Name of Policy: Reporting of Animal Bites **Policy Number**: 3364-100-45-22 **Approving Officer**: Chief Executive Officer Chief of Staff **Responsible Agent**: Chief Nursing Officer **Scope**: University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** **Original effective date**: July 12, 2007
Key words: Animal Bite, Health Department, Registration, Reporting, Form	

☐	New policy proposal	☒	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy statement

As per Rule 3701-3-28 of the Ohio Administrative Code: "(A) Whenever an individual is bitten by a dog or other non-human mammal, report of such bite shall be made within twenty-four hours to the health commissioner of the district in which such bite occurred. The report herein required shall be made by any health care provider, or by any licensed Doctor of Veterinary Medicine with knowledge of the bite, or by the individual bitten."

(B) Purpose of policy

To provide a uniform policy for the Emergency Department and clinics to follow in reporting animal bites as required by law.

(C) Procedure

1. In the Emergency Department
   a. The triage nurse will complete the Animal Bite Reporting Form during triage. The Animal Bite Reporting Form ~~should be downloaded from~~is found on the Toledo-Lucas County Health Department website ~~(http://www.lucascountyhealth.com/wp-content/uploads/2016/03/ Animal-Bite-Reporting-Form.pdf)~~. The triage nurse will document on the triage note – animal bite.
   b. Registration will be completed, with the clerk entering Animal Bite in the diagnosis field.
   c. Animal Bite Reporting Form is scanned into the "document" section of the medical record.
   d. Primary nurse will give the Animal Bite Reporting Form to the patient to complete Patient information and Animal Owner information.
   e. The primary nurse will ~~fax~~ submit the Animal Bite Reporting Form ~~to~~ on the Lucas County Health Department ~~at 419-213-4141.website~~website.
   f. The staff nurse will then place the Animal Bite Form in supervisor's mailbox. Supervisor, or designee, faxes Animal Bite reporting form to HIM.

2. In the Clinics
   a. Upon being informed of an animal bite, the staff member taking the patient information will complete the Animal Bite Reporting Form and document into the medical record.
   b. Upon completion of the form, it will be ~~faxed~~ submitted to the Lucas County Health Department ~~and scanned into the "document" section of the medical record~~.
   c. Toledo Police will also be notified and documented in the medical record.

3. If the bite occurred outside of Lucas County, the county health department and law enforcement agency in the county in which the bite occurred will be notified.

Approved by: _____ Daniel Barbee Chief Executive Officer _____ Date _____ Puneet Sindhwani, MD Chief of Staff _____ Date _____ Kurt Kless Chief Nursing Officer _____ Date *Review/Revision Completed by:* *Chief Nursing Officer* *Emergency Department* *Infection Control*	**Policies Superseded by This Policy:** • *7-45-22 Reporting of Animal Bites* Initial effective date: July *12, 2007* Review/revision date: *February 23, 2011* *February 1, 2014* *August 1, 2017* *August 1, 2020* Next review date: