



UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION
POSTAL SERVICE CENTER BOX 8003
CHERRY POINT, NORTH CAROLINA 28533-0003

ASO 6220.2D
NHC

20 FEB 2015

AIR STATION ORDER 6220.2D

From: Commanding Officer, Marine Corps Air Station, Cherry Point
To: Distribution List

Subj: MANAGEMENT OF ANIMAL BITE INJURIES AND RABIES CONTROL

Ref: (a) Center for Disease Control and Prevention-Morbidity and Mortality
Weekly Report (CDC MMWR)
(b) BUMEDINST 6230.15B
(c) Armed Forces Reportable Medical Events, March 2012
(d) BUMEDINST 6220.13A
(e) North Carolina General Assembly 130A-41(b)(10)
(f) North Carolina General Assembly 130A-196-199

Encl: (1) Rabies Exposure Risk, Evaluation and Post-Exposure Prophylaxis
(PEP) Flowchart

1. Situation. To establish guidelines for the treatment and management of animal bite injuries and rabies control for military and civilian personnel aboard Marine Corps Air Station (MCAS) Cherry Point, in compliance with the references.

2. Cancellation. ASO 6220.2C.

3. Summary of Revision. This Order contains substantial revisions and should be reviewed in its entirety.

4. Mission. To effectively apprehend, control, and quarantine biting animals aboard MCAS Cherry Point while providing treatment and management to military and civilian personnel exposed to animal bite injuries.

5. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To implement an effective animal bite injury program and integrate it into the Air Station's rabies control program.

(2) Concept of Operations

(a) Refer all cases of animal bites and scratches to the Naval Health Clinic Cherry Point during normal hours of operation for initial evaluation and treatment. After initial treatment, patients will be referred to the Preventive Medicine Department to complete a Report of Animal Bite-Potential Rabies Exposure, Form DD 2341. The Preventive Medicine Department will keep the original bite report with the SF-600 or Armed Forces Health Longitudinal Technology Application (AHLTA) note, making one copy to be faxed to the Station Veterinary Office. Upon receipt of fax, the Station Veterinary Office will retrieve the original documents from the Preventive Medicine Department. In

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every case, complete DD Form 2341. After-hours, refer patients to the local emergency room for evaluation and treatment.

(b) Individually evaluate every possible exposure to rabies infection and institute treatment within 24 hours per the guidelines prescribed in this Order and reference (a). Reference (a) is accessible at:
<http://www.cdc.gov/mmwr>

(c) After initial evaluation and treatment, the provider will refer the patient to the appropriate clinic(s) for follow-up. Guidelines to assist in this referral include the following:

1. A physician who is on the Rabies Control Board or a designated representative will be assigned as the attending physician to actively treat the patient.

2. Refer all 2d Marine Aircraft Wing personnel to the Warrior Wellness and Readiness (WWAR) Clinic and other active duty and family members to Medical Home Port.

3. Refer patients who must receive other forms of treatment for wound (e.g., surgical, or orthopedic) or other conditions requiring immediate treatment to the appropriate department for physician assignment. Designate the physician as the attending physician who will be responsible for the total care of the patient, including any completion of anti-rabies prophylaxis treatment, if indicated.

4. After normal working hours, weekends, and holidays any evaluation and treatment will be referred to the local emergency room. The assigned physician has the personal responsibility to ensure a continuum of treatment.

(d) An assigned attending physician may obtain assistance in evaluation and treatment from another physician, but once assigned, the attending physician is solely responsible for the maintenance of treatment to the point of completion.

(e) All animal bite incidents involving active duty personnel and DoD Civilians in the performance of their duties require submission of an appropriate mishap report to the command/unit safety office. To obtain additional information on command or unit mishap reporting processes, contact the MCAS Cherry Point Safety Office at 252-466-2730.

b. Tasks

(1) Commanding Officer, Naval Health Clinic, Cherry Point. Ensure the treatment and management of animal bite injuries and rabies control for military and civilian personnel per references (a) through (f).

(2) Attending Physician

(a) Provide local treatment of wounds. Thoroughly clean and mechanically flush with soap solution, all bites, as well as scratches and abrasions exposed to saliva of animals. If debridement is necessary, the use of

a local anesthetic is not contraindicated. Administer treatment as indicated against tetanus and bacterial wound infections.

(b) In cases of animal bites, the Medical Home Port staff will call the duty veterinarian technician immediately.

(c) Advise the patient or patient's sponsor (if patient is a minor) of the risks of rabies infection and explain the post-exposure therapy protocol using enclosure (1).

(d) Determine whether specific anti-rabies treatment should be initiated. The enclosure provides the treatment flow chart/matrix. Individualize every case with specific emphasis regarding the behavior of the animal and current epidemiological information. Consult the Station Veterinarian and/or Environmental Health Officer if the attending physician is considering starting anti-rabies prophylaxis. If the animal is wild, shows signs of rabies on an initial quarantine exam, or cannot be apprehended, rabies prophylaxis is indicated and should be initiated.

(e) Discuss with the Pharmacy Officer or designated representative, the availability of Human Diploid Cell Vaccine (HDCV) and Rabies Immune Globulin (RIG).

(f) Refer the patient to the Preventive Medicine Department to properly complete DD Form 2341. A representative from Preventive Medicine will fax a copy to the Station Veterinarian's Office for action. Upon completion, the form will be sent to the Preventive Medicine Office for final action and distribution.

(g) Maintain the patient's health record in an active status until treatment is complete or a decision has been reached not to prescribe rabies prophylaxis. Document the completed treatment or decision in the patient's health record.

(h) Contact the Provost Marshal's Office (PMO), Station Veterinarian, or Animal Control for instructions on maintaining the carcass if the animal implicated in the biting incident is dead. Advise the patient or sponsor to keep the handling of dead animals to a minimum. If the patient must handle the carcass, advise them to use rubber gloves and follow proper hand washing procedures.

(3) Station Veterinarian

(a) Provide advice to the patient, Environmental Health Officer, physician, or necessary agencies on rabies transmission, epidemiology, incidence, and symptomology per reference (c). Reference (c) is accessible at: <http://www.afhsc.mil/Home/ReportableEvents>.

(b) Process and promptly forward the head of any animal killed during the biting incident, killed during apprehension, or dying (euthanized after showing signs of rabies) during quarantine to the appropriate rabies diagnostic laboratory. Maintain and forward the animal head, under refrigeration, by government vehicle with appropriately completed rabies diagnostic laboratory forms. Promptly relay laboratory findings to the patient's attending physician and the Preventive Medicine Department.

(4) On-base Incidents

(a) Complete Form NHCCP 6220/4 for pet bite incidents with a current rabies vaccination record. Distribute one copy to the animal's owner and one copy to Veterinary Services. Quarantine all animals without current rabies shots in the stray animal kennel for 10 days.

(b) Ensure that PMO authorities are contacted immediately.

(c) Examine all animal rabies suspects on the 1st and 10th day of the quarantine period.

(d) Coordinate the release of healthy animals from quarantine 10 days following the bite incident.

(e) Notify the attending physician if any signs of rabies appear, if the animal dies during the 10-day quarantine period, or if no animal is apprehended within 72 hours of suspected encounter.

(5) Off-base Incidents

(a) Telephone the appropriate civilian authorities having jurisdiction in the area where the animal is located. Discuss the circumstances of the bite incident and request for pick-up and quarantine of the animal by the civilian authorities.

(b) Contact the quarantine official on the 10th day following the incident to ensure the biting animal remained healthy throughout the quarantine period.

(6) Preventive Medicine Department

(a) Properly complete, sign, and distribute all animal bite reports and ensure the original is provided in the patient's treatment record and a copy scanned into the AHLTA. The patient or the sponsor, in cases involving a minor, must sign the following and the signature MUST be witnessed:

1. Rabies Treatment Consent (maintained at the Preventive Medicine Department), Form NHCCP 6220/5.

2. Refusal of Rabies Treatment (maintained at the Preventive Medicine Department), Form NHCCP 6220/6.

3. Patient Medical Record. Enter results of the rabies diagnostic laboratory, if performed, into the record.

(b) Monitor the provisions of this Order to ensure completion of the Animal Bite/Scratch Report, notification of the appropriate civilian health agencies, and submission of a disease alert report in the event of a Human Rabies Infection.

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(7) Provost Marshal

(a) Contact owners of the biting animal and order them to report with the animal to Veterinary Services. If it is a stray, attempt to capture the animal.

(b) Promptly notify the duty veterinarian technician if unable to locate or apprehend an animal involved in a bite/scratch incident.

(c) Immediately notify the Station Veterinarian if the suspect animal dies, shows signs of illness, or escapes. Bring all dead rabies suspect animals to Veterinary Services.

(d) Maintain adequate records and descriptions of quarantined animals.

(8) Rabies Control Board

(a) A Rabies Control Board will meet at the discretion of the Board Chairperson. The Board will review Animal Bite Reports to ensure proper procedures pertaining to bite treatment, management, and policy are followed.

(b) Members will act in an advisory capacity to providers in the management and treatment of animal bite and scratch injuries, and will be available for consultation on matters relative to rabies control and treatment.

(c) Rabies Control Board members include:

1. Head, Preventive Medicine Department (chair).
2. Head, Veterinary Medicine Department.
3. Head, Military Medicine.
4. Head, Medical Home Port.
5. Head, Occupational Health Department.
6. Deputy Director, Safety and Standardization

(d) Advisory Members:

1. Wildlife Biologist.
2. Provost Marshals Office.
3. Head, Pharmacy Department.
4. Craven County Communicable Disease Nurse

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(9) General

(a) The Medical Officer of deploying units assigned to MCAS Cherry Point will ensure the rabies protocol used at this Command accompanies the unit. When an animal bite/scratch incident occurs during a unit deployment, a recommendation should be made to the host medical facility that treatment be initiated and completed at the deployment location. Returning patients should use this protocol to avoid interrupted treatment.

(b) The indications for specific post-exposure treatment will govern the administration of rabies vaccine contained in reference (a). Do not make a deviation from the routine treatment as outlined in reference (a) without prior concurrence of the Rabies Control Board. Initiate the administration of the post-exposure therapy in the Medical Home Port at the Naval Health Clinic.

(c) A representative of the Occupational Health Department will brief personnel of MCAS Cherry Point assigned to risk duties (e.g., Provost Marshal's Animal Control, Natural Resources Division, Veterinary Services Zoonosis Section) concerning the beneficial aspects and risks of the pre-exposure prophylaxis, administered per reference (a). The Occupational Health Department is responsible for the follow-up of the pre-exposure rabies prophylaxis.

c. Forms and Records

(1) Maintain DD Form 2341 at the Naval Health Clinic Preventive Medicine Department. Sequentially number the reports for control purposes and include the control number in the patient's record. Station Veterinarian and the Preventive Medicine Department will maintain a log of all numbered Animal Bite Reports. The Preventive Medicine Department will be responsible for investigating missing report numbers and will generate animal bite report copies.

(2) Maintain HSC Form 53-R (DVS) at Veterinary Services.

(3) The Preventive Medicine Department will maintain a log book which indicates the animal case number, date of incident, address and telephone number of the patient, name of the attending physician, and date of initiation of anti-rabies treatment, if indicated.

(4) Maintain Form NHCCP 6220/3 at the Naval Health Clinic Preventive Medicine Department, upon completion of post exposure prophylaxis.

(5) DD Form 2341 can be located at:
<http://www.dtic.mil/whs/directives/forms/eforms/dd2341.pdf>.

(6) The following forms can be located at:
<https://navalforms.documentsservices.dla.mil/web/public/home> under forms.
Type in the form numbers listed below:

NHCCP 6220/3 Rabies Post Exposure Protocol
NHCCP 6220/4 Animal Home Quarantine
NHCCP 6220/5 Rabies Treatment Consent
NHCCP 6220/6 Refusal of Rabies Treatment

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6. Administration and Logistics. The following points of contact are provided: Station Veterinarian 252-466-2166, Provost Marshal 252-466-4366, Naval Health Clinic 252-466-2528, and Craven County Animal Control 252-637-4606.

7. Command and Signal

a. Command. This Order is applicable to MCAS Cherry Point and its subordinate and tenant commands.

b. Signal. This Order is effective the date signed.

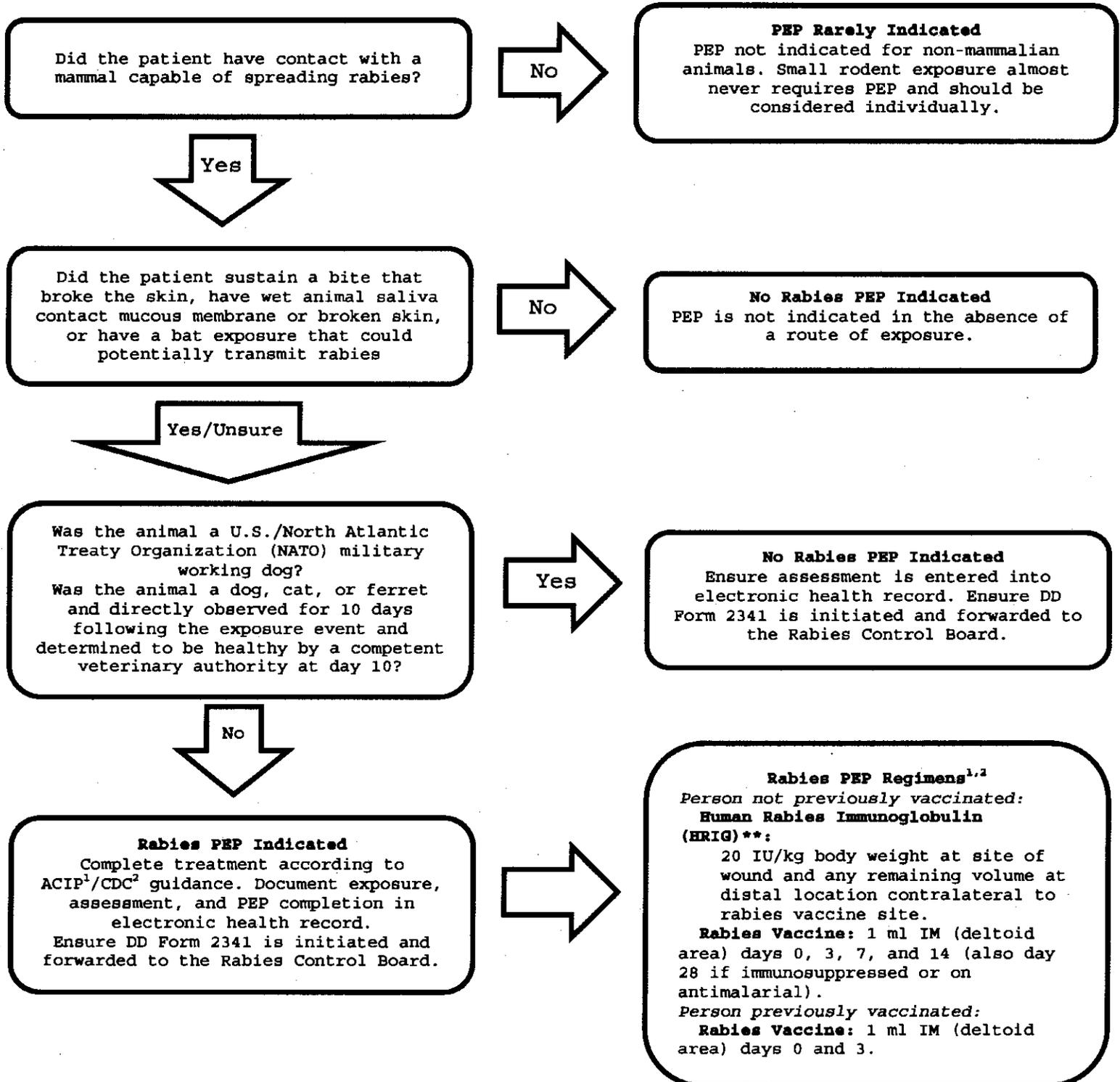


C. PAPPAS III

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Rabies Exposure Risk, Evaluation, and
Post Exposure Prophylaxis (PEP) Flowchart



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* Exposure to bats where persons might be unaware that a bit or direct contact occurred. Examples include a bat found in the same room as a sleeping person, an unattended child, a mentally disabled person, or an intoxicated person.

** HRIG should not be given more than seven days after the first dose of rabies vaccine if the patient already received some rabies vaccine. HRIG should not be used in persons who completed rabies vaccination prior to exposure.

References:

¹ Morbidity and Mortality Weekly Report, March 19, 2010/Vol. 59/No. RR-2/Use of a Reduced (4-Dose) Vaccine Schedule for Post-Exposure Prophylaxis to Prevent Human Rabies.

² Morbidity and Mortality Weekly Report, May 23, 2008/Vol. 57/No. RR-3/Human Rabies Prevention-United States, 2008.