

**Purpose:**

To provide Island Health staff with guidelines to support animal visitations while reducing the risk of transmission of bacteria, fungi or parasites.

Island Health recognizes the importance, health benefits and value of animal interaction, however, a balance of the benefits and risks are required to ensure the safety and wellness for all Patients, Residents, and Clients.

**Scope:**

This guideline is for all staff, volunteers, students and other persons acting on behalf of Island Health and includes all Acute and Residential inpatient settings as well as outpatient settings. The guidelines cover service animals, therapy animals and pets (see section 2 for definitions)

This document only includes the actions required to support Infection Prevention and Control.

These guidelines are to be used in combination with Corporate Policy 9.1.10 to ensure the organization’s leaders are supported in decision making.

These guidelines were developed by Infection Prevention and Control and Volunteer Resources in Partnership.

**Outcomes:**

To reduce the risk of transmission of infection to humans through parasites, fungi or bacteria during animal visitation and animal-assisted activities in Island Health facilities.

**1.0 Guideline/Restrictions for all facilities, all animals**

- Hand Hygiene is the most important action when engaging in animal visitation. All persons working in the facility, Patient/Residents/Clients and visitors contacting the animal must perform hand hygiene.
  - Patients /Residents/Clients/Staff: Before and after animal contact.
  - Handlers: Between rooms and/or residents.
- Visitors/Patients/Residents/Clients that enter the site following interaction with any animal off-site (such as a petting zoo or handling livestock) must perform Hand Hygiene prior to visitation.
- A record must be kept of all animals entering the premises by the program organizing the visit as a method to facilitate contact tracing. This record is to include the area and/or room number where the animal visited. For Therapy Assistance Animals, this can be recorded in the department responsible for organizing the visit. For personal pets, this should be recorded in the Patient/Resident/Client Chart.
- Facility staff are encouraged not to touch the visiting animal.
- The following are excluded from visiting inside any facility:
  - Female dogs in season.
  - Animals that have not been litter or house trained.
  - Reptiles, amphibians, rodents, farm animals, zoo animals or birds.

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- In Hospice, Residential Care and Rehabilitation Units: Guide, Service, Therapy Assistance animals and visiting pets may be approved for visits. Visitation should be limited to dogs, exceptions may be considered. The department requesting the visit is responsible to ensure all guidelines are met for the approval process.
- Animals are prohibited on Surgical, Medical, Pediatric and Critical Care Units (ICU,CCU, PICU, NICU), Operating Room, Recovery Room, Dialysis Unit, Burn Unit, Labor and Delivery and Mother/Babe with the exception of certified guide or service animals.
- The Site Director/Manager or delegate has the authority to set additional conditions to those set out in this guideline (such as, number of animals permitted on the unit or facility at any one time, length of time of visit, location of visits, type of approved animals, etc.). Consult with Infection Prevention and Control prior to making arrangements for visitation on compassionate grounds.
- On Acute Care Units, visiting is restricted to Guide and Service Dogs.
- Approved animals are only permitted to visit in private rooms, designated areas, patient lounges, or outside of the building. It is recommended that sites determine designated areas for this purpose. Infection Prevention and Control should be consulted prior to approval to ensure the location is appropriate.
- With the exception of Guide Dogs and Certified Service Dogs, animals are not permitted in:
  - Clean storage areas, medication area or food preparation area.
  - Units closed for an outbreak.
  - Cafeterias or dining rooms.
  - Rooms with additional infection prevention precautions in place (Therapy Assistance Animals must be pre-approved by Infection Prevention and Control for exceptional circumstances).
- At the discretion of the Unit Manager or delegate, only one animal may be permitted on a care unit at a time. When there is need for an Assistance Animal this should be given preference.
- Staff members and physicians are not permitted to have personal pets accompany them into a health care facility at any time.
- Animals that become ill during a visit are to be immediately removed from the facility.
- In Acute Care, it is preferable that visits occur outside the hospital if the patient is well enough.

## 1.1 Approval Process

- The Patient/Resident/Client must be agreeable to having an animal visit.
- The Site Director or delegate must approve all visiting animals and all personal pets before the animal is allowed on the unit. Guide and Service dogs are permitted in VIHA facilities in compliance with the Service Dog Act (British Columbia, Canada. 2016). If a Service Dog is required to be with a Patient/Resident/Client at all times, additional planning and approval is required.
- Before any Guide and/or Service animal is approved for visiting in restricted areas, additional planning must be obtained with the Most Responsible Physician, Medical Microbiologist, Patient/Family, Unit Manager/CNL and the Infection Control Practitioner.
- It is the responsibility of the Unit Manager and the Staff /Volunteer arranging a visit to be aware of any Staff /Patients /Resident/Client who experience fear of animals, allergies to animal dander or hair, and the level

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of risk that animals may present prior to approving the visit.

- In extenuating circumstances only, including compassionate care, exceptions may be considered to visit a patient on additional precautions. For a risk assessment and recommendations, consult the Infection Control Practitioner prior to any visitation.
- The Site Director or Delegate must approve the animal’s visit in advance before the animal is allowed on the unit.
- The Manager/CNL may request the removal of any visiting animals that have not been approved.
- Visiting pet zoos for non-acute settings may bring birds or snakes, but they must be confined and kept in an OUTDOOR area for viewing.

## 1.2 Animal Screening for Health and Behavior

- Any animal that has been fed a raw food diet of animal origin within the past 90 days is not permitted due to risk of salmonella or E. coli transmission.
- Animals must have up-to-date vaccinations as determined by the responsible veterinarian. Documentation of current vaccination should be available upon request.
- Animals shall be free of parasites and fleas, and have no open sores, wounds, or lesions, free of coughing or sneezing and no discharge from eyes or ears. The Manager or Delegate can request evidence of this information from the veterinarian at their discretion.
- The animal is to be clean and nails manicured-no sharp edges
- There is evidence that the animal has been examined by a Veterinarian within the previous year.
- The animal must be housebroken.
- The animal should not come directly from a shelter.
- Any person working in the hospital who observes that the visiting animal does not meet these requirements should report the incidence to the CNL or Manager of the area.

## 1.3 Arranging the Visit

- The visit must be preapproved by the Manager and the attending physician.
- There must be obtained consent from the Patient/Resident/Client and any other Patient/Residents/Clients in a multibed room and this must be documented.
- It is recommended that the visit occur in a dedicated animal visiting room in a non-patient care area, a single room with the door closed or outside the building in acute care sites.
- Handlers should 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.
- It is recommended the site determine specific guidelines for how animals are to enter and exit the facility. See *Appendix A Victoria General Hospital*.

## 1.4 Control of the Animal during the Visit

- Visiting animals must be under the control of their owners at all times. They must be on a leash or in a carrying case upon entering and leaving the facility. The animal is to be escorted into and out of the facility by the Owner,

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Volunteer, Handler or Designated Staff.

- The animal must be controlled on a leash at all times during their visit. The duration of the visit will be under 30 minutes in Acute Care Units. Times for visitation in Residential sites to be determined by the Unit/Site Manager.
- Animals to be prevented from contacting invasive devices or wounds. Ensure all wounds or devices are covered before visit.
- Animals are not permitted on or in beds unless there is an impermeable barrier provided between the animal's coat and the Resident.
- Personal pets are to visit with the owner/handler only and are not permitted to interact with other Patients/Residents/Clients.
- The CNL or Manager can request the animal be removed from the facility if the health or safety of the Patients/Residents/Clients is at risk.
- Dogs should be discouraged from licking or shaking the hands of the Residents/Patients/Clients.
- In the event that a resident is bitten or scratched, the animal is to be immediately removed. Report the incident to the Medical Health Officer Communicable Disease Program and report the incident in the Patient Safety and Learning System.
  - CD Program South Island: 250-388-2225
  - CD Program Central Island: 1-866-770-7798
  - CD Program North Island: 1-877-887-8835
- In the event of animal waste, the animal/dog handler is responsible for immediately cleaning the area using disposable gloves, plastic bag and approved disinfectant. Report the incident to the health care staff so further appropriate clean up can be arranged.
  - Hand Hygiene steps to be performed after glove removal

## 1.5 Handler Responsibility during Visit

- The Owner or 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 minimum 48 hours for gastrointestinal symptoms and 5 days for respiratory illness.
- The handler must comply with the seasonal influenza guidelines such as immunization or masking. It is recommended that they are offered the same immunization recommendations as the staff.
- The Owner/Handler must be responsible for the needs of the animal (food, water, outdoor breaks, and picking up after the animal).
- In a case where the dog is touched, the Volunteer/Handler will cue the individual to perform Hand Hygiene.

## 1.6 Additional Guidelines

### 1.6.1 Guide and Service Animals

- Facilities must provide access as per Guide Dog and Service Dog Act (British Columbia, Canada. 2016). <http://www2.gov.bc.ca/gov/content/justice/human-rights/guide-and-service-dog>.
- In the event of another patient or staff with allergies or phobias, Island Health will review options to ensure the

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animal is able to remain with the patient (such as moving the patient to a private room and/or modifying staff schedules).

- Staff members with allergies shall provide verification upon request.
- For animals that must remain with the patient at all times. A pre-approved plan for the visit to ensure risks are mitigated in prohibited areas. Approval must include the Most Responsible Physician, the Medical Microbiologist, the Manager/CNL, the Infection Control Practitioner and the Patient/Family.

### 1.6.2 Additional Guidelines for Personal Animals

- Restrict animal species to dogs only.
- Personal animals will visit only one Patient/Resident/Client.
- The owner will be responsible to attend to the comfort needs of the animal

### 1.6.3 Additional Guidelines for Therapy Assistance Animals (Animal Assistance Therapy)

- Patients/Residents who are selected for a visit by a Therapy Assistance animals:
  - Should not be on additional precautions.
  - Must not be immunocompromised or have an immunodeficiency disorder.
  - Must not have any known animal allergies.
  - Must not have expressed concern regarding a visit.
- All animals shall be certified and temperament tested by a recognized Animal Therapy Program such as the Therapy Dog Program offered through St. John Ambulance, Pacific Animal Therapy Society and/or by a Certified Dog Trainer.
- For animals in any program including the Volunteer or Therapy Program, there must be a record of documentation showing completion of the requirements.
- Review of the entrance requirements will be done on a case by case basis with the volunteer administrator prior to the first visit.
- Therapy Assistance Animals and handlers must display identification and wear uniform at all times.
- All animals that visit inside a facility must be registered with the local Island Health Volunteer Resources Department and identified with Island Health photo identification for owner and pet.
- It is recommended that all dogs be an adult over two years of age and each animal reviewed every 3 years.
- The handler is restricted to one animal per visit.
- Volunteers and Handlers with animals will state to people approaching that the therapy assistance animal is a 'working dog' and cue the individual(s) to not touch the dog.
- Patients/Residents/Clients and staff are not to eat or drink during the animal visit.
- Visits will be short (under 30 minutes) and be scheduled.
- All animals will be well groomed, obedient, on a leash at all times and tolerate handling (animals will be bathed and groomed (includes brushing of hair to remove excess hair and dander) prior to coming to the hospital).
- Animal handlers must carry an alcohol based hand rub with them and ensure that it is offered to anyone who

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wishes to touch the animal.

- If the dining room is used as an activity area for the pet therapy animals, their visit must be scheduled so that there is sufficient time to clean the area (wash tables, vacuum floors if needed,) before meals are served.

## 1.6.4 Resident Animals

- There shall be no resident animals in Acute Care Facilities.
- All animals currently in Residential Care sites, except as noted below, will be grandfathered into this policy. Once the resident animal is deceased, there are to be no further permanent resident animals brought into the site.
  - Those sites, which currently have birds, need to seek alternate homes for the birds.
  - Cats, rabbits and cavies should be relocated if possible. If not possible, they must continue to be Veterinarian checked annually to ensure they are disease free and/or immunizations up to date for the duration of their lives in residential care.
- The facility must have a designated person/designate who is responsible for the personal needs of the pet.
- Aquarium water must not be disposed of in sinks used for hand hygiene, food preparation or drinking water. Sinks must be cleaned and disinfected following use.
- Pets should have their own area for sleeping and eating.

## 2.0 Definitions

- **Guide and Service Animals** help people who require assistance to avoid hazards or to perform tasks.
  - Dogs are the only type of animal that can be certified under the Act and they must have a certificate from an accredited Assistance Dogs International (ADI), the International Guide Dog Federation (IGDF), or by schools previously approved by the Ministry.
  - Guide dogs assist people with visual impairment while service dogs provide a variety of assistance to people with other kinds of disabilities (e.g. hearing impairment, epilepsy, etc.). As there is currently no recognized training standard in place for therapy dogs, emotional support dogs or other types of animals, they are not eligible for certification.
- **Pacific Animal Therapy Society (P.A.T.S.):** An active animal therapy program on Vancouver Island, British Columbia founded in 1988 by Sadey Guy.
- **Therapy Assistance Animals:** Also referred to as Animal Assistance Therapy. These are organized programs using trained animals and handlers who facilitate interactions between patients and animals to achieve specific physical, social, cognitive and emotional goals.
- **Pet:** An animal kept for pleasure or companionship.

## 3.0 Monitoring and Evaluation

- In the case of any incidents involving animals in the facility, review should be scheduled for the unit/site leadership, family, Medical Microbiologist and Infection Prevention and Control representative.
- In the case of any complaints regarding the number of animals at a particular site, a review of the records of the animals entering the facilities will be completed.

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## 4.0 Related Island Health Standards

- Infection Prevention and Control Guidelines for animals in Health Care Facilities. <https://intranet.viha.ca/pnp/pnpdocs/pet-therapy-procedure-vgh.pdf>
- Island Health. 2016. Pet Visitation corporate policy 9.1.1. <https://intranet.viha.ca/pnp/pnpdocs/pet-visitation.pdf>
- Must provide access as per Guide Dog and Service Dog Act (British Columbia, Canada. 2016). <http://www2.gov.bc.ca/gov/content/justice/human-rights/guide-and-service-dog>

## 5.0 Background Material

### 5.1 References

- MMWR. (2002) Guidelines for preventing opportunistic infections among HIV-infected persons. 2002 Recommendations and Reports. June 14 2002: 51 (rr08) 1-46.
- SHEA. (2015) Infection Control Experts Outline Guidance for Animal Visitations in Hospitals. Retrieved August 14, 2015 from: <http://www.shea-online.org/journal-news/press-room/press-release-archives/235-infection-control-experts-outline-guidance-for-animal-visitations-in-hospitals>
- IPAC Canada. (2012). Infection Prevention and Control Audit for Animal Visitation and Pet Therapy.
- Baptiste, K. E., Williams, K., Williams, N., Wattret. A., Clegg, P., Dawson, S., Corkill, J., O'Neill, T., Hart, A. (2005). Methicillin-resistant staphylococci in companion animals. Emerging Infection Diseases 2005; 11(12). Centers for Disease Control and Prevention (CDC).
- Darlin, Kathleen. (2014) . Animals visiting in healthcare Facilities. APIC Text. Retrieved July 13, 2016. <http://text.apic.org/toc/community-based-infection-prevention-practices/animals-visiting-in-healthcare-facilities>
- Provincial Infection Control Network of British Columbia. (2014). Infection Prevention and Control Guidelines for Providing Healthcare to Clients Living in the Community. Retrieved Aug 12, 2016 from [https://www.picnet.ca/wp-content/uploads/PICNet Home and Community Care Guidelines 2014 .pdf](https://www.picnet.ca/wp-content/uploads/PICNet_Home_and_Community_Care_Guidelines_2014_.pdf) .

### 5.2 Resources

- Khan M.A., Farrag N. (2000) Animal-assisted activity and infection control implications in a healthcare setting. Journal of Hospital Infections. 46(1) 4-11.
- Brodie S, Biley F, Shewring M Jr. (2002) Exploration of the potential risks associated with using pet therapy in health care settings. Clinical Nursing. 11, 444-456.
- Lefebvre, Sandra L. (2008). AJIC.Guidelines for animal-assisted interventions in health care facilities. AJIC. Vol 36 No 2, 78-85.
- AVMA (2009) Methicillin-resistant Staphylococcus aureus. Retrieved from : <https://www.avma.org/KB/Resources/Reference/Pages/Methicillin-resistant-Staphylococcus-aureus.aspx>
- Lefebvre et al. (2009) Incidence of Acquisition of Methicillin-resistant Staphylococcus aureus, Clostridium difficile, and Other Health-care-associated pathogens by dogs that participate in animal-assisted interventions. JAVMA 2009 Jun 1, vol 234(11):1404-17.
- Alberta Health Services (2015) Infection Prevention and Control Guidelines for Animals in Health Care Facilities

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- Lloyd, D (2007). Reservoirs of Antimicrobial Resistance in Pet Animals. CID. 45 (2) 148-152.
- Pacific Animal Therapy Society . Retrieved Oct 20, 2016 from <http://patspets.ca/wordpress/a-therapy-dog-vs-a-service-dog>
- Public Health Agency of Canada (2006). Clostridium difficile (C.difficile): Questions and Answers Retrieved July 20, 2006 from <http://www.phac-aspc.gc.ca/>
- World Health Organization (2006). Zoonosis and Veterinary Public Health. <http://www.who.int/zoonoses/en/> Retrieved July 25, 2006
- Carr-Brown, Jonathan. (2005). Actress’s dog first to die of super bug. Retrieved July 17, 2006 from <http://www.thetimes.co.uk/>
- Cherry, B., Westphal, P. (2005). Bioterrorism & Zoonoses. Center for Public Health Preparedness Grand Rounds Series at the University at Albany School of Public Health. State University of New York. Retrieved July 25, 2006 from [http://www.rand.org/content/dam/rand/pubs/reprints/2007/RAND\\_RP1250.pdf](http://www.rand.org/content/dam/rand/pubs/reprints/2007/RAND_RP1250.pdf)
- Jennings, Neal C. (2006). Resident Dogs in Nursing Homes Retrieved Oct 20, 2016 from <http://www.dogplay.com/Activities/Therapy/resident.html>
- MMWR. (2002) Guidelines for preventing opportunistic infections among HIV-infected persons. 2002 Recommendations and Reports. June 14 2002: 51 (rr08) 1-46.

If you have questions/concerns please send to [IPC@viha.ca](mailto:IPC@viha.ca)

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## Appendix A - Sample Guidelines for animal entrance and exit of the Facility

### Victoria General Hospital:

#### 5 North: Inpatient Neurological Rehabilitation

- Review of the entrance requirements will be done on a case by case basis with the volunteer coordinator prior to the first visit. Each volunteer and visiting animal will be requested to enter 5 north from the North back door (before the helicopter area), use your access card or meet 5N staff at the door as scheduled. If the stairs are considered a hardship for the volunteer or the visiting dog, access to 5N is available via the patient elevator only when no other passengers are using the elevator. Staff will arrange and bring approved patient(s) to the 5N elevator lounge and provide you with patient details and information.
- Volunteer and handler will proceed up the stairwell to ward 5A North
- In the event that either the dog or the handler is unable to use the stairs, an elevator may be used. Ensure the elevator is empty prior to entering the elevator.
- Therapeutic visits will occur only in a private room or designated areas (physio, gym, sun room on 5A North)

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