


## INFECTION PREVENTION AND CONTROL PROCEDURE

**CATEGORY:** System-Level Clinical  
**ISSUE DATE:** June 20, 2002  
**SUBJECT:** **PATIENT'S PET AND EMOTIONAL  
SUPPORT ANIMAL VISITATION**

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<b>Approval:</b> Dr. Roger Sandre Medical Director, IPAC 	<b>Date:</b> January 16, 2023

### PURPOSE

To assist patient socialization, mental health and emotional healing during admission while ensuring patient and staff safety while observing infection prevention and control principles.

### PROCEDURE

#### Special Instructions

- This procedure has been established to allow a patient to have a visit from their pet or emotional support animal while admitted to the hospital where it is supported and recognized that the patient's mental and emotional well-being may be significantly improved.
- Department manager approval is required prior to any visitation arrangements.
- **Appendix A** must be completed prior to the visit being approved.
- The patient's pet or emotional support animal is restricted to the designated location such as the patient room or other private area at the discretion of the clinical manager.
- Visit time will be limited to one hour at the discretion of the clinical manager.
- The patient's pet or emotional support animal must not be allowed to interact with other patients, visitors or staff.

Animals Excluded	Areas Excluded	Other Exclusions
<ul style="list-style-type: none"> <li>• Primates</li> <li>• Reptiles</li> <li>• Rodents</li> <li>• Farm animals (including llamas)</li> <li>• Pets from animal shelters</li> <li>• Staff and visitor's pets</li> </ul>	<ul style="list-style-type: none"> <li>• Food Preparation or Dining Areas</li> <li>• Medication/Storage Areas</li> <li>• Operating Rooms and Procedure Rooms</li> <li>• Dialysis</li> <li>• Patients in Critical Care, NICU, Birthing Centre, PACU and Outpatient areas</li> </ul>	<ul style="list-style-type: none"> <li>• During a pandemic and/or infectious disease outbreak</li> <li>• Any hospital codes or facility/building issues</li> <li>• Isolated patients</li> <li>• Invasive medical device (IV)</li> <li>• Surgical incision, dressing</li> </ul>

**All exceptions must be approved by Infection Prevention and Control.**

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### Method

1. A request for patient pet or emotional support animal visitation must be made to the clinical manager from the patient's program.
2. The manager will arrange an appointment with the patient and/or family member to review this procedure and provide the required forms for completion. **(Appendix A)**
3. In accordance with the *Accessibility for Ontarians with Disabilities Act*, the manager is able to ask the following questions:
  - Is your dog needed due to a disability?
  - What tasks have your dog been trained to perform or work?
4. All pets considered for patient pet or emotional support animal visitation must meet the following criteria:
  - One year of age or older
  - Free of hookworm, fleas, diarrhea, skin lesions and any other communicable infection
  - Vaccinated against rabies and all vaccines up-to-date
  - Clean and well-groomed
  - House trained
  - Obedient
  - Good tempered
  - Leashed
5. If the animal is brought in a cage, the cage must be cleaned prior to being carried into the hospital.
6. The completed forms **(Appendix A)** must be returned to the manager.
7. If approval is given, the manager will consult with nursing staff for an appropriate time for the visit.
8. If the patient is in a shared room, the visit will take place without causing additional discomfort to the roommate(s) or in a separate room away from others.
9. The manager will discuss with the patient's roommate(s) to determine if they have any adverse response to having a pet in their room (such as allergies and/or other objections).
10. The patient pet or emotional support animal will be brought in by a dedicated handler and travel from the entrance directly to the patient room/meeting location and not to other areas of the hospital.
11. **Prior to the visit, nursing staff must inform the patient and dedicated pet handler of the following:**
  - Dedicated pet handler must be prepared to have on hand equipment needed to clean any waste from the pet while in/on hospital property/building and to report any incidents
  - The pet must not be allowed to interact with other patients, visitors or staff
  - The time limit for the pet visit must be tracked and enforced
  - Any roommate to the patient having the pet visit must not be inconvenienced
  - They may be asked to remove the animal from the facility at any time
12. The patient must perform hand hygiene before and after the pet visitation.
13. Any problems noted by nursing staff associated with the visit should be directed to the manager.
14. If an incident occurs during the pet visit, the primary nurse will be notified immediately and then in turn will notify the manager. The manager will decide if an incident report is required and if ongoing visits will be permitted.
15. If the patient pet or emotional support animal continues with the patient for more than one year, another physical examination form **(Appendix A)** must be completed by a veterinarian and resubmitted to the department manager.
16. If the patient pet or emotional support animal defecates, urinates or vomits while in the building, the dedicated pet handler must be prepared to clean this mess and let the patient's primary nurse know so that Environmental Services can be made aware of the area to be sanitized.
17. Staff are advised not to touch or provide care for the patient pet or emotional support animal.

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## EDUCATION AND TRAINING

### Definitions

1. **Dedicated Pet Handler:** A person who will be dedicated to handle the patient's pet or emotional support animal during the pre-approved visit(s). This person will be the sole handler if multiple visits occur and will take full responsibility for the patient's pet or emotional support animal as outlined in this procedure. This person may be a designated family member or friend.
2. **Emotional Support Animal:** A pet that provides companionship to a person who suffers from symptoms of a mental or emotional disability. **The following are not required, but may be provided:**
  - **Emotional Support Animal Letter:** A licensed mental health professional will have assessed the person's condition and provided a letter describing the emotional support animal is not just your pet, but also a real emotional support animal who can improve your mental health.
  - **Emotional Support Animal Certification:** There is no law that requires owners to register the emotional support animal, but it is an additional proof.
3. **Fecal Analysis:** Stool analysis for parasites including hookworm.

### References and Related Documents

HSN Accessibility Customer Service Standards policy

*Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, April 19, 2016. Ontario.*

APIC Text of Infection Control and Epidemiology, Community-Based Infection Prevention Practices, Chapter 124, Animals Visiting in Healthcare Facilities, APIC Text Online. October 2, 2014.

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## APPENDIX A

## To be Completed by a Licensed Veterinarian

<b>Date of Examination:</b>		
<b>Pet Name:</b>		
<b>Client's Name:</b>		
<b>Presence of External Parasites:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>General Appearance:</b> <i>(please describe any abnormal findings)</i>	Normal <input type="checkbox"/>	
<b>Eyes:</b> <i>(please describe any abnormal findings)</i>	Normal <input type="checkbox"/>	
<b>Ears:</b> <i>(please describe any abnormal findings)</i>	Normal <input type="checkbox"/>	
<b>Digestive System (including mouth):</b> <i>(please describe any abnormal findings)</i>	Normal <input type="checkbox"/>	
<b>Nervous System:</b> <i>(please describe any abnormal findings)</i>	Normal <input type="checkbox"/>	
<b>Musculoskeletal System:</b> <i>(please describe any abnormal findings)</i>	Normal <input type="checkbox"/>	
<b>Integumentary System:</b> <i>(please describe any abnormal findings)</i>	Normal <input type="checkbox"/>	
<b>Respiratory System:</b> <i>(please describe any abnormal findings)</i>	Normal <input type="checkbox"/>	
<b>Urogenital System:</b> <i>(please describe any abnormal findings)</i>	Normal <input type="checkbox"/>	
<b>Lymph Nodes:</b> <i>(please describe any abnormal findings)</i>	Normal <input type="checkbox"/>	
<b>Cardiovascular:</b> <i>(please describe any abnormal findings)</i>	Normal <input type="checkbox"/>	

**Statement of Health**

This is to certify that, in my opinion, the animal described above is free from demonstrable, contagious or infectious disease and does not show emaciation, lesions of the skin, nervous system disturbance, jaundice or diarrhea.

Veterinarian: \_\_\_\_\_

Date: \_\_\_\_\_

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**Fecal Analysis**

Date Tested: \_\_\_\_\_

Test Results: Negative \_\_\_\_\_ Positive \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Test Method: \_\_\_\_\_  
\_\_\_\_\_

Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_