

The Royal College of Emergency Medicine

Best Practice Guideline

Dog bites reporting



RCEM
Royal College
of Emergency
Medicine



**Faculty of Forensic
& Legal Medicine**
Royal College of Physicians

Raising standards in forensic & legal medicine,
protecting vulnerable people

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Summary of Guidance

1. There is currently no statutory obligation upon NHS staff to report all dog bite injuries to the police.
2. Dog bites should be reported to the police where there is ongoing significant risk to a patient or the public. The patient does not have to consent to this disclosure.
3. There is no automatic requirement for a safeguarding referral or sharing of information when a child attends with a dog bite injury. This should be judged on a case-by-case basis or may also be subject to special arrangements made within local areas.

Scope

This guideline has been developed to provide guidance on the reporting of injuries stated or believed to have occurred as a result of dog bite(s) presenting to the Emergency Department (ED). The College has sought to outline the legal and regulatory framework surrounding the disclosure of information related to this type of injury.

Reason for Development

This guideline has been developed in response to enquiries from members and fellows regarding local organisational policy on the mandatory reporting of dog bite injuries.

Background

Dog bites are increasingly high profile, with several recent serious woundings and deaths from dog bites reaching the national press.

Under section 3(1) of the 1991 Dangerous Dogs Act (as amended by the Anti-Social Behaviour, Crime and Policing Act 2014 - the '2014 Act')¹. it is stated that if any dog is dangerously out of control in any place, including all private property, the owner, or person in charge of the dog at the time, is guilty of a summary offence. That offence becomes an aggravated offence if the dog injures any person or an assistance dog while out of control. The act is not limited to specific breeds and covers all dogs.

It is important to note that no legislation, including this act, creates a statutory obligation to report dog bites to any authority.

Key principles for disclosure

- The overriding position for clinicians is that of the protection of patient confidentiality both from an ethical perspective (advice from General Medical Council) and legal framework (Data Protection Act, 2018).
- There is currently no NHS statutory obligation placed on staff to report any dog bite to any authority.
- Determinations about potential risk to the public, or to specific patients, should be made on a case-by-case basis before deciding to disclose to an agency without consent ('breaking confidentiality').

Reporting to the police

If a patient presents with dog bite injuries and the treating clinician had reason to believe that the injuries or circumstances suggests that a crime had been committed, then the GMC expects the responsible doctor to consider reporting this to the police². This would need to take account of confidentiality guidance and public interest.

Where there is no crime suspected, if the clinician believes there is a significant ongoing risk to the patient or others then they should consider reporting to the police.

When deciding whether the public interest to disclose outweighs the patient's confidentiality, the GMC recommends consideration of the factors in Box 1, below²:

BOX 1

- the potential harm or distress to the patient arising from the disclosure
- the potential harm to trust in doctors generally
- the potential harm to others if the information is not disclosed
- the potential benefits to an individual or to society
- whether the harms can be avoided or benefits gained without breaching the patient's privacy or, if not, what is the minimum intrusion.

The clinician should inform the patient of their decision to report, but do not need the person's consent to do so.

An example of a scenario which illustrates the decision-making approach relating to disclosure is shown in Appendix 1.

Safeguarding disclosures in children

The GMC states that doctors must inform an appropriate agency if they are concerned that a child or young person is at risk of or is suffering abuse or neglect unless it is not in their best interests to do so³. Doctors should also ask for consent from the parent or person with parental responsibility to disclose such information, unless there is a compelling reason for not doing so. However, if the child, young person or their parent does not consent, this does not prevent disclosure.

Risks to children's or young peoples' safety and welfare often become apparent only when several professionals share what seem to be minor concerns. Clinicians do not need to be certain that the child or young person is at risk of significant harm to share relevant information with an appropriate agency. If a child or young person is at risk of, or is suffering abuse or neglect, the possible consequences of not sharing relevant information will, in most cases, outweigh any harm that sharing concerns with an appropriate agency might cause³.

Safeguarding disclosures in adults

When it comes to adult safeguarding, the principles outlined in the GMC's Confidentiality guidance continue to apply. Clinicians must consider the patient's vulnerability and capacity to consent to disclosure. Further information is available via the GMC hub⁴.

Specific safeguarding considerations in practice

Where safeguarding concerns have been raised specifically about dog bites in previous attendances, the threshold for disclosure will clearly be lower.

Dog bites in the context of suspected animal abuse may have a higher risk of recurrence. Dog bites in the context of criminal or gang activity may also indicate a higher risk of recurrence.

There is a recognised link between animal abuse and domestic violence. In cases of suspected animal abuse, clinicians should carefully consider the risk of domestic abuse and make appropriate safeguarding referrals.

Some authorities may request submission of a children's services multiagency referral form for all dog bites as part of evidence gathering. This may have been identified as an important surrogate marker of risk in a particular population. An epidemiological data request can be considered without the need for a patient identifiable disclosure. A formal local policy will need to be agreed with the requesting agency.

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Review

Further review usually within three years or sooner if important information becomes available.

Declaration of Interest

None declared.

Disclaimers

The College recognises that patients, their situations, Emergency Departments and staff all vary. This guideline cannot cover all possible scenarios. The ultimate responsibility for the interpretation and application of this guideline, the use of current information and a patient's overall care and wellbeing resides with the treating clinician.

Research Recommendations

None identified

Key words for search

Dog bites, Regulations Legislation

References

1. Dangerous Dogs Act <https://www.legislation.gov.uk/ukpga/1991/65/contents> (and amendment in <https://www.legislation.gov.uk/ukpga/2014/12/notes/division/5/9>)
2. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/the-main-principles-of-this-guidance>
3. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people/confidentiality-and-sharing-information#sharing-information-about-those-at-risk>
4. <https://www.gmc-uk.org/ethical-guidance/ethical-hub/adult-safeguarding>

Appendix 1

Evolving illustrative example:

Mark is walking his dog Max. Whilst doing so he comes across another dog walker friend, Nick. Nick's dog Gruff is running wild around the park whilst Nick attempts to recall him. Gruff runs up to Max and begins to attack him. Mark steps between them to intervene and is bitten by Nick's dog on the calf, sustaining 4 puncture wounds from teeth but no tissue loss. He attends the Emergency Department.

Mark is not keen to report the bite as he doesn't want to upset his friend.

- *Mark is likely to want to maintain confidentiality.*

He tells you that Nick's dog is often poorly behaved, is difficult to control and has bitten other dogs before.

- *This indicates a pattern of behaviour with a non-specific risk of future biting of other dogs.*

There is probably not enough risk to warrant reporting to the police

Mark subsequently discloses that in fact he was bitten by his own dog, and not Nick's, which is why he doesn't want the bite disclosed. It has never happened before. On direct questioning, you find that Mark has another dog, Duke, at home who has bitten him previously. Mark lives with his wife and three children, aged 2, 5 and 7. There is no history of either dog biting any of the children.

- *There is a potential risk to the children created by living with two dogs who have bitten humans in the past.*
- *There is no evidence of neglect or abuse of the children.*

A judgement should be made of the risk to the children, the clinician should explore the circumstances of previous bites and may decide to submit a safeguarding concern.

Later that week, Mark's 7-year-old son Ben is seen in the paediatric emergency department with a dog bite. Mark reports that Ben was playing with Duke, became boisterous with him and pulled his tail. On direct questioning, it is likely that this was not directly witnessed by anyone, and that Ben was unsupervised with Duke. Duke snapped at Ben and caught his finger, which is bruised but does not have broken skin.

- *This is a third bite from the same household, two of which have required emergency department care.*

A Safeguarding referral should be made for all 3 children

Example 2

Two-year-old Daisy is brought to the emergency department with a superficial wound to her right foot. Her father tells you that she stood on a paw of the family's elder dog who was asleep, and the dog gave her a 'nip'. The dog has never bitten anyone before and has always played well with the other children in the family.

There are no previous attendances for anyone in this household with dog bite injuries and no other concerns regarding Daisy

A safeguarding referral is not currently indicated

The following day, the NPF (Non-Patient Facing consultant working in the office) consultant reviews Daisy's attendance to confirm that there are no other red flags.