

Animal Biting/Scratching Incidents – MANDATORY REPORTING FORM

All animal bites, animal scratches and bat exposures must be reported immediately to:

HASTINGS PRINCE EDWARD PUBLIC HEALTH

Attention: Healthy Environments Fax: 613-968-1461 or EHfax1@hpeph.ca

Physician requests for rabies vaccine call: 613-966-5500

Reporting Agency: _____ Phone Number: _____

Patient's Name: _____ Parent/Guardian: _____

Patient's Full Address: _____ Patient's Phone Number: _____

Date of Incident (MM/DD/YYYY): _____ Animal Involved: Cat Dog Bat Other _____

Type of Contact: Bite Scratch Both Location on body: _____

Will rabies PEP be given: Y ***(consult with HPEPH & complete Part 2 form below)*** N

Name of Owner of the Animal: _____ Phone Number: _____

Owner's Address/City: _____ Owner's Email: _____

Part 2

<i>RABIES IMMUNE GLOBULIN (RIG) ONLY ADMINISTERED ONCE on Day 0</i>	Patient	Number of Vials of RIG Provided by Public Health Lot # and Expiry Date	
<i>If feasible the full dose of RIG should be thoroughly infiltrated in the area of the wound. Any remaining volume should be given intramuscularly using a separate syringe and needle.</i>	Weight: Lbs./Kgs	# of vials:	RIG Type (Name):
	HC#:	Lot #:	Expiry Date:

VACCINE Schedule (deltoid)	Date Due month/day/year <small>(never administer early)</small>	Actual Date Administered month/day/year	Vaccine Verification	
Day 0			Service Provider	HU Rep Initials:
			Vaccine Type (Name)	
			Lot #	Expiry date:
Day 3			Service Provider	HU Rep Initials:
			Vaccine Type (Name)	
			Lot #	Expiry date:
Day 7			Service Provider	HU Rep Initials:
			Vaccine Type (Name)	
			Lot #	Expiry date:
Day 14			Service Provider	HU Rep Initials:
			Vaccine Type (Name)	
			Lot #	Expiry date:

- If patient is immunocompromised, administration of a 5th rabies vaccination on day 28 is needed.
- Never administer day 3, 7, 14 vaccines earlier than what is set out in the schedule above.
- Rabies vaccine on day 0 must be administered at a separate site on the body from where RIG was administered.

This form is completed by a Public Health representative and will be provided to and confirmed with the Service Provider.

Copies to: Service Provider / Patient / Public Health. **Patient to bring copy with them each time a dose is administered.**

Collection of information on this form is authorized under the HEALTH PROTECTION AND PROMOTION ACT RSO, 1980 Chap. G,7 for the purpose of controlling and reporting communicable disease.