



**NATIONWIDE CHILDREN'S**  
*When your child needs a hospital, everything matters.*

## Helping Hand™

*Health Education for Patients and Families*

# Animal Bites

An animal scratch or bite can be very scary. Your child may need extra comfort and attention in the next few days or weeks to get over the event.

### First Aid for Bites

- Wash the bite thoroughly with soap and rinse with lots of water.
- Get medical help **the same day if possible**. This is **very important!** Stitches (sutures) must be done within 12 hours after a bite (Picture 1).
- Check the date of your child's last tetanus shot.

\* Note: Children may be bitten by other children. Human bites need the same first aid and fast medical help as animal bites.



**Picture 1** Get medical attention **within 12 hours.**

### Report to the Health Department

If someone is bitten by an animal here is what you need to do.

1. Within 24 hours of the animal bite, report it to the Health Department in the city or county where the bite occurred. The report can be made by the person who was bitten, a child's parent or guardian, a health care provider, or veterinarian who knows about the bite.
  - In Franklin County call (614) 525-3160
  - In Columbus call (614) 645-7288
2. Fill out the Animal Bite Intake Report on **page 4**. Ask your child's doctor or health care provider to **fax** it to the Health Department in the city or county where the bite occurred.

## Animal Management

- If the animal is tame, try to find its owner. Ask if the animal had its rabies shots and the date it was done. The doctor needs to know this to plan your child's treatment.
- Keep the animal away from others in a fenced area for 10 days and watch for any changes in behavior. Don't try to cage an angry or wild animal. If the animal is threatening, call the police or animal control.
- Bats – If your child is bitten by a bat, or has slept in a room with one, they **must see a doctor or health care provider**.

## Wound Care

Remove the bandage each day and clean the wound with soap and water. Then apply an antibiotic cream and put on a clean bandage.

## Signs of Infection

Watch for signs of infection. Call your child's doctor or health care provider or go to the closest Emergency Department if they have:

- A fever over 102° Fahrenheit (F) or 38.8° Celsius (C) by bottom (rectum) or 101°F (38.3°C) by mouth (orally).
- Sign(s) of infection around the wound:
  - Pain or bad smell
  - Discharge or drainage
  - Site is more tender
  - Site is red or swollen

## Activity

Your child must avoid rough activities like swimming and contact sports until the wound heals. These could cause the wound to open back up.

## Medicine

Your child was given the following immunizations (shots):

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Your child got a prescription for \_\_\_\_\_ medicine. Tell your child's doctor or health care provider that they are taking this medicine.

This medicine is for \_\_\_\_\_.

## How to Avoid Bites

- **Don't scream or run** near an animal.
- Don't have food out when a strange animal is **nearby**.
- Don't pet **or** catch a wild animal.
- Don't go **near** stray animals or animals you don't know.
- **Walk away** if an animal is growling or growls when **you** get near it. Don't run.
- If attacked, give them your jacket, book bag, or anything you can put between you and the animal.
- **Avoid eye contact** with the animal.
- **Stand very still** with your hands at your **sides**.
- Never bother an animal while it's eating.
- Never tease or chase an animal or pull its ears, tail, or paws.
- Once the animal loses interest, slowly **back** away until you no longer see it.
- If you fall down, curl into a ball with your hands over your ears and don't move. Try not to scream or roll around.

**If an animal is an immediate threat to people or other animals, call the local health department for help.**



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## ANIMAL BITE INTAKE REPORT

County:			
Victim's Name (Person Injured)			
Address	City	State	Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number	
Sex Male      Female	Age		
Parent/Guardian (if victim is under 18)	Parent/Guardian address if different:		
Date of Injury	Location of Injury on body		
Location/Address of Incident:			
On the Animal Owner's Property		Off the Animal Owner's Property	

### Animal Information

Animal Type Dog   Cat   Bat   Raccoon   Other		
Animal Color/Markings	Breed	Animal's Name
Location of Animal Now	Stray Animal Yes   No	
Current Immunizations	If Yes, date of immunizations or Rabies Tag Number	
Veterinarian (if known)		

### Owner or Location of Animal

Owner's Name			
Address	City	State	Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number	

### TO BE COMPLETED BY THE TREATING FACILITY

Facility Name:		Physician Name:	
Address	City	State	Zip Code
Phone Number	Rabies Post Exposure Treatment Started? Yes      No		

**Fax to appropriate County – Original to HIM to scan to chart– File Copy for unit records**