



# KERN HEALTH SYSTEMS

## Policy and Procedure Review/ Revision

**Policy 3.28-P Animal Bite Reporting** has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	9/16/20	<i>[Handwritten Signature]</i>
Dr. Tasinga	9/15/2020	<i>[Handwritten Signature]</i>
Deb Murr	8/24/2020	<i>[Handwritten Signature]</i>
Shannon Miller	8/17/2020	Shannon Miller, RN

(CEO decision(s))

Board approval required: Yes \_\_\_ No \_\_\_      QI/UM Committee approval: Yes \_\_\_ No \_\_\_  
 Date approved by the KHS BOD: \_\_\_\_\_      Date of approved by QI: \_\_\_\_\_  
 PAC approval: Yes \_\_\_ No \_\_\_      Date of approval by PAC: \_\_\_\_\_  
 Approval for internal implementation: Yes \_\_\_ No \_\_\_  
 Provider distribution date: Immediately \_\_\_\_\_ Quarterly \_\_\_\_\_

Effective date: \_\_\_\_\_  
 DHCS submission: \_\_\_\_\_  
 DMHC submission: \_\_\_\_\_  
 Provider distribution: \_\_\_\_\_



<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: 9/16/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

\_\_\_\_\_ Date \_\_\_\_\_  
 Douglas A. Hayward  
 Chief Executive Officer

\_\_\_\_\_ Date \_\_\_\_\_  
 Chief Medical Officer

\_\_\_\_\_ Date \_\_\_\_\_  
 Chief Health Services Officer

\_\_\_\_\_ Date \_\_\_\_\_  
 Director of Utilization Management

**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.

Kern County Animal Services investigates animal bite reports only for residents who live in the unincorporated areas of Kern County (including the unincorporated municipalities of Frazier Park, Lamont, Mojave, Oildale, and Rosamond) or in the contracted city of Tehachapi. Residents of other incorporated cities will have to go through their city agency for this service.

**PROCEDURES:**

**1.0 REPORTING TO KERN COUNTY ANIMAL SERVICES**

Kern County Animal Services  
3951 Fruitvale Avenue  
Bakersfield, CA 93308  
Phone: (661) 868-7100 Fax: (661) 868-7101  
8 AM-5 PM  
Email: [animalservices@kerncounty.com](mailto:animalservices@kerncounty.com)

After Hours Emergency Phone (661) 861-3110  
<https://www.kerncountyanimalservices.org/who-we-are/contact-us/>

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).

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

Animal Services investigates bite reports during the hours of 8:00 AM to 5:00 PM Monday - Friday. (excluding County holidays). The animal will either be quarantined by the owner or impounded at the shelter for a ten-day period to observe for rabies.

In most cases, the person’s identity and contact information (as the person reporting the issue) can be kept confidential at the department level. The exception is if the matter is subject to a records request.

## **2.0 INTERNAL DOCUMENTATION**

A copy of all reporting documents is kept in the KHS document repository.

## **3.0 DELEGATION OVERSIGHT**

KHS is responsible for ensuring that all delegates comply with all applicable state and federal law and regulations, contract requirements, and other DHCS guidance including APLs and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

### **ATTACHMENT:**

- ❖ Attachment A – Animal Bite Report form 7/2020

### **REFERENCE:**

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**Revision 2020-07:** Routine review by Chief Health Services Officer. **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**