

**DOG BITE MANAGEMENT IN CHILDREN  
ATTENDING EMERGENCY CARE AND YOUR  
SAFEGUARDING RESPONSIBILITIES**

Approved by: **Trust Executive Committee**

On: **29 March 2017**

Review Date: **March 2020**

Corporate / Divisional **Corporate**

Clinical / Non Clinical **Clinical**

Department Responsible for Review: **Safeguarding/ED**

Distribution:

- Essential Reading for: **Emergency Department  
Paediatric Department**
- Information for: **Women & Children's**

Policy Number: **335**

Version Number: **2**

Signature: 

**Chief Executive**

Date : **30 March 2017**

# Burton Hospitals NHS Foundation Trust

## POLICY INDEX SHEET

<b>Title:</b>	<b>Dog Bite Management in Children and your Safeguarding Responsibilities.</b>
<b>Original Issue Date:</b>	<b>March 2017</b>
<b>Date of Last Review:</b>	<b>March 2017</b>
<b>Responsibility:</b>	<b>Safeguarding/ED</b>
<b>Stored:</b>	<b>ED intranet page, Trust intranet page, safeguarding page.</b>
<b>Key words:</b>	<b>Dog Bite, Emergency, Safeguarding</b>
<b>Linked Trust Policies:</b>	<b>Trust Safeguarding Policy</b>
<b>Equality Impact assessed?</b>	<b>EIA 397</b>
<b>Consulted</b>	<b>ED Senior team/ratified via ED board Safeguarding team Women's and Children's Directorate</b>

## REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
1	Review and amend	20.3.2017	Formatting

# **DOG BITE MANAGEMENT IN CHILDREN ATTENDING EMERGENCY CARE AND YOUR SAFEGUARDING RESPONSIBILITIES**

## **CONTENTS**

<b>Paragraph No.</b>	<b>Subject</b>	<b>Page No.</b>
<b>1</b>	<b>Background</b>	<b>1</b>
<b>2</b>	<b>Policy Objective</b>	<b>1</b>
<b>3</b>	<b>Scope</b>	<b>1</b>
<b>4</b>	<b>Aim</b>	<b>1</b>
<b>5</b>	<b>Communication</b>	<b>1</b>
<b>6</b>	<b>Duties</b>	<b>2</b>
<b>7</b>	<b>Local Trust Procedure and Guidance</b>	<b>3</b>
<b>8</b>	<b>Staff Training</b>	<b>5</b>
<b>9</b>	<b>Effective Monitoring</b>	<b>5</b>
<b>10</b>	<b>Equality and Diversity</b>	<b>5</b>
<b>11</b>	<b>ENP Protocol</b>	<b>6</b>
<b>12</b>	<b>References</b>	<b>7</b>

## **Burton Hospitals NHS Foundation Trust**

### **DOG BITE MANAGEMENT IN CHILDREN ATTENDING EMERGENCY CARE AND YOUR SAFEGUARDING RESPONSIBILITIES**

#### **1. BACKGROUND**

Nearly 2,000 children a year now need hospital treatment after being savaged by dogs. The number has hit a record high despite tough new laws against dangerous dog breed owners , after a series of deaths nationally.

Among the children attending Emergency Departments in 2015 were 39 babies, 611 toddlers aged one to four and 528 children aged between five and nine.

#### **2. POLICY OBJECTIVE**

At Burton Hospitals in our Emergency care areas we are committed to meeting our responsibilities in identifying children who are at risk of coming to harm and acting in their best interests.

This means working with our partners in Paediatrics, social care and child services and educating families around any risks that we identify to the child in their care.

#### **3. SCOPE**

This policy document applied to children of 18 years and under (or 24 years if registered disabled) who present to the Emergency Department at Burton Hospitals or the MIU's at Lichfield and Tamworth community hospitals.

#### **4. AIM**

Our aim is to offer guidance and support to staff working in Emergency areas, in assessing and treating children who may have sustained an animal or human bite injury. This policy will offer clarity to staff around their safeguarding responsibilities in cases such as this.

#### **5. COMMUNICATION OF POLICY**

The Policy and associated procedures will be made available to all staff on the Trust's Intranet site in addition to the Paediatric department.

## **6. DUTIES**

### **6.1 The Assessment Nurse**

Has a duty to perform initial triage on any child attending the department, this must include initial clinical prioritisation, a paediatric social assessment and identification of the adults attending with the child and who has parental responsibility.

Triage must include a brief history of injury and assessment questions should identify if there are any safeguarding concerns. When possible the voice of the child should be listened to and documented accordingly.

Has a duty to refer children to children's social care if they have been put in danger of sustaining a serious injury from an animal or have sustained a bite from a human whilst in the care of a responsible adult or left unsupervised with an unleashed dog.

Has a duty to clearly document this information within the patient record and escalate to Senior Doctor and a member of the safeguarding team.

### **6.2 The Attending Clinician**

Has a duty to perform a thorough and appropriate clinical examination of the child based on the history taken from patient and or parent/carer/legal guardian?

Has a duty to treat any animal or human bites in line with evidence based practice guidance, and to arrange appropriate follow up care.

Has a duty to refer to children's social care if they have been put in danger of sustaining a serious injury from an animal or have sustained a bite from a human whilst in the care of a responsible adult.

### **6.3 The Trust**

Has a duty of care to provide safe, effective and positive outcomes for children who attend this hospital, the Trust also has a duty of care to safeguard children and share information when necessary with its partners in the community, social and paediatric sectors.

### **6.4 The Parent or Legal Guardian**

Has a duty to understand their responsibilities as both a parent and a dog owner. According to UK law if you have parental responsibility, your most important roles are to:

- provide a home for the child
- protect and maintain the child

(Public Health England 2016)

According to UK Law Your dog is considered dangerously out of control if it:

- injures someone
- makes someone worried that it might injure them

It's against the law to let a dog be dangerously out of control anywhere, such as:

- in a public place
- in a private place, eg a neighbour's house or garden
- in the owner's home

In the UK, it's against the law to own certain types of dog. These are the:

- Pit Bull Terrier
- Japanese Tosa
- Dogo Argentino
- Fila Brasileiro

**If a dog is identified as a banned breed you have a responsibility to inform the police.**

## **7. LOCAL TRUST PROCEDURE AND GUIDANCE**

**(For ENP's please see appendix A)**

Pasteurellosis is a zoonotic disease; it is caused by infection with bacteria of the Pasteurella genus. Pasteurella multocida is the most commonly reported organism in this group, and is well known as both a common commensal (part of the normal

bacterial flora) and pathogen in a variety of animal species. P. multocida is found worldwide. Soft tissue infection following dog or cat bites or scratches is the most common form of pasteurellosis in humans.

### **History:**

Ask where, when and what bit patient (ask size of animal as there may risk of underlying fracture). If a child, determine if they were being supervised by an adult and ensure Paediatric social assessment has been carried out. Identify if the patient has the patient been vaccinated against tetanus and or rabies if bitten in an area endemic with rabies.

### **Examination:**

- Inspect location, size and depth of wound.
- Assess distal pulses, sensations and limb movements.
- Assess for evidence of foreign body.
- Assess for signs of infection.

## Investigations:

- X-ray if bony injury or Foreign Body indicated. Take wound swab if signs of infection.

## Immediate treatment:

- All bites should be thoroughly cleaned and debrided as required. Broad spectrum antimicrobials usually chosen empirically for bite wounds, such as co-amoxiclav, are likely to be effective against *Pasteurella* in the setting of simple wound infections.

(Public Health England 2015)

## Please check Trust anti-biotic guidance and BNF for up to date information on anti-biotic of choice in the treatment of animal and human bites

- Remove any observable FB. Clean and irrigate the wound thoroughly. Cleaning with hydrogen peroxide and then normal saline for small wounds (do not inject hydrogen peroxide). Povidone iodine may also be used for cleaning/disinfection. For substantial bites irrigate with at least 500ml of n/saline. Apply non-adhesive dressing and light bandage. For minor bites consider leaving area undressed. Prescribe To Take Out (TTO) co-amoxiclav (use PGD if not a prescriber). Give tetanus toxoid booster and immunoglobulin if necessary.
- If a child is left unattended with a dog or any other potentially dangerous animal this can result in serious injury or death of the child, and is avoidable in most cases.
- A **safeguarding** referral to children's social care where the child resides or if on holiday/visiting to first response Staffordshire, must be completed for any child attending ED or MIU who is *12 years old or under* that has sustained a dog bite whilst in the care of a responsible adult, or where a child has been knowingly left unattended with a Dog and this has resulted in an injury to the child.
- A safeguarding referral should be considered for 12-18 (24 if registered disabled) year olds if the history given suggests there were any acts or omissions of care by the responsible adult offering supervision to the child at the time of injury.

Information can be found here:

<http://bhftintranet.burtonft.nhs.uk/Policies/safeguarding-children.htm>

- If it is identified that there is a dangerous dog living in the family home this dog should be reported to the local council's dog warden service.
- Any child of 18 years (24 years if registered disabled) or under attending with a human bite must have lateral checks carried out to determine if a child is at risk. A child presenting with an adult bite should be considered as a potential case of Non Accidental Injury unless proven otherwise.

## **8. STAFF TRAINING**

Each Departmental Manager for each area of the Trust is responsible for ensuring that all new staff to the Trust receives, as part of their departmental induction programme, relevant guidance on the location of policies relevant to their practice and local guidance. If staff feel they require any additional education support in this or any other area they should contact their clinical lead who will provide them with this.

## **9. EFFECTIVE MONITORING**

The Clinical Director and the Lead nurse/Matron for Emergency care will be responsible for monitoring the effectiveness of this policy, in line with current best practice evidence.

## **10. EQUALITY AND DIVERSITY**

Each child will be assessed on an individual basis and both child and family treated with care, dignity and respect.

## 11. ENP PROTOCOL

### ANIMAL, INCLUDING HUMAN, BITES

***This protocol applies to patients who:***

- Are 2 years old or older

***This protocol excludes:***

- Bites that will require immediate repair or partial closure.
- Bites to face or genitals.
- The patient that has made a return visit.

### **History:**

Ask where, when and what bit patient (size of animal may risk of underlying fracture). If a child, determine if they were being correctly supervised by an adult? Has the patient been vaccinated against tetanus and or rabies if bitten in an area endemic with rabies?

### **Examination:**

- Inspect location, size and depth of wound.
- Assess distal pulses, sensations and limb movements.
- Assess for evidence of foreign body.
- Assess for signs of infection.
- Assess for indicators of child abuse and/or neglect.

### **Investigations:**

- X-ray if bony injury or FB indicated. Take wound swab if signs of infection.

### **Management:**

- Remove any observable FB. Clean and irrigate the wound thoroughly. Cleaning with hydrogen peroxide and then normal saline for small wounds (do not inject hydrogen peroxide). Povidone iodine may also be used for cleaning/disinfection. For substantial bites irrigate with at least 500ml of n/saline. Apply non-adhesive dressing and light bandage. For minor bites consider leaving area undressed. Prescribe TTO co-amoxiclav (use PGD if not a prescriber). Give tetanus toxoid booster and immunoglobulin if necessary.
- If a child is left unattended with a dog or any other potentially dangerous animal this can result in serious injury or death of the child, and is avoidable in most cases. A safeguarding referral to Children's social care where the child

resides or in the case of a visiting child or child on holiday must be put in for any child attending ED or MIU of 12 years of under, who has sustained a dog bite.

- Referral should be considered for children 12-18 years old (24 if person has a registered disability) where it is identified there has been an act or omission by the responsible adult in supervising the child.
- Any child under the age of 18 presenting with a human bite must be referred to Social services.

### **Refer to senior ED doctor if:**

- Allergy to penicillin.
- Risk of HIV infection or hepatitis.
- Risk of infection by rabies.

### **Discharge advice:**

Instruct patient to keep area/dressing clean and dry, but not to apply occlusive dressings. If

Any discharge or signs of infection to return to ED or see GP. If inflammation, swelling and

erythema spreads along limb to return to ED immediately. Advise that some scarring is likely

to occur.

Give parents/carers explicit warnings about risk of death or serious injury if children are allowed to play with animals.

### **Follow up:**

See GP/practice nurse for any follow-up dressings or make ED appointment as necessary.

NICE (2015)

## **12. REFEREMCES**

Public Health England (2016) <https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility>

Public Health England (2016) <https://www.gov.uk/guidance/pasteurellosis>

NICE (2015) <https://www.nice.org.uk>.

BHFT Safeguarding children policy  
<http://bhftintranet.burtonft.nhs.uk/Policies/safeguarding-children.htm>