

# Bat Conservation Trust



## Supplement to Good Practice Guidelines for Bat Rehabilitators: Managing disease risk

This document is aimed at bat carers and is a supplement to the Bat Conservation Trust 'Good Practice Guidelines on Bats and Rabies' available from the BCT website on the [Rabies page](#) and the [Resources for Bat Groups page](#).

The aim of this document is to provide some additional interim advice for bat carers to manage disease risks associated with bats. Within the UK the only known zoonotic disease associated with bats is European Bat Lyssavirus (the virus that causes rabies). This advice sheet is therefore focused on rabies but the advice provided is applicable to managing disease risks more generally.

This document provides specific advice for situations in which a bat is exhibiting abnormal behaviour. This behaviour could be a result of a variety of reasons however one of these is rabies and as such these cases need to be investigated by APHA (see below). This document sets out precautionary measures to be followed whilst these cases are being investigated, and the possibility of rabies is being considered.

### Introduction

The main route of transmission of the rabies virus is via the saliva of an infected animal by a bite or scratch, or from its saliva coming into contact with a person's mucous membranes (eyes, mouth or nose). Other contact, such as contact with the blood, urine or faeces of a rabid animal, does not constitute an exposure ([CDC, 2016](#)).

The rabies virus is reliant on its host and cannot survive for very long outside of the host's body. This means that the virus becomes non-infectious when it dries out and when it is exposed to sunlight. Different environmental conditions affect the rate at which the virus becomes inactive, but in general, if the material containing the virus is dry, the virus can be considered non-infectious. ([CDC, 2016](#))

Bats are not normally aggressive and will avoid contact with humans. This means that there is no risk if members of the public do not handle bats, however as bat rehabilitators it is impossible to avoid handling an animal and so additional precautions are needed. As per the Good Practice Guidelines on Bats and Rabies all bat rehabilitators:

1. Should be vaccinated against rabies. Vaccinations are available free of charge to volunteers (inc. bat rehabilitators) and additionally to those handling bats in a professional capacity in England and Wales). For further information on who is entitled to vaccinations and how to obtain them please see the [BCT website](#).
2. Wear protective gloves when handling bats, even if you have received rabies vaccinations. It may be possible for experienced bat workers to use a towel or cloth, as explained on the BCT factsheet 'Gloves for handling bats' available from the [BCT website](#).

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3. Keep all bats in rehabilitation separated from other individuals in your care (unless they are known to be from the same roost), although they can be kept in the same room.
4. Keep Daubenton's bats in separate cages, with separate gloves and equipment used for that individual only.
5. As a standard precaution any food waste or droppings from Daubenton's bats in care can be sprayed with a disinfectant before being discarded.
6. Follow good hygiene practices and wash hands after undertaking any bat care related activities.

### **Suspect Bats**

Rabies is a notifiable disease under the Animal Health Act. If a bat in your care develops symptoms or behaviour that leads you to suspect rabies then you have a legal duty to inform APHA without delay. The National Bat Helpline (0345 1300 228) should be contacted immediately so that they can liaise with APHA. If the National Bat Helpline is not available e.g. it is outside normal working hours, then APHA should be contacted directly on 03000 200 301. Further contact details for APHA can be found at <https://www.gov.uk/government/organisations/animal-and-plant-health-agency/about/access-and-opening>

### **Care of Suspect Bats**

The following additional precautions should be followed if you have been caring for a bat which subsequently develops behaviour that is abnormal for the circumstances and becomes a "suspect bat". Whilst this situation could be rabies related there are also other reasons why a bat might be exhibiting abnormal symptoms. As such the situation needs to be investigated straight away with APHA and BCT. Whilst this is taking place the following precautions must be taken:

**1. *The bat should be kept in a separate room from all other bats in your care***

As stated above, it is good practice when caring for bats that all animals suitable for eventual release should be kept isolated from other individuals (unless they are from the same known roost). Suspect bats should be completely isolated from any other bats in your care, not only in separate enclosures but in a separate room.

The bat will need to remain in that room whilst the possibility of rabies is being investigated. The room should not be accessible to household pets.

**2. *All equipment should be kept in the room with the bat***

Any equipment that has been used on suspect bats should be kept separate in the room with the bat; this includes gloves, food and water containers, tweezers and any other equipment that has come into contact with the bat.

**3. *Gloves should always be worn when handling any bat***

All handling of suspect bats must be kept to an absolute minimum until the bat has been examined by APHA and a decision made that rabies is not suspected. Where handling of the bat is required during this period, one pair of gloves should be kept in the room with the suspect bat for re-use. Disposable gloves can be worn over the top of normal bat handling gloves and then disposed of after use. Any gloves that have been used on handling a suspect bat must be thoroughly washed and disinfected before use with other bats— see below.

**4. *Washing and Disinfecting Equipment, Surfaces, etc.***

Food pots and feeding equipment (tweezers, brushes, etc.) can be washed in hot water after use. A plastic washing up bowl can be brought into the room with the suspect bat and disinfected after use (see below for suggestions about disinfectant). Gloves, cloths, clothing, etc. can be washed with detergents at 40°C and dried.

Disinfectant can be used to spray or wipe any surfaces in contact with the bat or equipment used for the bat as required - e.g. door handles, washing machines doors, etc.

Bleach diluted 1 part bleach to 30 parts water can be used to prevent disease transmission. Iodine based disinfectants or general purpose quaternary ammonium compound disinfectants can also be used for surfaces. Keep on surface for 10 minutes, then rinse and use a cloth or air dry. Veterinarians are known to use Virkon (DuPont) disinfectant for notifiable disease control, which is available from various suppliers including online from [www.animalmedicationdirect.co.uk/virkon-s-1kg-5kg-10kg-50x-50g-sachets-pr-6022.html](http://www.animalmedicationdirect.co.uk/virkon-s-1kg-5kg-10kg-50x-50g-sachets-pr-6022.html).

Alternatively, any disinfectant listed under “general orders” on the following link, is suitable <http://disinfectants.defra.gov.uk/Default.aspx?Module=ApprovalsList> [SI](#)

For easy application, we suggest decanting ‘ready to use’ disinfectant into a trigger spray container, such as those available from hardware stores (check usage instructions on the product you have purchase). For example [www.arco.co.uk/products/5634489](http://www.arco.co.uk/products/5634489) – cost £1.80 (excl. VAT; April 2016 price).

Please note that any equipment that has been disinfected should be rinsed and dried thoroughly. Direct contact with disinfectant products can be harmful to bats.

**5. *Cleaning Exposed Skin***

Clean exposed skin (arms, face, neck, hands, etc.) with a hand sanitizer before leaving the room you have the suspect bat in. You can, alternatively, wash your skin thoroughly with soap and water.

**6. *Waste Food and Droppings***

Usually soaking the material in an approved disinfectant, then wrapping it in an absorbent material such as tissue before double bagging for disposal would suffice. Further advice should be sought from the APHA vet attending the suspect case.