

Taken, in part, from the BPZ Elephant Keeper Manual

Elephant Separation Protocol

In the event there is a need to separate the elephants, the elephant barn is comprised of an indoor holding area of 2,258 square feet, divided by a cable barrier, creating a large stall of 810 square feet, at the south end of the barn, that can be further divided into two stalls, one of 400 square feet and another of 410 square feet.

Below is a list of situations that may require separation during daily elephant care. Any situations outside of the items listed below will need to be discussed with the elephant manager and/or Director before implementation. A report outlining the situation will be presented during the next elephant management meeting.

1. When elephants are to be offered their main grain diet either separated in the stall or isolated in separate stalls.
2. Overly aggressive elephants to one another.
 - Elephants can be separated from the herd for no more than 20 minutes.
 - Elephant moved to a stall with only visual contact. No physical.
 - When elephant is returned to the herd, elephant must be watched for further signs and for signs of reconciliation between elephants.
Very Important!!
 - **Two persons present for transfers**
3. During training (Optional)
4. During husbandry procedures such as: foot work, bathing, tusk trims, etc... (At the Elephant Manager's Discretion)
5. During routine medical procedures (Optional)

Methods:

- One elephant is placed in outside holding pen without any physical contact with other elephant, but has visual contact.
- One elephant is placed in inside holding stall and given restricted contact with other elephant.
- One elephant is placed in inside holding stall, and the other elephant chained in larger indoor space, to allow visual contact but no physical contact.

If elephants have to be separated because of aggression, remember **human safety comes first**. You can try verbal deterrents (saying "no"), calling one or the other elephant over to the side of the exhibit, etc. Positively reinforce the elephant for an appropriate response. Use your best judgment under these circumstances. **Under no circumstances should a keeper enter the same area as an elephant during an aggressive encounter.**

Elephant Introductions

We will not be introducing new elephants into our herd until or unless we extensively revise our current elephant facility. The policy for introductions will be produced at that time.

Evacuation of a person from an elephant enclosure

Upon discovering that a person is in the elephant exhibit or pool, the following procedures will be followed as quickly as possible.

The **person who makes the discovery** will:

1. Notify elephant keepers directly and/or by radio
2. Notify Unit C by radio

The first elephant keeper to arrive at the scene will:

1. Instruct the person in the exhibit to stay where they are and call the elephants over to the side of the exhibit as the situation warrants.

Once additional elephant staff arrive, they will guide the person out of the exhibit or if medical attention is required, shift the elephants off exhibit and wait for medical help to arrive.

Unit C will direct other zoo personnel as needed for crowd control and escorting emergency personnel to the site.

Elephant Down Procedure (Elephant unable to arise without assistance)

Rapid response is critical in the event of a downed elephant. The longer the elephant is down, the less likely the elephant will be able to stand. Staff safety will be the number one priority when responding to a downed elephant.

The zoo staff member discovering the downed elephant will immediately notify one of the elephant care staff, who will in turn notify the remainder of the elephant care staff, Unit C and the veterinary staff.

The Zoo Director, Elephant Manager and/or Curator will coordinate with the veterinary and elephant care staff to determine the course of action. It may be possible for the other elephant to assist in raising the downed elephant. The Zoo Director, Elephant Manager and/or Curator will make the determination if this is to be tried.

If needed, N.C. Hudon, Inc. (contact person Dennis Hudon, phone #s 508.998.3411 office, [REDACTED] cell 1, [REDACTED] cell 2, [REDACTED] home) has offered to supply a crane and strapping to temporarily raise the elephant to a standing position. This crane can reach an elephant anywhere in the yard or barn. Ronald Labelle from the City's Department of Public Infrastructure (phone 508.979.1520) has stated that he can have a crew and materials at the zoo within an hour in the unlikely event that a short-term structure to support the elephant for further medical care is deemed necessary.

Elephant Medical Emergency Response

In the event of a medical emergency, the veterinarian will be contacted immediately. If necessary, the elephant staff will work with the vet tech to carry out veterinary instructions until the vet arrives. In the event of an incident where the prognosis for recovery is poor, the Zoo Director or Elephant Manager will begin to initiate our Elephant Phase-Out Plan (Section VIII of the Elephant Keeper Manual)

Elephant Routine or Planned (non-emergency) Medical Care

Emily and Ruth, our two female Asian elephants are fully trained and amenable to all veterinary examinations and to nearly any veterinary procedures. Routine procedures such as TB testing, blood draws, inspection, trimming, and radiographs of feet, eye, ear, and throat exams, dental exams, internal palpations, etc. are and have been accomplished with ease. The presence and reassurance of trusted keepers are all that is necessary for our elephants to be comfortable enough to allow even invasive or painful procedures.

Examples:

- Emily has a chronic hip sore / ulceration that has been treated using myriad methods over the years, including surgical debridement and excision of tissue.
- Emily has, on separate occasions, broken one of her tusches, above the gum line and has allowed surgical debridement and daily flushing and irrigation as well as topical application of medications
- On both elephants, occasionally extensive foot trimming has been necessary to expose and treat cracks, abscesses and prolapsed soft tissue, all of these procedures and treatments have been accomplished without the use of physical restraint or chemical restraint.
- Ruth suffered a severe, extremely painful eye infection. Treatment consisted of the applications of various eye drops and ointments as well as numerous IM injections for treatment of the condition as well as pain management. Ruth was asked to lie down for treatment every two hours, round the clock, for nearly six months and never once refused to accept treatment or resisted keepers requests.
- Ruth lost a distal portion of her tail due to aggression from Emily. The resultant wound was cleaned, surgically repaired and all subsequent treatments were accomplished without physical or chemical restraint.

Elephants can be separated during routine medical care at the Elephant Manager's discretion, using the procedures described above. Elephants have also been trained to accept the use of tethers for short periods of time to accomplish both routine and invasive or painful procedures.

Methods:

- One elephant is placed in inside holding stall, and the other elephant chained in larger indoor space, to allow visual contact but no physical contact.

- Elephants have been trained to voluntarily accept the use of tethers (chains) for restraint. Elephant can be called to the front or rear of the stall and asked to present a front foot to the bars. Keepers can secure the chains on the front leg without sharing space with the elephants.
- When chaining an elephant, a front leg is always chained first. If one chain is used, it should always be on a front leg. If two chains are used, they should be on the right front and left rear legs or the left front and right rear legs. The length of the chains should be such that the elephant cannot touch its chained feet together when turning.
- The front leg is restrained in such a way that the bracelet is allowed to move freely around the leg. The suggested gap between the leg and the restraint is 2 inches.
- The rear leg is restrained in such a way that there is a 1/2inch gap maintained between the leg and restraint, and the chain does not fall down around the ankle.
- As needed, additional restraints or shortening of any restraint can be performed.
- Any planned restraint over two hours must be approved by the institution's administration, elephant management committee, and veterinarian. The institution's safety committee and/or the institutional animal welfare committee are also included in the decision making process.