



# KERN HEALTH SYSTEMS

<b>KERN HEALTH SYSTEMS</b>					
<b>POLICY AND PROCEDURES</b>					
SUBJECT: Animal Bite Reporting			POLICY #: 3.28-P		
DEPARTMENT: Utilization Management					
Effective Date: 07/2000	Review/Revised Date: <i>10/30/2014</i>	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

*Douglas A. Hayward*  
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 Douglas A. Hayward  
 Chief Executive Officer

Date 10/30/14

*[Signature]*  
 \_\_\_\_\_  
 Chief Medical Officer

Date 10/10/14

*Aborah L. Turner*  
 \_\_\_\_\_  
 Director of Health Services

Date 9/18/14

**POLICY:**

All animal bites must be reported to Kern County Animal Services as soon as possible. Kern Health Systems (KHS) professional licensed personnel will report knowledge of such to the Kern County Animal Services.

**PROCEDURES:**

**1.0 REPORTING TO KERN COUNTY ANIMAL CONTROL**

Kern County Animal Services

3951 Fruitvale Avenue  
 Bakersfield, CA 93308  
 (661) 868-7100 8 AM-5 PM & After Hours  
 (661) 868-7101 Fax

Kern County Animal Services is especially concerned with mammal bites. "Mammals" include, but are not limited to: dogs, cats, raccoons, bats, horses, cows, opossums, skunks, and foxes.

If the bite is to the member's face, head, or neck, contact Animal Services by telephone immediately to report the incident and mail a completed "Animal Bite Report" as soon as possible. (See Attachment A).

All other animal bites to are be reported as soon as possible by completing and mailing the "Animal Bite Report" to the Kern County Animal Services.

If the animal bite is not on face, head, or neck BUT the biting animal is running loose and could not be located later, telephone Kern County Animal Services immediately for pickup.

## **2.0 INTERNAL DOCUMENTATION**

A copy of all reporting documents is kept on file in the KHS Utilization Management Department.

### **ATTACHMENT:**

- ❖ Attachment A – Animal Bite Report form

### **REFERENCE:**

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**Revision 2014-10:** Routine review required per Policy 14.05-I. Revisions and updates provided by Compliance Coordinator.

**ANIMAL BITE REPORT**  
(To Be Completed & Mailed By Treating Physician)

(Victim) Last	Age	Sex
First		
Family Head	Ph.	
Street Address	Date Bitten	
	Date Reported	
Part of Body Bitten		
Extent of Injury		
Physician Giving Treatment	Agency	Ph.
Name of Person Reporting	Agency	Ph.
Treatment: 20% Green Soap T.A.T. Toxoid Vaccine Antiserum Other		
Owner of Animal	Ph.	
Street Address		
Description of Animal	Yr. Vaccinated	
Vet. Name & Phone	Unknown <input type="checkbox"/>	
Location of Animal		
Remarks &/or Directions		

**TO THE PHYSICIAN**

In case of an animal bite, please notify the Kern County Department of Public Health at (661) 868-0420 and mail completed card to Environmental Health Services Dept.: Kern County Animal Control Services P.O. 70100; Bakersfield, Calif. 93387 as soon as possible to facilitate finding the animal. In case of a face bite, notify Kern County Animal Control Services by telephone at (661) 868-4680. After business hours please call (661) 868-4000.

**DO NOT GIVE THIS FORM TO VICTIM - PLEASE RETURN IMMEDIATELY**