



**Nicola Ackerman** BSc(Hons) RVN  
CertSAN CertECC A1 V1 C-SQP MBVNA

Nicola graduated from Hartpury College with an Honours Degree in Equine Science, and currently works as senior medical nurse at The Veterinary Hospital in Plymouth. She is a past officer of the BVNA and is now the chair of The Pet Obesity Taskforce. Nicola sits on the Veterinary Products Committee, has written for many veterinary publications and textbooks, and won the BVNA / Blue Cross Award for Welfare in 2010 and in 2011 the SQP Veterinary Nurse of the Year.

# SARSS in veterinary practice

**Nicola Ackerman** BSc(Hons) RVN CertSAN CertECC A1 V1  
C-SQP MBVNA

The Veterinary Hospital Group Ltd, Colwill Rd, Plymouth, Devon, PL6 8RP UK

**ABSTRACT:** The Suspect Adverse Reaction Surveillance Scheme (SARSS) is run by the Veterinary Medicines Directorate (VMD), and covers adverse reactions to both veterinary medicines in humans and animals, adverse reactions in animals to human medications prescribed to animals via the cascade system, and veterinary medications that have a lack of efficacy.

## Introduction

The Suspect Adverse Reaction Surveillance Scheme (SARSS) is run by the Veterinary Medicines Directorate (VMD), and its name can be a little misleading as it covers more than just adverse reactions (**Table 1**).

The SARSS covers:

- adverse reactions to both veterinary medicines in humans and animals;
- adverse reactions in animals to human medications prescribed to animals via the cascade system; and
- veterinary medications that have a lack of efficacy.

Examples of potential situations when adverse reaction may occur include cats being given a flea product designed for dogs, 'needlestick' injuries, problems with the application of the medication, and issues with the packaging of medications. All of these should be reported to the VMD, as well as the manufacturer and/or distributor of the medication.

When a Marketing Authorisation (MA) is granted by the VMD for a veterinary

medicine, the packaging and the method of the administration (if this is part of the packaging) is also included in the MA.

Reports of misapplication can lead to changes in the product packaging, such as clearer wording, increased ease of use or the inclusion of warning signs.

Lack of efficacy in veterinary medicines is a growing problem in certain classes of medications for some species, and there is an obvious requirement for data to be collated in order to gather evidence for the reported lack of efficacy. Anthelmintics are an example of a class of drug that are commonly reported through lack of efficacy, which highlights a potential need for more research in developing new products.

## Needlestick injuries

Needlestick injuries are a type of adverse reaction that should be reported, and have been shown to comprise 22 per cent of all injuries within the veterinary practice.<sup>1</sup>

Needlestick and 'sharps' injuries (NSI) represent an important occupational

**Table 1.** Examples of adverse reactions that are reportable to the VMD

lack of expected efficacy, including resistance to antimicrobial or antiparasitic agents
events not mentioned in the data sheet
events mentioned in the data sheet, but occurring more frequently or more severely than would be expected
events arising during clinical use of a new medicine under development (Animal Test Certificate)
any reaction to a medicine which has been authorized for less than a year
events arising during 'off licence' use (i.e. under the prescribing cascade)
environmental problems.

To cite this article use either  
DOI: 10.1111/vnj.12066 or *Veterinary Nursing Journal* Vol 28 pp296-297

“Needlestick and ‘sharps’ injuries (NSI) represent an important occupational health and safety issue in any veterinary practice and ways to reduce risk should be utilised”

health and safety issue in any veterinary practice and ways to reduce risk should be utilised. While the physical trauma of needlestick injuries is usually minor, the injuries are of concern because of the potential exposure to infectious agents and syringe contents.

Zoonotic diseases are common, but as there are few pathogens of domestic animals that are transmitted to humans by the blood-borne route, little has been done to address the health and safety consequences of NSI in veterinary practices in the UK.<sup>2</sup> In 2000, the Needlestick Safety and Prevention Act was passed in the United States because of concerns regarding needlestick injuries.<sup>3</sup>

This Act requires that employers consider engineering specific controls to reduce employee exposure to blood-borne pathogens through use of ‘safer medical devices.’ Exposure control plans must be developed and reviewed annually, with updates based on changes in technology. ‘Needle-less’ systems and related protective devices are not mandated, but should still be reviewed on an annual basis.

Employers are required to maintain a ‘sharps’ injury log containing information

about the type and brand of device involved, the area of the body in which the exposure occurred, and an explanation of how the injury happened.

On the 11 May 2013, new regulations came into force in the EU. These regulations are implemented by the EU law (the ‘sharps directive’) European Council Directive 2010/32/EU, and extend existing UK health and safety law. These new regulations mirror the Needlestick Safety and Prevention Act in the US.

The primary method to reduce the risk of needlestick injuries is to prevent re-capping of needles. Veterinary professionals should develop the habit of taking the medication and equipment (needles, syringe, sharps bin) to the patient, drawing up the medication next to the animal and then administering it immediately. The used needle is then discarded directly into the sharps bin, (Figure 1).

The needle should never be handled or re-sheathed.

Having the correct equipment for restraining and handling the patient is equally as important – good training that covers handling techniques and restraint when administering medications to animals does significantly reduce the risk of NSI.<sup>4</sup>

Anecdotal information from veterinarians and veterinary technicians suggests that there is significant under-reporting of incidents.<sup>4</sup> The new system of having a protocol within each practice on the reporting of NSI will aid in the reporting to the VMD of these adverse reactions.

## Responsibilities & reporting

In situations where veterinary medications are inadvertently administered to personnel, medical advice should be sought in all cases.

Human ‘medics’ consult TOXBASE (an online poisons database for NHS staff) in order to determine the potential effects that veterinary medicines can have on people. It is also advisable to take the product Summary of Product Characteristics (SPC) sheet when attending the emergency room or when seeking advice from a General Practitioner (GP).

A SPC should always be provided when the veterinary surgeon is prescribing medications under the cascade and a client information leaflet is also required to be given. These leaflets are available to download to BSAVA members on its website, [www.bsava.com](http://www.bsava.com). It is vital that clients receive this information as they must be informed of any potential contraindications to themselves.

The RCVS *Code of Professional Conduct for Veterinary Nurses* section 6.4 states that ‘Veterinary nurses must comply with legislation relevant to the provision of veterinary services.’ This includes dispensing services and, therefore, veterinary nurses need to comply with the Veterinary Medicines Regulations (VMR).


The Veterinary Medicines Regulations 2011 (SI 2159) (VMR) came into force on the 1 October 2011, and all veterinary nurses need to read and understand these regulations in order to comply with their code of conduct. The VMR can be accessed via the VMD website, [www.vmd.defra.gov.uk/public/vmr.aspx](http://www.vmd.defra.gov.uk/public/vmr.aspx). 

Figure 1. Sharps discarded directly into the sharps bin



### References

1. Tielen, M. J., Elbers, A. R., Snijdelaar, M., van Gulick, P. J., Preller, L., & Blaauw, P. J. (1996) Prevalence of self-reported respiratory disease symptoms among veterinarians in Southern Netherlands. *Am J Ind Med* **29**: 201-207.
2. Leggat, P. A., Smith, D. & Speare, R. (2009) Exposure rate of needlestick and sharps injuries among Australian Veterinarians. *Journal of Occupational Medicine and Toxicology*, **4**:25.
3. Needlestick Safety and Prevention Act. (2000) Available from: [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106\\_cong\\_public\\_laws&docid=fpubl430.106/](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106_cong_public_laws&docid=fpubl430.106/) Last accessed 2/7/2013.
4. Weese, J. S. & Jack, D. C. (2008) Needlestick Injuries in Veterinary Medicine. *Canadian Veterinary Journal*, **49**:780-784.