



<p>Team Name: Infection Prevention and Control</p> <p>Team Lead: Regional Director – Staff Development/Infection Prevention and Control</p> <p>Approved by: Vice President - Human Resources</p>	<p>Reference Number: CLI.8011.PL.006</p> <p>Program Area: Staff Development/Infection Prevention and Control</p> <p>Policy Section: Infection Prevention and Control</p>
<p>Issue Date: August 18, 2017</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Pet Visitation in Health Care</p>

POLICY SUBJECT:

Pet Visitation in Health Care

PURPOSE:

To provide Southern Health-Santé Sud staff with direction to support pet visitations in health care (acute care, personal care homes and community programs) while reducing the risk of transmission of infection related to animal contact.

BOARD POLICY REFERENCE:

- Executive Limitation (EL-02) Treatment of Clients
- Executive Limitation (EL-03) Treatment of Staff
- Executive Limitation (EL-07) Corporate Risk

POLICY:

Southern Health-Santé Sud recognizes that visits from pets and other animals can provide a positive therapeutic experience for clients. Protocols for pet visits must be followed to balance infection control standards, and environmental and safety requirements with those that encourage the emotional well-being of clients. As such, Southern Health-Santé Sud supports pet visitation programs that maintain the health and safety of all clients and staff.

DEFINITIONS:

Client: Refers to an individual and/or their family/care provider who accesses and/or receives health care related services from a Southern Health-Santé Sud facility or program. Clients may be patients in an acute care setting, residents in a personal care home, or clients in a community program or facility.

Clients Who Are Not Eligible for Pet Visits: Clients on Additional Precautions, with known immunodeficiency disorders, with known phobias or allergies to pets, or who express any concern regarding a visit.

Facility-Owned Pets: Those animals that are owned by the health care facility and are dependent on the presence of a willing and competent Southern Health-Santé Sud staff and/or volunteers to provide for their care.

Handler: Individual who brings the animal to a health care facility for animal visitation or a person who has trained the animal to obey him or her (e.g., pet owner).

Personal Pet: Family-owned pets that are brought to the facility for the sole purpose of visiting a specific client. Pets are limited to domestic companion animals that are household pets.

Southern Health-Santé Sud Prohibited Pets: Southern Health-Santé Sud prohibits pets such as primates (e.g., monkeys), ferrets, reptiles and amphibians (e.g., lizards, snakes, turtles, frogs, salamanders), hamsters, gerbils, mice and rats, prairie dogs and hedgehogs (or any other recently domesticated animal species), and visiting birds; animals that have not been litter trained/housebroken or for which measures cannot be taken to prevent exposure of clients to the animal's excrement and those that have not had vaccinations or the initiation of vaccinations as per veterinarian requirements. Pets under 1 year of age and farm animals are strongly discouraged from visiting the facility based on incompleteness of vaccination processes, potentially not being litter trained/housebroken and containment of the animal while in the facility.

Service Animal: Animals that are individually trained to perform tasks for people with disabilities such as guiding people who are blind, alerting people who are deaf, pulling wheelchairs, alerting and protecting a person who is having a seizure, autism, post-traumatic stress disorder (PTSD) or performing other specific tasks. Service animals are working animals, not pets, and must meet the criteria of The Service Animals Protection Act and The Human Rights Code (Manitoba).

Therapy Animal: The use of trained, well groomed, medically screened, appropriately vaccinated animals by handlers to achieve specific physical, psychosocial and emotional well-being goals for clients. Therapy animals should have a behavioral assessment by an experienced person (veterinarian) or recognized group (e.g., St. John's Ambulance Pet Therapy Training). Therapy animals are adults (e.g., cat over one year of age, dog over two years of age). Therapy animal visits are usually coordinated by Southern Health-Santé Sud recreation and activity workers.

IMPORTANT POINTS TO CONSIDER:

Hand hygiene is the most important action when engaging in animal visitation. Staff, clients, handlers, and volunteers must perform hand hygiene before and after contact with animals. Refer to the Hand Hygiene Policy (CLI.8011.PL.001).

The Southern Health-Santé Sud Prohibited Pets definition above applies to all pet visitations in health care facilities/community programs within the region.

Staff members are not permitted to have personal pets accompany them into a health care facility at any time. Animals are not permitted in: food service/preparation areas, cafeterias, dining rooms, nourishment stations, medication areas, clean/sterile supply storage areas, units closed for outbreaks, and client rooms where Additional Precautions are in place, with the exception of service animals.

In Acute Care:

- Pets are not allowed in an Intensive Care/Special Care Unit, Operating Room, Recovery Room, Dialysis Unit, Cancer Care Centre, and Labour and Delivery areas including Nursery (special exceptions may be made in consultation with the client's physician and Infection Prevention and Control).
- Service animals are excluded from operating rooms where the animal's presence could compromise a sterile environment.
- There shall be no facility-owned pets in acute care.
- Only personal pets, therapy animals and service animals are permitted to visit.
- It is preferable that pet visits occur outside the hospital if the client is well enough.

The Director of Health Services (DHS)/Designate has the responsibility to approve requests for pet visitation prior to pets being accepted into a Southern Health-Santé Sud facility.

Where facility-owned pets reside, the DHS/Designate is responsible to ensure that staff adhere to the appropriate Infection Prevention and Control practices.

PROCEDURE:

1. Approval Process

- The client must be agreeable to having a pet visit. Every reasonable and practical effort shall be made to keep animals away from clients with allergies, phobias or dislikes.
- The DHS/Designate must approve all visiting animals and all personal pets before the animal is allowed on the unit.
 - Service animals are permitted in Southern Health-Santé Sud facilities in compliance with the [Service Animal Public Consultation Report](#) (MB, Canada. 2015).
 - If a service animal is to be with a client or visitor at all times, additional planning and approval is required (see section 6.1).
- The DHS/Designate shall discuss facility expectations with pet handlers prior to granting permission for pets to visit.
- Pet visitation may be allowed for special arrangements on compassionate grounds after consultation with Infection Prevention & Control and DHS/Designate.
- In Personal Care Homes:
 - The DHS/Designate shall complete a thorough assessment to determine if a facility-owned pet is appropriate in consultation with Infection Prevention and Control. This will include discussion regarding locations the pet will be permitted, location of litter box, pet food and ability to control access for restricted areas.
 - The DHS/Designate will ensure that staff members are designated as responsible for monitoring and providing care to facility-owned pets. Note: Care of facility-owned pets is not imposed on anyone who does not wish to be involved.
- The DHS/Designate shall request the removal of any visiting animals that have not been approved.

2. Animal Screening for Health and Behaviour

- Animals must have up-to-date vaccinations as determined by a veterinarian. Documentation of current vaccinations and annual veterinarian visits must be available upon request.
- Animals shall be free of parasites, hookworms, fleas, ticks and mange (mite infestation).
- Animals are not allowed to enter facility from onset of and until one week after resolution of:
 - Episodes of vomiting or diarrhea
 - Urinary or fecal incontinence
 - Episodes of sneezing or coughing potentially related to an infectious agent
 - Treatment with non-topical antimicrobials or any immunosuppressive medication
 - Open wounds
 - Ear/eye infections
 - Skin infections
 - Orthopedic conditions that might cause distress/pain to the animal during the visit
 - Demonstrating signs of being in heat
- Any animal that has been fed any raw foods of animal origin within the past 90 days is not permitted to visit due to the risk of salmonella or E. coli transmission.
- Animals must not be a current resident of an animal shelter, pound, or similar facility and must be in a permanent home for at least 6 months.
- Animals must be well-groomed:
 - Clean and not malodorous
 - Brushed or combed to remove/control loose hair and dander. If prone to dandruff or shedding, have animal wear a shirt, vest or other protective clothing or wipe fur with a baby/pet wipe.
 - Nails must be trimmed short with no rough edges.

- Animals must be obedient and housebroken.
- Animals must not get underfoot in a situation where it could trip a client, visitor or staff member.
- Animals must not exhibit excessive noise or unfriendly behavior toward other animals or people. Animals that become excessively loud causing distress to clients will be removed.

3. Arranging the Visit

- There must be obtained consent from the client and any other clients in a multibed room and this must be documented.
- Handlers shall be notified of any allergies, phobias or dislikes prior to any visitation to a unit.
- The supervising nurse will be notified that the animal visit is to occur.

4. Control of the Animal during the Visit

- While in the facility, the pet:
 - Must be under direct supervision of handler at all times.
 - Must not be left alone with clients.
 - Is on a short leash or in a pet carrier. The use of a retractable leash is not allowed.
 - Is not allowed to lick or come into contact with a client's open wound or device, such as a urinary catheter or intravenous line.
- Pet visitation shall occur in a prearranged location (e.g., in client room, dedicated animal visiting room or outside the building).
- In Acute Care, duration of visits shall be under 30 minutes.
- In Personal Care Homes, times for visitation will be determined by the DHS/Designate.
- Animals are not permitted on client beds unless there is an impermeable barrier, such as a protective or disposable pad, placed between the client and animal or between furniture and animal. The barrier shall be removed and either laundered or discarded after use.
- Personal pets are to visit with the specific client and handler only and are not permitted to interact with other clients.
- Animals shall be discouraged from licking or shaking the hands of clients.
- If a client or staff member is injured by an animal:
 - The client or staff member is evaluated and treated promptly by medical personnel, as appropriate for the type of injury. The physician is notified if necessary. If injury is a bite, report to the closest Emergency Room for follow-up investigation.
 - Injured staff member shall complete an occurrence report form.
 - Incident shall be documented in client's health record.
 - Incident shall be reported to owner or person responsible for the facility animal therapy program.
 - The animal is permanently banned if the injury was intentional or serious. Minor, unintentional injuries are considered on a case-by-case basis.

5. Handler Responsibility during Visit

- The handler must be free of symptoms of communicable disease such as cough, nasal discharge, fever, vomiting, diarrhea or rash of unknown origin. If they are recovering from an illness, they are to be symptom free for a minimum of 48 hours for gastrointestinal symptoms and 5 days for respiratory illness.
- The handler is to carry alcohol-based hand rub with them and are to offer the product to anyone who wishes to touch the animal.
- The handler shall practice personal hand hygiene in accordance with the Hand Hygiene Policy (CLI.8011.PL.001).
- The handler is encouraged to be immunized for influenza.
- The handler is responsible for the needs of the pet (e.g., food, water, outdoor breaks and picking up after the animal).

- The handler must remove the animal from any situation where the animal or client is stressed.
- If the animal has an elimination accident, the handler must use gloves to remove the excrement, clean up the area, place any fecal matter and paper towels in a plastic bag, discard waste and perform hand hygiene after glove removal. Report the incident to a staff member in order that the area is disinfected with a facility approved disinfectant.

6. Additional Guidelines

6.1 Service Animals

- Disability Case Coordinator/Human Resources shall be consulted in situations when service animals are requested for staff.
- Facilities must provide access as per the Manitoba Human Rights Commission, [Service Animal Public Consultation Report](#) (MB, Canada. 2015).
- Service animals must be under control at all times either harnessed, leashed or tethered unless these devices interfere with the work or the task that the service animal provides or the individual's disability prevents using these devices.
- As per The Service Animal Protection Act, no person shall touch, feed or interfere with a service animal.
- A person with disabilities can be asked to remove the service animal only if it is out of control and the handler is unable to bring it under control or if the animal is not housebroken.
- Staff is not required to provide care or food for a service animal.

6.2 Therapy Animals

- The handler is restricted to one animal per visit.
- Clients are not to eat or drink during the animal visit.

6.3 Facility-Owned Animals in Personal Care Homes

- Prior to acceptance of a pet, the DHS/ Designate shall complete an assessment using the Facility-Owned Pet Assessment Checklist (CLI.8011.PL.006.FORM.01) and consult with Infection Prevention and Control to determine if a pet is appropriate.
- If the assessment is favorable, the DHS/Designate shall:
 - Assign a minimum of 2 staff members to be responsible for monitoring and providing care to the pet, including cleanliness and maintenance of the pet.
 - Ensure visits will not be made to individual rooms or common use areas unless all individuals in such areas are screened and willing to have the visit.
 - Ensure that pets have their own area for sleeping and eating.
 - Ensure that all pet food must be kept in a closeable container with a tightly-fitting lid (e.g., Rubbermaid tub) to promote client safety and prevent contamination with bugs and parasites.
 - Ensure that litter areas are contained separately from client and food areas.
 - Evaluate the situation on a regular basis after the pet moves into the facility, taking into account any identified safety concerns, Infection Prevention and Control issues, staff and client concerns, allergies and/or aversions with the pet.
 - Note: Only non-pregnant staff shall clean litter boxes.
- Staff assigned to daily animal care:
 - Are not caring for clients at the same time as caring for the animals.
 - Care for the personal needs of the animals, e.g., food, water, and exercise.
 - Don appropriate personal protective equipment (PPE) prior to cleaning pet sleeping/eating/elimination areas (e.g., gloves);

- Provide pet care documenting on the Facility–Owned Pet Care Record (CLI.8011.PL.006.FORM.03) when task is complete.
- Daily Responsibilities:
 - Wash food and water bowls daily;
 - Provide food and water;
 - Clean litter box and surrounding area;
 - Dispose of pet litter in appropriate receptacles.
- Weekly Responsibilities:
 - Wash and change pet bedding at minimum weekly or as needed;
 - Clean the animal cage with warm soapy water (avoid splashing water);
 - Remove old bedding in sealed garbage bags to be laundered (avoid contaminating environmental surfaces with animal bedding);
 - All pet bedding are to be laundered in a separate load using Southern Health-Santé Sud approved detergents;
 - Clean pet area and sinks used for cleaning with a facility approved disinfectant;
 - Groom the pet regularly (which includes clipping any claws to avoid scratches and checking for parasites, lumps and wounds) to ensure the animal poses no risk to clients.
- Monthly Responsibilities:
 - Dump litter and clean litter container with warm soapy water (avoid splashing water);
 - Clean elimination area and sinks used for cleaning with a facility approved disinfectant.
- Take the pet to the veterinarian; maintain a record of the pet's yearly check-ups and vaccinations on the Facility-Owned Pet Veterinary Record Form (CLI.8011.PL.006.FORM.02).
- Take pet to a veterinarian promptly if ill; isolate until deemed healthy to be around others.
- Upon the death of an animal, use PPE and garbage bags (double-bagged) to contain the animal. The pet will then be taken to the Veterinarian to be disposed of.

6.4 Other Considerations

- Birds:
 - Birds shall be housed in an area that is easy to observe and contain.
 - Bird cages shall be located away from areas where there is frequent passage of people.
 - Direct contact between birds and clients shall be prevented.
 - Bird cages shall be cleaned at least once per week.
 - Bird cages shall be cleaned using a standard protocol that reduces the risk of aerosolization of infectious materials.
 - Wild bird seed must not be allowed in the facility, as it can harbor the Indian Meal Moth.
 - Bird seed must be kept in a closeable container with a tightly-fitting lid (e.g., Rubbermaid tub) to promote client safety and prevent contamination with bugs and parasites.
- Fish:
 - Aquariums shall be cleaned every month and more often if needed.
 - Staff must don PPE (e.g., gloves, gown, and facial protection) to clean aquarium.
 - Dirty water shall not be disposed of in sinks used for hand hygiene, food preparation or drinking water.
 - Dirty water shall be disposed in such a way that no splashing occurs.

SUPPORTING DOCUMENTS:

[CLI.8011.PL.006.FORM.01](#)

Facility-Owned Pet Assessment Checklist

REFERENCES:

- Association for Professionals in Infection Control and Epidemiology, Inc. (2014). *Animals Visiting Healthcare Facilities*.
- Interlake-Eastern Regional Health Authority (2016). *Pet Visitation and Resident Pet for Personal Care Homes*.
- IPAC-Canada, *Infection Prevention and Control Audit for Animal Visitation and Pet Therapy* (Revised 2015), Audit Toolkit Version 2, January 2014.
- Island Health (2016). *Animal Visitation: Infection Prevention and Control Guidelines for Health Care Facilities*.
- Prairie Mountain Health (2015). *Pet Policy*.
- The Manitoba Human Rights Commission, *Service Animal Public Consultation Report*, February 2015.
- Winnipeg Regional Health Authority (2015). *Acute Care/Long Term Care Protocols for Pets, Pet Therapy and Pet Visitation*.