



Tree of Compassion
www.treeofcompassion.org

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REVIEW OF THE NSW VOLUNTEER WILDLIFE REHABILITATION SECTOR – April 2019

Whilst Tree of Compassion is not a wildlife care group, we have been involved in the rescue and treatment of wildlife for almost 30 years. We partner with Southern Cross Wildlife Care, a purpose-built facility for the treatment, education, and research of wildlife.

Tree of Compassion is generally supportive of the strategy but has some specific concerns which are addressed below.

NSW VOLUNTEER WILDLIFE REHABILITATION SECTOR STRATEGY DOCUMENT

Page 2, 2nd para: *“They have rescued....sometimes in difficult and stressful circumstances”*. Minor comment: sometimes should really be often. Circumstances are always difficult and stressful when dealing with orphaned, sick or injured wildlife.

Private veterinary practices and wildlife hospitals are also crucial partners in the assessment and humane treatment of native animals in distress. Our veterinarians and veterinary nurses treat over 21,000 free-living native animals and provide more than \$1.8 million in free services and products to wildlife each year. Balancing the running of a private practice with the lack of time, facilities and resources for treating free-living wildlife is very challenging.

We find this conclusion misleading. We know that it was derived from the OEH survey but given the small number of veterinarians who responded, it is likely to be less than accurate. Whilst veterinary facilities are crucial to wildlife rehabilitation, unfortunately it seems that many veterinary facilities fail in their treatment of wildlife. In our experience of almost 30 years working in wildlife rescue and rehabilitation, many veterinarians do not have any interest in treating wildlife and if they don't turn them away, simply euthanise them rather than clinically examining them and giving them appropriate treatment. Wildlife carers often express the view that “they just don't seem to care or give us the time”.

Wildlife carers are not veterinarians (generally) and therefore rely on the advice given to them by veterinarians. Sadly, what is told to carers about the state of the animal and what can be done is often not the full story. Many veterinarians don't value wildlife and therefore, the animals are not given appropriate attention.

We have had many vet nurses tell us about what goes on in their practice with wildlife and how they have had to fight to take them somewhere for appropriate treatment as their own practice won't do anything. Often patients are brought with injuries such as a compound fracture, and the veterinarian has not even splinted the injured limb or given analgesia. Carers naturally become

distressed at this. Fracture management principles are generally the same thing regardless of species. A fracture in the leg of a kangaroo is treated in the same way as a fracture in a dog. Fracture management principles are generally the same regardless of species.

Whilst we know that OEH has provided money to Taronga Zoo to develop a training package for veterinarians (page 15 of the draft Strategy), this will only be as good as those who have input into it. Tree of Compassion has been running wildlife care training across Australia for years with Dr Howard Ralph and although many wildlife care groups notify their local veterinarians but sadly they rarely attend. We do, however, get veterinary nurses who are carers themselves or just interested in helping wildlife at work attend.

Experiences of wildlife carers taking injured/sick animals to Taronga Zoo has not always been positive. We know of many animals who have been refused treatment at the Zoo, even when it has been an emergency. Therefore, we have reservations about how useful this training they are developing will actually be if it will be developed and delivered by the Zoo only.

Page 7 talks about veterinarians and veterinary nurses in the survey saying that their formal education was not very useful for wildlife. Southern Cross Wildlife Care has veterinary science students undertaking clinical placement at the wildlife clinic. These students are only a handful of all the veterinary science students graduating in NSW. Many comment on the lack of time allocated during their course to practical skills (of all species) and very little on wildlife. This is a major problem. Preparation and ability to assist wildlife when in practice is limited for this reason. It also results in little value for wildlife.

In terms of their most common complaint being volunteer response times and behaviour of volunteers, again, if veterinary practices treated wildlife appropriately, then response times wouldn't be such an issue. Often clinics don't even look at the animal. They just put them in a cage out the back with all the cats and barking dogs and phone the local wildlife rescue group and expect them to come and collect the animal without having given the animal any help at all. This is totally inappropriate. This is one reason, although such behaviour is never appropriate, that wildlife carers may be rude or disrespectful to vets. Carers deal with animals who need medical assistance and when a veterinarian does nothing or little to help, this is a very distressing situation.

Conversely, as indicated in the survey, communication at clinics about wildlife can be less than respectful and on occasions difficult, even when a veterinarian is knowledgeable about wildlife treatment and is willing to help. Some carers think they know better even to the point that some will demand the animal is handed back to them without having received the appropriate treatment.

Wildlife carer "politics" can result in less than ideal communication between carers and veterinarians and also amongst carers themselves, to the detriment of treatment for the wildlife patient. Conflict often exists between the decision of the Species Coordinators and an individual carer, particularly around seeking treatment for an animal as opposed to immediate euthanasia.

FOCUS AREAS:

VOLUNTEER SUPPORT AND CULTURE

Page 12: *“We will seek to do this by encouraging the two man bodies representing wildlife rehabilitation volunteers in New South Wales to reform into a single peak body”.*

What exactly does this mean? We’re assuming this means that OEH will encourage WIRES to join the NSW Wildlife Council?

There is another way to have a state wildlife council. The model in Queensland, for example, where the State wildlife council is made up of elected members from geographic areas. This would mean NSW would be divided into regions and any wildlife carer within that region, regardless of group affiliation, could nominate to be a representative on the Council. This should be expanded to include other experts, eg, wildlife veterinarians and animal welfare representatives, given that wildlife carers are not expert in all aspects of care and rehabilitation. Experts such as in Tree of Compassion/Southern Cross Wildlife Care are not affiliated with any particular care group. We have no vested interest or bias towards one group over another. We have substantial expertise in the diagnosis and treatment of wildlife, experience and knowledge that carers do not have and is critical to the successful rehabilitation of wildlife.

This model would be a cross between the two models proposed on page 12 (ie, wildlife council made up of rehab groups & the advisory board model). The key thing to remember is that state wildlife councils should not be imposed upon carers. The Councils in Qld & Victoria were proposed by an NGO and established by the NGO together with wildlife carers/rescuers themselves, not by government.

Whilst it is important that OEH is supportive of any model, OEH should not govern how it is established to avoid the perception that it is government influenced. And at any rate, just as it is now, a wildlife council or peak body will not represent the views of all carers/rescuers as many of them will not take part.

Page 13:

Will the documents to be developed as stated on this page be publicly exhibited?

As outlined above, if the peak body does not include a wider circle of experts, then any such standards or other documents for implementation will not be as effective as they could be.

What will the charter for volunteer engagement with veterinary practices include? Will there be an equal charter for veterinarians to engage with volunteer rescuers/carers? This is just as needed as the other way around although we know that veterinarians are not within the jurisdiction of OEH.

Improving the sector’s access to funding

It is great news that there is funding available to wildlife carers. What seems to be missing is funding for those who treat wildlife. Southern Cross Wildlife Care is the only not-for-profit purpose built facility for wildlife treatment in NSW. Unlike other veterinary facilities, Southern Cross Wildlife Care it not a commercial veterinary hospital and does not gain anything financially. It exists on donations alone. All staff are volunteers. As the only facility of it’s kind in NSW,

patients come from all over the state but also from interstate and advice is also given to Australian wildlife overseas.

Southern Cross Wildlife Care receives hundreds of patients each year which results in a huge financial burden for a small charity. It is hoped that facilities that provide such charitable veterinary services for all species (such as Southern Cross Wildlife Care) will also be eligible for government funding and it will not just be for wildlife carer groups or dedicated koala hospitals.

STANDARDS OF CARE AND TRAINING

Page 14:

We agree that appropriate training for wildlife carers and rescuers is needed. The problem lies in who delivers that training. Many wildlife carers make medical decisions when they are not qualified to do so. Proper triaging of animals is not within the scope of a wildlife carer. They are not medically qualified to do this. There are countless situations where an injury may look fatal to the untrained eye but with proper veterinary examination and knowledge, it is apparent that with appropriate intervention and care, the animal can be treated and rehabilitated. Equally in reverse where an animal may be suffering from a condition, eg, a deep wound that extends internally, yet the carer may think it is only minor and not seek veterinary assistance until the animal has significantly deteriorated whereas if the animal was clinically examined by a veterinarian, this would have been apparent. Wildlife carers cannot do this no matter what training OEHL may offer them. Without a veterinary science degree, this is not possible. Just as it is in humans, only a doctor/surgeon can assess an injury or illness and diagnose the situation. Even if a wildlife carer could see that the joey, for example, has a fractured calcaneus, they would not be able to fix it. The injury still needs a veterinarian to treat. It is extremely naïve to think that carers can do this. It is also doing a complete disservice to the wildlife involved. This often leads to animals being killed at the start or animals being held by carers suffering with no treatment. Animals come into care because there is something wrong. Although some may be orphans with little or no injury, many have injuries or illnesses that only a veterinarian can diagnose and treat.

Wildlife carers, can, however, be trained to recognise life threatening conditions and emergency situations and taught how to apply first aid. This is what Tree of Compassion does. We have found that carers feel more confident and empowered after such training but also more hopeful and relieved. Additionally, we offer access to phone advice which we consider a worthy support to wildlife carers.

Another area where some wildlife carers seem to think they are qualified is in conducting post mortems. Again, this is only something a veterinarian can perform. Even if a carer can see something is wrong once they open up the deceased animal, they have no idea what was the cause as they do not have that knowledge. The danger in this is that they then make their own incorrect conclusions and then apply that incorrect assumption to other animals in their care, often telling other carers about it. This practice can also result in disease surveillance information not being recognised and dealt with judiciously. The implications of this are obvious.

Any training in anything other than rescue and husbandry, which experienced rescuers and carers can give, should be done by those with the appropriate qualifications and experience, not just OEHL accreditation as a carer. Wildlife first aid and treatment training needs to be conducted by an experienced wildlife veterinarian or nurse. This is *extremely* important. We have given training (by

our wildlife veterinarian and vet nurse) all over Australia to wildlife carers, rescuers, nurses etc. and the amount of incorrect advice and myths out there about treatment is astounding.

“To help facilitate this, we will work...priority workshops for wildlife rehabilitators in regional areas...to augment their refresher training and help keep their skills up to date.” Who will deliver this training? As mentioned earlier, we do this training with Dr Howard Ralph in regional areas (as well as the city).

Page 15: Wildlife care training for vets and vet nurses

This is where the problem in wildlife rehabilitation lies. Without appropriate veterinary treatment, there is little rehabilitation. A large reason wildlife carers find their work so difficult and stressful is the lack of support they get from the veterinary profession.

Veterinarians responding to the OEH survey may have expressed a lack of training as a problem but it seems there is also a lack of interest to seek training. There are courses and seminars available which veterinarians and nurses can attend. As already stated, we provide training all over the country and yet veterinarians who are invited to attend by the local carer group generally don't. There are also courses on handling and capture offered by many wildlife carer groups that are available for veterinarians to attend.

Similarly, we have attended all except three of the Australian Wildlife Rehabilitation Conferences held and have noticed that the number of veterinarians who attend is very low. Dr Ralph regularly attends these conferences and gives presentations at them as does our veterinary nurse.

OEH trying to address this is commendable. However, Taronga Zoo and Sydney University are not necessarily the best professionals to deliver this, certainly not without assistance. We have seen numerous animals being turned away for treatment by Taronga Zoo and some inappropriate treatment given by Sydney University. Both these places, whilst they do see wildlife, are not dedicated nor skilled enough in the treatment the types of trauma that is often incurred by wildlife (eg, Zoo animals are not going to incur injuries from being hit by a truck or shot). Taronga Zoo is dedicated to the captive animals in their care so have little interest in treating animals from the wild. Sydney University, whilst it does receive wild animal patients, has more experience in pathology rather than clinical practice, particularly in injuries sustained by wildlife. If Taronga develops a package of training, where are the veterinarians going to get the clinical practice to learn? Has this aspect of training been considered? Clinical placement is essential for veterinarians to gain skills in assessment and treatment of wildlife.

Many veterinarians can triage animals. Many veterinarians can treat a fracture, for example. The knowledge and skills they already have for domestic species can also be applied to wildlife. Immobilising a fractured limb is the same in a dog or a kangaroo. They need to develop their skills in all species, eg, increasing their skills in reading radiographs and recognising fractures in a cat will help them with recognising fractures in a wombat and how to deal with it. They would also benefit from increasing their pharmacological knowledge and training in appropriate medications for wildlife, anaesthesia etc.

There are some veterinarians who when they do take the time to see the animal and do something, fail to appropriately treat them (and yet still charge substantial amounts of money for it). Some examples of animals that have been seen by a veterinarian that we have seen include a

joey with a fractured leg yet the splint was put on the uninjured leg, a bird with a compound fracture to its wing and the specialist avian veterinarian put a dressing over the site and told the carer to come back in three weeks (the necrotic bone was still sticking out of the bird), kangaroos with abscesses in their mouths with huge amounts of pus yet the veterinarian would not pull the teeth and curettage the abscess and left it until the animals could barely open their mouth, animals with fractures and the veterinarian has inserted stitches but has not aligned the bone nor bothered to clean the gravel out of the wound before closing the skin, and the list goes on. If the animal were a cat or a dog, the veterinarian would do something about these conditions but not for wildlife. And yet these are all cases where the wildlife carer has said the veterinarian is really good and helps them.

And then there is the complaint about cost. This is an important consideration. Yes, it can be costly but it's mainly the labour that is the most expensive, not the actual medical consumables and medications. Models such as that used at Southern Cross Wildlife Care where practices could simply recoup their costs of materials and offer their labour for free should be encouraged. They're not all going to be able to spend the time as much time on wildlife as does Southern Cross Wildlife Care, but there is a lot of room for improvement. If more veterinary practices appropriately treated wildlife from the outset, not only would this lead to less complications in patients further down the track, but it would spread the load around the state so veterinarians and charities like Southern Cross Wildlife Care who do regularly see wildlife are less inundated with patients meaning wildlife carers would have more options and access on who to see leading to them being less distressed and/or angry and ultimately a better animal welfare outcome for the patient and successful rehabilitation.

We're not quite sure what the "standard resources" referred to here would be. It's not like you can have a quick reference guide to the treatment of wildlife. Some things can be developed of course. Tree of Compassion has actually written two books on treating wildlife – one on Fluid Therapy and the other on Burns and their Management. These are manuals that carers as well as veterinarians can use and indeed do. These manuals are used by people all over Australia.

We are concerned about the statement on **page 15** about collaborating with the "peak body for veterinarians". Do you mean the Australia Veterinary Association? Whilst some veterinarians are members, the majority are not. We're also concerned about who will determine what "best practice in industry" is (also referred to on **page 17**) because currently, the industry tends to just euthanise wildlife.

Potentially, where the most effect would be made for the treatment of wildlife is at the universities in the courses. The veterinary science curriculum only provides around 2 weeks worth of study on Australian wildlife. It is not surprising then that veterinarians feel their knowledge on native species is inadequate. It is also not surprising then that the value they place on wildlife is very little. Review of undergraduate education of veterinarians would be a worthy consideration to address some issues associated with wildlife treatment.

It is *critical* that veterinarians place more value on wildlife. OEH can assist with this by working with universities to include more wildlife in their veterinary science curriculums. Southern Cross Wildlife Care is working in this area by making itself available as place for veterinary students placement as a requirement of their degree. Dr Ralph was recently the key speaker at the Sydney University graduation ceremony for veterinary and medical science students as he was asked by

the University to inspire students. He naturally included wildlife in his speech. Whilst this helps, it is, of course, nowhere near enough. What is needed are amendments to the current veterinary science curriculum so that wildlife is given more attention so that graduating vets respect wildlife more and are more equipped to deal with them in their practices.

Page 15: Updated triage and treatment protocols

“Continuous improvement....triage and treatment protocols that are current and represent best practice”.

This statement is of concern. As discussed above, wildlife carers are not qualified to diagnose what is wrong with an animal and therefore are not qualified to properly triage and treat. Of course, they can be trained to recognise life-threatening problems and indeed should be. Some wildlife carers think they are able to diagnose and treat which then often leads to detrimental results and animal welfare implications. A number of patients seen at the Southern Cross Wildlife Care are the result of inappropriate treatments or failure to seek veterinary treatment earlier.

As discussed earlier, having manuals on capture, handling, housing etc is fine and carers can assist with this. First aid is also useful but not something a carer (or the NSW Wildlife Councils) is the best qualified to write. As mentioned earlier, Tree of Compassion does have manuals on some treatment but these were written by a wildlife nurse and reviewed by the most skilled and experienced wildlife veterinarian in NSW, Dr Howard Ralph (who has been recognised for his skill and effort with wildlife with numerous awards including an Alumni Award from Sydney University and an Order of Australia). We also give notes/manuals out when giving training. We have found that this is the more responsible way to provide this kind of information rather than have such specialised notes in isolation without explanation or an opportunity to ask questions.

Euthanasia appears to be an all too common solution for animals coming into care, as indicated in the survey. A comprehensive process for decisions in relation to euthanasia needs to be developed with the involvement of veterinarians skilled and experienced with all species of free-living wildlife.

KNOWLEDGE AND INFORMATION ACCESS

Page 16: Streamlined reporting and improved access to data

Whilst we agree that capturing data about animals in care can be useful, we are also concerned about how much effort this may require of already overstretched carers and rescuers and volunteer veterinarians. We are supportive of any improvements made to this.

Page 17: Post-release monitoring

The figure of 34% of animals rescued and released seems very low. This is likely due to many opting to euthanise animals rather than treating where possible. In addition, often wildlife carers do not recognise that the animal needs veterinary attention until it is too late. In other cases, it may simply be underreporting. The Southern Cross Wildlife Care clinic, as an example, certainly has a much higher percentage of its patients being successfully released.

Lack of any formal post-release monitoring is not the fault of carers but more due to lack of funds and scientific qualifications to properly establish a post-release monitoring project. It is probably also due to animals often being released in contravention of the legislation in terms of location (ie, close to where the animal was initially picked up). Carers will release an animal in a location that

they believe is safe for the animal and this is often not where the animal was picked up. In other cases, the origin of the animal is unknown, particularly for those that members of the public have handed over.

COMMUNITY AWARENESS AND RECOGNITION

We support many of the initiatives under this section of the strategy.

Page 18: who will man the wildlife rescue number? If it is not OEH, then there may be issues with certain dominant groups not referring the caller to the nearest and/or most appropriate rescuer but instead to someone in their group who may not be the best to deal with the situation. This has happened many times in disaster situations, for example.

Page 19: We don't think referring to wildlife as "problem urban wildlife" is appropriate. These animals are perceived as problems by some members of the public. Our job is to change their point of view so that they don't see them as a problem. This may mean adjusting their lifestyle, their attitude or may be translocating the animal. But referring to them as "problems" gives the wrong message.

The photo at the bottom of the page is not something that one would promote. If OEH or the wildlife carer who supplied the photo considers this appropriate, this again illustrates the lack of understanding about the treatment of wildlife. Repairing turtle fractures should be done using appropriate, less primitive techniques, eg, using surgical wire for repair under a general anaesthetic rather than using such external fixtures and drilling into the shell further than sticking together with dental cement.

GOVERNMENT SUPPORT AND REGULATION

Accreditation of volunteer wildlife rescue and rehabilitation organisation

Addressed later in this submission when discussing the Accreditation document.

Page 21: A more flexible policy framework

1st dot point: *"Retain its preference....members to reside outside their boundary..."*

We support the point about members residing outside the group's boundary. What we're not clear about is whether individuals will be allowed to be accredited, ie, not part of a group. The dot point says: *"Retains its preference to be provided by groups but..."* so from this statement it appears it does, which we support (ie, rescuers and carers to operate as individuals). Although there are many benefits to being part of a group, this will not suit all carers.

2nd dot point: *"..Preference would be given to the establishment of central facility style wildlife hospitals."* Hopefully this means that existing facilities like Southern Cross Wildlife Care will be supported as to date, OEH has provided no support nor made any contact for advice. Support would be most welcome. We strongly feel that if this existing and life-saving facility was given more support (and had input into decisions on wildlife care and rehabilitation), then more wildlife could be treated from all over NSW.

We know that there are a few carers who want to set up hospitals but there is little point spending the considerable amount of money needed to establish these facilities if they are no resident veterinarians. We consider investing government funds into something that will only be used from time to time is not a good use of public money. Instead, it should be invested into already existing

and successful wildlife hospitals or new ones that will be used regularly with a veterinarian on staff.

4th dot point: *“Reduce red tape...transport animals interstate for treatment...”*. We conditionally support this. It depends on why the animal has to receive treatment interstate. For example, if an animal is rescued in the southern highlands, it makes no sense to take the animal to Australia Zoo for treatment if such treatment is available closer like the Southern Cross Wildlife Care clinic. As stated earlier, the Southern Cross Wildlife Care clinic does already see patients from afar. We’d recommend that the carer seek advice at the time of making the appointment at the interstate facility about how to safely transport their animal long distances as this will depend on the condition of the patient as well as the species.

SUPPORTING DOCUMENT:

ACCREDITATION OF VOLUNTEER WILDLIFE RESCUE AND REHABILITATION SERVICE PROVIDERS IN NSW

Section 2.2

“Priority assessment for accreditation...”

This states that EOIs will be given to new providers seeking to *“establish a central facility such as a wildlife hospital in any area”*. What does OEH consider a “hospital”? In order to operate as a veterinary hospital, compliance with other legislation, not the Biodiversity Conservation Act, is required. Will OEH consider a facility a hospital if there is no attending veterinarian? We have concerns that a carer or group will set up a facility and call it a wildlife hospital yet have no resident veterinarian and because it is called a hospital, people will bring animals for treatment there. As discussed earlier in this submission, there are many problems including welfare implications, when non-medically trained people attempt to diagnose and treat a patient. This is not appropriate.

And what about existing wildlife hospitals with veterinarians? Will these be accredited?

Section 3

Our concerns about training have partially been discussed earlier in this submission.

“OEH intends to develop, with the peak body, ...operating standards...” As outlined earlier, unless the peak body has relevant people other than wildlife carers, there is a likelihood that the standards will not be the best.

“...Accreditation renewal will occur after five years thereafter”.

Will there be a review at this time? Need to provide a review mechanism so that accreditation renewals are not automatic but subject to review.

ATTACHMENT 1: TRANSITIONAL ACCREDITATION STANDARDS AND ASSESSMENT CRITERIA

GOVERNANCE

Point 1 says that the wildlife rehabilitation group must be incorporated. Why? There are many charities in NSW that are legal not-for-profits under NSW Fair Trading but unincorporated and not companies etc. They are still legal entities (ie, unincorporated associations). They have a constitution, have to annually lodge paperwork to the Australian Charities and Non-for-profit

Commission, and if they fundraise, have fundraising status from the Office of Liquor, Gaming and Racing. For many smaller organisations or individuals, incorporation is a lot more work for them. If the Fair Trading department considers the organisation is operating according to the law, why does OEH consider they are not good enough to be accredited? We consider that this provision should be changed to include unincorporated associations.

How do individual rescuers/carers meet this criteria?

Point 2: this is unnecessary to state here because if they wildlife group is an unincorporated or incorporated association, it has to have this constitution.

Point 3: personal accident insurance – how can a private individual rescuer/carer afford to have such insurance? We don't consider this realistic or useful for individuals or necessarily for all groups. This seems a bit out of scope of OEH's jurisdiction and should be up to the carer as to whether they need it rather than OEH.

Point 9: who will conduct this periodic inspection? This point also mentions "*a member must certify their commitment to the group...*". The member should also certify their commitment to animal welfare.

Point 10: "*..about management decisions*" – can this be clarified to include decisions by Species Coordinators as currently it appears it only applies to Committee decisions.

General comments – a lot of the points above work well with groups but not so well for individuals and may put an extra burden on them and also put them at a disadvantage. Whilst there are lots of codes of conduct, we feel that it would be useful to also mention clearly a wildlife carers commitment to animal welfare.

TRAINING AND SUPPORT

Whilst training is useful, it all depends on the trainer and content. We understand that OEH has not yet developed a training strategy. As stated before, some topics including rescue, handling, husbandry (to a certain degree) are topics that can be delivered by an experienced rescuer/carer, other topics are not. Despite this, there are many wildlife care groups who use senior carers to deliver topics that cover triage, diagnosis and treatment but are actually not qualified to do so. Will OEH require competency standards for trainers? What sort of qualification will be required? Being an experienced carer does not mean that one is qualified to deliver all topics covering medical components. There are many wildlife carers giving training that even includes what drugs and dosages to use for what condition yet these are complex medical topics and the information they provide can be misunderstood or inaccurate.

We provide regular training to carers with our veterinarian/nurses, and teach on topics that carers cannot or should not (as often they do). We hope that this can continue under this new proposed strategy. We are concerned that carers may feel they no longer need this training because OEH has asked for other training.

STANDARDS OF ANIMAL CARE

Point 2: Some aspects of the OEH codes of practice need to be reviewed, particularly around euthanasia and intensive care. *“...that inform the quality of care provided to animals under their control”*. Again, the type of care that is appropriate for an animal that is undergoing treatment needs veterinary input (assuming the veterinarian has appropriate experience with wildlife).

SERVICE CAPACITY

How will this apply to individual carers? Requiring them to man a phone daily between 9am-5pm and respond to an animal within 1-2 hours, whilst ideal, is unlikely to be possible for most. Does “respond” mean the animal must be collected? Or does it mean the response can be given over the phone? It’s not always possible to collect an animal 1-2 hours after a call. Most rescue groups do not have the capacity to do this, others may have to travel quite a way to get to the animal, or they may recommend that the animal gets taken to a veterinary clinic first.

RECORD KEEPING

As mentioned earlier, most wildlife carers are overwhelmed with taking care of animals. Keeping “quality data” is often not their strong point. Their skills lie in rescue and care. OEH data collection requirements need to be such that they do not increase the workload of carers/rescuers/wildlife hospitals.

VETERINARY SERVICES

This section refers to having procedures in place. We’re not quite sure how this will be developed. If veterinary practices take on wildlife carers as volunteers, they would have their own procedures that need following. Of course, for wildlife care groups to have guidelines for carers on how to interact with veterinarians would be useful.

We consider this section inadequate. There needs to be more here in regard to when carers should seek veterinary input. Having animals receive appropriate veterinary treatment is critical to successful wildlife rehabilitation. Improving the understanding wildlife carers, particularly species coordinators, have of when to seek veterinary advice is essential to effective wildlife care and rehabilitation.

There is also a great need for an exemption on the restriction of access to certain drugs by wildlife carers. There are many wildlife carers who work closely with their veterinarian and they are given access to drugs to be used appropriately under guidance. Whilst it is legal to do this for specific patients the veterinarian has direct responsibility for, it is not so clear as to animals the veterinarian has not yet been made aware of, such as when a carer has been called to rescue an animal hit by a car on the side of the road. Giving appropriate medication at this time can mean the difference between life and death. Carers are not strictly allowed to have some of these drugs without veterinary direction. But someone holding an animal research authority, eg an OEH staff member doing research, is exempt and may have less experience or understanding of when and how to use these drugs in wildlife than a carer. It would make a huge difference in the rehabilitation of wildlife if this exemption was extended to wildlife carers/rescuers (with certain

conditions and training of course). It is hoped that OEH could facilitate this change by working with the NSW Department of Health and the NSW Veterinary Surgeons Board.

ATTACHMENT 2

Standard 2 asks if the wildlife group has a current training register available that lists the training members have completed. It should also list with whom.

General comment: the training criteria are quite high which may make it difficult for a volunteer based wildlife group to meet. Things like *“Does your group’s training program for new members assess competency against learning outcomes?”* etc require someone with skills in developing training programs to develop such components Most wildlife care groups do not have someone with such qualifications. It doesn’t mean the training the group provides is not relevant or useful but it’s just not set up formally with learning outcomes, competencies etc Or is this something OEH will develop and provide?

CONCLUSION & RECOMMENDATIONS

Overall, this is a positive step that OEH is taking towards the wildlife rehabilitation sector which has been long overdue. There is, however, quite a lot that is now required of wildlife carers when they are, after all, volunteers, so it may not all be possible or practical.

Our main points are:

- for Southern Cross Wildlife Care/Tree of Compassion to be involved in the development and delivery of training both (on more specialised subjects, eg fauna first aid, fracture management etc) and for veterinarians
- that any peak body include appropriate veterinarians/nurses with extensive experience in wildlife such as Tree of Compassion/Southern Cross Wildlife Care
- that support, including financial, be extended to not-for-profit wildlife hospitals with volunteer veterinarians such as Southern Cross Wildlife Care
- that OEH works with universities to include more on wildlife in the curriculum
- that non-incorporated associations and individuals without public liability insurance are able to be accredited
- that OEH work with NSW Health and the Veterinary Surgeons Board to allow wildlife carers who have a working relationship with a veterinarian to carry and use certain drugs such as for sedation and pain relief as well as antibiotics.

Thank you for the opportunity to comment on this strategy. We look forward to the outcome. Again, we commend OEH for trying to support this important, largely voluntary, sector of our community and help save our wildlife.

Kind regards,



Phil Hunt
Secretary
On behalf of Tree of Compassion