ADMISSIONS

Initial Examination

Like most wild animals, birds of prey fear humans more than anything else and will do everything within their power to avoid them. Any bird that allows itself to be captured, or appears to be tame, is usually seriously injured or very sick.

In addition to any injuries or illness, the wild casualty is likely to be suffering from shock. Handling is likely to cause the bird to become more shocked. Shock is revealed by the way in which a casualty behaves. Generally speaking the more lethargic or less responsive a bird is, the more critical the shock is. However, consideration must be given to the way in which different species normally react when in close contact with humans.

Healthy falcons and hawks are always very aggressive, but Buzzards and Red Kites tend to play dead and appear to be very docile; hardly struggling when handled. Owls tend to fall mid-way, playing dead until they realise that they have been spotted, then they burst into life. It must be noted that birds of prey are liable to cause injury if handled incorrectly. Therefore inexperienced rehabilitators are advised to wear suitable protective gloves when examining casualties.

To minimise further stress, new admissions should only receive a quick examination. This should be to identify and stop any significant haemorrhage, assess if euthanasia should be carried out and to instigate shock therapy.

Shock Therapy

'Shock' is a killer if not treated. It will arise following internal or external haemorrhage, tissue damage, pain or psychological trauma. Shock will become more critical if the bird is subjected to further pain, fear, loss of body heat, dehydration or hunger.

The act of rescuing a bird will often cause the casualty to become more shocked. It is therefore imperative that shock therapy is instigated as soon as possible. Shock therapy involves giving fluids such as glucose lactade, keeping the bird warm (but not hot) and allowing it to rest in a quiet, isolated area. Remember that even human voices at close quarters will cause unnecessary stress.

Fluids are best given orally using a syringe and crop tube. This is best achieved by placing the casualty on its front with the body covered with a towel. Open the beak and at the same time tilt the head slightly backwards to enable the crop tube to slide down the oesophagus. Lubrication of the crop tube can often assist with sliding the tube down the oesophagus. Care must be taken not to discharge fluids into the bird's windpipe whilst carrying out this procedure.

Initial dosage on admission should be 1% of the bird's approximate body weight: 1ml per 100g of weight. Following this initial dosage the bird should be placed in an intensive care unit with an ambient temperature of between 70-80°F (21-26°C) and left to rest for about two hours.

If, after this period the bird is still weak or shocked, fluid therapy should continue at the same dose, but now giving a total of 4% of body weight in 24 hours: 4ml per 100g of weight. This should continue as long as the bird is dehydrated (dry, non-elastic skin) or shocked.

Full Examination

Following a rest period of approximately two hours from admission, the bird's condition should be starting to stabilise. If this is not the case, further fluids and rest should be given as described previously. Once the bird's condition has stabilised and it is doing as well as can be expected, a full examination can be carried out.

Although this can be carried out by one person, the task can often be made easier if a second person is present to assist. This is especially true when larger species are being examined. Cover the bird with a towel or similar and allow the bird to clasp the towel with both sets of talons. This will help to protect the bird's own feet and the rehabilitator.

The examination should follow a set format which soon becomes a routine procedure. Starting at one end of the bird, generally the head, and working systematically, check for any lesions or swellings. The bird's head should be checked for any damage or infections to the eyes, ears, nares and mouth. During the examination try to avoid placing the casualty on its back as this is a very uncomfortable position for a bird and will usually provoke a struggle.

A note should be made of any breathing difficulties the bird may be exhibiting whilst being examined. Any unusual noises or difficulty in breathing cases should be taken to a veterinary surgeon for diagnosis and treatment. Wings, legs and feet should be carefully checked for any external damage or suspected fractures. Access the amount of flesh and muscle on the bird by feeling over the sternum, wings and thighs. The vent area should be checked for any signs of compaction, haemorrhage or soiling. A fat or fit bird will indicate that any injuries were caused relatively recently. An emaciated bird may be such due to a physical injury, or there may be a concurrent cause such as disease or parasite infection.

Once the examination is complete consideration must be given as to whether or not the bird is a suitable case for continued treatment. The bird's condition should now be such that a veterinary appointment can be made for further diagnosis and treatment.

In February 2011 Defra issued the following statement: We have had concerns for some time with the number of wild Schedule 4 birds that are registered for rehabilitation and subsequently end up permanently kept in captivity. Consequently we will be taking a stricter view to ensure that wherever possible any wild Schedule 4 bird taken into captivity is rehabilitated

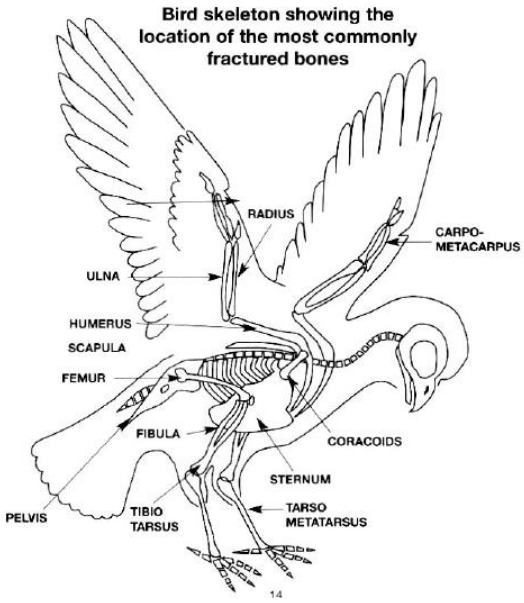
and released back to the wild as soon as possible. To this end we will be inspecting keepers of wild Schedule 4 birds to check that rehabilitation is occurring and that the keeper has sufficient knowledge to successfully release the bird back to the wild.

We will also require keepers to take these birds to an avian vet and have it assessed (regardless of whether the bird is injured or not), as to the estimated time it will take to rehabilitate and release; or alternatively give an expert explanation as to why the bird cannot be released. Forms are available on the defra web site for vets to download and fill in the details.

With regards to applications for Article 10's for wild disabled birds; whether they are on Schedule 4 or not we will be taking a stricter view of Article 8.3 of EC Regulation 338/97 when considering applications to use any wild birds commercially for breeding and or educational display purposes for the conservation of the species. We will only grant them where there are genuine exceptional conservation benefits to the species.

Euthanasia

Casualties that are obviously not going to be suitable for release and would face an unacceptable quality of life if retained in captivity should be humanely destroyed. Whenever possible euthanasia should be carried out by a veterinary surgeon. However, rehabilitators should familiarise themselves with suitable methods of carrying out euthanasia for occasions when birds have to be destroyed forthwith, to avoid prolonged suffering. (See the *Raptor Rescue Euthanasia Policy*)



Disposal of Dead Birds

It is important that dead birds are disposed of in a responsible way. Unless the bird has an Article 10 certificate and/or a Schedule 4 certificate from Animal Health then it is illegal to sell the carcass to anyone, including taxidermists.

A number of research centres are prepared to carry out a post mortem on dead raptors to aid their study. Alternatively ask your local veterinary surgeon to dispose of the bird. Because the law protects many of these birds (certainly those native to the UK) it is important to ensure that the bird was in your possession legally.

It is worth considering the implications of the Animal By-Products Regulations (ABP) when disposing of birds as wild animals. When suspected of being infected with diseases communicable to humans or animals they fall within Category 1 of the ABP Regulations and would have to be disposed of in line with these regulations.

Predatory Bird Monitoring Scheme (PBMS)

The PBMS started in the mid 1960s and was instrumental in proving that organochlorine pesticides (for example DDT) caused mass declines in species such as kestrel and sparrowhawk. They have also shown that the banning of such pesticides were effective in Britain and that populations can recover. Monitoring continues and they now also measure levels of mercury and polychlorinated biphenyis (PCBs).

Following concerns surrounding the H5N1 strain of avian influenza and consultation with Defra and the Veterinary Laboratory Agencies they have reviewed the carcass collection methods used. If you wish to send a sample to them then you should contact Lee Walker on 01487 772504, in the first instance. He will then send out the approved packaging in which to post the bird back to them with all postage pre-paid.

Important advice:

- When picking up a bird ensure that it is safe for you to do so - especially if it is beside a road.
- It is a good idea to minimise skin contact with the bird, e.g. use an inverted plastic bag to pick up the bird.
- ALWAYS wash your hands thoroughly with soap and water after handling a bird.

Supportive Treatment

Following a full examination a decision must be made as to the next course of action. If the casualty has any suspected fractures, serious respiratory problems or major lacerations, it now must receive veterinary attention.

Many casualties will be emaciated when admitted and will require further supportive treatment. Liquid nutritional support can now be mixed with glucose lectade. Liquid convalescent feeds, which contain the necessary vitamins and energy, are commercially available from most veterinary surgeries. During this period the bird will still be in confined quarters, to allow it to be caught up easily for force-feeding and medication. Precautions must be taken at this time to prevent plumage damage: tails are especially vulnerable to becoming soiled or damaged. A tail sleeve should be fitted to avoid this (See *Making a Tail Sleeve* for more information). Alternatively the tail should be taped up with gummed paper which is easily removed when dipped in warm water.

Feeding solids should be introduced gradually and initially without casting material included. As with the feeding of any sick animal, meals should be small but often. Further meals should not be given if previous food still remains in the crop as this can have serious consequences.

Drinking water should be available at all times during treatment, but receptacles should be of a size such that the bird cannot drown itself.

Poisoning

There are a number of visible signs depending on the type of poison; such as fits, weakness, tremors, vomiting, diarrhoea or haemorrhage. Typically the bird may show one or more of the following:

- Weakness of the legs, where a bird is observed to be sitting on its hocks grasping one foot with the other or unable to stand
- Drooping wings
- Mutes containing blood or green in colour
- Shaking, fits and inco-ordination
- Weight loss, very underweight for the species
- Lethargy
- Haemorrhage or bruising under skin or in mouth
- Backward arching of the spine

What to do if you suspect poisoning:

- Ensure that you have full contact details of the finder
- Obtain as much detail as possible as to the location and circumstances of where the bird was found
- Record this information on the Raptor Admission form
- Get the bird to your vet asap
- If your vet is not a specialist avian vet then suggest that they speak to one, as some drugs may cause toxic effects in some species
- Treat the bird as advised by your vet. Maintain a record of all treatment given on the Treatment Record form
- If a Schedule 4 bird it must be reported to Defra (England) or WAG (Wales)
- Pass the details to your local police wildlife officer at the soonest opportunity to enable evidence to be gathered.
- Keep Defra and the police informed of progress
- If the bird dies then double wrap the carcass in polythene, seal and clearly label it, and pass it on to the police as evidence.

The RSPB and the Police have set up a confidential help line for any bird crime on: www.rspb.org.uk/policy/wildbirdslaw/report.asp

The Wildlife Incident Investigation Scheme

The Wildlife Incident Investigation Scheme (WIIS) was introduced in the early 1960's in response to concern over bird poisoning involving the agricultural use of organochlorine insecticides. The original aim of the scheme was to identify problems arising from the commercial use of pesticides approved originally under the non-statutory Pesticides Safety Precautions Scheme (PSPS), and then under the Control of Pesticides Regulations 1986 (COPR). Since then, the Scheme has developed to include investigations into the abuse of pesticides. The scope of the current Scheme is to make enquiries

into the death or injury of wildlife, companion animals, and beneficial invertebrates from pesticide poisoning. In practice "companion animals" usually refers to cats and dogs, and "beneficial invertebrates" refers to honeybees and earthworms. In addition the finding of suspect baits, where it is thought that pesticides have been inappropriately applied or used, are also included in the Scheme.

WIIS is run by Natural England on behalf of Health and Safety Directorate in England, by the Welsh Assembly Government in Wales, by Scottish Agricultural Science Agency in Scotland and by Department of Agriculture and Rural Development in Northern Ireland.

Report suspected incidents to 0800 321600 (calls are free). More info on the scheme can be found at www.pesticides.gov.uk

Records

It is essential that rehabilitators keep records of every bird that they take into care. There is a legal requirement to comply with any General Licence requirements and/or register any Schedule 4 bird (see Appendix A) with Animal Health asap. Rehabilitators should be aware that it is their responsibility to be able to prove to any investigative body from whence casualties in their care have originated.

Information recorded should include the name and address of the rescuer; the location and date found; the circumstances in which the bird was found and any witnesses who saw the bird injured. All treatment given and actions taken should be recorded along with any medications administered or prescribed by a veterinary surgeon.

The date, place and method of release should be recorded, as should all birds that die or are humanely destroyed. Some form of marking released birds should be employed whenever possible. This can provide valuable information, proving whether or not certain release methods are working. Marking released birds requires a licence from Defra or the corresponding body for your country. A licensed ringer is not allowed to fit BTO rings to rehabilitated birds on a regular basis unless the releases are part of a registered project. Contact the BTO for details of a licensed ringer in your area.

Suitable forms are to be found elsewhere in this document and these can be downloaded from our web site or photocopied as required.

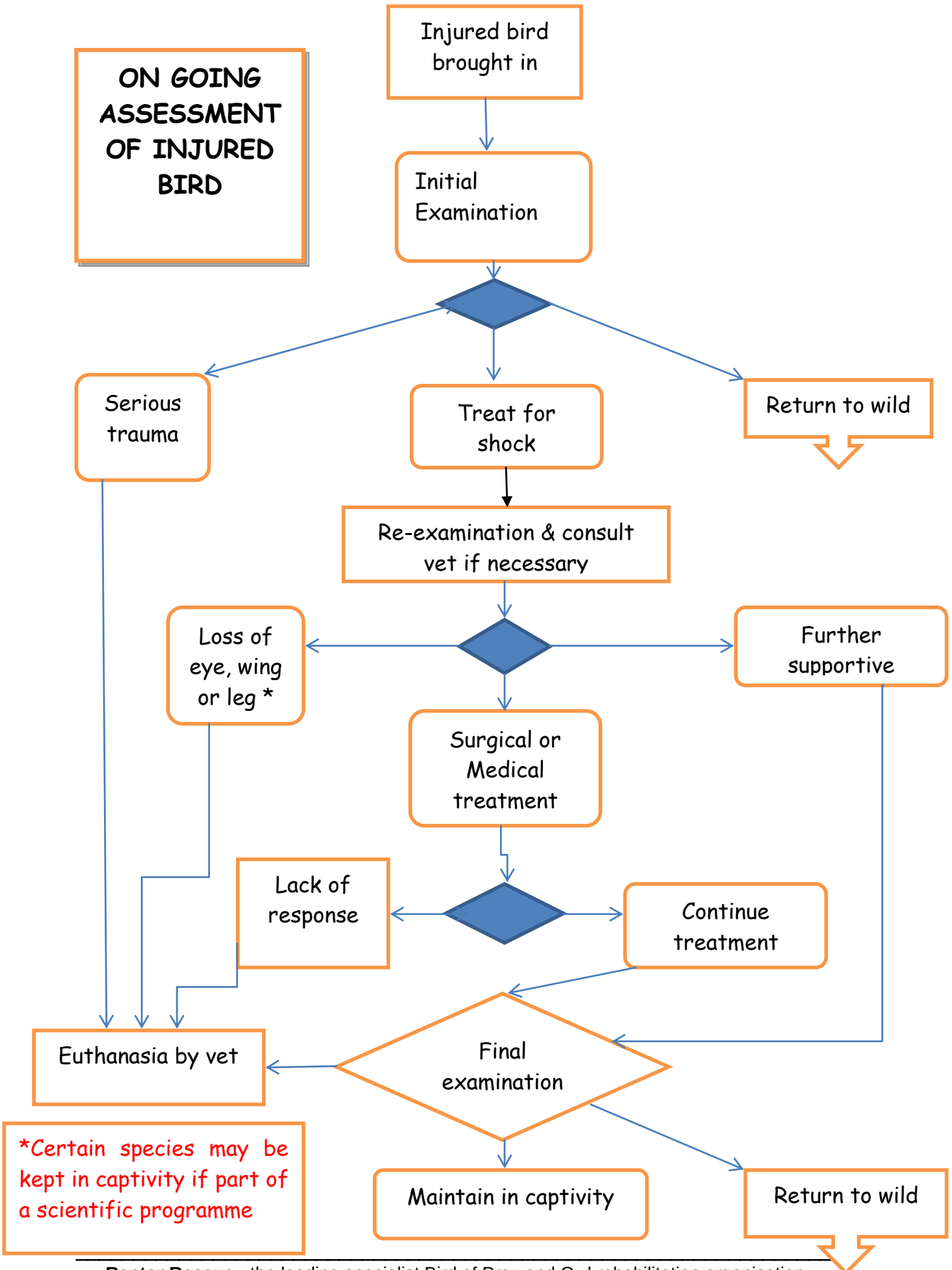
Rings & ID chips

If a wild bird has a BTO ring on its leg, then please send the details (species, ring number, when and where found, treatment) to the BTO c/o British Museum, London.

If a wild bird has a leg ring and wing tag e.g. RSPB marked Red Kite then there may be a telephone number on the wing tag, otherwise treat as for the leg ring.

If a casualty has a leg ring other than a BTO one and is included on the Schedule 4 list then pass details to WLRS, otherwise contact the IBR.

If the bird shows signs of having been in captivity but has no leg ring, then it may have been micro-chipped. If you do not have an ID Scanner then take the bird to your vet to be scanned. If the bird is listed on Schedule 4 again contact WLRS, otherwise contact the IBR.


ON GOING ASSESSMENT OF INJURED BIRD
Injured bird brought in
Initial Examination
Serious trauma
Treat for shock
Return to wild
Re-examination & consult vet if necessary
Loss of eye, wing or leg *
Further supportive
Surgical or Medical treatment
Lack of response
Continue treatment
Euthanasia by vet
Final examination
*Certain species may be kept in captivity if part of a scientific programme
Maintain in captivity
Return to wild