



## MEMORANDUM

**DATE:** June 2024  
**TO:** O.P.P., Veterinary Offices and Animal Control Officers  
**FROM:** Timiskaming Health Unit, Environmental Health Program  
**SUBJECT:** Annual Reminder – Reporting and Confinement Requirements of Animal Bites

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The Timiskaming Health Unit is to be notified **as soon as possible** of all reported animal bite/scratch incidents involving a person. During regular office hours, Monday through Friday 8:30 a.m. to 4:30 p.m., please fax the completed [Animal Exposure Notification \(N-503-I\)](#) form to the Timiskaming Health Unit confidential fax number **705-647-5779**.

**Should a patient report on an evening, weekend or Statutory Holiday, the physician (or hospital staff) must call the Timiskaming Health Unit's After-Hours On-Call number 705-647-3033.** In addition, the completed form should also be faxed to the above-mentioned confidential fax number.

This is as per the Communicable Disease Regulation R.R.O. 1990, Reg. 557, s. 2 (1), which states:

*2. (1) A physician, registered nurse in the extended class, veterinarian, police officer or any other person who has information concerning either or both of the following shall, as soon as possible, notify the medical officer of health and provide the medical officer of health with the information, including the name and contact information of the exposed person."*

Information concerning the following shall be included on the attached form:

- any bite from an animal
- any contact with a mammal that may have caused the potential transmission of rabies to a person.

Such animals involved in a potential rabies transmission must be placed under a ten (10) day observation period (or 14 days for livestock). During such time, no other animal or human (aside from the caregiver) is to have any contact with the offending animal. The animal can be confined at the owner's house, or another suitable location approved by the Medical Officer of Health or a Public Health Inspector. The animal is released from the observation period only when the Public Health Inspector authorizes the release following a visual inspection of the animal.

We trust you will give this matter your immediate attention and we appreciate your continued cooperation. Should you require any further information, kindly do not hesitate to contact our office.

Resource documents:

- [Timiskaming Health Unit Infectious Disease/Rabies](#)
- [Animal Exposure Report \(N-503-I\)](#)
- [Management of People after Possible Exposure to Rabies](#)
- [Potential Rabies Exposure Decision Making Tree \(R-599a-I\)](#)



**Animal Exposure  
NOTIFICATION FORM**

|                |      |       |     |  |
|----------------|------|-------|-----|--|
| Date reported: | YEAR | MONTH | DAY | Reported by: _____   |
|                |      |       |     | <input type="checkbox"/> Blanche River Health <input type="checkbox"/> Timiskaming Hospital <input type="checkbox"/> OPP <input type="checkbox"/> Other: _____ |

**PATIENT/VICTIM INFORMATION**

|   |      |       |  |   |
|---|------|-------|--|---|
| Name: _____   |      |       | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |   |
| Parent Guardian Name (if patient is under 16 yrs of age): _____ |      |       |  |   |
| Date of Birth:  | YEAR | MONTH | DAY  | Phone: _____  |
|   |      |       |  | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |
| Address: (permanent) _____                                      |      |       |  |   |
| Address: (temporary) _____                                      |      |       |  |   |

**INCIDENT DETAILS**

|   |      |   |     |                                   |
|---|------|---|-----|-----------------------------------|
| Date of incident:   | YEAR | MONTH   | DAY | Family/Attending Physician: _____ |
| Location of incident: ADDRESS _____   |      |   |     |                                   |
| Body area affected: _____   |      |   |     |                                   |
| Skin broken:  |      | <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Saliva <input type="checkbox"/> Handling <input type="checkbox"/> Other _____ |     |                                   |
| PEP: <input type="checkbox"/> PEP not recommended <input type="checkbox"/> PEP recommended and refused <input type="checkbox"/> PEP initiated |      |   |     |                                   |

**ANIMAL INFORMATION (or person with custody of animal)**

|  |              |   |
|--|--------------|---|
| Owner: _____   | Phone: _____ | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |
| Address: (permanent) _____   |              |   |
| Address: (temporary) _____   |              |   |
| Animal Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bat <input type="checkbox"/> Other _____                  |              |   |
| <input type="checkbox"/> Domestic <input type="checkbox"/> Farm <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Rescue |              |   |
| Breed and full description: _____  |              |   |
| Vaccination status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown vaccination                   |              |   |
| Where is animal located now: _____   |              |   |

*To be completed by healthcare provider only*

**IF POST-EXPOSURE-PROPHYLAXIS HAS BEEN STARTED, PLEASE COMPLETE THE FOLLOWING:**

|   |   |
|---|---|
| Date & Provider: _____  |   |
| Client weight: <input type="checkbox"/> kg <input type="checkbox"/> lbs   | <b>Tetanus</b><br>Date: _____<br>Vaccine type: _____<br>Lot Number: _____   |
| Agent: <b>Rabies Immune Globulin</b><br>Type: _____<br>Dose: _____<br>Lot Number(s): _____<br>Expiry Date(s): _____<br>Site of injection: _____ | Agent: <b>Rabies Vaccine inactivated</b><br>Type: _____<br>Dose: _____<br>Lot Number(s): _____<br>Expiry Date(s): _____<br>Site of injection: _____ |

**NOTE: PLEASE FAX FORM TO TIMISKAMING HEALTH UNIT  
Confidential Fax # 705-647-5779**

If incident occurs after hours, on a weekend or a statutory holiday, please call our after-hours number 705-647-3033.