

Application for Authority to Obtain and Use Pentobarbitone Sodium for the Humane Euthanasia of Animals

Poisons and Therapeutic Goods Regulation 2008

Information for Applicants:

- Eligible applications are generally processed within 10 business days of receiving all required information.
- An authority issued will be valid only while the authorised person is in the employment of the nominating Local Government Authority (Council), Animal Welfare League or RSPCA.

1. Details of nominating applicant		
Name:		
Position:		
Organisation:		
Address:		
Suburb/Town:		Postcode:
Telephone:	Fax:	Email:
2. Details of nominated person to be authorised to possess and use pentobarbitone sodium		
Name:		
Organisation:		
Address:		
Suburb/Town:		Postcode:
Telephone:	Fax:	Email:
Storage and use of pentobarbitone sodium		
3. Name of supplier:		
4. What will the pentobarbitone sodium be used for?		

5. How will the pentobarbitone sodium be stored to prevent unauthorised access?

6. In what secure area will the pentobarbitone sodium be stored when not in use?

Training and competency

The person being nominated to be authorised to possess and use pentobarbitone sodium is required to have qualifications or formal training in the handling, use and storage of pentobarbitone sodium

- For persons employed by the RSPCA or the Animal Welfare League, euthanasia training would be provided by the RSPCA or the Animal Welfare League
- For persons permanently employed or employed as a contractor by a Council, training would be provided by a qualified veterinary practitioner, the RSPCA or the Animal Welfare League, to comply with the questionnaire 'Euthanasia Training – Expected Competencies' (see page 3)

7. Does the nominated person to be authorised have formal training in the handling of pentobarbitone?

Y \Rightarrow Attach a copy of a signed Certificate of Training or Competence or Statement issued by the RSPCA, the Animal Welfare League, or a veterinary practitioner, as applicable

8. (For Councils only): Does the nominated person to be authorised meet the expected competencies for euthanasia training?

Y \Rightarrow Attach the completed page 3 'Euthanasia Training – Expected Competencies'

9. Declaration by applicant

In submitting this form, I affirm that the information I have supplied is, to the best of my knowledge, true and accurate.

Y N

The required supporting documentation (including 'Euthanasia Training - Expected Competencies' for applications from Councils) has been attached. Y

10. Applicant's Signature

Signature:

Date:

For assistance contact Pharmaceutical Services during business hours on (02) 9391 9944

Completed forms may be submitted by email, fax or post.

Email: pharmserv@doh.health.nsw.gov.au

Fax: (02) 9424 5860

*Postal address: Chief Pharmacist
Pharmaceutical Services Unit
Legal and Regulatory Services Branch
NSW Ministry of Health
Locked Mail Bag 961
North Sydney NSW 2059*

Euthanasia Training – Expected Competencies

Training in the following competencies will be provided by a veterinary practitioner, by the RSPCA or the Animal Welfare League. Once satisfied that these skills have been adequately learned, the trainer should sign the document stating that, in his/her opinion, the competencies have been met satisfactorily.

Knowledge of the Required Facilities and Equipment

<input type="checkbox"/> Y	<input type="checkbox"/> N	Holding facilities for animals prior to euthanasia outside of the working area
<input type="checkbox"/> Y	<input type="checkbox"/> N	Well lit, clean, quiet and contained working area
<input type="checkbox"/> Y	<input type="checkbox"/> N	Microchip scanner
<input type="checkbox"/> Y	<input type="checkbox"/> N	Clippers, scissors
<input type="checkbox"/> Y	<input type="checkbox"/> N	Sedatives available for use
<input type="checkbox"/> Y	<input type="checkbox"/> N	Restraint devices (carry bags, squeeze cages, collars, leads catching poles and muzzles)
<input type="checkbox"/> Y	<input type="checkbox"/> N	Assistant/handler and the role of this person
<input type="checkbox"/> Y	<input type="checkbox"/> N	Appropriate needles, syringes and swabs
<input type="checkbox"/> Y	<input type="checkbox"/> N	Stethoscope
<input type="checkbox"/> Y	<input type="checkbox"/> N	Facilities for disposal of cadavers

Demonstrated Skills under Supervision

<input type="checkbox"/> Y	<input type="checkbox"/> N	Behavioural assessment (for fear, aggression, need for sedation)
<input type="checkbox"/> Y	<input type="checkbox"/> N	Checking for identity of an animal in accordance with Companion Animals Act and Council Policy
<input type="checkbox"/> Y	<input type="checkbox"/> N	Administration of sedatives when appropriate and in accordance with legal limitations, and to recognise appropriate sedation levels
<input type="checkbox"/> Y	<input type="checkbox"/> N	Whole body scanning for presence of microchip
<input type="checkbox"/> Y	<input type="checkbox"/> N	Actions to be taken if identity microchip is detected
<input type="checkbox"/> Y	<input type="checkbox"/> N	Ability to restrain animals competently and compassionately
<input type="checkbox"/> Y	<input type="checkbox"/> N	Ability to determine appropriate dose rates for various species, weights, ages, inactive animals
<input type="checkbox"/> Y	<input type="checkbox"/> N	Competence in delivering a lethal injection via all accepted routes
<input type="checkbox"/> Y	<input type="checkbox"/> N	Competence in confirming death
<input type="checkbox"/> Y	<input type="checkbox"/> N	Demonstrated ability to assess when to desist
<input type="checkbox"/> Y	<input type="checkbox"/> N	Understanding of Occupational Health and Safety implications
<input type="checkbox"/> Y	<input type="checkbox"/> N	Ability to maintain equipment and facilities
<input type="checkbox"/> Y	<input type="checkbox"/> N	Ability to maintain appropriate records of drug usage and euthanasia

Demonstrated Understanding and Knowledge

<input type="checkbox"/> Y	<input type="checkbox"/> N	Relevant animal behaviour
<input type="checkbox"/> Y	<input type="checkbox"/> N	Relevant animal welfare considerations
<input type="checkbox"/> Y	<input type="checkbox"/> N	Relevant anatomy
<input type="checkbox"/> Y	<input type="checkbox"/> N	Relevant drug actions
<input type="checkbox"/> Y	<input type="checkbox"/> N	Reasons for and against routes of administration
<input type="checkbox"/> Y	<input type="checkbox"/> N	Potential problems and consequences (e.g. delivery outside vein)

Name of Trainee:

Employer:

Signature:

In my opinion the above competencies have been adequately understood and/or demonstrated by the person whose name appears above.

Name of Trainer:

Position:

Address:

Telephone:

Email:

Signature:

Date: