GOOD PRACTICE GUIDELINES FOR WILDLIFE REHABILITATION CENTRES

Contents **Page**

Introduction 4

i) Background 4

ii) Terms used in this document 5

iii) Wildlife and Countryside Act, 1981 5

iv) Animal Welfare Act, 2006 6

v) Zoo Licensing Act, 1981 8

vii) Dangerous Wild Animals Act, 1976 8

Good practice guidelines for wildlife centres 9

1. Guiding principles for wildlife rehabilitation centres 9

1.1 Aims 9

1.2 Facilities 9

1.3 Knowledge 9

1.4 Guidance 9

1.5 Legislation 9

2. Animal accommodation 9

2.1 Cages, pens and enclosures 9

2.1.1 General 9

2.1.2 Rehabilitation Enclosures 11

2.1.3 Pregnant and dependant juvenile animals and neonates 11

2.1.4 Human contact 11

2.2 Environmental conditions 12

2.3 Isolation and containment 12

2.4 Sanitation 13

3. Provision of food and water 13

4. Observation and record keeping 14

4.1 Records 15

5. Safety and security 17

5.1 Health and safety 17

5.2 Animal safety and security 17

5.3 Escapes 18

5.4 Temporary restriction of patient intake 19

6. Veterinary care 20

6.1 Veterinary services 20

6.2 On site veterinary facilities 22

6.3 Veterinary medicines storage and supply 23

6.3.1 Prescription of veterinary medicines 23

6.3.2 Storage of veterinary medicines 24

6.3.3 Controlled drugs 25

6.4 Euthanasia 25

6.7.1 Legal implications of euthanasia 26

6.5 Post mortem facilities 27

7. Transportation 28

8. Release 29

8.1 Post-release monitoring 30

9. Staff and training 30

9.1 Training 31

10. Education 31

11. Independent ethical review 31

Relevant legislation 33

List of abbreviations used 34

References 35

Appendix 1 37

Training and qualifications required for the legal treatment of wildlife casualties

Appendix 2 41

BVZS Guidelines for the prescription, supply and control of prescription-only veterinary medicines (POMs) in zoological collections and wildlife rescue centres

Introduction

i) Background

Unlike the situation in other countries, (e.g. Australia, New Zealand, parts of the USA), there is currently no regulatory framework governing the treatment, rehabilitation and, with a few exceptions, the release of indigenous wildlife species in the UK. Injured or displaced wildlife in the UK is instead protected, to some extent, under existing animal welfare legislation (Animal Welfare Act 2006) as the casualty becomes a "protected animal" when "under the control of man", so this would include any animal in care. The Wildlife And Countryside Act (1981), the Conservation of Habitats and Species Regulations (2010) and species-specific legislation (e.g. Protection of Badgers Act (1992), Deer Act (1991) Conservation of Seals Act (1970)) prohibit or control the "taking" of wild animals but all include exceptions for taking injured wild animals for the purposes of rehabilitation. The Wildlife and Countryside Act (1981) restricts the keeping of certain species in captivity and the release of others back into the wild. Wildlife also comes under the Veterinary Surgeons Act (1966), limiting the treatment of these species to registered veterinary surgeons.

This comparatively weak framework of regulation has resulted in variable care of wildlife casualties throughout the UK and has on occasion led to members of the veterinary profession being investigator by their Regulator, the Royal College of Veterinary Surgeons. The availability of facilities, staff and training varies enormously between wildlife centres. In addition, there is inevitably insufficient funding in this area. Consequently veterinary input regarding the supply, storage and use of Prescription Only Medicines (POM-V and POM) and casualty triage and treatment varies considerably and is not always within the law or Royal College of Veterinary Surgeons (RCVS) Code of Professional Conduct. This has led to staff involved with wildlife centres, including veterinary surgeons and veterinary nurses, increasingly coming to the attention of the civil authorities and regulators, notably the police, RCVS and the Veterinary Medicines Directorate (VMD). In addition, wildlife centres often feel let down by veterinary professionals with limited interest or knowledge of wildlife species and their ecology which results in inappropriate standards of care for these animals.

The current situation can reflect badly upon some rehabilitators and members of the veterinary profession causing a legal conundrum and undoubtedly has a negative impact upon animal welfare. These guidelines provide a framework for good practice in wildlife rehabilitation centres (WRC), with particular reference to veterinary care. Much of what is included in these guidelines is a minimum legal requirement. It is hoped that the guidelines will provide a useful resource for all wildlife rehabilitation centres and their veterinary surgeons.

These guidelines deal specifically with *wildlife rehabilitation;* the treatment and temporary care of injured, diseased, and displaced indigenous animals, and the subsequent release of healthy animals to appropriate habitats in the wild (Miller, 2012). The translocation and

reintroduction of wild animals have intentionally not been covered in this document and readers are referred to other references on these subjects e.g. The Scottish Code for Translocations & Best Practice Guidelines for Conservation Translocations in Scotland (SNH, 2014).

Occasionally owned animals will be presented to wildlife rehabilitations centres, this is particularly common in the case of domestic racing pigeons and some raptors. These animals must be regarded differently to genuinely wild animals and every attempt must be made to contact their legal owners.

ii) Terms used in this document

The following terms as defined here are used in these guidelines:

"**animal**" means animals of the classes Mammalia, Aves, Reptilia, Amphibia, Pisces and Insecta (i.e. any mammal, bird, reptile, amphibian, fish or insect).

"**enclosure**" means any accommodation provided for animals.

"**enclosure barrier**" means a physical barrier to contain an animal within an enclosure.

"**staff**" includes any person employed under the direction of the centre owner, and includes both paid and volunteer staff.

"**stand-off barrier**" means a physical barrier set back from the outer edge of an enclosure barrier in order to provide further distance between people and animals, such as may be employed in facilities which have public rights of way abutting their borders. May also be needed between 2 enclosures of animals, as an alternative to having a shared common fence through which they could interact. A solid boundary is preferred in such cases.

"**wild animal**" means any animal (including a wild bird) which is or (before it was killed or taken) was living wild; "**wild bird**" means any bird of a species which is ordinarily resident in or is a visitor to the European territory of any member state in a wild state.

"**wildlife centre**" means any premises in which British wild animals are held, for the purposes of rehabilitation back into the wild, or, in very rare cases, in permanent captivity.

"**zoo**" is defined under the Zoo Licensing Act 1981 as an establishment where wild animals (as defined above) are kept for exhibition to the public (otherwise than for purposes of a circus). Falconry centres and some wildlife centres with permanent captive animals may need to be registered and inspected as a Zoo, depending on the number and species of captives.

iii) Wildlife and Countryside Act, 1981

The Wildlife and Countryside Act 1981 (WCA) complies with the Directive 2009/147/EC on the conservation of wild birds. The Act gives protection to native species and controls the release of non-native species, as well as protecting of Sights of Special Scientific Interest (SSSI) and rights of way rules in the National Parks the countryside.

All wild birds (with exceptions listed in schedule 2) and some mammals, reptiles, amphibians and invertebrates (as listed in Schedule 5) are protected under the WCA. Some other species (deer, badgers, seals) have specific, but similar, legal protection under other Acts. The wildlife legislation permits the taking from the wild of a sick or injured wild animal (including protected species) for the purpose of tending it until it is fit to be released. Some methods of taking an animal (such as by nets or traps) are illegal, restricted or require a licence from Natural England (NE) or its devolved counterpart (Department of the Environment Northern Ireland Environment Agency, Scottish National Heritage, Natural Resources Wales). The right to keep a disabled protected species lasts only until it is no longer disabled and it should not be kept in a manner that would inhibit its capacity to return to the wild.

Birds listed under schedule 4 of the Act must be ringed and registered with the appropriate authority if they are taken into care, although there are exceptions to this for authorized keepers and veterinary surgeons.

It is illegal to keep mink, grey squirrels, rabbits (other than the European rabbit) and coypu without a licence. Non-indigenous species and those listed in schedule 9 may not be deliberately released, or allowed to escape, into the wild. It is illegal to release mink, grey squirrels, rabbits (other than the European rabbit) and coypu without a licence. European Regulations relating to invasive non-native species must also be observed.

iv) Animal Welfare Act, 2006

The 'Five Freedoms', drawn up for livestock by the Farm Animal Welfare Committee (1979) and subsequently modified and incorporated into the Animal Welfare Act 2006 (AWA) where they are referred to as 'needs', provide the basis for the welfare of all captive species. Although the AWA does not affect animals living in the wild (other legislation offers this protection), it does affect wild animals once they are brought into captivity and captive wild animals should be kept in accordance with this legislation.

Injury and confinement of the animal during treatment and rehabilitation may obviously to some extent compromise the welfare of the casualty, but should never result in unnecessary suffering. Every attempt should be made to meet the animals' 'needs' as defined by the Act at all stages of the treatment and rehabilitation and also upon release. At every stage euthanasia should be considered and carried out if the animal's welfare requirements cannot be satisfied (see 6.7).

Basic requirements under the AWA are listed below, with references to the sections of the guidelines in which they are supported:

1. The need for a suitable environment

An environment consistent with species requirements should be provided. This should include shade and shelter from rain, heat and cold as appropriate. Suitable substrates, perches and three-dimensional environments should be provided where appropriate with places to hide from people or other animals as appropriate. A balance should be struck between medical treatment, hygiene and the species' biological requirements, with initial care in a hospital-type environment being generally more spartan and free of enrichment, and rehabilitation environments having a more naturalistic and enriched environment (See Guideline 2).

2. The need for a suitable diet, including provision of fresh water

Both food and water are basic needs. The method of food presentation, the frequency of feeds and the nutritional balance should be taken into account. Food should be presented in a manner and frequency commensurate with the natural behaviour of the species, as well as its nutritional requirements, which may vary according to season and life-stage (See Guideline 3)

3. The need to exhibit normal behaviour patterns

Animals should be allowed the opportunity to express most normal behaviours, taking into account current enrichment and husbandry guidelines, with emphasis on maintaining and developing behaviours appropriate to future release (see Guidelines 2 and 8).

4. The need to be housed with or apart from other animals as applicable

Most individual adult wildlife casualties will be kept isolated throughout their stay, although social species may be mixed during the latter stages of rehabilitation as long as territorial or other behavioural issues are not likely to arise. Juvenile animals of social species (e.g. badgers) should normally be maintained in compatible social groups (see Guideline 2).

5. The need to be protected from pain, suffering, injury and disease

Pain: A comprehensive veterinary policy that includes the rapid provision of appropriate medication (including analgesic drugs) and euthanasia as appropriate is essential (see Guideline 6).

Suffering: Cages and pens should be positioned so as to protect animals from the noise, sight and scent of other animals and humans. Predator and prey species should especially be segregated in this way. Animals for release should be protected from unnecessary human contact (including wildlife centre staff) and must not be on display to the general public (See Guideline 2).

Injury: the provision of a pen or enclosure designed to minimise the risk of injury is required. Where animals are kept together the design should allow animals to get away from each other. Enclosures should be designed to minimise the risk of entry of predators (See Guideline 2).

Disease: appropriate curative and where necessary preventive veterinary medicine should be provided (see Guideline 6). Every effort should be made to provide a correct diet (see Guideline 3) and suitably hygienic environment from which pathogens are excluded or controlled (see Guideline 5).

v) Zoo Licensing Act, 1981

Some wildlife centres with captive wild animals may need to be registered and inspected as a Zoo under the Zoo licensing Act (ZLA). For the purposes of licensing, a zoo is defined as an establishment:

- Where wild animals (as defined by section 21 of the Act) are kept for exhibition to the public (excludes circuses and pet shops);
- To which members of the public have admission for seven days or more within a 12 month period (with or without being charged);

Wildlife centres may open for up to a maximum of 6 days per year, under the above legislation without needing to become licensed under the ZLA. They should, however, be aware of the extra liabilities and responsibilities that opening to the public for any period of time may expose them to.

It is recognised that members of the public may visit at those times described above, and special measures may need to be implemented to improve safety at those times only (e.g. accompanying members of staff, temporary signage, etc.). There may be some parts of a centre that visitors and other non-staff members may visit at other times, to drop off or collect animals, to carry out work, or, if the centre is dual purpose, to attend other areas of the facility. In such cases, safe areas should be clearly marked, and greater use of double layered fencing and stand-offs may be required.

Animals intended for eventual release should not be on public display at any time, as this may cause stress and/or compromise their eventual release, and they should be excluded from those areas to which the public has access.

vii) Dangerous Wild Animals Act, 1976

Where a wildlife centre is not registered and inspected as a Zoo under the ZLA a licence, a local authority licence may be required to keep those species listed in the Dangerous Wild Animals Act, 1976. These species include the adder (*Vipera berus*) and the wild cat (*Felis silvestris*). Keepers of animals undergoing veterinary treatment are normally exempt.

Good Practice Guidelines For Wildlife Centres

1. Guiding principles for wildlife rehabilitation centres

1.1 Aims

The prime aim of treatment of a wildlife casualty should always be to return an animal successfully to the wild with a chance of survival and potential to reproduce, at least equivalent to that of other free-living members of its species. Where casualties cannot be released they should, in all but exceptional circumstances, be euthanased (see 6.4).

1.2 Facilities

The wildlife centre should be clear regarding the species they have facilities for and the number they can take (especially at peak periods). There should also be clarity as to whether the care that can be provided for each species is primary first aid or includes secondary treatment and rehabilitation leading on to release. Where a centre is not able to provide the full spectrum of care itself, it should recognise this and make provision for that care to be provided elsewhere.

1.3 Knowledge

Centres should be able to illustrate a sound knowledge of the behaviour, biology and ecology of the species routinely seen. Centres should keep up-to-date with information on biology and husbandry, especially when providing care for a species not previously presented or when planning facilities for species not previously cared for. Veterinary staff involved with wildlife centres should have appropriate knowledge to fulfil their role (see 6.1).

1.4 Guidance

Wildlife centres should, in consultation with their veterinary surgeons, produce their own internal guidelines for animal care. Centres should follow established guidelines and other reference sources where these are available.

1.5 Legislation

Wildlife centres must refer to relevant legislation (see 'Introduction' and 'Legislation' below).

2. Animal accommodation

2.1 Cages, pens and enclosures

2.1.1 General

- Accommodation should take account of the natural habitat of the species and seek to meet the physiological and psychological needs of the animal.
- Cages, pens and enclosures should be of a size and design, and animals and enclosures should be managed so as to:

a) ensure the health and welfare of individual animals, prevent their escape or further injury and allow for appropriate observation and treatment
b) prevent an uncontrolled build-up or spread of parasites and other pathogens
c) allow easy cleaning and disinfection, remove any refuse and allow drainage of waste water
d) avoid animals within groups being unduly dominated by other individuals
e) ensure that the physical carrying capacity of the enclosure and/or system does not over-burdened
f) avoid the risk of persistent and unresolved conflict between group members, or between different species or age groups.

- As there are significant gaps in knowledge for many species regarding their husbandry and care it is not considered good practice to mix species in wildlife rehabilitation centres.
- If a centre is not able to provide accommodation, which fills those needs for a particular animal, then they should not accept such species, or provide only the most immediate accommodation and arrange transport to a more suitable facility as soon as possible (see 1.2).
- Cages, pens and enclosures should be equipped in accordance with the needs of the animal and its clinical condition. There should be appropriate bedding material, natural perches, burrows, nesting boxes, pools, substrates and vegetation and other enrichment materials designed to aid and encourage normal behaviour patterns and minimise any abnormal behaviour.
- Most individual adult wildlife casualties will be kept isolated throughout their stay, although social species may be mixed during the latter stages of rehabilitation as long as territorial or other behavioural issues are not likely to arise. Where animals are kept in groups those temporarily accommodated away from others should not be separated for such a period of time that there would be difficulties in their re-introduction to the group.
- Animals that may interact in an excessively stressful way should not be maintained in close proximity. Segregation of predators and prey is vital. Most species should be kept separated by solid, opaque barriers, and separation from the sound and smell of other animals is also important including consideration of potential of olfactory contamination of clothing.
- Initial cages, pens or boxes should generally be fairly small, consistent with the space requirements of ill and less mobile animals. These are easy to keep warm and clean, and assist sick animals in self-feeding at this stage. They should be easy to clean throughout the animal's stay, and between different animals, unless they are designed to be disposable after individual use. Even fairly barren environments such as these should provide suitable substrates, perching and some areas to hide in, and should be escape proof.

2.1.2 Rehabilitation Enclosures

- Rehabilitation enclosures should be appropriately designed for each species and should include perches, water (fresh or saline as appropriate), grass, retreat areas, adequate areas for free flight, etc. as appropriate. Published wildlife and zoo information sources should be available and consulted to ensure enclosures are of the correct design (see 1.3 and References).
- Animals in outdoor enclosures should be provided with sufficient shelter for their comfort and well-being. Refuge areas should be provided for animals to hide.
- Enclosures and their internal features, including perches, substrates and water features, should be kept clean and safe for the animals in the enclosures.
- Enclosures should be designed to allow for animals' normal defence reactions and appropriate "flight" or escape distances. Visual barriers should be positioned to prevent distress due to passing staff members, and all practical steps should be taken to avoid association of humans with feeding.

2.1.3 Pregnant and dependant juvenile animals and neonates

- Suitable, separate if appropriate, accommodation for pregnant animals, dependant juvenile animals, neonates and animals with young should be available in order to minimise unnecessary stress. For example, pregnant hedgehogs are not uncommonly seen as admissions, and require a quiet place to nurse their young after admission.
- Juvenile animals of social species (e.g. badgers) should normally be maintained in compatible social groups. They should only be kept isolated for the benefit of the welfare needs of the group, and where this is not detrimental to the individual animal. This may mean that centres have to pass individual orphans on to other centres at an early stage (see 1.2).
- Facilities for juveniles should take into account growth of animals and should be capable of satisfactorily providing for their needs at all stages of their growth, including provision of a level of exercise sufficient to develop or maintain fitness prior to release.

2.1.4 Human contact

- Animals should be handled and managed only by, or under the supervision of, appropriately qualified and experienced staff. Handling should be done with care, in order to protect the animals' well-being, and avoid unnecessary discomfort, stress or physical harm.
- Any direct physical contact between animals and humans should only be for restricted periods of time and under conditions consistent with the animals' welfare, and not likely to lead to their discomfort or malprinting.
- Animals intended for eventual release should not be on public display at any time, as this may cause stress and/or compromise their eventual release

- Smoking by staff and visitors must be prohibited except in designated areas away from all animals. Excessive noise: music, shouting, powered equipment must be kept to a minimum and avoided in animal areas where at all possible.

2.2 Environmental conditions

- The temperature, ventilation, lighting and noise levels of hospital rooms, pens and enclosures should be suitable for the comfort and well-being of the particular species of animal at all times. In particular:
    a) consideration should be given to the special needs of pregnant and newly-born animals
    b) newly-arrived animals should be allowed to become fully acclimatised into their new environment. Most animals will be housed separately for initial monitoring and treatment and many cases, particularly territorial adult animals, will be housed individually for the whole of their time in captivity. In most cases, movement from initial isolation areas, into hospitalisation pens and eventually to a larger enclosure may be a gradual process
    c) tanks for aquatic species need to be adequately oxygenated according to the number kept in each pool, and should be heated or cooled according to the needs of the species. Environmental parameters (e.g. salinity, water quality, chlorine and/or ozone content) should be suitable for the species
    d) indoor housing should protect against extremes of sunlight, heat, draughts and cold, and provide appropriate humidity
    e) outside housing should offer protection against extremes of weather
    f) natural day/night cycles of light should be maintained, with an opportunity to avoid light as necessary. Natural unfiltered, rather than electric based, light should be used wherever possible, to provide appropriate UV spectrum and intensity for normal development and behaviour. Artificial lighting should be of the appropriate intensity, spectral distribution and flicker fusion frequency.

2.3 Isolation and containment

- Dedicated accommodation should be available for the isolation and examination of newly-arrived animals, and for the quarantine and care of unduly distressed, sick or injured animals. This accommodation should include separate drainage and ventilation from other animals on the site. Drainage must also follow local water authority guidance.
- Many adult wildlife casualties will need to be isolated from other animals throughout their stay for social and territorial reasons.
- Particular attention should be paid to hygiene in the quarters where isolated or quarantined animals are kept.

- Protective clothing and utensils used by staff in the isolation area should be used, cleaned and stored only in that area.

2.4 Sanitation

- Proper standards of hygiene, both in the personal hygiene of staff and in enclosures and treatment rooms, should be maintained. In particular:
    a) special attention should be given to the management and appropriate cleaning of enclosures and equipment within them, to reduce the risk of disease. In the case of aquatic species there should be regular monitoring of water quality parameters, including ammonia, nitrate, nitrite, ph and bicarbonate levels
    b) suitable cleaning agents should be readily available, along with supplies of water and the appropriate safe means to apply them
    c) veterinary advice should be obtained and followed regarding the routine cleaning and sanitation requirements of enclosures or other areas. Particular care should be taken if an infectious disease is identified in any animal.
- The drainage of all enclosures should be capable of removing efficiently all excess water while maintaining enclosure security. Any open drains, other than those carrying surface water, should be outside enclosures.
- Clinical waste and refuse should be regularly removed and disposed of in a manner approved by the local authority and following appropriate guidance (e.g. BVA Good Practice Guide to Handling Veterinary Waste). This should include the disposal of waste water in accordance with local water authority regulations.
- A safe and effective programme for the control or deterrence of pests and vermin, and where necessary predators, should be established and maintained throughout the centre.
- Health risks to animals, staff and volunteers posed by the use of power hoses on animal waste should be avoided. The use of full PPE, for example, face masks and eye protection must be encouraged and supported.

3. Provision of food and water

- Food provided should be presented in an appropriate manner and should be of the nutritive value, quantity, quality and variety appropriate for the species, and for the condition, size and physiological, reproductive and health status of the individual animals. Veterinary or other specialist advice in all aspects of nutrition should be obtained and followed (see References).
- Sufficient fresh, clean drinking water should be available at all times for all animals except where otherwise directed by a veterinary surgeon.
- Supplies of food and drink should be kept and prepared under hygienic conditions, in particular:

a) food and water should be protected against dampness, deterioration, mould or from contamination by insects, birds, vermin or other pests
b) food should be used within manufacturers use by date
c) supplies of perishable food and drink, other than those brought into the premises fresh on a daily basis, should be kept, where appropriate, under refrigeration
d) preparation of food and, where appropriate, drink should be undertaken in a separate area suitably designed and constructed
e) staff should be instructed to observe strict standards of personal hygiene and should conform to good hygiene practice in the preparation of food, having due regard to the risk of cross contamination between equipment, utensils and surfaces
f) receptacles for food and drink should not be used for any other purposes.

- A record of all diets and dietary changes should be maintained.
- Neonates can be challenging to rear due to seasonal increased numbers and high frequency of feeding. Each centre should set capacity limits for admissions of neonates of each species. A wide range of dietary ingredients may be needed to cover the species anticipated. Written charts to ensure that feeds are not missed are helpful.
- The natural behaviour of the animals, particularly social aspects, should be considered when offering food and drink. Feeding and drinking receptacles, when used, should be of appropriate design and placed so as to be accessible and available to every animal kept in an enclosure. In the later stages of rehabilitation feeding should be as 'natural' as possible (e.g. scatter feeding) to encourage and develop normal foraging behaviour.
- Enclosure design should be such that human contact does not become associated with feeding (see 2.1.1).
- Feeding methods should be safe for animals and staff (see 5 and 9).
- Food and drink, and feeding and drinking receptacles when used, should be placed in positions which minimise the risks of contamination from soiling by the animals, wild birds, rodents or other pests.
- Food, water and other fluid receptacles should be regularly cleaned.
- Self-feeders, where used, should be inspected twice daily to ensure that they are working effectively and do not contain caked or unfit food. Water lines should also be checked twice a day.
- Uneaten food should be removed, as appropriate, to maintain hygiene.

4. Observation and record keeping

- The condition, health and behaviour of all animals should be checked at least twice daily by the person(s) in direct charge of their care consistent with avoiding unnecessary stress or disturbance.

- Wherever possible remote monitoring should be considered for example utilising CCTV, web cameras, binoculars or one way glass to reduce any stress and possible mal-imprinting of neonatal animals
- Any animals that give cause for concern should be thoroughly assessed as to whether they are unduly distressed, sick or injured, or if already under medical care if there is a significant change in their medical condition. Where necessary they should receive immediate veterinary attention and treatment.

4.1 Records

- The keeping of records is compulsory for Schedule 4 species under the Wildlife and Countryside Act 1981 (WCA), but is also considered essential for all animals to provide a complete paper-trail and especially to provide proof of provenance.
- Records should be kept and maintained for each individual animal. Where animals are kept in groups each animal should be individually identifiable. The records should be kept either on a hospital sheet, card index or computer, or other type of retrieval system from which information can be quickly examined.
- Records should include documentation to illustrate that the casualty has been "signed over" into the care of the centre from the finder, to avoid issues of "ownership" arising (see also 6.7.1).
- Records should be kept up to date and be available on site long term. Provision should be made for long-term archiving in a secure format. Such records can provide vital information for research into suitable care of casualty wildlife and should ideally be kept permanently in some form. Data should be shared freely with other organisations where appropriate (e.g. BWRC).
- The records should provide the following information:
    a) Location and details of finding (see bullets above)
    b) Individual centre reference number and /or any distinctive markings, including tattoos, freeze-brands, rings or microchips. Where animals are clearly identified as being owned, due to the presence of leg rings or other marks, as may be the case for racing pigeons and some raptors, every attempt should be made to contact the legal owner.
    c) common and/or scientific species name
    d) date of admission (or date of birth if born in captivity)
    e) Reason for admission
    f) adult, neonate, or juvenile
    g) approximate age if neonate or juvenile
    h) sex (where known)
    i) body weight and/or condition scoring using a standardised approach at admission and subsequently at regular intervals as appropriate

j) clinical data (e.g. temperature, pulse, respiration, wounds, hydration status) as appropriate to the case
k) Clinical pathology findings (e.g. blood results, results of other clinical tests, post mortem findings)
l) actual or presumed diagnosis
m) details of any treatment given, to include date, drug name, dose, frequency and route of administration and person administering it (see also 6.1). Where the person prescribing the drug is not the centre's nominated veterinary surgeon (e.g. when an animal as admitted via another veterinary practice or wildlife centre) this should be clearly noted
n) behaviour, demeanour and fitness
o) food given (amounts and type), amounts eaten
p) result – released, euthanized, died in care etc.
q) date of death (or euthanasia) and the result of any post-mortem examination and laboratory investigations; or date and exact site of release and details of any subsequent post-release monitoring.

- A daily record should be kept by the person(s) in direct charge of the animals, indicating changes to the prescribed diet, health checks carried out, medication given (see also 6.1), any unusual behaviour or activity or other problems, and remedial actions taken. Identity of staff responsible for clinical observations and records made.
- In addition to the individual records, an annual record of all animals treated should be kept including the following:
  a) common and/or scientific names of the species, and approximate ages (i.e. adult or immature)
  b) total admitted to the centre in the year 1st January to 31st December
  c) total released from the centre in the year 1st January to 31st December
  d) total euthanased at the centre 1st January to 31st December
  e) total dying at the centre 1st January to 31st December
  f) total presented dead on arrival 1st January to 31st December
  g) the reason for admission
  h) the outcome of the animal at 48 hours post admission.
- The records should be set out in a multi-column format to permit data analysis and sharing of information.

5. Safety and security

5.1 Health and safety

- A complete written health and safety policy should be available. This should include, but not be restricted to; animal handling, handling of medicines, COSHH, use of PPE, working around water, zoonotic diseases, post mortems, lone working, fire, accident, emergency, first aid, use of firearms (see also Staff training, 9.1).
- There should be evidence that the health and safety policy is a 'working document' with evidence of training and implementation (see also Staff training, 9.1).
- There should be evidence of other appropriate health and safety implementation, for example ongoing evidence of tetanus vaccination and rabies vaccination for staff handling bats. Individual medical practitioner advice should be sought as necessary.
- Staff should be instructed to report to centre management, in confidence, any medical condition or physical or mental disability which might affect their capacity to manage the animals in a safe and competent manner. A written policy that covers personal health risks and pregnancy should be in place.
- Records must be kept by management of any accidents and 'near misses' and where appropriate, cases reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).
- Health and Safety procedures should include any volunteer and visitors to the centre. Centres should have in place appropriate Public Liability, Employer Liability and insurance policies.
- It is a requirement of the RCVS that all veterinary surgeons and veterinary nurses should have adequate Professional Indemnity cover in their area of work including with wildlife centres.

5.2 Animal safety and security

- Enclosures and barriers to enclosures should be maintained in a condition that presents no likelihood of harm to animals.
- Fences and barriers should be checked on a regular basis.
- Any defect in barriers or appliances likely to cause harm to animals should be rectified at once. If this is not possible, the animals should be removed from the possibility of any contact with the source of the danger until rectified; a record should be kept of any action taken.
- Trees within or near animal enclosures should be regularly inspected and lopped or felled as necessary to avoid animals being harmed by falling branches, toxicity or trauma. Trees and climbing plants should be pruned to prevent aiding animal escape.
- Any water-filled structures should provide a means of escape back to the enclosure for animals falling into them.

- Any natural materials (e.g. plants and their products, such as seeds or fruit) or any introduced non-natural materials (e.g. paint, chemicals, treated substrates and treated water) should be assessed for toxicity to the species held before use.
- Distance or barriers between individuals, or groups of animals, and between those animals and non-enclosed native wildlife, should be sufficient to minimise transmission of disease or of potential pathogens.
- All plant and fixed equipment, including electrical apparatus, should be installed and maintained in such a way that they do not present a hazard to animals, and their safe operation cannot be disrupted by them.
- Where environmental quality is dependent on external utilities, adequate backup facilities should exist in case of failure such as electrical generators or back up filtration facilities.
- Tools and other portable equipment should not be left unattended in places where they could cause animals harm or provide a means of escape.
- Rubbish should be cleared as soon as possible.

5.3 Escapes

- The perimeter boundary, including access points, should be designed, constructed and maintained to discourage unauthorised entry and, so far as is reasonably practicable, as an aid to the confinement of all the animals within the centre, and the avoidance of predator entry.
- Centres should have systems in place to minimise the risks of theft, malicious damage or release of animals by intruders entering the grounds out of hours. Bird-of-prey species are particular targets for theft. Drugs may be present on the premises, encouraging thefts, and whilst these should be held, if legally permissible to do so at all, within the appropriate locked, non-marked, cabinet, they may still be a target for thieves.
- Centre operators should assess whether any danger may arise in the event of an animal escaping from its enclosure, and consider the possible or likely attempted escape route from the centre if this were to happen, for example with regard to animals such as deer badgers or hedgehogs escaping onto roads. This is especially necessary where large and/or dangerous animals are treated, especially in areas with relatively high human population densities and roads and habitation close to the centre.
- Any releases from the centre, accidental or intentional, should be in accordance with the law (see 8 Release).
- Every effort should be made, so far as it is reasonably practicable, to effect the live recovery of any escaped animals. This is especially important if they are still undergoing treatment, have any external dressing, or implant designed to be removed prior to release or are of a species not releasable at that site (see 8 Release). There are very few cases where the euthanasia by remote dart delivery or other firearms of an escaped animal would be practical or advisable, but these might include large deer species or large

pinnipeds which are a threat to humans directly or via a road accident, or animals which are not at all fit for release which have escaped and cannot be recaptured.

- The procedures to be adopted in the event of escapes within or from the centre (or of accidental or unauthorised releases) of any animal should be brought to the attention of, and be available to, all members of staff, and other relevant personnel as considered necessary, in a written document.
- Written procedures relating to escapes of animals should be established and reviewed as necessary. Where an escape has taken place, or damage or injury has been caused to, or by, an animal to persons or property, the reason for such escape, damage or injury should be recorded and a summary of remedial measures taken to prevent recurrence should be provided to all staff.
- A member of staff should be readily available at all times to take decisions regarding euthanasia of escaped animals (see 6.4 Euthanasia).
- The centre should have a written plan for obtaining assistance to deploy appropriate firearms or darting equipment to deal with escaped animals where required (e.g. large Deer species). This may simply involve having the contact details of local vets with such equipment.
- As far as is reasonably practicable, centres should prevent the spread of parasites, diseases or non-native plants and animals through effluent water and other routes. Waste water should be appropriately treated to ensure that this does not occur. Pre-release screening and/or parasite treatment should take place, and is mandatory where animals are translocated to a different geographical area (see 8 Release).

5.4 Temporary restriction of patient intake

- Provisions must be made for the temporary restriction of patient intake, especially in the event of sudden closure during a period of high levels of in-patients (e.g. fledging season or oil spills). This is particularly important where the centre is effectively run by a very small number of staff or volunteers. This may simply be a case of identifying local centres capable to taking on such animals, and appropriate transport options for conveying them. Such provision also helps in the event of an incident such as fire or staff illness, which closes the centre.
- Written risk assessments and policies for fire and accidents (including, but not limited to animal attacks, accident risks during water rescues, and policies for people working by themselves) should be available to all staff (see also 5.1).

6. Veterinary care

6.1 Veterinary services

- A comprehensive programme of care should be established and maintained under the supervision of a nominated veterinary surgeon who is familiar with current practice in the care and rehabilitation of British wild animals, particularly in the types likely to be seen at the centre in question. He or she should make arrangements to meet the legal and ethical responsibilities of veterinary care set out in the *Guide to Professional Conduct* of the Royal College of Veterinary Surgeons.
- A wide variety of opportunities are available for veterinary Continuing Professional Development (CPD), as well as formal postgraduate qualifications in zoo and wildlife medicine. It is essential that centre veterinary surgeons make every effort to be up-to-date and demonstrate appropriate CPD, and where possible further training, in this area. It is also important that full advantage is taken of the availability of other colleagues and specialists, such as those with expertise in discipline specific areas, e.g. orthopaedic surgery. RCVS guidance for referral of cases to another veterinary surgeon should be followed.
- The veterinary surgeon should be responsible for, or actively involved in, the following:
    a) routine inspections of the facilities, and the wildlife within a centre. The frequency of visits will depend on the number and species of animals cared for, the conditions that they are being treated for, and which may vary from season to season
    b) directing or carrying out treatment of all sick animals
    c) health monitoring of animals including submission and processing of blood and other samples for laboratory examination
    d) safe and proper collection, preparation and dispatch of diagnostic and other samples. Where these tasks are to be carried out by someone other than the veterinary surgeon, a suitably qualified or appropriately trained member of centre staff should be nominated to carry out the task (e.g. a laboratory technician or registered veterinary nurse)
    e) training of personnel in health and hygiene
    f) ensuring that post-mortem examinations of animals are carried out where necessary (see also 6.5)
    g) supervision of quarantine premises and other such tasks required by law or as part of good veterinary practice
    h) the nutrition and the design of diets
    i) planning and enclosure design
    j) written procedures for the storage and administration of all medication (see 6.3)

k) the establishment of written procedures to be followed in the event of the accidental use of Controlled Drugs dangerous to humans (see 6.3).

- The level of veterinary facilities should be consistent with the welfare needs of the animals and appropriate to the size and type of the centre and the range of animals planned to be admitted. This could vary from permanent on-site staff or regular visits by a veterinary surgeon. In the latter situation, over and above emergency calls, there should be sufficiently frequent regular site visits to assess general health and preventative veterinary practices. The frequency of the visits should be able to demonstrate that for the ongoing purpose of prescribing and supply of medicines to the centre, the veterinary surgeon has the animals '*under the care*' of a veterinary surgeon and they can be considered to have received a '*clinical assessment*'. A minimum recommended frequency for different types of collections would vary, but it is expected that new arrivals may well need to be seen at the veterinary surgery, between visits to the wildlife centre, to carry out treatment (including euthanasia) and to enable the veterinary surgeon to legally prescribe medicines.
- In assessing the level of veterinary services needed, the over-riding factor should be animal health and welfare. The consulting veterinary surgeon will often be in the best position to assess the requirement, but it is important that operators have access to and make use of the best veterinary knowledge. The RCVS maintain a list of veterinary surgeons with post-graduate qualifications in zoological and wildlife medicine and special-interest veterinary associations exist and may be able to provide help in locating specialist advice such as the British Veterinary Zoological Society (BVZS).
- Where a centre uses a local veterinary practice for basic cover, supported by a specialist, or a specialist supported by a local veterinary practice, adequate advance arrangements should be made to allow early contact and discussion between all parties whenever necessary, and particularly for emergency cases, including 24/7 out-of-hours provision.
- It may be feasible to extend an emergency visit into a regular visit provided that it occurs at an appropriate interval from the previous regular visit and adequate time is available to complete a full regular visit.
- Centres should have a written policy for triage, first aid, euthanasia and general care, including nutrition, of all species they are likely to see. This may be personalised by the centre, or may involve referencing and making available suitable sources of information from other sources but should have considerable input and the full agreement of the centre's veterinary surgeon.
- In addition to general animal records (see 4) comprehensive medical records should be kept where possible on computer, covering the following:
    a) preventive medicine administered
    b) clinical medical and surgical treatment

c) pathological findings from ante-mortem testing
d) results of post-mortem examination and testing
e) drug storage, use and disposal
f) a database of admissions (including species, age and sex, and location of admission), deaths, euthanasia and releases (including site of release) (see also 4 and Appendix 1). Geographical information should ideally to be in the form of postcodes or grid references.

- There should be systems for regular review, by the relevant veterinary staff, of admissions, clinical and pathological records and mortality. To assist clinical governance the database should be easy to interrogate for information. Husbandry and preventive medical practices (including hygiene, disinfection and bio-security protocols) should be reviewed regularly and where problems become apparent and at time of increased risk.
- There should be an appropriate number of suitably trained staff associated with the centre (either on site or available at a local veterinary practice) to ensure the veterinary care of the animals. Staff should only provide treatment and care that they have both been trained to provide (see 9) and are legally allowed to administer (see Appendix 2).
- Veterinary nurses should be registered (RVN) and work under the regulation of the *Veterinary Surgeons Act* and the *RVCS Code of Conduct for Veterinary Nurses*. RVNs may only work under the *direction* or *supervision* of a veterinary surgeon dealing with animals under that veterinary surgeon's care. Where RVNs are employed by a wildlife centre, it should be made clear in employment contracts that their clinical work is only to be carried out under the *direction* and *supervision* of the nominated veterinary surgeon.

6.2 On site veterinary facilities

- Adequate facilities should be available at the centre for routine or emergency examination of animals. Where these are basic, specialised clinical facilities (e.g. a veterinary practice willing to see wildlife cases) should be available within a reasonable distance and suitably equipped to do so.
- Where a full-time resident veterinary service is located at a centre registered as a Veterinary Practice Premises, the facilities should be adequately equipped for the reasonable and foreseeable veterinary needs of animals seen at the centre.
- Where a full veterinary service is not available at the centre, a dedicated treatment room should be provided at the premises and be available at all times for use for the routine examination of animals, particularly in emergencies. There should be minimum facilities of an examination table, hot and cold running water, heating, ventilation, appropriate lighting and power. There should be facilities for maintaining or increasing body temperature in casualty animals. The room should be of sufficient size for the purpose, have washable floor and wall surfaces, and be maintained in a clean, hygienic condition with adequate drainage.

- Facilities should be available for the isolation and treatment of all species admitted to the centre (see also 2.3). This should include facilities for aquatic animals and water birds where these form part of the intake. These should include separate holding tanks of appropriate dimensions to cope with the species held.
- Facilities should be available for collecting, restraining, treating, euthanasing, and for the after-care of all species likely/planned to arrive at the centre. These should be made available to the veterinary surgeon within a period, which minimises unnecessary suffering to sick animals, or the animals should be seen at the veterinary practice itself.
- Hospitalisation facilities should be available for animals undergoing treatment, and whilst these may simply be the same enclosure that animals are kept in normally, "intensive care" areas may be advisable for the more critical patients. These may simply involve provision for better temperature control and observation, or may be purpose- built hospital cages of various sizes, from small birds up to deer (depending on likely intake of animals).
- There should be adherence to both legal standards and codes of practice relating to radiography, storage and use of drugs (see 6.3), and storage and use of firearms.
- All unwanted or contaminated veterinary equipment should be disposed of safely as specified in current legislation (see References including Waste Guidelines)

6.3 Veterinary medicines storage and supply

- The Veterinary Medicine Regulations (VMR) provide the legal framework for the control of the supply and storage of all veterinary medicines. They were produced in ostensibly the current form in 2005 (for the purpose of implementing EU regulation EU 82/2001) and have been updated annually since.
- The British Small Animal Veterinary Associate (BSAVA) and British Veterinary Association (BVA) produce Guides to the Use of Medicines, which cover all the practical aspects of veterinary medicine use. In addition, the Veterinary Medicine Directorate (VMD) provides guidance and advice notes at www.vmd.defra.gov.uk.

6.3.1 Prescription of veterinary medicines **(see also Appendix 2)**

- Only a veterinary surgeon can prescribe veterinary medicines for the treatment of animals including wildlife.
- The Veterinary Medicine Regulations require that a veterinary surgeon who prescribes a veterinary medicinal product classified as Prescription Only Medicines (POM-V or POM, including controlled drugs) must ensure they have carried out a clinical assessment of the animal and that the animal must be under that veterinary surgeon's care (see Appendix 3).
- The RCVS interprets 'Clinical Assessment' in the Code to Professional Conduct as an assessment of relevant clinical information, which may include an examination of the

animal (see Appendix 3). In other words, not every wildlife casualty necessarily needs to be examined by a veterinary surgeon if he/she considers they can make a clinical assessment by interpreting the clinical information provided by the 'owner' via for example a telephone call or through carefully written SOPs. A veterinary surgeon cannot usually have an animal under his/her care if there has been no clinical examination.

- Wildlife are not owned in the traditional meaning of the word. However if an individual picks up an injured wildlife casualty it may be legally considered to be rendered into their ownership. If the casualty is subsequently presented to a wildlife centre or veterinary surgery it is important to ensure a transfer of ownership from the finder to the facility so the foregoing criteria can be followed. A suitable form of words would be:

  I, [name & address], relinquish all rights of ownership of [description of animal] and transfer them to [wildlife centre or veterinary practice name and address]. If at all possible the animal will be rehabilitated with the aim of return to the wild, but should this not prove possible then I understand that it will be humanely destroyed.

  Signed…… Date ……

- There are essentially no licensed veterinary medicines for wildlife species so to safeguard animal welfare veterinary surgeons may use the provisions set out in the Cascade (See VMD Guidance Note 13). However, when treating an animal of species '*traditionally farmed for its meat or other produce*' (e.g. deer, rabbits, gamebirds), veterinary surgeons must only prescribe a medicinal product whose active ingredient appears in Table 1 of EU 37/2010 irrespective of whether the animal is in a wildlife centre apart from deer where a 'no eat' tag can be applied. Drugs in Table 2 of EU 37/2010 must not be used in these species.
- Minimal withdrawal times (VMD) should be applied when drugs are used in all potentially food producing species.

6.3.2 Storage of veterinary medicines

- RCVS guidance also allows for a veterinary surgeon to keep a small stock of medications at a wildlife centre for him/her to prescribe at a later date. The veterinary surgeon does not need to be permanently based at the premises, which also do not have to be registered as a Veterinary Practice Premises' (VPP), but the veterinary surgeon should maintain a record of the premises at which any such stocks are kept.
- If a wildlife centre employs their own veterinary surgeon(s) and drugs are delivered direct from a wholesaler to be stored at the premises they may well need to be registered as a VPP and advice should always be sought from the VMD or RCVS in the first instance.

- The stored medications (whether Controlled Drugs or not) should be kept securely to prevent access by unauthorised personnel and the safe custody requirements of Controlled Drugs still strictly apply.
- At all times the veterinary surgeon must retain absolute control and responsibility for the storage and use of the POMs that he/she has supplied irrespective of who now owns them. In order to do so, it is advisable that only a very limited number of staff are authorised to have access to the medicines left at a wildlife centre and the prescribing veterinary surgeon must satisfy themselves they are adequately trained and understand the limits of their authority. Written Standard Operating Procedures are invaluable in this respect.
- All animal drugs, vaccines and other veterinary products should be kept safely under lock and key with access by authorised persons only. Regular inspection by the veterinary surgeon to remove out-of-date drugs should be carried out. Full records of drug stock, usage and disposal should be kept. Drug vials must be marked when initially breached, and discarded within the legally determined time for that product. Maximum/minimum thermometers or temperature loggers should be used, in ambient temperature areas and refrigerators where drugs are kept, and the results recorded and kept for inspection.
- Management must ensure that the centre, or a local hospital, or their veterinary surgeon has readily available antidotes to potentially toxic veterinary products used at the centre.

6.3.3 Controlled drugs (see also Appendix 3)

- Controlled Drugs are no different to other POMs insomuch as they can be prescribed and supplied by veterinary surgeons to animals under their care following a clinical assessment, in just the same circumstances as other Prescription Only Medicines.
- Veterinary surgeons should however, take extra care when prescribing controlled drugs, to ensure that the medicines are used only for the animals under treatment.
- Any wildlife facility storing POM-V (CD) will need to meet any safe custody and record-keeping requirements set out in the Misuse of Drugs Regulations 2001 and the veterinary surgeon will retain ultimate (and legal) responsibility for their security and safe use. The illegal use and supply of Controlled Drugs attracts severe penalties.

6.4 Euthanasia

- In practice, the main reason for euthanasia is a lack of reasonable expectation that the animal will have a reasonable chance of survival upon release as that of its wild counterparts. This decision may be made at admission, or at any stage up to the point of release. Where it is deemed necessary, euthanasia should be carried out as early in the rehabilitation process as possible, ideally within the first 24-48hrs, or as soon as it becomes evident that a casualty or orphan is unsuitable for release.
- Most euthanasia decisions will be based upon:

a) The immediate welfare of the animal e.g. severe injuries or chronic disease
b) The medium term welfare – will the animal require major veterinary intervention which may involve intensive nursing that will expose the animal to unacceptable levels of stress and/or leave the animal with a permanent disability
c) The long-term welfare – is the animal a suitable candidate for rehabilitation? Will it have the necessary physical and mental attributes after veterinary intervention and/or subsequent rehabilitation to survive and enter into a breeding population after release?
d) The animal is listed on schedule 9 of the WCA and a licence cannot be obtained for its release
e) Factors other than animal health (e.g. provision of sufficient numbers of suitable release sites, malprinting, likely duration of recovery/rehabilitation, legal requirements, other behavioural concerns) may also be grounds for euthanasia, assuming all practical options are explored.

- Long-term captivity of wild animals is rarely, if ever, an acceptable alternative to euthanasia. Long-term captivity should only be considered if an animal cannot be released and can be provided with lifelong captive conditions, which meet all of the 'Five Needs'; this will rarely be achievable. Breeding for conservation purposes is only a suitable alternative to release for certain rare species (e.g. red squirrels), and requires both suitable release sites for the offspring, and suitable accommodation for the parents.
- A member of staff should be readily available at all times to take decisions regarding the euthanasia of sick animals on veterinary advice. Effective humane method of euthanasia and standard written protocols should be set down.
- Facilities and suitably trained staff should be available to ensure that emergency euthanasia can be provided at all times, without the need for diagnosis by a veterinary surgeon.
- Staff should be aware of, and trained to deal with, the public-relations issue that might surround the killing of animals.

6.4.1 Legal implications of euthanasia **(see also Appendix 1 and 2)**

- All legislation that protects wild animals includes a defence that allows anyone to kill a protected animal '*if he shows that the (animal) had been so seriously disabled otherwise than by his own unlawful act that there was no reasonable chance of it recovering*'. Consequently any individual, regardless of qualifications, is able to kill a protected wild animal to relieve immediate suffering where no 'veterinary diagnosis' is strictly necessary. A wildlife centre should have written veterinary protocols covering such eventualities which should be discussed and agreed with the consulting veterinary surgeon.
- Performing euthanasia is not an act of veterinary surgery, within the meaning of the Veterinary Surgeons Act. Nevertheless, the prescription of drugs for euthanasia and their

route of administration for performing euthanasia may be an act of veterinary surgery and therefore the animal needs to be under a veterinary surgeon's care.

- Although injectable Pentobarbitone and Quinalbarbitone are both controlled drugs (see Appendix 3) they can legally be prescribed and supplied by veterinary surgeons, following a clinical assessment, for use in animals 'under their care' as defined above.
- There is an exemption for owners (or their employees) at Part 1 para 1 of Schedule 3 of the Veterinary Surgeons Act which allows them to perform a 'minor medical procedure' (a term that is not strictly defined) on their own animal or that of their employer. This further emphasises the importance of the ownership of wildlife casualties being transferred from the finder to the facility so they become 'owned' by the organisation (see also 4).
- There may therefore be circumstances where a veterinary surgeon with animals under his/her care within a wildlife facility might be able to set out clearly defined parameters, which may involve a telephone consultation, which allow him/her to authorise a named individual to perform euthanasia with a POM-V that has been supplied in advance.

6.5 Post-mortem facilities

- Dead animals should be handled in a way that minimises the risk of transmission of infection.
- Animals that die at the centre or en-route to it should be examined post-mortem in accordance with veterinary advice. Where appropriate, samples for diagnosis or health monitoring should be taken for laboratory examination.
- Retained samples should be stored in conditions advised by the veterinary surgeon and away from animal-feeding substances. The storage of reference material should be encouraged.
- Adequate facilities should be available either at the centre or within a reasonable distance for the post-mortem examination of all species held.
- Normally animal carcasses should be quickly and safely removed to a professional veterinary laboratory or cremation facility.
- If examinations are to be carried out in-house, facilities should be provided for conducting post-mortems and processing harvested samples in a safe and hygienic manner. It is acceptable for post mortems to be carried out on site by suitably trained non-veterinary staff.
- Specimens should not be frozen unless specifically requested by the veterinary surgeon.
- Facilities provided on the premises for post-mortem examinations should be suitably equipped for the species seen.

- Following post-mortem examinations conducted on the centre premises, carcasses and organs should be disposed of swiftly and in accordance with the Animals By-Products (Enforcement) (England) Regulations 2011.
- Whenever possible, carcasses of interesting animals or important species should be offered to a recognised scientific institution. Museums in particular will often welcome such material and make it available for study, thus extending the scientific and educational role of the specimen. Sometimes there is a conflict between the requirements of the museum and the need for a full post-mortem examination of the animal. In such cases a careful decision has to be made as to which takes priority. Post-mortem techniques that minimise damage to the carcass have been devised and can often be used in such circumstances.
- Museums usually require skins but not soft tissue. Centres should be aware of this and endeavour to retain soft tissue for pathological examination or deposit in a reference collection.
- Samples should be obtained and sent to appropriate surveillance schemes, e.g. Animal and Plant Health Agency (APHA), Garden Wildlife Health (GWH) project, Natural History Museum.

7. Transportation

- Facilities suitable for catching, carrying/lifting, crating and transportation of all the types of animals kept within the centre should be readily available. This should include suitable equipment for the capture of casualty animals as well as their transportation within and outside of the centre.
- Transport should conform to all current legislation and regulations, including The Welfare of Animals (Transport) Order 2006 and DEFRA regulations.
- The accommodation the animal is being moved to, and if appropriate the animals it is to be mixed with, should not compromise the welfare of that individual or of the other animals.
- Catching and transportation techniques should take account of the animal's temperament and escape behaviour in order to minimise injury, damage and distress.
- Staff Health and Safety policy should be observed at all times (see 5.1).
- Any animal in transit to or from the centre should be in the personal possession of the staff member, or of competent persons acting on his/her behalf, and adequate provision should be made for its and the public's safety and well-being.
- Animals should be transported in suitable containers that provide for a means of inspection during the journey and provide suitable ventilation, humidity and appropriate bedding. The animal should be able to stand, turn and lie down, although adjustments may need to be made for injured animals. Animals should not be transported in sight,

smell or sound of a predator. Animals should be fed and watered at suitable intervals according to species and duration of journey.

- All animals taken outside the centre should be kept securely at all times. Animals should be kept away from direct contact with persons other than the staff member or competent persons acting on his/her behalf, unless the operator is satisfied that the animal is not likely, when under control, to suffer distress or cause injury or to transmit or contract disease. Staff should exercise caution and discretion in the case of the removal of all animals from the centre, since their behaviour may become less predictable when away from their usual enclosures.
- Wild animals should only be passed on to responsible persons who have the appropriate facilities, resources and expertise to ensure the welfare of the animals; these requirements will be species specific. Where necessary, the appropriate licences for the keeping and management of the species should be held. Such persons may include those carrying out the final stages of rehabilitation and release.

8. Release

- Prior to release animals should be considered fully fit and able to fend for themselves in the wild. Fitness assessment should consider clinical, behavioural, and physical assessments (weight, body condition score, ability to fly/run etc). Written procedures for assessment prior to release should be produced and updated according to new published literature and scientific evidence.
- Release should not be carried out if animals are deemed significantly less likely to thrive in the wild than a conspecific.
- Written protocols detailing the assessment and decision-making process should be developed by the centre, particularly with regard to conditions which may preclude release being identified early on in care, and euthanasia carried out as early as possible,
- Release should be carried out as soon as practical following the animal being deemed fit for release, depending on a range of other factors, including suitable release sites, current weather conditions, seasonal effects on location (e.g. hibernation, migration), but not being unduly delayed.
- The aim of wildlife rehabilitation is to release the animal back into its original environment, or another suitable area. For adult animals, release into its original area is ideal, as the animal is familiar with it, may hold territory, etc. Release to another suitable area is another option, with potential issues arising for the animal (lack of familiarity with the area, an existing occupant or social group, and the likelihood of sustaining injury attempting to return to familiar areas).
- Appropriate selection and surveying of release sites should be carried out. Ideally this should involve staff members and local ecologists and conservation managers wildlife

workers with local knowledge, and be with the involvement and agreement of the landowner.

- If animals are to be translocated to new areas there are risks to the existing population of animals of this and other species, due to novel diseases being introduced into an area and these should be addressed. The International Union for Conservation of Nature translocation guidelines should be referred to (see References).
- Under Section 14 of the Wildlife and Countryside Act 1981 wildlife centres must not deliberately release or permit to escape into the wild any non-indigenous species (and some indigenous species), other than under licence from the appropriate authority. Licence conditions may include geographical restrictions of the release of the animal (e.g. for Grey squirrels).

8.1 Post-release monitoring

- Post-release monitoring is a vital part of the rehabilitation process. Whilst it can be expensive and time consuming, basic monitoring is important to ensure the welfare of animals rehabilitated is not compromised on release.
- Passive tagging and recording of all released animals should ideally be carried out (e.g. bird ringing by an appropriately trained ringer, and microchip Radio Frequency Identification (RFID) implants in mammals). Other methods should be used where appropriate (e.g. ear tags, tattoos), although there are legal requirements (e.g. for the marking of badgers, a licence is required from Natural England or the appropriate statutory authority in Scotland, Wales and Northern Ireland) and potential welfare concerns (e.g. ear or other tags being caught in undergrowth or fences, etc) associated with some methods and these should be taken into account.
- More active tracking methods may also be employed (e.g. radiotracking), but the welfare of the animal must be ensured and any licencing requirements must be fully considered. Rehabilitators and their veterinary surgeons should seek appropriate advice prior to embarking on such methods of post-release monitoring and refer to up to date literature.

9. Staff and training

- It is understood that many centres rely on volunteers, interns, students and others, for the purposes of this document, all are categorised here as ‘staff’.
- The number of staff and their experience and training should be sufficient to ensure compliance with the Standards at all times, taking due allowance for holidays, sickness and other absences.
- A list should be maintained of all staff and volunteers authorised to work with the animals (including species specific limitations), together with lines of responsibility, levels of

expertise, training, qualifications and the duties they are both trained and legally able to carry out (see Appendix 2)

- A suitably competent member of staff should always be available and in charge.
- All animal staff should be competent for their individual responsibilities.
- The centre operator and their staff should not have convictions under any animal related legislation (see Legislation below).
- Any staff member or volunteer for whom the centre is responsible, who works with vulnerable adults or children, or has access to controlled drugs, should undergo a Disclosure and Barring Service (DBS) check.

9.1 Training

- Continuous in-house training and development for all staff (employed, temporary, permanent and volunteers) should be a standard feature.
- All animal staff should be given the opportunity to undergo formal training to achieve appropriate qualifications.
- Essential topics include; animal handling; ecology; animal husbandry; animal welfare; bio-security and hygiene; administration of medication; care of neonates; health and safety and first aid; action in emergencies; emergency euthanasia; basic sampling for health monitoring and diagnosis; release criteria; educational techniques.
- Health and safety topics (see 5.1) should be included in training.
- Evidence of training should be provided, and training review should take place at least annually.

10. Education

- Education of the general public is an important role of wildlife centres and this should be reflected in the work of all facilities and considered essential for larger centres.
- The use of animals themselves is particularly contentious and should only be carried out after ethical review (see 11). Animals for eventual release should not be on public display.
- Dead specimens may be used, and this requires ethical review concerning their acquisition and use (e.g. taxidermy specimens) as well as health and safety assessments.
- Both live and dead animals involve bio-security and health and safety issues, and written protocols for these should be produced.

11. Independent ethical review

- There is an increasing tendency towards committees or groups of people serving as ‘review’ and ‘audit’ bodies on ethical issues. Centres should be aware of the importance of ethics and have their own policy for dealing with ethical issues.

- Most rehab centres would benefit from an ethical review process. This is especially important and should be considered as essential for larger establishments. Ethical review including assessment of new triage policies, treatment methods, release protocols and environmental issues is strongly advised.
- Centres can benefit from independent assessment. In some cases, there is merit in having a committee that looks at all ethical issues, both human and animal. These should include, for example, matters such as whether centre staff should be required to be routinely vaccinated to prevent zoonotic transmission of contagious diseases, or to evaluate facilities for people with disabilities.
- Centres should have some form of ethical review process, particularly in situations where the use of animals (e.g. acquisition, management or disposal for conservation, education or research) may be in conflict with the best welfare interests of the animal or animals involved. Other issues that might be addressed include: in what circumstances an animal should be euthanased; adequacy of procedures; transfer policy, particularly with regard to permanent captives; culling policy; research projects; compliance with conservation and educational policies; pest control.
- A large centre should consider the establishment of its own ethics committee, but this may not be practicable for smaller establishments. They may instead opt for access to ethical advice from another external committee or individuals.
- Whatever choice is made, the following points are important: the committee should not be perceived as being merely an agent of the management: it should have independence and, at the very least, provide advice to the centre operator; the committee should not consist only of scientists – although scientists may be able to advise on practicalities and research, they are not necessarily qualified to judge what is ethically acceptable; where possible, junior staff from the centre and members of the local community should be represented on the committee; the committee's work should be carried out in as open a way as possible, bearing in mind the need, on occasions, to respect confidentiality; the committee itself should be subject to review, with formal arrangements for changes to membership, rotation of chairman, and co-option of persons with particular skills.
- The question of ethical review is one that is likely to confront centres more and more frequently in the coming years. However, centres of the future will be better able to justify their existence and the work they do if they have a system in place that permits their activities to be scrutinised independently and impartially.
- Auditing the costs per case for rehabbing species including food, care and veterinary is a useful exercise. The results can assist with fund-raising and make the money raised more accountable for the donors.

Relevant legislation

This list provides the key legislation affecting wildlife rehabilitation centres. Centres are additionally likely to be subject to additional legislative controls, especially those surrounding employment and Health and Safety.

Animals Act 1971

Animals By-Products (Enforcement) (England) Regulations 2011

Animal Boarding Establishments Act 1963

Animal Health Act 1981

Animal Welfare Act 2006

Conservation of Habitats and Species Regulations 2010

Conservation of Seals Act 1970

Control of Trade in Endangered Species (Enforcement) Regulations 1997

Countryside and Rights of Way Act 2000

Dangerous Wild Animals Act 1976

Deer Act 1991 (as amended)

Destructive Imported Animals Act 1932 (and subsequent Orders)

Health and Safety at Work etc. Act 1974

Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001

Pests Act 1954

Protection of Animals (Anaesthetics) Acts 1954 & 1964

Protection of Badgers Act 1992

Protection of Wild Mammals Act 1996

Welfare of animals (Transport) Order 2006

Veterinary Surgeons Act 1966 (as amended)

Wild Mammals (Protection) Act 1996

Wildlife and Countryside Act 1981 (as amended)

Zoo Licensing Act 1981

List of abbreviations used

APHA	Animal and Plant Health Agency
ASPA	Animals (Scientific Procedures) Act 1986
AWA	Animal Welfare Act 2006
BSAVA	British Small Animal Veterinary Association
BVA	British Veterinary Association
BVZS	British Veterinary Zoological Society
BWRC	British Wildlife Rehabilitation Council
COSHH	Control of Substances Hazardous to Health
CPD	Continuing Professional Development
DBS	Disclosure and Barring Service
DEFRA	Department for Environment Food and Rural Affairs
GWH	Garden Wildlife Health Project
POM	Prescription Only Medicine
POM-V	Prescription Only Veterinary Medicine
POM-V [CD]	Prescription Only Veterinary Controlled Drug
PPE	Personal Protective Equipment
RCVS	Royal College of Veterinary Surgeons
RVN	Registered Veterinary Nurse
VMD	Veterinary Medicines Directorate
VMR	Veterinary Medicines Regulations
VPP	Veterinary Practice Premises
WCA	Wildlife and Countryside Act 1981
ZLA	Zoo Licensing Act 1981

References

Animal Welfare Act (2006) http://www.legislation.gov.uk/ukpga/2006/45/contents

AWNW (2012) The case for the regulation of Animal Welfare Establishments in Wales. AWNW, Cardiff http://politicalanimal.org.uk/wp-content/uploads/2014/09/AWNW-Report-Case-for-the-Regulation-of-Animal-Welfare-Establishments-in-Wales-October-2012.pdf

BVA Good Practice Guide to Handling Veterinary Waste in England and Wales http://www.bva.co.uk/uploadedFiles/BVA_Good_practice_guide_to_handling_veterinary_waste_in_England_and_Wales.pdf

BVA (2007) Good Practice Guide to Veterinary Medicines. BVA Publications, London.

BSAVA (2014) Guide to the Use of Veterinary Medicines http://www.bsava.com/Resources/BSAVAMedicinesGuide.aspx

BVZS Guide for the Prescription, Supply and Control of Prescription-Only Veterinary Medincine (POMs) in Zoological Collections and Wildlife Rescue Centres http://www.bvzs.org/images/uploads/BVZS_dispensing_guidelines.pdf

DEFRA (2012) Zoo Licencing Act 1981 Guide to the Act's Provisions. https://www.gov.uk/government/publications/zoo-licensing-act-1981-guide-to-the-act-s-provisions

EC medicines guidance: http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/landing/veterinary_medicines_regulatory.jsp&mid=

International Union for the Conservation of Species (IUCS)/Species Survival Commission (2013) *Guidelines for Reintroductions and Other Conservation Translocations*, *Version 1.0.* IUCN Species Survival Commission

Mullineaux, E. & Keeble, E. (In press) *BSAVA Manual of Wildlife Casualties (2nd Edition)* BSAVA Publications, Gloucester

Miller, E. A. (2012) *Minimum Standards for Wildlife Rehabilitation. (*4th edn.) National Wildlife Rehabilitators Association and International Wildlife Rehabilitation Council, St. Cloud, MN, USA

RCVS Code of Professional Conduct for Veterinary Nurses http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-nurses

RCVS Code of Professional Conduct for Veterinary Surgeons http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons

RSPCA (2007) Animal Welfare Act 2006 Guidance for Wildlife Rehabilitators. RSPCA Horsham

http://science.rspca.org.uk/ImageLocator/LocateAsset?asset=document&assetId=1232713929093&mode=prd

RSPCA (2010) Establishment Standards for Wildlife Rehabilitation. RSPCA Horsham

http://wri.ie/Linked%20docs/RSPCA%20Establishment%20Standards%20for%20Wildlife%20Rehabilitation.pdf

SNH (2014) The Scottish Code for Translocations & Best Practice Guidelines for Conservation Translocations in Scotland

http://www.snh.gov.uk/protecting-scotlands-nature/reintroducing-native-species/scct/

Veterinary Medicines Regulations (2013) http://www.legislation.gov.uk/uksi/2013/2033/contents/made

Zoo licencing Act (1981)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/69595/zoo-licensing-act-guide.pdf

Appendix 1

Training and qualifications required for the legal treatment of wildlife casualties

Introduction

In wildlife centres, casualties are typically cared for by staff (either employees or volunteers) with no formal veterinary qualifications or by registered veterinary nurses, but with a veterinary surgeon having the ultimate responsibility for the care provided. For the avoidance of doubt, the law concerning the veterinary treatment of wildlife is really no different from that set out for other animals and therefore all staff in wildlife centres should ensure that they are aware of any limitation set on them by the Veterinary Surgeons Act 1966. If there is any doubt as to whether a procedure can be performed it is always advisable to contact the Royal College of Veterinary Surgeons first for clarification.

The Law

The Veterinary Surgeons Act 1966 states that only registered Members of Royal College of Veterinary Surgeons may practise **veterinary surgery** on animals in the UK with a few exceptions which are outlined in Schedule 3 of the Act.

For the avoidance of any doubt, wildlife species are considered to be no different from any other animals under the terms of the Veterinary Surgeons Act.

'Veterinary surgery' is defined in the Act as the art and science of veterinary surgery and medicine and is taken to include:

- the diagnosis of diseases in, and injuries to, animals including tests performed on animals for diagnostic purposes
- the giving of advice based upon such diagnosis
- the medical or surgical treatment of animals
- the performance of surgical operations on animals

Therefore, the Act essentially dictates that only a registered veterinary surgeon can make a diagnosis and treat a wildlife casualty either medically or surgically. However, Schedule 3 of the Act outlines some exceptions to this rule as follows.

Lay people with no veterinary qualifications

Schedule 3 of the Act outlines that: *an animal owner, a member of his household or his employee, may carry out minor medical treatment.*

Wildlife casualties are not owned in the usual sense of the word but the finder is considered to technically 'receive the casualty into ownership' at the point of rescue. If the finder subsequently transfers ownership to the wildlife centre using the wording outlined in the main text of this code the principal of the centre becomes the owner. This would appear to

allow the principal of the centre, their employees and by extension volunteers to carry out minor medical treatment.

The term 'minor medical treatment' is not defined in law, but it is usually accepted to mean a procedure an animal owner would be reasonably expected to perform at home on their own pet such as administering oral medications or sub-cutaneous injections under a veterinary surgeon's direction, assuming they know the individual to be competent with the procedure. This is an inevitably a grey area untested by case law and whether intravenous injections were considered minor medical treatments would perhaps depend on the specific circumstances.

Schedule 3 of the Act also outlines that *emergency first aid to save life or to relieve pain or suffering* can be performed by anybody irrespective of qualifications. For example, euthanasia is not, in law, an act of veterinary surgery, and may be carried out by anyone provided that it is carried out humanely. It is worth noting, however, that the act of administering an intravenous injection may be considered an act of veterinary surgery.

Registered and student Veterinary Nurses

Schedule 3 of the Act states that registered and student veterinary nurses can *carry out medical treatment and minor surgery (not including entry into a body cavity) in accordance with Schedule 3 of the Veterinary Surgeons Act 1966*

The Veterinary Surgeons Act 1966 (Schedule 3 Amendment) Order 2002 provides that veterinary surgeons may **direct** registered or student veterinary nurses, whom they employ, to carry out limited **veterinary surgery** provided that:

- The animal is under the veterinary surgeon's care.
- The nurse is employed by or acting on behalf of their employer
- The veterinary surgeon is satisfied that the veterinary nurse is qualified to carry out the medical treatment or minor surgery
- For student veterinary nurses any medical treatment or minor surgery they undertake must be performed as part of their training and **supervised** by a veterinary surgeon or registered veterinary nurse. Moreover, in the case of minor surgery, the supervision must be direct, continuous and personal.

For the avoidance of doubt, a registered veterinary nurse or student veterinary nurse is not entitled independently to undertake either medical treatment or minor surgery. In other words they must be explicitly directed by a veterinary surgeon.

The RCVS degree that in considering whether to direct a registered veterinary nurse or student veterinary nurse to carry out 'Schedule 3 procedures', a veterinary surgeon must consider how difficult the procedure is in the light of any associated risks, whether the nurse is qualified to treat the species concerned, understands the associated risks and has the necessary experience and good sense to react appropriately if any problem should arise. The

veterinary surgeon must also be sure that he/she will be available to answer any call for assistance, and finally, should be satisfied that the nurse feels capable of carrying out the procedure competently and successfully.

In addition, veterinary surgeons supervising veterinary nurses undertaking Schedule 3 procedures, should confirm that their names are currently on the Register of Veterinary Nurses maintained by the RCVS and have not been removed from the Register by direction of the VN Disciplinary Committee. Student veterinary nurses must also be registered with the RCVS.

Veterinary Students

The Veterinary Surgeons (Practice by Students) (Amendment) Regulations 1993 identify two categories of student, full-time undergraduate students in the clinical part of their course and overseas veterinary surgeons whose declared intention is to sit the RCVS Statutory Examination for Membership within a reasonable time. The Regulations provide that students may examine animals, carry out diagnostic tests under the direction of a registered veterinary surgeon, administer treatment under the supervision of a registered veterinary surgeon and perform surgical operations under the direct and continuous personal supervision of a registered veterinary surgeon.

Definitions

The RCVS has interpreted the definitions as follows:

'**direction**' means that the veterinary surgeon instructs the registered veterinary nurse or student veterinary nurse as to the tasks to be performed, but is not necessarily present.

'**supervision**' means that the veterinary surgeon is present on the premises and able to respond to a request for assistance if needed.

'direct, continuous and personal supervision' means that the veterinary surgeon or registered veterinary nurse is present and giving the student veterinary nurse his/her undivided personal attention.

Complementary Therapists

It is illegal for non-veterinary surgeons, however qualified in the human field, to treat animals. All forms of complementary therapy that involve acts or the practice of veterinary surgery must be undertaken by a veterinary surgeon, subject to any exemption in the Act.

A summary table is provided below.

Summary of duties that can be performed by staff depending on their qualifications and registration status

Qualifications	Permitted procedures under VSA 1966
Veterinary Surgeon registered with the RCVS	Any act of Veterinary Surgery in accordance with VSA 1966
Veterinary Student	Any act of Veterinary Surgery under the direction and supervision of a veterinary surgeon
Registered Veterinary Nurse (RVN)	Any medical treatment or minor surgery (not entering a body cavity) under the direction of a veterinary surgeon who is the employer of the registered veterinary nurse or working for the employer
Student Veterinary Nurse	Any medical treatment or minor surgery (not entering a body cavity) under the direct and continuous personal supervision of a veterinary surgeon who is the employer of the student veterinary nurse or working for the employer
Employee of wildlife centre with no recognised formal veterinary qualifications	Any minor treatment under the direction of a veterinary surgeon assuming casualty transferred into ownership of centre principal
Volunteer at wildlife centres with no recognised formal veterinary qualifications	Any minor treatment under the direction of a veterinary surgeon assuming casualty transferred into ownership of centre principal
Any member of the public	Emergency first aid to save life or to relieve pain or suffering

If there is any doubt as to whether a procedure can be performed it is advisable to contact the Royal College of Veterinary Surgeons first for clarification.

Appendix 2

BVZS Guidelines on prescribing medicines in Wildlife Centres

- Only a veterinary surgeon can prescribe veterinary medicines for the treatment of animals including wildlife.
- The Veterinary Medicine Regulations require that a veterinary surgeon who prescribes a veterinary medicinal product classified as Prescription Only Medicines (POM-V or POM) must ensure they have met two criteria prior to prescription:
    1) Carried out a clinical assessment of the animal
    2) Ensured the animal must be under that veterinary surgeon's care
- Neither of these phrases is defined in the VMR but the RCVS interprets 'Clinical Assessment' in the Code to Professional Conduct as an assessment of relevant clinical information which may include an examination of the animal. In other words, not every wildlife casualty necessarily needs to be examined by a veterinary surgeon if he/she considers they can make a clinical assessment by interpreting the clinical information provided by the 'owner' via for example a telephone call.
- The RCVS however, consider a veterinary surgeon cannot usually have an animal under his or her care if there has been no physical examination.
- The Code interprets 'under a veterinary surgeon's care' as:
    i. the veterinary surgeon must have been given the responsibility for the health of the animal or herd by the owner or the owner's agent
    ii. that responsibility must be real and not nominal
    iii. the animal or herd must have been seen immediately before prescription or recently enough or often enough for the veterinary surgeon to have personal knowledge of the condition of the animal or current health status of the herd or flock to make a diagnosis and prescribe. What amounts to 'recent enough' must be a matter for the professional judgement of the veterinary surgeon in the individual case
    iv. the veterinary surgeon must maintain clinical records of that herd/flock/individual.
- For the avoidance of doubt a veterinary surgeon cannot prescribe or supply POMs (including Controlled Drugs) to a lay person for use in wildlife that are not under his/her care and there has been no clinical assessment. The only exception occurs where the Secretary of State has authorised the administration of such a product to a wild animal pursuant to Schedule 3 para 4(2) of the VMR.

- Wildlife are not owned in the traditional meaning of the word. However if an individual picks up an injured wildlife casualty it is considered to be rendered into their ownership. If the casualty is subsequently presented to a wildlife centre or veterinary surgery it is important to ensure a transfer of ownership from the finder to the facility so the foregoing criteria can be followed. A suitable form of words would be:

I, [name & address], relinquish all rights of ownership of [description of animal] and transfer them to [wildlife centre or veterinary practice name and address]. If at all possible the animal will be rehabilitated with the aim of return to the wild, but should this not prove possible then I understand that it will be humanely destroyed.

Signed…… Date ……

- Wildlife casualties such as groups of hedgehogs or collections of waterfowl can be considered to compare to a herd or flock situation and therefore treated as such with respect to the Code to Professional Conduct. In other words wildlife centres can be considered to be have a similar client: veterinary surgeon relationship as that between farmer and veterinary surgeon
- There are essentially no licensed veterinary medicines for wildlife species so to safeguard animal welfare veterinary surgeons may use the provisions set out in the Cascade (See VMD Guidance Note 13). However, when treating an animal of species '*traditionally farmed for its meat or other produce'*, veterinary surgeons must only prescribe a medicinal product whose active ingredient appears in Table 1 of EU 37/2010 irrespective of whether the animal is in a wildlife centre apart from for deer where a 'no eat' tag can be applied.
- For the avoidance of any doubt, exactly the same requirement applies to Controlled Drugs (POM-V [CD] or the human equivalent) as to any other prescription only medicine (POM-V or POM) although Controlled Drugs have additional prescription, storage and recording requirements which are dealt with in more detail below.

Storage of veterinary medicines

- Since April 2009, veterinary surgeons may only supply veterinary medicinal products from 'Veterinary Practice Premises' (VPP) registered with the RCVS and must maintain a record of all premises and places where they store or keep medicines.
- Where veterinary medicines have been supplied on prescription to wildlife centres from RCVS registered VPP it is unlikely that further registration of the receiving premises would be required.

- RCVS guidance also allows for a veterinary surgeon to keep a small stock of medications at a wildlife centre for him/her to prescribe at a later date. The veterinary surgeon does not need to be permanently based at the premises, which also do not have to be registered as a VPP, but the veterinary surgeon should maintain a record of the premises at which any such stocks are kept.
- Alternatively, if a wildlife centre employs their own veterinary surgeon(s) and drugs are delivered direct from a wholesaler to be stored at the premises they may well need to be registered. However, each case is treated on its merits and advice should always be sought from the VMD or RCVS in the first instance.
- If a wildlife centre is deemed to require to be a registered VPP a VMD inspector will inspect the dispensary prior to granting registration and repeat inspections will be required at a 1-4 year interval depending on findings at the initial visit.
- The stored medications (whether Controlled Drugs or not) should be kept securely to prevent access by unauthorised personnel and the safe custody requirements of Controlled Drugs still strictly apply.
- At all times the veterinary surgeon must retain absolute control and responsibility for the storage and use of the POMs that he/she has supplied irrespective of who now owns them. In order to do so, it is advisable that only a very limited number of staff are authorised to have access to the medicines left at a wildlife centre and the prescribing veterinary surgeon must satisfy themselves they are adequately trained and understand the limits of their authority. Written Standard Operating Procedures are invaluable in this respect.
- All animal drugs, vaccines and other veterinary products should be kept safely under lock and key with access by authorised persons only. Regular inspection by the veterinary surgeon to remove out-of-date drugs should be carried out. Full records of drug stock, usage and disposal should be kept. Drug vials must be marked when initially breached, and discarded within the legally determined time for that product. Maximum/minimum thermometers or temperature loggers should be used, in ambient temperature areas and refrigerators where drugs are kept, and the results recorded and kept for inspection.
- Management must ensure that the centre, or a local hospital, or their veterinarian has readily available antidotes to potentially toxic veterinary products used at the centre.

Controlled drugs

- For the avoidance of doubt, Controlled Drugs are no different to other POMs insomuch as they can be prescribed and supplied by veterinary surgeons to animals under their care following a clinical assessment, in just the same circumstances as other Prescription Only Medicines.

- The RCVS Code of Professional Conduct states:

Veterinary surgeons should take extra care when prescribing controlled drugs, to ensure that the medicines are used only for the animals under treatment.

- Any POM-V (CD) left at a wildlife facility collection will need to meet any safe custody and record keeping requirements set out in the Misuse of Drugs Regulations 2001 and the veterinary surgeon will retain ultimate (and legal) responsibility for their security and safe use. The illegal use and supply of Controlled Drugs attracts severe penalties.

- The Misuse of Drugs Act 1971 deals principally with the illegal possession/supply/use of controlled drugs and places drugs in 3 classes of 'seriousness':

  Class A includes Heroin, Cocaine, but also Etorphine, Fentanyl, Methadone, Pethidine and Barbiturates (in an injectable form) all of which appear in licensed veterinary or human products.

  Class B includes Barbiturate tablets and Ketamine.

  Class C includes Diazepam, certain anabolic steroids and now Tramadol. The Class in which a drug appears determines the penalties for illegal use, or misuse of these drugs.

- The Misuse of Drugs Regulations 2001 (made under the 1971 Act) give legal authority to certain people, including veterinary surgeons, to possess, use, prescribe and supply products containing Controlled Drugs. They place the products in five Schedules, which dictate conditions of prescription, secure storage and recording of use:

  Schedule 1 e.g. LSD, Ecstasy, Cannabis. There is no legal authority for a veterinary surgeon to possess drugs in this schedule. Possession requires a Home Office licence.

  Schedule 2 e.g. Ketamine, Etorphine (Immobilon™), Quinalbarbitone (Somulose™), Methadone (Comfortan™), Fentanyl (Recuvyra™), Pethidine. There are enhanced requirements for prescription, requisition, record keeping, disposal and safe custody. All, except Quinalbarbitone, must be stored in a suitable locked cabinet secured to the fabric of the building at all times.

  In the United Kingdom the Home Office moved Ketamine from Part 1 of Schedule 4 of the Misuse of Drugs Regulations 2001 (as amended) to Schedule 2 from 30th November 2015 with the effect that all the requirements applicable to Schedule 2 drugs, including record keeping, witnessing of destruction and prescribing are now applicable to Ketamine.

  Etorphine, a Class A Schedule 2 Controlled Drug, present in Immobilon and M99, is still in some cases the drug of choice for chemically capturing some wildlife such as deer. They are powerful opiates that are rapidly fatal to humans following accidental injection or absorption of even small quantities and cannot be used safely without having an appropriate reversing agent immediately available. Veterinary surgeons are legally

permitted to prescribe Etorphine for use by others in dart guns assuming they can fulfil the requirement that the animals are under their care. The product should only be supplied in the original bottle encased in the thick polystyrene in which it is packaged. It should only be drawn up immediately before use.

Naloxone is a safe, efficacious drug for reversing the effects of opioid overdoses including Etorphine. There are no veterinary products containing Naloxone and those available for humans are POM. As such Naloxone can only be supplied to named individuals at risk of opioid overdose, via a medical prescription. A veterinary surgeon cannot legally prescribe for another person. However, a veterinary surgeon can legally order/purchase/possess a human POM although, in ordinary circumstances, cannot use it to treat another person. The Medicines Act (1968), provides that only individual patients with a legitimate prescription and appropriate medical practitioners are allowed to administer parenteral (injectable) POMs including Naloxone.

There is however, an important exception. In June 2005 Naloxone was added to the list of medicines that can legally be administered by anyone for the purpose of saving a life in an emergency. (Medicines for Human Use (Prescribing) (Miscellaneous Amendments) Order). In practice, if a veterinary surgeon is using Immobilon/M99 he can legally possess Naloxone and anyone can then use that drug in an emergency in order to save life. If Immobilon/M99 is to be used in the absence of a veterinary surgeon then probably the only legal route for a non-vet to possess the drug would be for an individual to get a prescription from their doctor. Nevertheless, in an emergency this drug could then be administered by anyone to anyone else in order to save life.

There is a requirement to use a mandatory form for requisition of Schedule 2 and 3 Controlled Drugs.

There are separate forms for England, Wales and Scotland.

- **England** form FP34PCD - available on the NHSBSA website.
- **Wales** form WP10CDF - available from NHS Wales.
- **Scotland** - all private prescribers must apply to join the Prescriber List for Controlled Drugs by completing an Annex D Form. This is then signed by an Authorised Signatory for your Local Health Board and passed to eVadis to receive a Unique Prescriber Code. This enables you to purchase CDRF forms (£44.43 per pad (100 forms) plus VAT).

Schedule 3 e.g. Phenobarbitone (Epiphen™), Pentobarbitone Sodium (Euthatal™, Dolethal™), Buprenorphine (Vetergesic™). The safe custody requirements of schedule 2 apply to Buprenorphine, although Barbiturates are exempt. Nevertheless, the RCVS PSS advise all Schedule 3 drugs are locked away. There is no requirement to keep a register of their use.

Schedule 4 e.g. Clenbuterol (Ventipulmin™), Nandrolone Laurate (Nandrolin™). There is no legal safe custody or record keeping requirements, although due to the potential for the drug's abuse, it is not only considered good practice, but it is also a requirement of the RCVS Code to Professional Conduct that products containing Ketamine are kept secure in the CD cabinet and an 'informal' register of their use is maintained. Ketamine has recently been reclassified as a Class B drug (from Class C) and therefore the sanctions for illegal use are more severe.

Schedule 5 e.g. products containing Codeine (Pardale-V™). These are largely exempt from full control.

For further details on the requirements for obtaining, storage and supply of Controlled drugs please see the VMD veterinary medicines guidance at:

www.gov.uk/controlled-drugs-veterinary-medicines

A full list of Veterinary Licensed Controlled Drugs can be found at:

http://www.vmd.defra.gov.uk/vet/controlled-drug.aspx#authorised

A full list of all Controlled drugs can be found at:

http://webarchive.nationalarchives.gov.uk/+/http://www.homeoffice.gov.uk/publications/drugs/drug-licences/controlled-drugs-list