1.0 **PURPOSE:**

1.1 To provide guidelines for pet therapy and pet visitation to clients in Winnipeg Regional Health Authority (WRHA) community care facilities.
1.2 To prevent transmission of animal-related infectious agents within WRHA community care facilities.
1.3 To prevent transmission of animal-related infectious agents within/between home care clients’ homes.

2.0 **PREAMBLE:**

2.1 The benefits of pet ownership, visitation and animal therapy are well documented. However, infection prevention and control concerns must be addressed prior to health care workers entering a client’s home where animals reside or allowing animals to enter community care facilities.
2.2 Animals can transmit infectious agents to humans and the animals can acquire disease or become carriers of organisms as a result of contact with humans. Dogs have been shown to be carriers of Salmonella, methicillin resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile*. Cats are known to transmit MRSA and toxoplasmosis.
2.3 Staff visiting clients in their home should be aware that a client’s animal may not meet the same health standard as an animal that has been approved for public contact in a community care site.
2.4 This document will provide a framework for safe animal visits/therapy in community care sites for patients, visitors, healthcare workers and the animals.
2.5 This document does not specifically address service animals. Every reasonable effort shall be made to accommodate service animals. For information on service animals see link: [ADA Business Brief: Service Animals](#)
2.6 Species identified as higher risk to cause human infection or injury shall not enter the community care sites. These include but are not limited to: reptiles and amphibians (e.g., snakes, iguanas, lizards, turtles, frogs, salamanders), rodents (hamsters, gerbils, mice, rats), ferrets, raccoons, skunks, bats, nonhuman primates, hedgehogs, prairie dogs or other recently domesticated animal species.

3.0 DEFINITIONS:

3.1 Animal Assisted Interventions (AAIs):
The use of trained, well groomed, medically screened, appropriately vaccinated animals by handlers to achieve specific physical, social, cognitive, and emotional goals with patients/residents; also called pet therapy.

3.2 Animal Visit Liaison (AVL):
A staff person(s) designated to act as a resource regarding animals in the facility and provide support to animal handlers visiting the facility.

3.3 Facility Approved Disinfectant:
A disinfectant cleaner that has been approved by the facility or organization.

3.4 Hand Hygiene:
A general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub or surgical hand antisepsis. Refer to WRHA Routine Practices For Reducing the Risk of Infection Transmission Policy # 90.00.060

3.5 AAI Handler:
An individual who has been approved to participate in animal assisted interventions.

3.6 Community Care Site:
An ACCESS centre or Primary Care Clinic in which Animal Assisted Intervention service is made available. This would also include temporary sites such as churches and recreation/community centres used for health care delivery.

3.7 Personal Pet:
A family owned pet that resides in the client’s home.

3.8 Pet Escort:
A responsible individual, other than a patient, who has been designated to accompany and control a personal pet during a visit to a Community Care Site.

3.9 Service Animal:
Animals individually trained to perform tasks for people with disabilities such as guiding people who are blind, alerting people who are deaf, pulling wheelchairs, alerting and protecting a person who is having a seizure, or performing other special tasks. Service animals are working animals, not pets.
4.0 OPERATIONAL DIRECTIVES:

4.1 Site Requirements
4.1.1 Each site should provide:
   - A sign-in system for Animal Assisted Intervention Handlers
   - Information sheets for pet escorts

4.2 Basic requirements for all animals
4.2.1 Animals shall:
   - Have all vaccinations, including rabies, up-to-date.
   - Receive a health evaluation by a veterinarian at least once per year.
   - Be well groomed (nails trimmed, not malodorous, free of any fleas or ticks).

4.2.2 Animals shall not:
   - Have eaten any raw/dehydrated meat / chews within the past 90 days.
   - Enter the following areas:
     - Food preparation/consumption areas
     - Medication preparation areas
     - Operating rooms
     - Clean supply rooms
     - Medical treatment/procedure areas
     - Other areas as designated by Community Infection Prevention and Control
   - Visit the Community Care Site at the onset of and until at least one week following resolution of:
     - Episodes of diarrhea or vomiting
     - Urinary or fecal incontinence
     - Episodes of sneezing/coughing potentially related to an infectious agent
     - Treatment with non-topical antimicrobials or any immunosuppressive medications
     - Open wounds
     - Ear infections
     - Skin Infections or "hot spots" (moist dermatitis)
     - Conditions which might cause distress/pain to the animal during the visit
     - Be in or upcoming to a heat cycle (estrus)

4.2.3 Live in Community Care Sites
   - Animals falling outside of the categories of Animal Assisted Intervention and service animals shall be denied entry to Community Care Sites.
   - Animals owned by staff members shall not be brought to Community Care Sites or client homes for show.
4.3 Guidelines for all animals while in the Community Care Site

4.3.1 Animals shall be leashed or transported in a clean cage and under the control of a Pet Escort/AAI Handler at all times while in the facility.

4.3.2 Individuals injured by an animal shall be evaluated and treated promptly by medical personnel, as appropriate for the type of injury.

- Injuries caused by an animal shall be reported and documented appropriately.
- Animals having caused intentional or serious injury shall be permanently banned from the Community Care Site. Minor, unintentional injuries may be considered on a case-by-case basis.
- Animal bites may be reported to Health Links/Info Santé for possible follow-up and investigation by Public Health.

4.4 Pet Escort/AAI Handler Responsibilities in the Community Care Site

4.4.1 The Pet Escort shall obtain permission from the Community Care Site manager/designated facility contact prior to visitation.

4.4.2 AAI Handlers shall sign in upon entering the Community Care Site.

4.4.3 Before entering a room or elevator with an animal, the Pet Escort/AAI Handler must obtain verbal permission from the occupants.

4.4.4 The Pet Escort/AAI Handler shall dispose of any animal waste. Pick up waste with paper towel and place in plastic bag, tie shut and put in soiled room garbage, not in patient garbage. Perform hand hygiene and inform staff who shall clean and disinfect the area.

4.4.5 The Pet Escort/AAI Handler shall report injuries caused by their animal to the unit manager/designate, the animal owner and the AVL.

4.5 Hand Hygiene Requirements

4.5.1 All patients, visitors, and health care workers must perform hand hygiene before and after animal contact.

4.5.2 AAI Handlers should carry alcohol based hand rub and advise anyone who has contact with the animal to perform hand hygiene before and after animal contact.

4.5.3 Pet Escorts/AAI Handlers must be informed of their responsibilities regarding hand hygiene when they bring the animal into the facility.

4.6 Animal Assisted Interventions

4.6.1 Facilities shall have written policies to govern the AAI programs in their facility. These policies shall:

4.6.1.1 Designate who has the overall responsibility for the program within the facility.

4.6.1.2 Ensure AAI Handlers are registered with the program, have appropriate training, are orientated to the Community Care Site and wear the appropriate identification while in the facility.

4.6.1.3 Ensure the animals meet and adhere to required health screening for AAI animals and facility standards for patient safety and health.
4.7 Guidelines for all animals that reside in the client’s home:

4.7.1 Request that the personal pet(s) be kept out of the room/restrained during the home visit(s).

4.7.2 Individuals injured by a personal pet shall be evaluated and treated promptly by medical personnel, as appropriate for the type of injury.

- Injuries caused by a personal pet shall be reported and documented appropriately.
- Animal bites should be reported to Health Links/INFO Santé for possible follow-up and investigation by Public Health.

4.7.3 Healthcare workers shall perform hand hygiene after handling or cleaning up after the client’s personal pet(s).

4.7.4 Cleaning up after a client’s personal pet(s) should only be on what is an exceptional basis for the health care worker after all other options have been explored.

4.7.5 Pregnant health care workers should avoid contact with cat feces due to the risk of transmission of toxoplasmosis (contact with cat feces can occur by touching the cat, coming into contact with cat paws/rectal area and cleaning out the litter box).

5.0 REFERENCES:


5.6 Winnipeg Regional Health Authority Personal Care Home Infection Prevention & Control. Pets & Pet Therapy in Personal Care Homes and Long Term Care Facilities. (2010, June) Available at: http://home.wrha.mb.ca/prog/ipc/files/ManualPCH_Sec06_P.pdf


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