

## **HUSBANDRY**

### **Hygiene and Disease**

Wild casualties are often infected with disease. Proper standards of hygiene must be maintained at all times, including personal hygiene.

Disposable (latex) gloves should be worn when handling casualties and rehabilitators should be up to date with a Tetanus injection. All new casualties should be kept isolated for 3 weeks from birds that are recuperating. Baths must be cleaned and water changed regularly. Stagnant water can be a source of dangerous bacteria that can infect birds and be fatal.

Many wild birds carry a parasitic burden. Once the bird becomes sick or injured, parasites will often increase in numbers dramatically and take over their host. Some species of ticks can, and do, kill birds of prey and should be treated as soon as possible if found on examination. All wild casualties will usually benefit from being treated with a general wormer once their condition has stabilised. It must be noted that not all parasites are controlled with the use of a general wormer. If in doubt, a faecal sample should be taken to a veterinary surgeon for analysis and recommended treatment. Casualties should also be treated for external parasites ensuring that a safe preparation is used. Again, consult a veterinary surgeon if in any doubt. Many dog and cat insecticides are not suitable for birds of prey.

Fungal infections are not uncommon in birds of prey, however some species are more prone than others to being infected. Sick or injured birds are particularly at risk. Decaying vegetation can be a major factor and should be avoided. Straw, hay, peat and shredded wood bark should not be used in bird of prey accommodation.

All accommodation, including tables and benches, must be thoroughly cleaned and disinfected on a regular basis. Casualties that are in intensive care will require more regular attention, having to be cleaned out several times a day. This is best done at feeding or medication times to minimise stress. Preferably more than one hospital unit should be available, as this will allow the casualty to be transferred into a pre-cleaned unit, again minimising the time being handled.

Caution must be taken with the type of disinfectants, which are used, as some are not suitable for use with birds. A veterinary surgeon will be able to advise on the type of disinfectants that are safe and effective.

## **Food**

It is vital that the food being fed to the recuperating casualty is of a good quality, balanced, varied and fresh. Whenever possible the food should be similar to that naturally taken in the wild.

The source of food is very important. Any ex-wild food should be considered to be potentially infected and carrying bacterial infections. Any wild food that is used should be in good body condition and should have been caught and killed. It is unwise to use road kills as a food supply as they may have been run over because they were ill rather than simply unlucky. All wild food should have its abdomen opened and liver checked. If any discolouration or white spots are visible, the carcass must be rejected.

Fresh pigeons should not be fed due to a high risk that they may be infected with Trichomoniasis (Frounce). Pigeon, which has been frozen, can be fed without the risk of being infected with Frounce because the freezing process will eradicate the Trichomoniasis virus.

Shotgun killed food should also be avoided due to the risk of lead poisoning. Rifle shot food should have the flesh removed from around the bullet entry site because residuals of lead may be present.

Ferreted rabbits or hawked pheasants may still be contaminated with lead shot where they have survived a previous shooting. Therefore all such food should be checked and not thought to be safe. If wild food is fed and the recipient becomes ill, lead poisoning should not be ruled out.

All food should be stored in a freezer used only for that purpose i.e. not stored with food for human consumption. Care should be taken when freezing food and when defrosting it. Precautions should be taken to stop defrosting food becoming contaminated by flies. Any defrosted food must be fed within 24 hours. Any delay in feeding will significantly increase the bacteria present in the food.

## **Emergency First Aid Equipment**

Any lay person may give emergency first aid care to a casualty to minimise suffering or save its life. However, to act as a veterinary surgeon an individual must be registered with the Royal College of Veterinary Surgeons.

Persons involved with raptor rehabilitation should work closely with their veterinary surgeon. The majority of casualties will have serious injuries and the diagnosis of these and their subsequent treatment must be carried out by a veterinary surgeon.

Some casualties will only have minor injuries or be suffering from a condition that occurs regularly and the experienced rehabilitator will be able to treat and release them without consulting a veterinary surgeon. Discuss this matter with your veterinary surgeon who will inform you what category of casualties he or she would be happy for you to treat by yourself.

Rehabilitators must have a basic first aid kit to deal with emergencies and the daily care of casualties. A basic kit would consist of:

- Various sizes of syringes and tubing along with glucose lectade or similar are essential for the treatment of shock and replacing body fluids.
- Some source of heat such as a temperature controllable heat pad is also essential in assisting with shock therapy.
- Splinting material should be available to support fractures, as should various sizes of self-adhering bandages and dressing tapes.
- A suitable wormer and insecticide should be available to treat parasites. Some parasites will require a specific treatment, if in doubt consult your veterinary surgeon.
- Antiseptic powder should be available for the treatment of wounds. **Beware** - *Human and some pet wound powders contain a local anaesthetic, which is toxic to birds.*
- Scissors and forceps will be found useful.
- A handheld net should be available to quickly catch up birds in aviaries, minimising the possibility of stress and injury.
- Various sized tail sleeve should be available for the protection of a bird's tail whilst it is in confinement. This is especially necessary when the bird is receiving treatment and is in a hospital intensive care unit.

See Appendix 3A for contents of the Raptor Rescue First Aid Kit

## **Falconry Equipment**

Successful rehabilitation often depends upon falconry related techniques. Rehabilitators should familiarise themselves with the techniques, which can be used for preparing birds for release.

When required, basic falconry equipment should be available for birds undergoing release training. Various grades of leather to make anklets, hoods and jesses will be required. Alternatively these items can be purchased from a reputable supplier of falconry furniture along with gloves, swivels, leashes and bells.

Other equipment which will be required includes different sized portable perches for the various species likely to be encountered, weighing scales, coping files and portable baths. This equipment will also be helpful for any captive-bred birds that may come to the rehabilitator, which is almost certainly going to occur.

## HUSBANDRY – Appendix A

### Guidance Note for the contents & use of the Raptor Rescue First Aid Kit

#### Contents:

- Electrolyte solution (Lectade – yellow liquid – requires dilution)
- Potassium Permanganate crystals (purple crystals)
- Glucose Powder (white powder)
- Povidine Antiseptic (dark brown liquid)
- Spare container for clean fresh water
- “Intrasite gel”
- Plastic forceps
- Adhesive bandage
- Aluminium leg splint
- Cotton buds
- Crop tube and syringe

#### Usage

**THESE NOTES ARE FOR GUIDANCE ONLY. IF IN DOUBT SEE A VET.**

- **Electrolyte Solution** should be used as a first step in the **Treatment of Shock**. The solution should be diluted with water to a ratio of 1:11 (one part Lectade to 11 parts water) and administered by crop tube (**See crop tubing**). Give 10 ml per kg body weight and leave the bird in a **warm, dark, quiet place** for two hours. Further fluid can be given (up to 4% of bodyweight over 24 hours). Once the bird has improved administer Poly-Aid or Hills A/D via crop tube.
- **Potassium Permanganate** should be used in cases of **copious pin point bleeding**, e.g. broken talon or broken blood feathers. Dip a moistened cotton bud into the crystals and apply to the site maintaining pressure until the bleeding has stopped. **Do not** use on open wounds.
- **Glucose Powder** is used for birds in **low condition or suffering fits**. The glucose powder should be dissolved in a small amount of water and administer 5 ml per kg of body weight by crop tube (**See crop tubing**). Leave the bird in a warm, dark, quiet place for 10 – 15 minutes. If the bird is still fitting seek **urgent medical advice**. If the bird has stopped offer a small amount of food moistened with the glucose solution.
- **Povidine Antiseptic** should be diluted 1:10 with water and applied to **open wounds**. The wound should then be covered or fill the wound with “**Intrasite Gel**”

- The spare container should **always** contain clean, fresh **water**. Use the sleeve of your coat or a thick sock to keep your bird warm, Watch for over heating!
- The **Splint** should be used for immobilisation of a **fractured bone**. Bend the splint to the contour of the wing or leg with padded side against the limb and tape securely using the adhesive bandage.
- **Crop Tubing** is the method of giving fluids and medications to birds. Attach the tube to the syringe and moisten the tube (e.g. with a little saliva) and pass back over the roof of the inside of the mouth avoiding touching the tongue. The windpipe opening sits at the back of the tongue and is almost impossible to pass the tube into. Keep passing the tube gently back until it is down to the neck area. Administer fluids and then withdraw the tube gently and slowly. **IF YOU ARE IN DOUBT DO NOT ATTEMPT TO CROP TUBE.**