


**Red Lake Margaret Cochenour Memorial Hospital**  
**- POLICY -**

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DEPARTMENT: <b>Administration, Infection Control</b>	CATEGORY: <b>Infection Control</b>	POLICY NUMBER: <b>ADM-GA-VIII-01 OHS-IC-VI-01</b>	
SUBJECT: <b>Animal Visitation</b>	AUTHORIZATION:  Chief Executive Officer	Distribution:  Organization	Original: June 2015

**PURPOSE:**

The Red Lake Margaret Cochenour Memorial Hospital has a responsibility to take all reasonable measures to protect clients & staff from injury and illness. Guidelines for hospitals regarding animal visitation is aimed at minimizing the risk that the animals will bring pathogens into or acquire pathogens while in the hospital. There is a potential to spread infection from animal to patient, patient to patient or from hospital to home. There is also potential for pets to contract illness themselves.

Animals can be a source of infection transmissible to humans through parasites, fungus or bacteria. Infections such as MRSA seen in humans may be transmitted to an animal, which can then transmit the infection to other humans.

**POLICY:**

WILD/STRAY animals, BIRDS, RODENTS, and REPTILES are not allowed in the hospital.

- Service animals **do not** require authorization to enter the Red Lake Margaret Cochenour Memorial Hospital when accompanied by the owner, subject to the provisions of the Service Animals policy, ADM-AODA-CSS-03.
- All requests to bring in family pets **must** receive authorization from the appropriate nurse manager/manager in consultation with Infection Prevention and Control or designate 24 hours prior to the visit.
- Owners of animals which are authorized to visit must complete the ANIMAL VISITATION AUTHORIZATION FORM and are required to display authorization paperwork at all times while on the Red Lake Margaret Cochenour Memorial Hospital premises.

**Provisions and restrictions:**

1. Out of respect for hospital employees, and other patients, if at any time an allergy to the animal is identified, the animal will have to leave the hospital. The animal may only return if the employee or patient is not present.
2. All animals that visit must be in good health, free from infections or parasites, fleas, ticks.
3. Animals must have all their immunizations up to date. Proof of immunization must be available on request.
4. All animals must travel directly to and from the patient room and make no other stops.

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5. Owners must be in control of the animal at all times either on leash or in a carrier while travelling to a patient's room.
6. Animals are not allowed in central areas where patient's/ staff congregate such as the chronic care dining room and cafeteria.
7. Animals are not allowed on the bed/ furniture unless there is a barrier used, e.g., plastic covered sheet.
8. Animal excrement or other fluids are to be cleaned by the owner following routine practices as outlined by the hospital.
9. Animals may visit at times that are determined by the nurse manager, the staff, and the patient.
10. Animals are not to be left in the patient's room without the owner, or person responsible for bringing the animal to the hospital at any time.
11. Strict hand hygiene must be followed. Hands must be cleaned before and after handling pets.
12. Animals will not be permitted to stay overnight.
13. During an infectious disease outbreak there will be **no** animal visitation allowed.
14. All dog bites are reportable to the Public Health Unit.

**All provisions and restrictions will be adhered to by the pet owner.**

### **UNDER NO CIRCUMSTANCES WILL ANIMALS BE ALLOWED IN THE FOLLOWING AREAS:**

- Endoscopy suite
- Emergency Department
- Labour and delivery areas
- Newborn nursery
- Food preparation areas
- Clean/Sterile supplies storage areas
- Isolation rooms
- Lab
- X-ray
- Outpatient areas (under the nurses discretion)



**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)

Do not type in this area (information will be automatically populated)			
Policy	Department(s)	Last Review	Next Review
		02/06/2015	04/03/2018