

TITLE

ANIMAL INTERACTIONS, PERSONAL PET VISITATION, AND QUALIFIED ASSISTANCE DOGS

SCOPE

Provincial

DOCUMENT

HCS-318

APPROVAL AUTHORITY

Clinical Operations Executive Committee

INITIAL EFFECTIVE DATE

January 8, 2024

SPONSOR

Vice President Clinical Operations and Information
Technology and Vice President and Medical Director, Clinical
Operations

REVISION EFFECTIVE DATE

Not applicable

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

January 8, 2027

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To provide direction on **animal interactions** (e.g., **personal pet visitations**, **animal assisted therapy**, **animal assisted activity**, and **qualified assistance dogs** [service/guide dogs]) within an **Alberta Health Services (AHS) setting** including the requirement for compliance with the *Service Dogs Act* (Alberta) and the *Blind Persons' Rights Act* (Alberta).
- To provide direction on resident/facility animals in an **AHS facility**.
- To support the health, safety, and wellness of **patients**, **designated family/support persons** and **AHS people** in AHS settings.
- To communicate expectations and requirements of this Policy and collaborate with patients, designated family/support persons, and visitors on all animal interactions within an AHS setting.

PRINCIPLES

- Animal interactions are recognized as having a role in the health and wellness of patients, support the commitment to **patient- and family-centred care**, and align with the AHS Values.
- AHS recognizes that the health and safety of patients, designated family/support persons, visitors, AHS people, and animals in AHS settings are paramount in all animal interactions.
- This Policy is intended to balance wellness and environmental safety.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 This Policy does not apply to a patient's personal pets when services or treatments are provided by AHS in the patient's private residence.
 - a) Where a patient is receiving services or treatments in a community AHS setting (e.g., home care) and a patient's personal pet is present, **health care providers** should take a patient- and family-centred care approach when considering the patient's personal pet.
 - (i) Health care providers should refer to the *AHS Home Care Client and Family Information Package* (Seniors Health & Continuing Care) and any applicable resources and educational tools.
- 1.2 This Policy does not apply to Provincial Correctional Health Care Centres.
- 1.3 Safety considerations provide the foundation for direction, education, and expectations to the **animal handler**, patients, designated family/support persons, and visitors on how to bring animals safely and appropriately into an AHS setting, including any restrictions that may apply.
- 1.4 AHS people shall provide direction and education to the animal handler, patients, designated family/support persons, and visitors, and ensure the following is considered prior to animals entering an AHS setting:
 - a) the purpose of the animal interaction is clear, and a plan for appropriate space is established;
 - b) the species (e.g., dog, cat, rabbit) and demeanour of the animal are important considerations for safe animal interactions, and must be considered for the type of interaction planned;
 - c) the environment where the animal interaction occurs is appropriate for the species of animal; and
 - d) hand hygiene education including hand hygiene practices before and after contact with animals.

2. Animals in AHS Facilities

- 2.1 Animals are not permitted in the following areas of an AHS facility:
- a) kitchen/food preparation and storage areas;
 - b) eating areas with exceptions for common spaces that are used for activities and dining, when food is not handled or served at that time;
 - c) dishwashing areas;
 - d) laundry areas;
 - e) central sterile supply;
 - f) any clean utility areas;
 - g) medication preparation areas;
 - h) medical device reprocessing areas;
 - i) laboratory and diagnostic imaging areas;
 - j) surgical areas (including recovery areas); and
 - k) any area where soiled equipment or material is stored.
- 2.2 AHS people may make exceptions for qualified assistance dogs in accordance with the *Service Dogs Act* (Alberta) and the *Blind Persons' Rights Act* (Alberta) (e.g., eating areas, laboratory).
- 2.3 **Managers or supervisors** shall consult with Infection Prevention & Control (IPC) for all other exception requests for animal interaction within spaces that are identified in Section 2.1 of this Policy. Examples may include exceptions for compassionate reasons (e.g., pediatric patient undergoing medical treatment or blood collection).
- 2.4 Animal interactions should take place in an appropriate area depending upon the setting. The manager or supervisor shall determine if an appropriate space is available based on:
- a) the purpose of the interaction (e.g., personal pet visitation, animal assisted group activity);
 - b) the other activities that may occur simultaneously in the space;
 - c) the species (e.g., dog, cat, rabbit) of animal involved; and
 - d) whether the animal's basic biological needs can be met.

- 2.5 All animal interactions may be temporarily suspended or changed during a pandemic with the exception of access for qualified assistance dogs (e.g., service/guide dogs) as appropriate.
- 2.6 Staff may be required to consider additional criteria within specific AHS care settings as outlined below:
- a) Maternity Units (includes antepartum, intrapartum, and postpartum):
- (i) A qualified assistance dog is permitted to accompany maternity patients in AHS facilities as per legislation.
- To ensure the labouring patient is not left without support, it is recommended that two (2) support people accompany the maternity patient should concerns or issues arise (e.g., the dog requires a biological break).
- (ii) Other animal interactions may be considered on a case-by-case basis in consultation with the patient, designated family/support person, and health care team under the following conditions:
- consultation with the **most responsible health practitioner (MRHP)** and the manager or supervisor confirms the safety of all patients and AHS people, and benefits to the individual maternity patient;
 - the patient is not in active labour or in the immediate postpartum period and does not require one-to-one maternity care; and
 - the patient is a high-risk antepartum or postpartum patient requiring an extended hospital stay and the MRHP has been consulted.
- b) Critical care areas (including Intensive Care Units [ICU] and Neonatal Intensive Care Units [NICU]):
- (i) Managers or supervisors may make special considerations to permit animal interactions on a case-by-case basis in consultation with the patient, designated family/support person, health care team, and as necessary, IPC.
- c) Units caring for immunocompromised patients (e.g., palliative care, cancer care, additional precautions):
- (i) Managers or supervisors may make special considerations to permit animal interactions in a space where immunocompromised patients are present on a case-by-case basis after consultation

with the patient, designated family/support person, health care team, and as necessary, IPC.

- (ii) Animal interactions with patients on additional precautions/isolation during an outbreak under investigation or confirmed, or during a pandemic, shall be determined on a case-by-case basis in consultation with the patient, designated family/support person, health care team, and as necessary, IPC.

3. Requirements for All Animal Interactions

- 3.1 Animal handlers are responsible for the welfare of the animal including their basic biological needs (e.g., water, biological breaks).
- 3.2 Health care providers, or managers/supervisors, shall confirm with animal handlers that the animal is free of the following symptoms based on the AHS *Animals in Healthcare Facilities Best Practice Recommendations* (IPC), and have not exhibited these symptoms within 14 days of entering an AHS setting:
 - a) parasites, fleas, and ticks;
 - b) open sores, wounds, or lesions;
 - c) vomiting, diarrhea, or uncontrolled urination;
 - d) coughing or sneezing; and
 - e) discharge from eyes and/or ears.
- 3.3 Health care providers, or managers/supervisors, shall provide information to animal handlers that all animals in AHS facilities:
 - a) are of a temperament suitable for the interaction planned (e.g., personal pet visitation);
 - b) are on a leash or in an animal carrying case when entering or leaving the AHS facility;
 - c) are house-trained or urinary and fecal incontinence is contained;
 - d) are appropriately harnessed or leashed, or in a carrying case as required at all times when interacting or visiting; and
 - e) animal handlers shall accompany and be in control of their animal at all times.
 - (i) There may be exceptions when a qualified assistance dog may be permitted off leash (e.g., the dog is tasked with retrieving an item for the handler).

- 3.4 Health care providers shall inform patients, designated family/support persons, and animal handlers that an animal interaction must not interfere with:
- a) the patient's or any other patient's medical treatment; and
 - b) the patient's medical devices, invasive lines, catheters, wounds, and electrical or other lines.
- 3.5 Health care providers shall ensure any devices at risk of contamination be adequately covered and secured during animal interactions.
- 3.6 Hand hygiene shall be performed by AHS people before and after contact with animals in accordance with the AHS *Hand Hygiene* Policy and Procedure. AHS people shall provide animal handlers, patients, designated family/support persons, and visitors with hand hygiene education.
- 3.7 To prevent cross contamination from animals to humans, health care providers should consider placing a disposable or washable waterproof barrier on beds and laps when animal interactions occur.
- a) Appropriate barriers should be placed between the patient's clothes/blankets and the animal.
 - b) A separate barrier shall be used for each patient.
 - c) Used barriers are to be disposed of or placed in the laundry.
- 3.8 Signage indicating the appropriate interaction such as "Personal Pet Visitation, Animal Assisted Activity, or Animal Assisted Therapy" should be placed on the patient door, unit desk, or multipurpose space, as appropriate, to alert others of an animal interaction taking place on the unit or in a room.
- 3.9 Managers or supervisors shall ensure that all reasonable attempts are made to mitigate concerns (e.g., allergies, fears) expressed by any persons in proximity to an animal interaction.
- 3.10 If any adverse events (e.g., allergies, bites, scratches, animal interference with patient care) are identified during any animal interaction, the manager or supervisor shall work with the animal handler, patient, **alternate decision-maker** and/or designated family/support person, as appropriate, to mitigate the identified issue up to and including a request to cease the animal interaction.
- a) Any issue or adverse event that is identified and has implications for safe patient care shall be documented in the AHS Reporting and Learning System in accordance with the AHS *Recognizing, Responding To, and Learning From Hazards, Close Calls and Clinical Adverse Events* Policy and associated Procedures.

- b) Any injuries that occur to an AHS employee during AHS business shall be documented in MySafetyNet.

4. Qualified Assistance Dogs (e.g., Service/Guide Dogs) and Emotional Support Animals

- 4.1 Patients, designated family/support persons, visitors, and AHS people with a qualified assistance dog are permitted into an AHS setting in accordance with the *Service Dogs Act* (Alberta) and the *Blind Persons' Rights Act* (Alberta).
- 4.2 AHS reserves the right to request a qualified assistance dog's identification from an animal handler.
- 4.3 For any inpatient with a qualified assistance dog, the manager or supervisor shall seek appropriate accommodations while considering the needs of all patients and AHS people.
 - a) The inpatient should be encouraged to identify an alternate decision-maker, designated family/support person, or friend who is able to assist with their qualified assistance dog should their health deteriorate, and they require assistance with caring for their dog.
 - b) The health care team, on a case-by-case basis, shall assess the suitability for a qualified assistance dog's presence when IPC additional precautions are in place. Refer to Section 2.6 c) above.
- 4.4 When concerns (e.g., health conditions such as asthma, allergies, or interference with patient care) from other patients, designated family/support persons, visitors, or AHS people regarding the qualified assistance dog's presence is communicated, managers or supervisors must consider mitigation strategies to ensure the qualified assistance dog's access to an AHS facility. Mitigation strategies may include, but are not limited to:
 - a) discussion with roommates;
 - b) moving the patient to a private room;
 - c) moving the roommate to another room;
 - d) providing health services in a private room; and
 - e) using signage for awareness.
- 4.5 Health care professionals shall provide advice and education to any patients with qualified assistance dogs, that the dog should not accompany a patient to an AHS facility if it is foreseeable that a patient is unable to handle their dog for the entire duration of their stay.

- a) Health care professionals shall work with the patient, alternate decision-maker, or designated family/support person to make alternate arrangements, as necessary.
 - b) Patients may identify an alternate decision-maker, designated family/support person, or friend who can assist with their dog if they are unable to make alternate arrangements.
- 4.6 In the event a patient in an AHS facility becomes unable to care for their qualified assistance dog, and immediate access to alternate animal care options such as designated family/support persons or friends are not available, the **accountable leader** shall take responsibility for seeking alternate temporary arrangements which may include:
- a) the service/guide dog organization (school) that issued the card;
 - b) contacting the Alberta Service Dog Program, Community & Social Services (refer to the resources that accompany this Policy for contact information);
 - c) a veterinary office;
 - d) a dog kennel; or
 - e) a local humane society.
- 4.7 Patients, designated family/support persons, and visitors, as appropriate, are responsible for their qualified assistance dog's needs. In extenuating circumstances, AHS people may provide the materials necessary for unexpected clean-ups (e.g., gloves, plastic bags, paper towels, disinfectant).
- 4.8 Emotional support animals are not regulated in Alberta. Where a patient requests to have their emotional support animal accompany them to an AHS facility, the manager or supervisor shall:
- a) confirm the patient provides a physician recommendation indicating that they have been diagnosed with a condition that is protected under Alberta human rights legislation (e.g., a physical or mental disability) and the animal may assist the patient with that condition. It is acceptable for AHS staff to ask the patient for a physician's note confirming this.
 - (i) Where all the requirements in Section 4.8 and 4.8 a) above cannot be met, requests for a personal pet to accompany a patient shall be approved by the manager. Refer to Sections 2 and 3 above and Section 6 below for additional direction.

5. Animal Assisted Activities and Animal Assisted Therapy

- 5.1 Animal assisted activities supported by AHS registered volunteers are planned and scheduled, for the purpose of visiting patients for motivational, educational, or recreational benefits to enhance quality of life. The visit or activity may be offered to one (1) or more patients.
- a) The volunteer and their animal must be registered with AHS through the appropriate team at each site such as Volunteer Resources, Recreation Therapy, or the Site Manager, to ensure the process aligns with the AHS *Volunteer Resources* Policy and applicable processes.
 - b) When volunteer resources staff are not available at a site, Recreation Therapy or the Site Manager must contact Volunteer Resources in their Zone prior to registering any volunteer.
- 5.2 Animal assisted therapy involves animals registered with AHS following the requirements as outlined in Section 5.1 above and provides a goal-directed intervention of bringing animals and patients together as an integral part of treatment that may help reduce stress, anxiety, or depression, improve social skills, and enhance self-esteem.
- a) Animal assisted therapy shall only be initiated after obtaining informed consent from the patient or alternate decision-maker, in accordance with the AHS *Consent to Treatment/Procedure(s)* Policy Suite.
- 5.3 It is the expectation that all animals participating in animal assisted activities and animal assisted therapy shall be:
- a) certified or vetted as outlined in the AHS *Certification and Vetting Criteria for Canines Registered with AHS* and if applicable, the AHS *Canine Screening Criteria Assessment Checklist*;
 - b) registered with AHS and identified with an AHS Photo Identification (ID) badge along with an AHS Photo ID badge for the animal handler (refer to Section 5.1 a) above); and
 - c) fully immunized and free of disease, with annual required documentation provided to the appropriate team (i.e., Volunteer Resources, Recreation Therapy, or the Site Manager) as required, per the AHS *Certification and Vetting Criteria for Canines Registered with AHS*.
- 5.4 Special consideration may be given by the manager or supervisor for farm animals or other animals not typically suitable to visit an AHS setting if there is an appropriate space and consultation with IPC has taken place. Refer to Section 6.3 a) and b) below.
- a) Registration with AHS Volunteer Resources is not required for any animal assisted activity visits that require special considerations and occur

occasionally (e.g., once per year farm animal visits), however the visit shall be approved by a manager or supervisor and IPC must be consulted prior to each visit.

- 5.5 Documentation of immunization shall be maintained by the appropriate team such as Volunteer Resources, Recreation Therapy, or the Site Manager.
- 5.6 Animal assisted activities and animal assisted therapy shall be coordinated through the appropriate service as determined at each site (e.g., Volunteer Resources, Recreation Therapy or the Site Manager). These services may work collaboratively to fulfil different roles to support this process.
- 5.7 Health care providers should provide signage or awareness (e.g., calendars, notices, or newsletters for sites or care areas that have a consistent schedule) when animal assisted activities or therapies are taking place in an AHS facility.
- 5.8 Health care providers should consider the comfort, safety, and care of patients who are not participating in the animal assisted activity/therapy. Refer to Sections 3.9 above and 6.6 below.

6. Personal Pet Visitation

- 6.1 The purpose of personal pet visitation is for the animal handler and the visiting pet to interact with the patient intended for the visit.
- 6.2 Arrangements for personal pet visitation shall be planned and scheduled whenever possible, in collaboration with the patient, designated family/support person, and a health care provider or manager/supervisor.
- 6.3 As per the AHS *Animals in Healthcare Facilities Best Practice Recommendations* (IPC), only domesticated animals are recommended for visitation in health care facilities.
 - a) Pets typically not suitable for visitation in an AHS setting include reptiles, amphibians, all rodents (e.g., hamsters, gerbils, mice, rats), hedgehogs, birds, farm animals, petting zoo animals, and exotic mammals.
 - b) IPC shall be consulted when a request is received for an undomesticated pet, which includes any listed in Section 6.3 a) above, to visit an AHS facility. The request must be approved by the manager or supervisor.
- 6.4 AHS people shall ensure the animal handler, patients, designated family/support persons, and visitors entering an AHS facility with a domestic animal for the purposes of a personal pet visitation:
 - a) confirm with the animal handler proof of annual immunizations and that the pet is free of disease as stated in Section 3.2 of this Policy; and

- b) are provided with a pet visitation identification tag or generic AHS visitation badge where available by the site and if appropriate to the species before proceeding with the visitation.
- 6.5 In extenuating circumstances, if all criteria cannot be met as per Section 6.3 and 6.4 a) above, a manager or supervisor may approve a one-time visit on a case-by-case basis.
- 6.6 For approved personal pet visitations, an accountable leader, manager, or supervisor may find it necessary to rescind approval in circumstances, including but not limited to animal interference with patient care (refer to Section 3.4 above), suspected or confirmed outbreaks, or safety issues (e.g., Code Black).

7. Resident/Facility Animals

- 7.1 Where an animal resides in a health care setting on a permanent basis, the accountable leader shall assume responsibility for the care and control of the animal. The responsibility for the care of the animal may be delegated to an AHS people who is willing to provide this care or to an AHS representative if it is part of their job description.
- 7.2 The accountable leader shall be responsible for ensuring documentation detailing animal care and control is maintained and followed for any animals permanently residing in a health care setting. Documentation should include:
- a) animal health records, vaccination records, and temperament;
 - b) any restriction of food, and preparation and storage of food for the animal;
 - c) animal and equipment cleaning, feeding, and waste management;
 - d) designation of AHS people for the care and control of the animal; and
 - e) handwashing education for all patients, designated family/support persons, visitors, and AHS people.
- 7.3 In addition to the requirements set out in Sections 7.1 and 7.2 above, the accountable leader for resident/facility animals shall also comply with the AHS *Animals in Healthcare Facilities Best Practice Recommendations* (IPC) and any Environmental and Public Health requirements.

DEFINITIONS

Accountable leader means the individual who has ultimate accountability to ensure consideration and completion of the listed steps in the management of the AHS *Animal Interactions, Personal Pet Visitation, and Qualified Assistance Dogs* Policy. Responsibility for some or all of the components of management may be delegated to the appropriate level responsible administrative leader, but accountability remains at the senior level.

Alberta Health Services (AHS) facility means any facility, property, or ground owned, operated, leased, or funded by AHS.

Alberta Health Services (AHS) people means Alberta Health Services employees, members of the medical and midwifery staffs, students, residents, volunteers, and other persons acting on behalf of AHS (including contracted service providers as necessary).

Alberta Health Services (AHS) setting means any environment where treatment/procedures and other health services are delivered by, on behalf of or in conjunction with, Alberta Health Services.

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), or an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta). This also includes what was previously known as the substitute decision-maker.

Animal assisted activity means a trained and vetted animal used to provide opportunities for motivational, educational, or recreational benefits to enhance health and wellness in an AHS setting. This may include a certified animal providing general visitation opportunities for a group of patients or a single patient.

Animal assisted therapy means a goal-oriented, planned and documented therapeutic intervention with patients directed by health care professionals.

Animal handler means the person responsible for the animal, who facilitates interactions between the animal and patients, designated family/support persons, visitors, and AHS people, and monitors and controls the animal. The animal handler may or may not be the animal's owner.

Animal interaction means any interactions with animals (e.g., personal pet visitations, animal assisted therapy, animal assisted activity, and qualified assistance dogs [service/guide dogs]) in an AHS setting with patients, designated family/support persons, visitors, and AHS people.

Designated family/support person(s) means one or more individuals identified by the patient as an essential support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family, relatives, friends, and informal or hired caregivers.

Health care providers means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Manager means the individual(s) who has the delegated human resource authority for directly planning, monitoring, and supervising direct (employee) reports.

Most responsible health practitioner (MRHP) means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by AHS to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Patient- and family-centred care means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care, as integral members of the patient's care and support team, and as partners in planning and improving facilities and services. Patient- and family-centred care applies to patients of all ages and to all areas of health care.

Personal pet visitation means any animal which belongs to a patient, designated family/support person, or visitor who enters an AHS setting for the purposes of visiting a specific patient and may have multiple visits.

Qualified assistance dog means dogs recognized by the *Service Dogs Act* (Alberta), the *Blind Persons' Rights Act* (Alberta), approved by an organization accredited by *Assistance Dogs International (ADI)*, the *International Guide Dog Federation (IGDF)*, or an organization approved by the Minister of Community & Social Services.

Supervisor means a person, whether unionized or non-unionized, who has charge of a work site or authority over an AHS representative.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Consent to Treatment/Procedures Policy Suite (#PRR-01)*
 - *Hand Hygiene Policy (#PS-02) and Procedure (#PS-02-01)*
 - *Recognizing, Responding To, and Learning From Hazards, Close Calls and Clinical Adverse Events Policy (#PS-95)*
 - *Workplace Accommodation Policy (#1156)*
- Alberta Health Services Resources:
 - *Animals in Healthcare Facilities Best Practice Recommendations (IPC)*
 - *Canine Screening Criteria Assessment Checklist*
 - *Certification and Vetting Criteria for Canines Registered with AHS*
 - *Health and Safety Guide for Operators of Adult Care Facilities*
 - *Home Care Client and Family Information Package (Seniors Health & Continuing Care)*
 - *Our People Strategy*
 - *Patient First Strategy*
 - *Values*

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- Non-Alberta Health Services Documents:
 - *Blind Persons' Rights Act (Alberta)*
 - *Service Dogs Act (Alberta)*

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