



Management of **tetanus-prone wounds**

Tetanus-prone wounds*

- **Puncture-type injuries** acquired in a contaminated environment and likely therefore to contain tetanus spores* (for example, gardening injuries)
- **Wounds containing foreign bodies***
- **Compound fractures**
- **Wounds or burns with systemic sepsis**
- **Certain animal bites and scratches****

High-risk tetanus-prone wounds

Any tetanus-prone wound with:

- heavy contamination with material likely to contain **tetanus spores** (for example, soil, manure)
- wounds or burns that show **extensive devitalised tissue**
- wounds or burns that **require surgical intervention** that is delayed for more than six hours are high-risk even if the contamination was not initially heavy

Thorough cleaning of wounds is essential. If the wound, burn or injury fulfils the above criteria, follow the risk assessment to determine post exposure management. Suspected cases of localised tetanus (where there is rigidity and/or spasms around the wound) should be treated as clinical tetanus.

* Individual risk assessment is required and this list is not exhaustive. For example, a puncture wound from a discarded needle found in a park may be a tetanus-prone injury, but a needlestick injury in a medical environment is not.

** Similarly, although smaller bites from domestic pets are generally puncture injuries, animal saliva should not contain tetanus spores unless the animal has been rooting in soil or lives in an agricultural setting.

