

Subject: Visiting Animals	Doc ID #: ADM-HR-I-19
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PURPOSE:

Red Lake Margaret Cochenour Memorial Hospital is committed to providing animal visitation services to patients that desire or request dog visits and/or have been identified by the Care Team to benefit from this service.

This policy is intended to ensure the quality and safety of the animal visitation service for animal handlers, patients, visitors and staff associated with the animal visitation service. This policy aims to minimize the risk of injury or infection.

Requests for animal visitation can be made by the patient, their family or substitute decision maker.

BACKGROUND

Therapy Dog programs can be beneficial to hospitalized patients. It has been demonstrated that petting, affection and regular visitation of a dog can make a positive difference in both the physical and emotional health of people in hospitals.

POLICY

RLMCMH is committed to upholding the same standards and policies as set for Service Animals in our Therapy Dog Program.

Wild/stray animals, birds, rodents and reptiles are not allowed in the Hospital.

DEFINITIONS:

- **Therapy dog team:** team of qualified dog and handler, registered by an agency such as St. John Ambulance or Therapeutic Paws of Canada) who visits patients other than family or close friends
- **Visiting animal team:** one handler and their animal, who visit patients who are family or close friends.
- **Service animals:** animals who are deemed necessary to provide support to patients or visitors, e.g. Seeing Eye dogs, as per Service Animals Policy ADM-AODA-IAS-03

PROCEDURE

Therapy Dog Teams:

- **Therapy dog teams must follow procedures outlined by their registered agency (St. John Ambulance or Therapeutic Paws of Canada) including but not limited to; vaccination, grooming, illness, incident reporting, safety and infection control.**
- All dogs must be tested through one of two programs: St. John Ambulance or Therapeutic Paws of Canada for temperament and therapeutic qualities, and must be annually certified by their veterinarians as being up-to-date on all required vaccinations and in good general health. Original certification documents must be provided to the hospital therapy dog liaison to prove that the dog has gone through one of the two programs.
- Therapy Dog teams who have tested for temperament and therapeutic qualities and passed, but have not been awarded full certification through a registered agency must be directly supervised by the Therapy Dog liaison for the first three visits. Upon completion of ten visits, certification documents must be provided and the handler must be in full uniform including an ID tag provided by the St. John Ambulance or Therapeutic Paws of Canada.
- A Vulnerable Sector Police Record Check and TB skin test is required of the Therapy dog handler before Therapy Dog Teams can visit.
- Proof of dog's most recent vaccinations is required before Therapy Dog Teams can visit.
- All therapy dog visits must be pre-arranged with the Therapy Dog program liaison by phone call or email. All volunteers are required to sign in and out at the nursing station each visit.

Visiting Animal Teams:

- All requests to bring in family pets MUST receive authorization from the Nurse Manager or other relevant manager in consultation with Infection Prevention and Control or designate at least 24 hours prior to the visit.
- Owners of animals that are authorized to visit must complete the Animal Visitation Authorization Form (Appendix), and are required to display authorization paperwork at all times while on our Hospital premises.

Service Animals:

- Service animals do not require authorization to enter the Hospital

For all animal visits:

- If at any time an allergy to the animal is identified in staff or other patients, the animal will have to leave the Hospital. The animal may only return if the employee or patient in question is not present, and if it is safe to do so.
- All visiting animals must be healthy, and free of infections, parasites, fleas or ticks.
- All visiting animals must have up-to-date immunizations. Proof of immunization must be available upon request.
- All animals must travel directly to and from the assigned patient room and must be in control at all times, either on a leash or in a carrier while traveling to the room.
- Animals are not allowed in areas where patients or staff congregate, such as dining rooms and cafeteria.

- Animals are not allowed on beds or other furniture unless an appropriate barrier is used e.g. plastic covered sheet.
- Animal excrement or other fluids are to be cleaned by the owner following practices at outlined by the hospital
- Animals may visit at times that are determined by the Nurse Manager, the Staff and the Patient
- Animals are not to be left in Patients' room without the person responsible for bringing the animal to the hospital at any time
- Strict hand hygiene must be followed; hands must be cleaned before and after handling animals.
- Animals are not permitted to stay overnight.
- During an infectious disease outbreak, NO animal visitation is allowed
- If the animal bites or scratches or has any other inappropriate behaviour, visitation rights are to be revoked immediately by the Director of Quality and Risk, Chief Nursing Executive, or designated staff. An electronic incident report form will be completed by a hospital employee or relevant manager. All dog bites are reportable to the Public Health Unit.
- The animal handler will practice good hand hygiene prior to entering and upon exiting a patient room. Handlers should ensure dispensers of hand sanitizer are with them at all times for use by all individuals before and after animal contact and upon entering and exiting patient rooms. These dispensers are not left unattended and must be returned to the nursing station at the end of the visit if they are provided by the hospital.
- Housekeeping should be made aware of the visits by animals so that appropriate cleaning may be done when the dog leaves the patient's room (example; shedding).
- **UNDER NO CIRCUMSTANCES WILL ANIMALS BE ALLOWED IN THE FOLLOWING AREAS:**
 - Endoscopy suite
 - Emergency Department
 - Labour and Delivery areas
 - Newborn Nursery
 - Food preparation areas and cafeteria
 - Clean/sterile supplies storage areas
 - Isolation rooms
 - Lab
 - X-ray

RESOURCES / REFERENCES:

- St. John Ambulance Therapy Dog Program: <http://www.sja.ca/English/Community-Services/Pages/Therapy%20Dog%20Services/default.aspx>
- Therapeutic Paws of Canada: <http://tpoc.ca/programs/for-seniors/>
- Bryden, L. (2008). New pet visit guidelines aim to control infections. CMAJ: Canadian Medical Association Journal, 179(4), 317. doi:10.1503/cmaj.080904
- Lefebvre, S. L., Golab, G. C., Christensen, E., Castrodale, L., Aureden, K., Bialachowski, A., & ... Weese, J. S. (2008). Major article: Guidelines for animal-assisted interventions in health care facilities. AJIC: American Journal Of Infection Control, 3678-85. doi:10.1016/j.ajic.2007.09.005
- Quinte Health Care Pet visitation, Service Animals and Therapy Dog Policy
- St. John Ambulance Therapy Dog Program Handbook

- St. John Ambulance Therapy Dog Program Handbook



**Red Lake Margaret Cochenour Memorial Hospital
Animal Visitation Authorization Form**

I _____ the undersigned do hereby accept and acknowledge all conditions set forth by the Red Lake Margaret Cochenour Memorial Hospital regarding the presence of animals on the premises and accept all responsibility for the care and control of the below noted animal and release the Red Lake Margaret Cochenour Memorial Hospital from any and all liability which may arise as a result of said animal on the Red Lake Margaret Cochenour Memorial premises.

Signature of owner _____ Date _____

Authorization on behalf of the RLMCMH _____ Date _____

Owner's Name _____

Address _____

City _____ Phone _____

Description of animal _____

Immunizations up to date: Yes No Is the animal healthy? Yes No

Destination (patient care unit) _____

Patient _____

Other area (specify) _____

From Date _____ To Date _____

During regular visiting hours only: _____ During the following time period: _____

No overnight stays permitted.

✂ _____

Authorization is granted for Pet Visitation to _____

Patient: _____ Room Area: _____

Time Period: _____

Manager/Nurse signature: _____

(To be carried with the pet handler during visitations)

Appendix