



PC, Chutes and Drugs.  
August 2008.

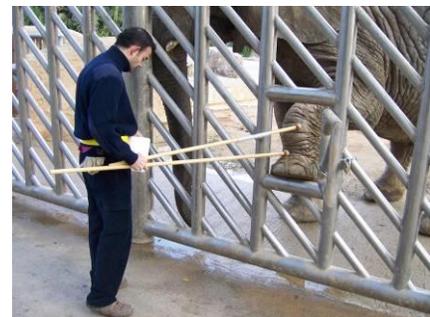
There are a few things we should know about our capabilities and with this article I hope to clarify the strength and weaknesses of Protected Contact.



Addressing elephants needs in captivity can be challenging so we must be resourceful, proactive and visionary. EAZA, BIAZA or AZA have written clearly stated zoological mission for us to use as a guide and with the changing times we must be professional with an ability of keeping our clearly stated zoological mission in front of us for all to see and use.

In PC there are three ways of gaining safe access to an elephant for husbandry, minor-medical treatments and surgery. One, is by means of training and a carefully design protected wall, two, is in a ERD, "Elephant Restraint Devise" where the elephant is contained in specially designed metal chute. The number three point can be broken down into two areas, standing sedation and immobilization.

Protected Contact is a method of trianing using positive trianing techniques, targets, food rewards, body positioning and lastly a speically designed protected wall. This method allows for safe access to all elephant tractible or untractible animals.



The list below highlights the areas of access.

1. Blood draws, blood assays, health & viability testing.
2. Tail access, removal of in-growing hairs tail soaks removal of dead skin and immediate treatment if bitten.
3. Foot access, for foot trims, inspections and washes.
4. Mouth inspections, teeth transition and oral health.
5. Eye inspections, ability to recognize & treat eye ailments.
6. Full body washes, skin care and removal of dead skin.

7. \*Rectal access, delivery of large doses of antibiotics and other medications. Endoscope access can also be achieved through the rectum.
8. \*Birthing assistance can be achieved in the ERD.
9. Stretch position & lie-down, back inspections and dead skin removal.
10. \*Injection training.
11. Radiograph training, foot structure knowledge.
12. Urine collection training.
13. \*Vulva & penis inspections & access. AI is also possible in the ERD.
14. Tusk washing in male elephants and tusk socket washing in females they have broken their tusk. Tusk trimming can also be achieved in PC.
15. Weighing of the elephant so pregnancies can be followed and so illness and weight loss can be detected.
16. Movement and exercise programs. A to B's in PC and the keeping of a daily exercise log are important.
17. Restraining behavior, in case restricted movement is necessary.
18. \*Skin biopsies. Wound treatment.
19. Foot soaking if necessary.

\* Rectal, vulva, penis & skin biopsy access will probably only be possible for PC handled elephants when there is an ERD, (Elephant Restraint Device) available. TB testing can now be achieved via blood samples.

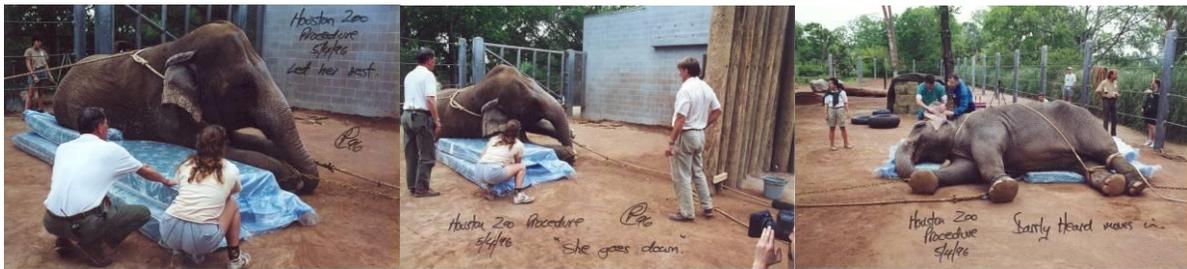


An ERD or “Elephant Restraint Device” is generally used when any minor invasive procedure must be performed, like injections, biopsies or wound treatment. The ERD should have moving sides that reduce space within the chute. This is so the elephant can be held briefly in a position so an invasive procedure can be performed. Standing sedation might also be performed in the ERD but any use of drugs should be closely monitored by a vet and the elephant’s recovery from the effects of the drug being used, will be the main focus.

There have been experiments in the USA with swinging chutes and with the use of straps you can lay the elephant flat on its side which provides access to the feet of elephants this is usually used with elephants that are not trained in PC or that can be assessed safely in Free Contact. These chutes took hold and some zoos invested hundreds of thousands of dollars to install the type of device when there was not much known about the strengths of PC training. For more intensive procedures like teeth removal this type of chute has some down sides and limitations, space around the head for equipment and personal narrows down options so fully fledged immobilization need more space.

The last options are standing sedation or total immobilization. The standing sedation can be performed in an ERD and would be used when only sensitive wound treatments, biopsies and possibly minor tusk procedures.

Immobilizations are the last of this elephant access journey. This type of procedure is a major undertaking and deserves complete planning because more elephants have succumbed under narcosis than any other human-elephant procedure. All elephants have not been made physically equal and you must evaluate, to the last item, every elephant's strengths and weaknesses before entering into an immobilization. Don't only plan on the elephant going down, plan on them getting up.



I hope these few words clarify what your access possibilities are with elephants in a PC environment. All options need a high degree of experience and planning.