

# Central Zone Tetanus Assessment Following Animal Bite

Clinical Department of Public Health and Preventive Medicine

## PROCESS INTRODUCTION

AHS is committed to providing services based on the population needs of AHS and promoting a shared responsibility for improving health. This process contains critical information for assessing tetanus in persons undergoing animal bite investigation.

### PURPOSE

Animal bite exposures trigger a rabies risk assessment which is completed by the zone Public Health Inspector (PHI) and Medical Officers of Health (MOH).

Proper tetanus prophylaxis following animal bite wounds ensures protection against tetanus disease. This process addresses tetanus follow up related to animal exposures.

Note: All vaccines will be administered according to guidelines in the current Alberta Health Services (AHS) Standards. Refer to other resources such as the current Alberta Immunization Manual (AIM), Canadian Immunization Guide (CIG), and the manufacturer's product monograph or leaflet as required.

### RESPONSIBILITY

#### Medical Officer of Health (MOH)

- MOH will ask the PHI about the tetanus immunization status of the person bitten when consulted about management of the biting animal and the need for rabies post-exposure prophylaxis.

#### Public Health Inspector (PHI)

- Gathers detailed exposure history for initial animal exposure assessment.
- Refer the client (guardian) for secondary assessment if the front-line clinician did not complete a tetanus assessment, or if they are unsure of the client's tetanus status, or if the referral is from another source (e.g., veterinarian, Health Link).

#### Public Health Nurse (PHN)

- Assesses tetanus status and makes necessary arrangements for immunization if indicated.

#### Communicable Disease Control Immunization Team (CDCIMM)

- For persons recommended rabies **post-exposure prophylaxis (PEP)**, CDCIMM checks the tetanus immunization status and makes a referral to a Public Health Nursing Manager for rabies (as appropriate) and tetanus immunization.

## PROCESS

### 1. Initial Assessment by Public Health Inspector

Animal exposure reports are received by a PHI during regular business hours and by after-hours on-call. The PHI who receives the report will do the initial assessment as follows:

- a) If the referral (fax, email, or phone call) is from a front-line clinician whom the patient has visited in-person at an emergency department, medical clinic, or a community health centre, and the clinician indicates that the tetanus is up-to-date, then no further assessment is required.
- b) If the front-line clinician did not complete a tetanus assessment, they are unsure of the client's tetanus status, or the referral is from another source, for example veterinarian or Health Link, then the client or guardian should be referred for secondary assessment.

### 2. Referral For Secondary Assessment

#### 2.1 Public Health Inspector (PHI) Roles

##### a) Business Hours

- If a referral for secondary assessment is needed, the PHI will call the **Community Health Centre (CHC)** nearest to where the client resides (see Central Zone Communities and Public Health Centers) and ask to speak with a Public Health Nurse (PHN).
  - The PHI will ask the PHN to call the client for an assessment of tetanus immunization history and need for further immunization.
  - If the PHI is unable to make contact with a PHN within 24 hours of contacting the CHC, the PHI will then contact the Public Health Manager on-call (phone 780-312-2918).\*

**Note:** If rabies post-exposure prophylaxis (PEP) is recommended by the MOH and a tetanus assessment is also required, both will be referred by the MOH to Provincial Communicable Disease Control Immunization Team (CDCIMM), who will in-turn notify the Public Health Manager on-call. The PHI will email CDCIMM ([cdcimm@ahs.ca](mailto:cdcimm@ahs.ca)) the *Animal Exposure Investigation Report*.

##### b) After Hours

During weekends, holidays, and after-hours, animal exposure reports are received by the PHI on-call who will complete the initial assessment as described in step 1 of this process. If further assessment is required, a referral should be done as follows:

- i. Intake calls after 4:00 pm and before 8:00 am:
  - If the following day is a regular business day, the PHI is to call the CHC nearest to client's home by 10:00 am (the next morning) and ask to speak to a PHN.
    - The PHI will ask the PHN to call client for tetanus assessment.
    - If PHI is unable to contact a PHN within 24 hours of contacting the CHC, then the PHI is to contact the Public Health Nurse Manager on-call (phone 780-312-2918) to complete the referral.\*

- If the following day is a weekend or a holiday, then by 10:00 am (the next morning), the PHI is to contact the PHN Manager on-call (phone 780-312-2918) to refer the tetanus assessment to a PHN who is available at that time.\*
- ii. Intake calls between 8:00 am and 4:00 pm on a weekend or holiday:
- The PHI will contact the PHN Manager on-call (phone 780-312-2918) to refer the tetanus assessment to a PHN who is available at that time.\*

Note: If rabies post-exposure prophylaxis (PEP) is recommended by the MOH and a tetanus assessment is also required, both will be referred to Provincial CDC Intake by the MOH.

- CDC Provincial Intake will notify the Communicable Disease Control Immunization Team (CDCIMM), who will in turn notify the Public Health Nurse Manager on-call. The PHI will email CDCIMM ([cdcimm@ahs.ca](mailto:cdcimm@ahs.ca)) their *Animal Exposure Investigation Report*.

\*The PHI and PHN Manager on-call will jointly decide if a written summary by email should be sent to the PHN Manager on-call at [cenzphnmanageron-call@ahs.ca](mailto:cenzphnmanageron-call@ahs.ca).

## 2.2 Public Health Nurse (PHN) Roles

- a) Accept referral from PHI or PHN Manager.
- b) Assess tetanus status by checking immunization records and contacting the client as required as soon as possible after receiving referral.
  - Make necessary arrangements for immunization if indicated.
- c) Refer to AHS *Immunization Standard Tetanus Immune Globulin (Human) Biological* Page [[Standard 07.322](#)] and AHS *Tetanus Prevention, Prophylaxis and Wound/Injury Management* [[Standard 08.400](#)] to determine the need for **Tetanus Immune Globulin (TIG)** and the appropriate tetanus-containing vaccine based on age.
  - If PHN determines that TIG is indicated, it should be given as soon as possible (ideally within 24 hours).
  - If client only requires tetanus-containing vaccine, arrange for client to come to CHC as soon as practical and ideally within 72 hours of the injury.
- d) Consult with MOH on-call (phone 403-356-6430) if there are questions about the necessity of administration of TIG or tetanus-containing vaccine after hours.
- e) Shred the *Animal Exposure Investigation Report* when documentation of the referral and follow-up is completed in Meditech.

## 3. Double Check Tetanus Immunization

The MOH will ask the PHI if the client's tetanus immunization has been confirmed to be adequate by the front-line clinician or if they have been referred to Public Health Nursing for a secondary assessment.

## GLOSSARY OF TERMS / DEFINITIONS

### Acronyms:

AHS: Alberta Health Services  
 CD: Communicable Disease  
 CDCIMM: Communicable Disease Control  
 Immunization Team  
 CHC: Community Health Centre  
 CIG: Canadian Immunization Guide  
 IM: Intramuscular  
 MOH: Medical Officer of Health  
 PHI: Public Health Inspector  
 PHN: Public Health Nurse  
 PEP: Post-Exposure Prophylaxis  
 TIG: Tetanus Immune Globulin

### Terms:

**Client:** Bite victim.

**Tetanus Immune Globulin (TIG):** is a blood product for intramuscular (IM) administration prepared from pooled human plasma of screened donors immunized with tetanus toxoid. TIG provides immediate passive protection until an exposed person mounts an immune response to the tetanus toxoid administered concurrently with TIG.

**Front-line clinician:** physician, nurse practitioner, or nurse whom the client has visited.

## REPORTING

AHS Animal Exposure Referral faxed to Environmental Public Health (EPH) for follow up by PHI.

## REFERENCE DOCUMENTS / RESOURCES

- [AHS Animal Exposure Referral](#)
- [AHS Tetanus Immune Globulin Biological Page](#)
- [AHS Tetanus Immune Globulin Information Sheet](#)
- [Central Zone Communities and Public Health Centres](#)
- [AH Notifiable Disease Guidelines – Rabies](#)
- [Tetanus Prevention, Prophylaxis and Wound/Injury Management Standard](#)
- [Alberta Immunization Policy](#)
- [AHS Immunization Program Standards Manual](#)
- [Canadian Immunization Guide](#)

## CHANGE HISTORY

- 2016-Apr-21 CZMOH001 Created
- 2022-Oct Revised
- 2024-Mar Revised