

Animal Exposure Report



Initial Report

Environmental Public Health Services Fax Number: 780-495-2796

EPHS On Call Phone Number: 780-719-8782

Client's Demographics:

Name (Last, First): _____ ULI: _____

Guardian/Parent Name (if applicable): _____ Birthdate (YYYY/MMM/DD): _____

House Address: _____ Age: _____

Community: _____ Unknown Sex: Female Male

Phone Number: _____ Weight: _____

Client lives in the First Nation Client does not live in the First Nation Unable to contact client

Date and Time of Animal Exposure

Date of Animal Exposure (YYYY/MMM/DD): _____

Time of Animal Exposure (24 hour clock): _____

The animal exposure: occurred in the First Nation did not occur in the First Nation (identify location)

Animal Information:

Species Causing Exposure:	Ownership Status of the Animal:
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other owned animal _____	<input type="checkbox"/> Wild Animal <input type="checkbox"/> Stray Animal <input type="checkbox"/> Domestic (pet, livestock, etc.) Owner's Name & Contact Info: _____ _____
<input type="checkbox"/> Bat* <input type="checkbox"/> Skunk* <input type="checkbox"/> Raccoon* <input type="checkbox"/> Fox* <input type="checkbox"/> Other wild carnivore* _____	
<input type="checkbox"/> Small mammal (Example: rabbit, gopher, mouse) _____ <input type="checkbox"/> Bird _____ <input type="checkbox"/> Other wild non-carnivore (Example: deer, porcupine) _____	

***HIGHER RISK:** If the exposure is a bat, skunk, racoon, fox, or other wild carnivore (coyote, wolf, mink, weasel, badger, cougar, lynx, or bear) complete the report up to the bottom of page 3, fax the report to 780-495-2796 and call the EPHS on call phone number immediately (780-719-8782).

Description of the Animal (Colour, Breed, Sex, Age, etc.):

Domestic Animal N/A

Yes No

Has the animal received a rabies vaccination?

If yes, when was the most recent rabies vaccination? (YYYY/MMM/DD) _____

Veterinarian Contact Info: _____

Client's Name: _____ Community: _____

Information about Incident:		
Animal's Health Status – used to determine the need for rabies vaccine or immune globulin		
<p>Yes** No</p> <p><input type="checkbox"/> <input type="checkbox"/> Did the animal have an unhealthy appearance?</p> <p><input type="checkbox"/> <input type="checkbox"/> Did the animal have abnormal behaviours or show signs of rabies prior to the incident?</p>	<p>Examples of abnormal behaviours include: agitation, isolation, or unusual aggression. Signs of rabies may include lethargy, fever, vomiting, anorexia, colic, lameness, changes in behaviour, self-mutilation, excessive salivation, abnormal vocalization, and/or seizures.</p> <p>** HIGHER RISK: If the animal appeared unhealthy, had abnormal behaviours or had signs of rabies, complete the report up to the bottom of page 3, fax the report to 780-495-2796 and call the EPHS on call phone number immediately (780-719-8782).</p>	
Exposure Type (select all that apply):	Location of Exposure (select all that apply):	Description of the Incident:
<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Bite</p> <p><input type="checkbox"/> <input type="checkbox"/> ...with saliva?</p> <p><input type="checkbox"/> <input type="checkbox"/> ...with a break in skin?</p> <p><input type="checkbox"/> <input type="checkbox"/> Scratch</p> <p><input type="checkbox"/> <input type="checkbox"/> ...with a break in skin?</p> <p><input type="checkbox"/> <input type="checkbox"/> Other:</p>	<p><input type="checkbox"/> Head*** <input type="checkbox"/> Neck***</p> <p><input type="checkbox"/> Torso/Chest/Back <input type="checkbox"/> Arm</p> <p><input type="checkbox"/> Hand <input type="checkbox"/> Thigh</p> <p><input type="checkbox"/> Calf <input type="checkbox"/> Ankle</p> <p><input type="checkbox"/> Foot <input type="checkbox"/> Other: _____</p> <p>*** HIGHER RISK: If the exposure is on the head and/or neck, complete the report up to the bottom of page 3, fax the report to 780-495-2796 and call the EPHS on call phone number immediately (780-719-8782).</p>	
Provocation – used to determine the need for rabies vaccine or immune globulin		
The incident was:	<input type="checkbox"/> Provoked	<input type="checkbox"/> Unprovoked****
<p><u>A provoked attack</u> is one where the human did something to provoke the animal (even if the action was unintentional) and the attack would be the animal's normal response to such a human action. Examples include: attempting to corner or trap an animal; entering an area that the animal considers its territory; approaching an animal's off spring; coming too close to an injured animal; trying to break up a fight between two animals; picking up an animal; petting an unfamiliar animal; interfering with an animal's food; interfering/wrestling with an animal's owner; wrestling/playing with the animal; or exposing the animal to stress such as a new environment/people/other animals.</p> <p><u>An unprovoked attack</u> is one where the person did not surprise, startle, antagonize or threaten the animal or enter its territory.</p> <p>**** HIGHER RISK: If the incident was unprovoked, complete the report up to the bottom of page 3, fax the report to 780-495-2796 and call the EPHS on call phone number immediately (780-719-8782).</p>		

10 Day Observation Period:
<p>Note: At the first sign of illness in the animal during the 10 day observation period, FNIHB EPHS must be notified immediately by calling the EPHS on call phone (780-719-8782).</p> <p><input type="checkbox"/> Animal confinement is possible and the animal is under observation for 10 days.</p> <p>Date and time owner notified: _____ Location of animal: _____</p> <p>Exposure date: _____ 10 day observation ends at the end of: _____</p> <p>(Day 0) YYYY/MMM/DD (10 days after Day 0) YYYY/MMM/DD</p> <p><input type="checkbox"/> Animal confinement is <u>not</u> possible, but animal is able to be observed for 10 days following the exposure.</p> <p>Date and time owner notified: _____ Location of animal: _____</p> <p>Exposure Date: _____ 10 day observation ends at the end of: _____</p> <p>(Day 0) YYYY/MMM/DD YYYY/MMM/DD</p> <p><input type="checkbox"/> Animal is <u>not</u> able to be observed for 10 days following the exposure.*</p> <p>The animal: <input type="checkbox"/> has not been located* <input type="checkbox"/> has been destroyed/killed* <input type="checkbox"/> died* <input type="checkbox"/> Other _____</p> <p>*HIGHER RISK: If animal is not available to be observed for 10 days, complete the report up to the bottom of page 3, fax the report to 780-495-2796 and call the EPHS on call phone number (780-719-8782).</p>

Client's Name: _____ Community: _____

Initial Medical Treatment of the Client:	
<p>Yes No <input type="checkbox"/> <input type="checkbox"/> Did the client receive initial medical treatment?</p> <p>• Where: _____</p> <p>If yes: • Date (YYYY/MMM/DD): _____</p> <p>• Contact Name/Information: _____</p>	<p>Type of Treatment Provided (select all that apply):</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Wound thoroughly flushed and cleaned</p> <p><input type="checkbox"/> <input type="checkbox"/> Stitches</p> <p><input type="checkbox"/> <input type="checkbox"/> Antibiotics</p> <p><input type="checkbox"/> <input type="checkbox"/> Tetanus-containing vaccine provided _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Tetanus Immune Globulin (TIG)</p> <p><input type="checkbox"/> <input type="checkbox"/> Rabies Immune Globulin (RIG) or Rabies vaccine</p>

Immunizations:
<p>Immunization Status of Client – used to determine the client's need for vaccine or immune globulin</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/>* Is the client's history of tetanus-containing immunizations known? *HIGHER RISK: If the client's history of tetanus-containing vaccine is unknown, he/she may require Tetanus Immune Globulin (TIG). Complete the report up to the bottom of page 3 and fax the report to 780-495-2796. Review the <i>Tetanus Immune Globulin Program Summary</i> and call the FNIHB CDC Immunization Team to discuss the need for TIG.</p> <p><input type="checkbox"/> <input type="checkbox"/>* Does the client have a history of 3 doses of tetanus-containing vaccine prior to the animal exposure? *HIGHER RISK: If the client did <u>not</u> receive 3 doses of tetanus-containing vaccine before the animal exposure, he/she may require Tetanus Immune Globulin (TIG). Complete the report up to the bottom of page 3 and fax the report to 780-495-2796. Review the <i>Tetanus Immune Globulin Program Summary</i> and call the FNIHB CDC Immunization Team to discuss the need for TIG.</p> <p><input type="checkbox"/> <input type="checkbox"/> Does the client have a history of 3 doses of tetanus-containing vaccine prior to the animal exposure <u>AND</u> had a booster within the last 5 years? Note: If the client has a history of 3 doses of tetanus-containing vaccine but has <u>not</u> received a booster of tetanus-containing vaccine within the last 5 years, he/she should receive a tetanus-containing vaccine dose appropriate to his/her age. If the client has a history of 3 doses of tetanus-containing vaccine and <u>has</u> received a booster of tetanus-containing vaccine within the last 5 years, a tetanus-containing vaccine dose is not required unless it is a child that is due for routine immunizations.</p> <p><input type="checkbox"/> <input type="checkbox"/> Prior to the animal exposure, did the client have a history of rabies vaccination? If yes, list dates: _____</p>

Exposure Follow-up	
<p>Higher Risk Incidents:</p> <p>If the incident is determined to be at a higher risk:</p> <ol style="list-style-type: none"> Complete the Animal Exposure Report up to the bottom of page 3. Check off the "Initial Report" box at the top of page 1. Fax the Animal Exposure Report immediately to EPHS at 780-495-2796 and call the EPHS on call phone (780-719-8782) to receive direction. 	<p>Lower Risk Incidents:</p> <p>If the incident was <u>not</u> identified as high risk:</p> <ol style="list-style-type: none"> Complete the Animal Exposure Report up to the bottom of page 3. Check off the "Initial Report" box at the top of page 1. Fax the first 3 pages of the Animal Exposure Report to EPHS at 780-495-2796. Determine the need for tetanus-containing vaccine or tetanus immune globulin – review program summaries. Wait 10 days, until the observation period has been completed. Note: If any sign of illness occurs in the animal during the observation period, FNIHB EPHS must be notified immediately by calling the EPHS on call phone (780-719-8782). Once the observation period has been completed, finish the <i>Results of the 10 Day Observation Period</i> and the <i>Follow-Up Completed By</i> sections on page 4. Check off the "Final Report" box on the top of page 4. Fax page 4 of the Animal Exposure Report to EPHS at 780-495-2796.

<p>Initial Report Completed By: (please print): _____</p>	<p>Date: (YYYY/MMM/DD): _____</p>
--	--

Animal Exposure Report

Final Report

Note: send all pages of the report if additional information was added to the initial report after it was sent.

Client's name: _____ Community: _____

Results of the 10 Day Observation Period:

Yes No

- Was the 10 day observation completed?
(please indicate the animal status to the right)

OR

- 10 Day observation period not required as per EPHS.

Status of Animal After 10 Days of Observation:

- Animal is alive and well after the 10 day observation period (follow-up completed, no further action required)
Complete the *Completed By* section below, check off the "Completed Report" box at the top of page 4 and fax the report to EPHS at 780-495-2796.
- Unable to observe animal, locate animal, animal is dead, or other status
HIGHER RISK: Complete the *Completed By* section below, check off the "Completed Report" box at the top of page 4, fax the report to EPHS at 780-495-2796, then call the EPHS on call phone (780-719-8782) for further direction.

Final Report

Completed By (please print): _____

Date:

(YYYY/MMM/DD)

Regional Use Only – Risk Assessment

Yes No

- Risk discussed with the Medical Officer of Health/Designate
- Rabies suspected?
- Was rabies immune globulin/vaccine recommended?
- ...If recommended, was RIG accepted?
- ...If recommended, was the Rabies vaccine accepted?

Yes No

- Was tetanus vaccine recommended?
- ...If recommended, was the vaccine accepted?
- Was Tetanus Immune Globulin recommended?
- ...If recommended, was the TIG accepted?

Regional Use Only – Veterinarian consult, CFIA Testing

Yes No

- Was the Alberta Public Health Veterinarian consulted?

If yes: Date: (YYYY/MMM/DD) _____ Name: _____

- Was a specimen sent to the CFIA lab?

If yes, date specimen sent: (YYYY/MMM/DD) _____

If yes, date results received: (YYYY/MMM/DD) _____

Results: Positive Negative Unconfirmed

Yes No N/A

- Medical Officer of Health notified of results of the lab specimen (YYYY/MMM/DD) _____
- Community health nurses notified of results of the lab specimen (YYYY/MMM/DD) _____
- Animal's owner(s) notified of the results of the lab specimen (YYYY/MMM/DD) _____
- AHS notified of the results of the lab specimen (YYYY/MMM/DD) _____

(only if appropriate – i.e. bite occurred off reserve; exposed person lives off reserve)

EPHS Follow Up

Completed By: (please print): _____

Date:

(YYYY/MMM/DD): _____

Additional Notes:

EPHO Nexus Checklist (before closing):

- Provocation Incident Location
- Animal Involved Injury
- Person Involved
- Date of Incident