



Interamerican University of Puerto Rico
Guayama Campus
First Aid Center

Protocol for the Management of Animal Bites

Any incident related to an animal bite must be referred immediately to the First Aid Center of the campus.

Objective

This procedure establishes the steps to follow after a bite of an animal on the premises of the campus.

A bite from an animal can break, pierce, or tear the skin. Animal bites that break the skin exposes a person to the risk of infections.

The procedure after a bite of an animal is as follows:

Offer local treatment to the wound:

- Wash with soap and water for 15 minutes and apply iodine solution if the person is not allergic.
- Place bandage on the area that was bitten.
- In case of exposure of the eye, mucous like nasal cavity, buccal or wound on the skin, rinse with saline or drinking water, and rinse thoroughly with antiseptic eye cleanser.

2. Evaluate the immunization record of the affected person.

3. Complete the Animal Bite Evaluation Sheet to obtain information of the incident, the person bitten and the animal: owner, record of vaccines, location at the time of the bite.

4. In case of an employee

- a. If there is continuous bleeding refer to the emergency room of Guayama Menonita Hospital (787-864-4300).
- b. If there is no continuous bleeding, refer to the Human Resources Office to complete the document of the Puerto Rico State Insurance Fund Corporation (SIFC).

6. In case of a student or visitor

- a. The student or visitor will be referred to the emergency room at Guayama Menonita Hospital.

Other measures to follow:

1. Report the incident to the Environmental Health office.
2. If possible, retain the live animal for delivery to the Environmental Health Inspector.
3. If the animal dies, try to keep it refrigerated, not frozen (whole or head) to deliver it to the Environmental Health Inspector of Puerto Rico.



Interamerican University of Puerto Rico
Guayama Campus
First Aid Center

ANIMAL BITE EVALUATION SHEET

I. DATA OF THE BITTEN PERSON

Name of the person bitten or exposed: _____

Age: _____

Gender: F () M ()

Name of the person in charge if they are a minor: _____

Physical address: _____

Town of residency: _____

Phone Numbers: Residential: _____ Work: _____ Cell: _____

E-mail: _____

II. DATA ABOUT THE INCIDENT

Date of the incident: _____ Location of the incident: _____

Type of animal involved: _____

Does it have an owner? YES () NO ()

Owner's name: _____ Phone Number: _____

Owner's Physical address: _____

Exposure type: Bite () Torn () Other: _____

Body location of bite: _____

Place where it happened? _____

Description of how the incident occurred:

FIRST AID CENTER PROVIDER INFORMATION

First aid provider name: _____

Date the case was handled: _____ Hour: _____

Injuries: _____

Actions taken: _____

Name of the nurse

Signature of the nurse