tubes in preference to masks	
Use of active gas scavenging systems	
Use of passive gas scavenging systems	
Monitoring of waste gas levels	
Other, please specify	

Adverse health effects can occur when dispensing and administering a range of medicines. Some of the most hazardous are the chemotherapeutic drugs (cytotoxics) because of their teratogenic and mutagenic effects on normal cells.

30) Are cytotoxic drugs used in this practice? *(please tick)*

Yes	
No	

If no, please go to question 31

If yes,

a) Please list the cytotoxic medication that has been dispensed in the last 2 years and tick as whether administered by IV injection or orally

Name of cytotoxic	IV	oral

b) Has a risk assessment been done for the medications that are listed?

(please tick)

Yes	
No	

c) How many patients at the practice are treated with cytotoxic medication per year?

--

d) For IV cytotoxics, does administration involve reconstitution (making up the correct concentration)?

(please tick)

Yes	
No	

e) If yes, what is done to avoid exposure to members of staff?

(please tick)

Use of protective eyewear	
Use of protective clothing	
Use of protective gloves	
Reconstitution done in a designated area with exhaust protected cabinet (not laminar airflow)	
Only trained staff allowed to do this	
Pregnant workers are not allowed to do this	
Disposal arrangements are in place	
Other; please specify	

f) For oral medication is cutting or crushing of the tablets necessary to administer the correct dose?

(please tick)

Yes	
No	

If yes, is this done by

(please tick)

Staff	
Pet owner	

g) Are the pet owners routinely given written instructions when given cytotoxic drugs to administer to their animals?

(please tick)

Yes	
No	

h) Please enclose a copy of these instructions, if appropriate. *(See end of questionnaire for a reminder)*

Biological occupational hazards

Zoonoses are a well known hazard

31) Has the risk been assessed?

Yes	
No	

32) How does the practice minimise the risk from toxoplasmosis infection being acquired by staff?

33) To your recollection, have any of the staff had any zoonotic illnesses in the last 2 years?

(please tick)

Yes	
No	

a) If yes, please list which illnesses occurred

Psychosocial Hazards

Apart from stress, these include staff being subjected to violence whilst at work.

34) Do staff work alone or at night in this practice e.g. on-call?

(please tick)

Yes	
No	

If no please go to question 35

If yes,

a) Has a risk assessment been done?

(please tick)

Yes	
No	
Not sure	

b) What control measures are used to reduce the risk?

(please tick)

Training	
Written instruction on how to remain safe	
Panic alarms	
Security of the building e.g. intruder lights, locks, entry phone system	
Other; please specify	

Vulnerable Workers

Certain staff may be more susceptible to occupational hazards than others. In which case, employers often have an additional duty of care to protect them.

35) How many female staff are there in this practice?

36) Would a pregnant worker have a risk assessment on notification of her condition?

(please tick)

Yes	
No	
Not sure	

37) How many young people (<18 years old) work at the practice, including work experience students?

38) Does a risk assessment for young (<18 years old) workers exist?

(please tick)

Yes	
No	
Not sure	

39) Is pre-employment health screening done for staff? *(please tick)*

Yes	
No	
Not sure	

a) If yes, is advice sought from a nurse or doctor on fitness for work?

(please tick)

Yes	
No	
Not sure	

If yes, is the nurse or doctor qualified in occupational medicine?

Yes	
No	
Not sure	

Section 5 **Principles of Health and Safety Management**

The information collected here will help to assess your understanding in this area. These questions are drawn from HSE’s leaflet, “Managing Health and Safety – Five steps to success”

40) Do you have a written Health and Safety Policy? *(please tick)*

Yes	
No	

If no please go to Question 41

If yes,

a) When was it last reviewed? *(please tick)*

< one year ago	1 - 2 years ago	2 - 5 years ago	>5 years ago
----------------	-----------------	-----------------	--------------

b) Does it cover the selection of

(please tick)

staff	
equipment	
materials	

c) Does it cover the way work is organised?

Yes	
No	

41) Has a member of staff been allocated as responsible for Health and Safety?

Yes	
No	

a) If no, has the practice obtained external Health and Safety advice?

Yes	
No	

42) Does the practice have regular meetings? *(please tick)*

Yes	
No	

a) If yes, is "Health and Safety" a fixed item on the agenda?

Yes	
No	

43) How is H&S information passed onto the staff?

(please tick the option that best fits your practice)

When requested by staff	
As a matter of routine, the information is made available and attention is drawn to it	
Other; please specify	

44) Are staff involved in risk assessments or solving health and safety problems?

Yes	
No	

45) Is health and safety considered before new working practices are adopted? *(please tick)*

never seems to be an issue	sometimes	mostly	always
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46) Do you have a reporting/recording system for accidents?

Yes	
No	

47) Do you have a reporting system for health symptoms that could signify an occupational allergy or zoonoses?

Yes	
No	

48) Do you set targets to reduce ill health or accidents at work? *(please tick)*

Yes	
No	

If yes,

a) Have you achieved any targets yet?

(please tick)

Yes	
No	

If yes, please give details

The End.

Please return the completed questionnaire together with copies of the extra information requested in the envelope provided by **Friday 29th November 2002**.

Has this been enclosed?		yes	no
Q 24	COSHH assessment form for Griseofulvin		
Q 30 h)	Copy of written instructions to pet owners for cytotoxic drugs		

[AQ1] Thank you for completing this questionnaire