

Animal Bite/Injury – Physician/NP Report

Forward completed front page to:

Population and Public Health, Communicable Disease

Fax: 306-655-4723 or

Email: diseasecontrol@saskatoonhealthregion.ca

Place patient label/sticker here if used

Person Bitten (Victim)

Name: _____ Parent/Guardian (if applicable): _____

Address: _____

DOB: _____ HSN: _____ Gender: Male Female

Phone: Home: _____ Cell: _____ Work: _____

Email: _____

Nature of Injury

Date of injury: _____ Date seen: _____

Site(s) of Injury Head/neck Face Arm Hand/finger Torso Thigh Leg Foot/toe

Animal Involved

Dog Cat Bat Skunk Other: _____

Animal resides in victim's household Yes No

Animal up to date with rabies vaccine Yes No

Name/contact information of animal owner if known _____

Rabies Risk Assessment

Refer to assessment guide on back page for risk assessment/action needed. Risk of Rabies Low High

Treatment

Laceration or broken skin (bite, scratch) Yes No

Antibiotic prescribed Yes No

Admitted to hospital/plastics Yes No

Tetanus Immunization Given Lot #: _____ Td Tdap

If no Immunization done, date of last tetanus: _____

*Immunization is recommended for a dirty injury if more than 5 years since last dose,
Check eHR Viewer for date of last dose*

Physician: _____
(Please Print)

Physician Phone #: _____

Medical Facility/Hospital: _____



Saskatchewan
Health Authority

All animal bites are required to be reported to Population and Public Health under the *Public Health Act*

<i>Risk Assessment</i>	<i>Reporting</i>	<i>Action Needed</i>
<p>Low Risk if:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bite caused by: <ul style="list-style-type: none"> ➢ Owned domesticated species¹ ➢ Wild or outdoor housed rabbits and small rodents <input type="checkbox"/> Animal behaviour explainable for species <p>1. Domesticated animals include dogs, cats, ferrets, horses, donkeys, mules, cattle, sheep, goats, and pigs 2. Saskatchewan Immunization Manual (SIM) 3.7 http://www.ehealthsask.ca/services/manuals/Documents/sim</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete <i>Animal Bite/Injury Physician Report</i> (DC-129a) and fax to Public Health at 306-655-4723 	<ul style="list-style-type: none"> <input type="checkbox"/> Review immunization record in eHR Viewer and administer tetanus containing vaccine if last dose more than 5 years² <input type="checkbox"/> If patient is less than 7 years old and not in eHR Viewer, consult MHO 306-655-4620 <input type="checkbox"/> Advise patient <ul style="list-style-type: none"> ➢ Public Health will follow-up within 48 hours ➢ Public Health will access the provincial immunization registry to review immunization record and enter vaccines ➢ To observe animal's health for 10 days and to phone 306-655-4612 if concerned about animal's health during the 10 day period
<p>High Risk if (any one of the following)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lab report confirms rabies positive testing <input type="checkbox"/> Community veterinarian suspects animal is rabid based on observed symptoms/assessment of animal <input type="checkbox"/> Animal is wild (all mammals) <ul style="list-style-type: none"> ➢ especially skunk and bat (bat has landed on victim) ➢ except rodents such as gophers and mice <input type="checkbox"/> Animal is domestic and <ul style="list-style-type: none"> ➢ behaviour is unexplainable ➢ is sick with symptoms compatible with rabies (displaying neurological symptoms such as dragging hind end, circling, making unusual biting movements) ➢ vicious, unexplainable or multiple bite wounds were inflicted <input type="checkbox"/> Victim will be going into surgery for repair of attack injuries, especially involving the head or neck of the victim 	<ul style="list-style-type: none"> <input type="checkbox"/> Complete <i>Animal Bite/Injury Report</i> (DC-129a) and fax to Public Health 306-655-4723 AND <input type="checkbox"/> Call Communicable Disease Control (CDC) or Medical Health Officer (MHO) on call to discuss need for Rabies Immune Globulin (RIG) and rabies vaccine. <ul style="list-style-type: none"> ➢ Monday to Friday 0800 - 1630 hours call CDC 306-655-4612 ➢ After hours call MHO 306-655-4620 	<ul style="list-style-type: none"> <input type="checkbox"/> Review immunization record in eHR Viewer and administer tetanus containing vaccine if last dose more than 5 years <input type="checkbox"/> If patient is less than 7 years old and not in eHR Viewer, consult MHO 306-655-4620 <input type="checkbox"/> Administer RIG and 1st dose rabies vaccine if authorized by MHO <input type="checkbox"/> Advise patient <ul style="list-style-type: none"> ➢ Public Health will follow-up by within 48 hours ➢ Public Health will access the provincial immunization registry to review immunization record and enter vaccines ➢ To observe animal's health for 10 days and to phone 306-655-4612 if concerned about animal's health during the 10 day period OR ➢ If rabies is suspected and animal is available, Public Health will arrange for testing of the animal
<p>For Emergency Department Only – to request Rabies Immunoglobulin (RIG) & Rabies Vaccine (use SHR form #103221 TM Plasma Protein Product Requisition) and request units of RIG Calculate total units of Rabies Immunoglobulin required: Weight (kg) _____ x 20 units/mL = _____ Total units</p>		