

9 January 2010

Medical Services

ANIMAL BITE OR POTENTIAL RABIES EXPOSURE CASE MANAGEMENT

*This regulation supersedes EUSA Regulation 40-6, 14 November 2002.

FOR THE COMMANDER:

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Summary. The purpose of this regulation is to establish responsibilities and procedures for medical and veterinary personnel and activities in the administration and management of animal bite or scratch wounds in compliance with AR 40-5 and AR 40-905.

Applicability. This directive applies to all personnel and activities assigned or attached to Eighth U.S. Army.

Supplementation. Supplementation of this regulation and issuance of command and local forms by subordinate commands is prohibited unless prior approval is obtained from HQ, Eighth U.S. Army Surgeon (EAMD), Unit #15236, APO AP 96205-5236.

Internal Control Provisions. This regulation does not contain internal control provisions.

Forms. Army in Korea (AK) forms are available at http://8tharmy.korea.army.mil/g1_AG/.

Records Management. Records created as a result of processes prescribed by this regulation must be identified, maintained, and disposed of according to the governing service regulation. Record titles are available on the Army Records Information System (ARIMS) website at <https://www.arims.army.mil>.

Suggested Improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Commander, Eighth U.S. Army (EAMD), Unit #15236, APO AP 96205-5236.

Distribution. Electronic Media Only (EMO).

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Chapter 1 Introduction

1-1. Purpose

The purpose of this regulation is to establish responsibilities and procedures for medical and veterinary personnel and activities in the administration and management of animal bite or scratch wounds in compliance with AR 40-5 and AR 40-905.

1-2. References

Required publications are listed below.

- a. AR 40-5 (Preventive Medicine). Cited in paragraphs 1-1 and 1-3a.
- b. AR 40-905 (Veterinary Health Services). Cited in paragraph 1-1.

1-3. Explanation Of Terms

a. Rabies Advisors. Physicians and veterinarians designated as required by AR 40-5, para 4-7, will be available for consultation whenever the attending physician is evaluating and treating a patient with an animal bite or potential rabies exposure.

b. Risk evaluation. The risk of exposure to rabies in any bite or wound incident is determined on a case-by-case basis. Minimal risk cases are those involving a currently vaccinated dog or cat that is confined at a known location. Risk evaluation will follow the most current guidelines provided by the World Health Organization (WHO), Center for Disease Control and Prevention (CDC), and the Korea National Institute of Health (KNIH)

c. Rabies Advisory Board. Membership of this board will, at a minimum, be comprised of Eighth U.S. Army Preventive Medicine Officer as the President of the board, a veterinarian representative of the 106th Medical Detachment (VS), a physician representative of the Brian Allgood Community Hospital Emergency Department, and a representative of the 168th Multifunctional Medical Battalion.

Chapter 2 Responsibilities and Procedures

2-1. The Rabies Advisory Board will--

- a. Convene quarterly and as needed to provide overall risk assessment of rabies on the peninsula.
- b. Review management of animal bite and potential rabies exposure incidents.
- c. Resolve questions regarding case management.
- d. Submit meeting minutes to the Eighth U.S. Army Surgeon.

2-2. The 65th Medical Brigade Preventive Medicine consultant will--

- a. For human patients, serve as the primary advisor for rabies infection in animal bite or potential rabies exposures.
- b. Manage the animal bite reports and review them for completion of action and ensure epidemiological information is obtained as appropriate.
- c. Notify the Eighth Army Surgeon of all animal bites.
- d. Will receive DD Form 2341 from responsible Veterinary Treatment Facility veterinary officer after they have completed part III.
- e. The 65th Medical Brigade Preventative Medicine Officer will finalize the form by completing Part IV with the final disposition of the case and forward a completed copy of the Report of Animal Bite, DD Form 2341 to the Commander, 106th Medical Detachment. Will complete part IV of DD Form 2341.
- f. Forward for enclosure in the patient's record the completed original DD Form 2341 (Report of Animal Bite-Potential Rabies Exposure) (LRA). This form is available electronically at: <http://www.usapa.army.mil> and can be reproduced on 8 1/2 by 11 inch paper. This form with final disposition annotated becomes part of the patient's medical record.
- g. Keep statistics on number of animal bites or potential rabies exposure and contacts for annual review and ad hoc queries.

2-3. The attending physician, in addition to rendering appropriate immediate medical care, will--

- a. Complete DD Form 2341 (Parts I and II) for each patient seen for an animal bite, scratch or potential contact.
- b. Immediately call the local area Veterinary Treatment Facility veterinary officer for consultation on animal quarantine and rabies risk estimate for every bite or scratch case, and document the call on DD Form 2341.
- c. Ensure the original copy is made available to the responsible area Veterinary Treatment Facility veterinary officer.
- d. Refer each patient started on post-exposure prophylaxis with anti-rabies vaccination to area-specific Community Health Nurse.

2-4. The responsible area Veterinarian Treatment Facility veterinary officer(s), designated by the 106th Medical Detachment, will—

- a. Request law enforcement assistance if the owner does not present the animal in the prescribed time or if an owner cannot be identified.
- b. Take appropriate veterinary medical action to include verification of current vaccination status, examination and will help facilitate quarantine of the animal involved, and submission of tissues for rabies diagnosis.

c. Advise the attending physician regarding risk of exposure to rabies.
- Complete DD Form 2341, Part III, Management of Biting Animal.

d. Forward each completed original animal bite report to the 65th Medical Brigade Preventive Medicine Officer who will review and analyze each completed bite report and report number of animal bites to the Rabies Board quarterly or as needed.

2-5. Area specific Community Health Nurse will follow each patient started on post-exposure prophylaxis with anti-rabies vaccination to ensure completion of the full series of vaccination, when warranted.

2-6. Medical treatment facilities will prepare a Standing Operating Procedure (SOP) for bite case management. This SOP will be for use in the clinical facility that has initial contact with an animal bite or potential rabies exposure. This SOP must outline specific steps necessary contact the responsible local area veterinary Treatment Facility veterinary officer and the Eighth U.S. Army Preventive Medicine Officer.