

<b>PET VISITATION FOR PATIENTS</b>	NUMBER: B-212
POLICY OWNER: Director of Medicine and Geriatrics	EFFECTIVE: May 2011
APPROVED BY: Director's Committee – April 4, 2019 Administrative Committee – April 30, 2019	REVISED: October 2005 April 2019
	REVIEWED

## **PET VISITATION: PATIENTS**

### **INTENT**

A pet visitation policy provides staff, patients and visitors an opportunity to include animals into a patient's care while maintaining the safety of others. The hospital recognizes that pet therapy can be instrumental in the recovery of illness and will try to accommodate the requests for pet visitation and maintain quality care for all.

### **POLICY**

The hospital currently has a pet visitation program on the Medicine, Alternative Level of Care, Rehabilitation, and Mental Health Units. This policy is designated to allow pet visitation in acute care areas when permitted.

For a family pet to be permitted into the Queensway Carleton Hospital, several guidelines **MUST** be followed. Failure to comply with these guidelines will result in the owner being asked to promptly remove the animal from the hospital premises.

For Therapy Dogs Program, please refer to Volunteer Services.

For Service Animals, please see AODA policy. However their paperwork could be requested at any time as required.

### **Guidelines for pet visitation in acute care areas (applies staff who bring their pets in to visit):**

- a) the patient must be acutely ill with an extended hospital stay (this includes those that are admitted for restorative or terminal care)
- b) pets are limited to dogs and cats and must be house pets
- c) visits are to be restricted to 30-60 minutes
- d) there must be no potential threats to other patients in the designated area. It is the care facilitator's responsibility to ensure that **all** patients in close proximity are allergy free and not fearful of animals
- e) all visitation must be pre-approved. Permission **MUST** be obtained from the nurse manager/delegate of the requested area and a permission slip completed (permission slips are available at ACC desk). Manager must retain copy of the animal's immunization records.

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- f) animals will **not** be permitted in the following hospital areas:
- Intensive Care Unit
  - Operating Rooms
  - Labour & Delivery
  - Newborn Nursery
  - Pre/Post Anaesthetic Recovery
  - Rooms where there are isolation precautions in place
  - Storage/preparation areas for food, medications, clean/sterile supplies
  - Rooms of patients who are at increased risk of infection (immunocompromised)
  - Rooms of patients with allergies to animal dander.

## PROCEDURE

### Pet Owner:

1. current vaccination records are required and presented upon arrival to the preapproved visit location
2. hand hygiene must be performed by owner before visiting and between patient contact
3. animals must be older than 1 year
4. animal must have lived with the owner for longer than 6 months
5. all animals must be clean, groomed and healthy (preferred bathed within 24 hrs of visit)
6. animal must be free of rashes or open sores
7. animal must not visit if change in stools
8. nails of the animal must be filed
9. the animal must be house broken and not in estrus (heat)
10. animals must be of a quiet temperament, well mannered, obedient and easily controlled by voice
11. care and supervision of animal visitors is the responsibility of the person bringing the animal into the hospital
12. animals are NOT permitted in food preparation areas of the cafeteria
13. the animal must not be given treats, food nor water during the visit
14. all pets must be on a leash (4 to 6 feet only) or in a cage at all times
15. pets are only to stay in areas designated by nursing staff
16. all messes are to be initially cleaned up by pet owner
17. pet owner must supervise pet at all times while on hospital premises
18. pet owners must call the unit prior to their visit to ensure that the time of their visit does not interfere with patient care or safety
19. carry the approved application form when visiting with the pet and show to staff when requested.

### Staff:

1. to ensure that a permission form is signed
2. to verify that there is no potential risk to the health and safety of staff and other patients
3. to obtain permission from roommates if applicable
4. to inform the pet owner of the location that the pet can visit with patient and to put a sheet on the bed
5. to ensure the visitor and the patient perform hand hygiene before and after the visit with the animal
6. to ask that the pet be removed from hospital at any time
7. notify housekeeping of any area that needs to be disinfected after the animal leaves

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**Responsibilities of pet owners:**

**Animal Related Injuries:**

1. Public Health must be notified of any animal related injuries. Report forms are available in the Emergency Department.
2. If a patient/visitor is injured by a pet, a Patient/ Visitor incident report must be completed. If a staff member is injured, an employee incident report must be completed.
3. Skin tear or puncture wounds that result from a bite should be washed with soap at the nearest sink. If the wound is deep or if the patient is immunocompromised, an antibiotic may be needed.
4. **Tetanus toxoid** should be considered if the injured person does not have his/her tetanus vaccine up to date.

Reference: E-513 -Accessibility Standards for Customer Service

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Queensway Carleton  
Hospital

### **PATIENT CARE SERVICES**

#### **Application for Pet Visitation**

Date: \_\_\_\_\_ (yy/mm/dd) Name of Patient: \_\_\_\_\_

Nurse Manager: \_\_\_\_\_ Room: \_\_\_\_\_ Unit: \_\_\_\_\_

#### **Type of Pet**

Dog  Cat Sex: \_\_\_\_\_ Age: \_\_\_\_\_ (Must be older than 1 year)

Lived with owner for \_\_\_\_\_ years (Must be longer than 6 months)

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Animal's Health History**

Has the animal been fully inoculated, and are vaccines up to date?  Yes  No

Rabies vaccination?  Yes  No Date: \_\_\_\_\_  
(yy/mm/dd)

#### **Is the animal:**

Housebroken?  Yes  No Healthy? No rash, sores or  Yes  No  
change in stools

Clean and free of fleas?  Yes  No Obedient & predictable?  Yes  No  
(easily controlled by voice)

Good tempered?  Yes  No Caged or on a leash?  Yes  No

I agree to follow the Pet Visitation Guidelines outlined by the Queensway Carleton Hospital. Further, I assume all responsibility for the actions of my pet. I am aware that the staff of Queensway Carleton Hospital reserve the right to limit, refuse or suspend pet visitation. I will call the unit prior to our visit to ensure that the time of our visit is suitable to the patient's care.

\_\_\_\_\_  
Date (yy/mm/dd)

\_\_\_\_\_  
Signature of pet owner

### **To be completed by Nurse Manager prior to visit.**

This is to acknowledge that the above pet may visit the patient on: \_\_\_\_\_  
Date (yy/mm/dd)

\_\_\_\_\_  
Date (yy/mm/dd)

\_\_\_\_\_  
Name of Nurse Manager

\_\_\_\_\_  
Signature of Nurse Manager