
GUIDANCE FOR ANIMALS IN HEALTHCARE FACILITIES

David Weber, M.D., M.P.H.
Professor of Medicine, Pediatrics, & Epidemiology
Associate Chief Medical Officer
University of North Carolina at Chapel Hill

RECOMMENDATIONS FROM ICHE GUIDANCE DOCUMENT, 2015

INFECTION CONTROL & HOSPITAL EPIDEMIOLOGY MAY 2015, VOL. 36, NO. 5

SHEA EXPERT GUIDANCE

Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks

Rekha Murthy, MD;¹ Gonzalo Bearman, MD, MPH;² Sherrill Brown, MD;³ Kristina Bryant, MD;⁴ Raymond Chinn, MD;⁵
Angela Hewlett, MD, MS;⁶ B. Glenn George, JD;⁷ Ellie J.C. Goldstein, MD;⁸ Galit Holzman-Pazgal, MD;⁹
Mark E. Rupp, MD;¹⁰ Timothy Wiemken, PhD, CIC, MPH;⁴ J. Scott Weese, DVM, DVSc, DACVIM;¹¹ David J. Weber, MD, MPH¹²

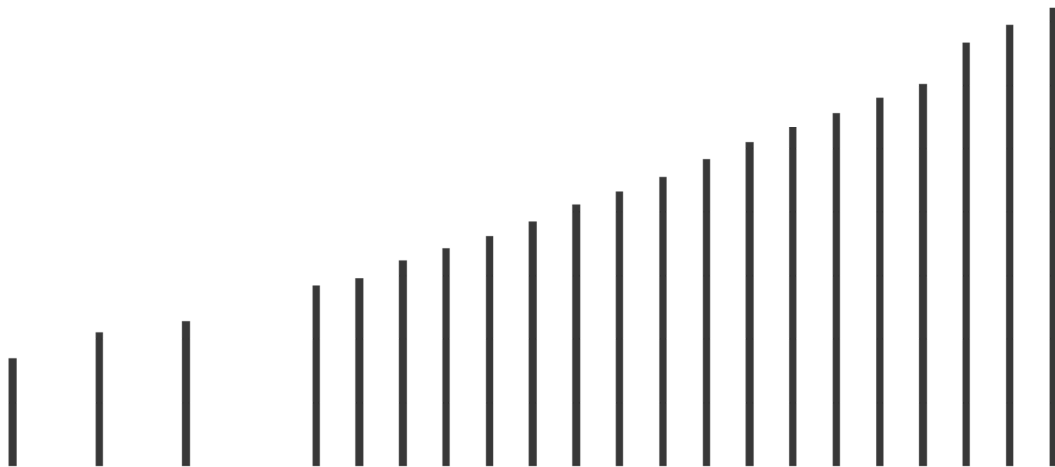
PET OWNERSHIP, US 2017-2018

Pets: # pets owned (# households)

- Overall: 68% of households own a pet (84.6 million homes)
- Freshwater fish: 139.3 million pets (12.5 million households)
- Cats: 94.2 million (47.1 million)
- Dogs: 89.7 million (60.2 million)
- Birds: 20.3 million (7.9 million)
- Small animal: 14.0 million (6.7 million)
- Saltwater fish: 18.8 million (2.5 million)
- Reptile: 9.4 million (4.7 million)
- Horses: 7.6 million (2.6 million)
- Increasing number of persons have more exotic pets

http://www.americanpetproducts.org/press_industrytrends.asp

TOTAL US PET EXPENDITURES, 1994-2018 (Billions)



https://www.americanpetproducts.org/press_industrytrends.asp

USEFULNESS OF COMPANION ANIMALS: DOGS AND CATS

Dogs

- Companionship
- Work
 - Guard dogs
 - Herding
- Service animals
- Pet facilitated therapy

Cats

- Companionship
- Work
 - Control of pests (e.g., mice)
- Pet facilitated therapy

DISEASES FROM DOGS

- Trauma from bites and scratches
- Allergies
- Tick paralysis (animal passively carry ticks)
- Infections (discussion by mode of transmission)
- Infestations (e.g., ticks, fleas, etc.)

CONTACT TRANSMISSION

Dogs (bites)

- Rabies
- *Capnocyphaga canimorsus*
- *Clostridium tetani* (tetanus)
- *Pasteurella* spp
 - *P. canis* (most common)
- *Staphylococcus aureus*
- Streptococcal species
- *Sporothrix schenckii*

Dogs (non-bite)

- *Clenocephalides canis* (flea bites)
- *Malassezia pachydermatis*
- *Microsporium canis*
- *Trichophyton mentagrophytes*
- Mites
 - *Cheyletiellidae*
 - *Sarcoptidae*

NON-BITE TRANSMISSION

Fecal Oral: Dogs

- *Brucella canis* (brucellosis)
- *Campylobacter* spp.
- *Salmonella* spp. (paratyphoid fever)
- *Yersinia enterocolitica*
- *Cryptosporidium* spp.
- *Giardia lamblia*
- *Strongloides stercoralis*
- *Ancylostoma ceylanicum* (hookworm)
- *Toxocara canis* (visceral larva migrans)
- *Taenia multiceps* (metacestode, causes coenurosis)

Droplet: Dogs

- *Mycobacterium tuberculosis* (rare)

OUTBREAKS IN HEALTHCARE FACILITIES RELATED TO ZONOTIC DISEASES

Author	Methodology	Findings
Lebeuvre, 2006	Healthy visitation dogs (n, 102) assessed for presence of zoonotic pathogens.	Zoonotic agents isolated from 80 percent of animals including: toxigenic <i>Clostridium difficile</i> (40.1%), <i>Salmonella</i> spp. (3%), extended spectrum beta-lactamase or cephaloporinase <i>E. coli</i> (4%), <i>Pasteurella</i> spp. (29%), <i>Malassezia pachydermatis</i> (8%), <i>Toxocara canis</i> (2%), and <i>Ancylostoma caninum</i> (2%)
Scott, 1988	Epidemic of MRSA on a rehabilitation geriatric ward	Paws and fur of a cat that roamed the ward were heavily colonized by MRSA, and the cat was considered to be a possible vector for the transmission of MRSA
Lyons, 1980	Outbreak of <i>Salmonella Heidelberg</i> in a hospital nursery	Outbreak traced to infected calves on a dairy farm where the mother of the index patient lived
Chang, 1998	An evaluation of a large outbreak of <i>Malassezia pachydermatis</i> in an intensive care nursery	Isolates from all 15 case patients, 9 additional colonized infants, 1 healthcare worker, and 3 pet dogs owned by HCP had identical patterns of restriction fragment length polymorphisms (RFLPs).
Mossovitch, 1996, Snider 1993	Multiple nosocomial outbreaks of <i>Microsporum canis</i> (ringworm) in newborn nurseries or neonatal intensive care units.	Person-to-person transmission described; In neonatal intensive care unit outbreak, the source of infection in the neonatal intensive care unit outbreak was a nurse likely infected from her pet cat

ANIMALS AS CARRIERS OF MRSA

- MRSA isolated from dogs, cats, horses, cattle, pigs, turkeys, etc.
- MRSA colonized ward cat linked to outbreak in rehabilitation geriatric ward (Scott GM, et al. J Hosp Infect 1988;12:29)
- Household with MRSA colonized patient: 13.6% of households with pet had a colonized animal, 2/3 strains genetically linked (Morris D, et al. Zoonoses Pub Health 2012, epub)
- MRSA colonized human – companion animal colonized in 8.2% - concordant PFGE pattern in 75% (Ferreira JP, et al. PLoS One 2011;6:e26978)
- German turkey workers (37.3%) positive for MRSA (Richter A, et al. Epidemiol Infect 2012;epub)
- Spanish pigs colonized 85.7% - pig workers positive 9.3% - all isolates MLST 398 (Morcillo A, et al. Foodborne Pathogen Dis 2012;9:207)
- MRSA found in 1.2% of retail meat in Iowa (Hanson BM, et al. J Infect Pub Health 2011;4:169)

Reduction in the Spread of Hospital-Associated Infections Among Pediatric Oncology Patients in an Animal-Assisted Intervention Program from a Canine Decolonization Procedure.

- Study: To assess risk from therapy dogs used for AAT and decolonization
- Methods: Before and after child-animal interaction, we sampled patients, dogs, and the environment. MRSA was detected in samples by culture and molecular testing. Therapy dog handlers performed normal pre-visit practices for two control visits, then switched to a decolonization protocol (CHG-based shampoo prior to the visit, and CHG wipes on the fur during the visit) for two intervention visits.
- Results: We evaluated 45 children & 4 therapy dogs over 13 visits. Children had lowered BP and HR, and reported improved mental health scores post visit. MRSA conversion was identified from 10.2% of the children & 38.5% of the dogs, while 93% of the environmental samples were MRSA positive both pre and post. Patients that interacted closely with the dog had 8.01 times higher odds [95% CI: 1.1–15.2] of MRSA conversion compared to patients who barely interacted with the dog. When stratified by intervention group, the MRSA conversion odds ratio of close interaction was 0.93 (95% CI: 0.1–0.8) when the dog was decolonized versus 9.72 (0.9–99) when not decolonized.

Dalton K, et al. IDweek, Abstract 160

ROLE OF ANIMALS IN A HEALTHCARE FACILITY

- Service animals
- Animal-assisted activities (AAA)
 - Includes pet-therapy, animal-assisted therapy
- Research animals
- Personal pet visitation
- Miscellaneous
 - Aquariums
 - Medicinal leeches
 - Medicinal maggots

TABLE 6. Allowable Uses of Animals in Healthcare (AHC) Facilities, Stratified by 4 Major Categories

Responses, No. (%)	Service Animals, No. (%)			Animal-Assisted Activities, No. (%)			Personal Pet Visitation, No. (%)			Research Animals, No. (%)		
	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
US facilities 280 (83)	267 (95)	8 (3)	5 (2)	249 (89)	24 (9)	7 (3)	113 (40)	158 (57)	9 (3)	99 (35)	155 (56)	26 (9)
Non-US facilities 24 (7)	20 (83)	4 (17)	0	16 (67)	7 (29)	1 (4)	5 (20)	18 (75)	1 (5)	14 (58)	9 (38)	1 (4)
Unknown 33 (10)	19 (58)	10 (30)	4 (12)	14 (42)	15 (46)	4 (12)	3 (9)	26 (79)	4 (12)	17 (52)	10 (30)	6 (18)
Total 337 (100)	306 (90)	22 (7)	9 (3)	279 (82)	46 (14)	12 (4)	121 (36)	202 (60)	14 (4)	130 (38)	174 (52)	33 (10)

NOTE. NA, not available.

ANIMAL-ASSISTED ACTIVITIES: BACKGROUND

- Origins of AAA remain obscure but seem to revolve around “attachment theory” of Sigmund Freud; may have initially practiced in 19th century England
- AAA includes programs for visitation in hospitals that use specially trained animals and their handlers (may achieve recreational and social purposes or goal-directed interventions); also call “pet therapy”
 - Animal-assisted therapy (AAT): includes animals as part of specific treatment program
 - Animal-assisted education (AAE): includes goal directed interventions designed to promote improvement in cognitive functioning of the person(s) involved
- Published studies have demonstrated AAA improves psychological health, improves pain management, and lowers blood pressure (most studies are not scientifically rigorous but provide evidence of beneficial impacts on patients)

ANIMAL-ASSISTED ACTIVITIES: OVERRIDE

- Facilities should have a written policy
- Facilities should have an AAA visit liaison
- Only dogs should be used in AAA
- Animals and dogs should be formally trained and evaluated
- Animals and their handlers should be screened prior to being accepted
- Infection control and prevention (IPC) should be consulted regarding locations and patients populations suitable for AAA
- All clinical staff should be educated about the AAA program

ANIMAL-ASSISTED ACTIVITIES: TRAINING AND MANAGEMENT OF AAA HANDLERS

Facilities should:

- Ensure that AAA handlers have been informed of the facility's IPC and human resource policies and have signed an agreement to comply with these policies.
- Confirm that AAA handlers have been offered all immunizations recommended for HCP
- Require the AAA handler to escort the animal to the destination as arranged by the facility's AAA liaison and following hospital policy.
- Instruct the AAA handler to restrict contact of his or her animal to the patient(s) being visited and to avoid casual contact of their animal with other patients, staff or the public.
- Limit visits to one animal per handler.
- Require that every AAA handler participate in a formal training program and provide a certificate confirming the training including standard precautions, zoonotic diseases, disposal of animal wastes, cleaning of contaminated surfaces, etc.
- Restrict visiting sessions to a maximum of one hour.

ANIMAL-ASSISTED ACTIVITIES: TRAINING AND MANAGEMENT OF AAA HANDLERS

Facilities should:

- Require that all animal handlers observe standard occupational health practices. Specifically, they should self-screen for symptoms of communicable disease and refrain from providing AAA services while ill (e.g., cough, fever, diarrhea, conjunctivitis, rash).
- Require that handlers keep control of the animal at all times while on the premises (including keeping dog leashed, avoid use of cell phones).
- Require all handlers manage their animal as follows: Approach patients from the side that is free of any invasive devices; require that everyone who wishes to touch the animal practice hand hygiene before and after contact; do not permit a patient to eat or drink while interacting with the animal; and, report any inappropriate patient behavior).
- Facilities should maintain a log of all AAA visits that includes rooms and persons visited for potential contact tracing.

ANIMAL-ASSISTED ACTIVITIES: REQUIREMENTS OF ACCEPTABLE ANIMALS FOR AAA

- Allow only domestic companion dogs to serve as AAA animals.
- Require that every dog pass a temperament evaluation specifically designed to evaluate it under conditions that might be encountered when in the healthcare facility. Such an evaluation should be performed by a designated evaluator.
- Require all evaluators (either at facility or at the formal certification program) to successfully complete a course or certification process in evaluating temperament and to have experience in assessing animal behavior and level of training.
- Recommend that animal-handler teams be observed by an AAA program liaison at least once in a healthcare setting before being granted final approval to visit.
- Recommend that each animal be reevaluated at least every 3 years.
- Require that any animal be formally reevaluated before returning to AAA after an absence of greater than 3 months.
- G. Require that a handler suspend visits and have his or her animal formally reevaluated whenever he or she notices or is apprised the animal in misbehaving

ANIMAL-ASSISTED ACTIVITIES: HEALTH SCREENING OF ANIMALS

- Require that dogs be vaccinated against rabies as dictated by local laws and vaccine label recommendations (Serologic testing for rabies not recommended).
- Exclude animals with known or suspected communicable diseases.
- Animals with other concerning medical conditions should be excluded from visitation until clinically normal (or the condition is managed such that the veterinarian feels that it poses no increased risk to patients) and have received a written veterinary health clearance (e.g., vomiting or diarrhea; urinary or fecal incontinence; episodes of sneezing or coughing of unknown or suspected infectious origin; ectoparasite infestation, open wounds)
- Exclude animals demonstrating signs of heat (estrus) during this time period.
- Scheduled health screening of AAA animals:
 - Require that every animal receive a health evaluation by a licensed veterinarian at least once (optimally, twice) per year.
 - Routine screening for specific, potentially zoonotic microorganisms, including group A streptococci, *Clostridium difficile*, VRE, and MRSA, is not recommended.

ANIMAL-ASSISTED ACTIVITIES: HEALTH SCREENING OF ANIMALS

Preparing animals for visits - Requirements for every handler:

- Brush or comb the animal's hair coat before a visit.
- Keep the animal's nails short and free of sharp edges.
- If the animal is malodorous or visibly soiled, bathe it with a mild, unscented (if possible), hypoallergenic shampoo and allow the animal's coat prior to visit.
- Visually inspect the animal for fleas and ticks.
- Clean the animal carrier.
- Maintain animal leashes, harnesses, and collars visibly clean and odor-free.
- Use only leashes (no choke collars) that are non-retractable and <4 to 6 feet in length.
- Make an animal belonging to an AAA program identifiable with a clean scarf, collar, harness or leash, tag or other special identifier readily recognizable by staff.
- Provide a dog with an opportunity to urinate and defecate immediately before entering the healthcare facility and practice hand hygiene immediately afterward.

ANIMAL-ASSISTED ACTIVITIES: MANAGING CONTACT BETWEEN ANIMALS AND PATIENTS

- Obtain oral or written consent from the patient or his or her agent for the visit and preferably from the attending physician as well. Consider documenting consent in the patient's chart.
- The handler should notify caregiver (e.g., nurse, physician) of the animal visitation.
- Require the handler to obtain oral permission from other individuals in the room (or their agents) before entering for visitation.
- Restrict all visiting animals from entering the following clinical areas at all times: ICU, isolation rooms, nurseries, immunocompromised patients, ORs, pharmacy, sterile services, food preparation areas.
- Require the handler to prevent the animal from coming into contact with sites of invasive devices, open or bandaged wounds, surgical incisions, non-intact skin, or medical devices.
- Instruct the handler to discourage patients and HCP from shaking the animal's paw.
- Require the handler to prevent the animal from licking patients and HCP.
- Prohibit feeding of treats to animals by HCP.

ANIMAL-ASSISTED ACTIVITIES: OTHER MANAGEMENT ISSUES

- Contact tracing
 - The facility should develop a system of contact tracing that at a minimum requires animal handlers to sign in when visiting and ideally provides a permanent record of areas and/or room numbers where the animal has interacted with patients.
- Environmental cleaning
 - Practice routine cleaning and disinfection of environmental surfaces after visits.

SERVICE ANIMALS: BACKGROUND

- Americans with Disabilities Act (ADA) is a US Federal law passed in 1990 (it has subsequently been updated)
- Under the ADA, “service animals” are defined as “dogs that are individually trained to do work or perform tasks for people with disabilities”
 - Exception for miniature horses that are housebroken and do not create safety issues
 - Under the ADA service animals are “working animals” and are not pets
 - An animal whose sole function is comfort or emotional support is not considered a service animal
 - Staff may not require documentation about the person’s disability or the animal’s training but may inquire about the tasks the animal is trained to perform
- Under ADA “disability” is defined as: a physical or mental impairment that substantially limits one or more major life activities; a record of such impairment; or, being regarded as having such an impairment

SERVICE ANIMALS: GENERAL GUIDANCE

- The policy allowing service animals into the facility should be compliant with the Federal Americans with Disabilities Act (ADA), and state and local regulations.
- A policy regarding the entrance of service animals into the facility should include the following information:
 - A clear definition of “Service Animals” that should be consistent with the ADA.
 - A statement that only dogs and miniature horses are recognized as Service Animals.
 - A statement that service animals are NOT pets and should NOT be approached, bothered, or petted.
 - A statement that the care of the service animal is the responsibility of the patient or his or her designated visitor (i.e., it is not the responsibility of the healthcare facility).
 - A requirement that service animals be housebroken.
- Persons with disabilities may be requested *but not required* to have their service animal wear an identification tag (e.g., collar, tag) that identifies them as a service animal.

SERVICE ANIMALS: SITUATIONS IN WHICH A SERVICE ANIMAL MAY BE EXCLUDED

- The animal exhibits aggressive behavior such as snarling, biting, or scratching
- The animal is excessively noisy (e.g., howling, crying, or whining).
- The animal is unable to properly contain bodily excretions (e.g., the animal is not housebroken, or has vomiting or diarrhea).
- If the facility's personnel reasonably believes that a service animal is infectious or ill, the animal will not be allowed to remain with the person with a disability until the animal is evaluated by a veterinarian and he/she provides written certification, acceptable to the healthcare facility, that the service animal does not pose an increased risk to patients or staff.
- The policy should include a list of locations from which Service Animals are prohibited and reasons for that exclusion.
- Legal counsel should be consulted prior to exclusion of a service animal from a healthcare facility.

SERVICE ANIMALS

- The policy should include the following regarding the health of the service animal.
 - The person with a disability (or his or her designee) is responsible for ensuring the health and care of the Service Animal.
 - Visiting or residing in a healthcare facility likely increases the risk of the animal acquiring certain pathogens. The healthcare facility assumes no liability for costs associated with a hospital-associated infection in the service animal.

SERVICE ANIMALS

- The policy should address a service animal's accompanying a healthcare facility visitor to a patient room and include the following:
 - Persons with disabilities who are accompanied by service animals are allowed to visit patients as long as visitation occurs in accordance with the facility's service animal policy and the facility's "visiting hours and regulations."
 - Service animals are not allowed to visit other patients' rooms, the dining rooms, or other public areas of the facility unless accompanied by the person with a disability.
 - When a person with a disability visits a patient's room, he or she should check with the patient's primary care nurse before visiting to assure that no patient in the room has allergies to the service animal, or other significant medical risks that would contraindicate being near an animal. If another patient in the room has an allergy, other significant medical risk from exposure to an animal, or is fearful of the animal, other arrangements for visiting must be made (e.g., visit in day room or waiting room).

SERVICE ANIMALS

- The policy should address the following for a service animals belonging to patients:
 - When patients with a service animal are assigned to a semi-private room, the roommate must be screened for clinically significant allergies to the service animal and, if such a condition is present, either the patient with the disability or patient with animal allergies must be moved to another room. Similarly, the patient or roommate must be moved if the roommate is fearful or otherwise disturbed by the presence of the animal.
 - IPC should be notified when patients are admitted with service animals.
 - The patient must be able to make arrangements to have the service animal fed, exercised, and toileted, without the involvement of HCP.

SERVICE ANIMALS

- The policy should specifically address the use of a miniature horse trained to do work or perform tasks for a person with a disability. Miniature horses generally range in height from 24 inches to 34 inches measured to the shoulders and generally weigh between 70 and 100 pounds. Factors to use in assessing whether a miniature horse should be permitted in the healthcare facility include:
 - Whether the miniature horse is housebroken.
 - Whether the miniature horse is under the owner's control.
 - Whether the facility can accommodate the miniature horse's type, size, and weight.
 - Whether the miniature horse's presence will not compromise legitimate safety requirements necessary for safe operation of the facility.
 - The policy should clearly state who is assigned to enforce the policy (e.g. Legal).

RESEARCH ANIMALS: BACKGROUND

- In academic centers, clinical facilities may sometimes be requested for use by research animals (e.g., CT, MRI)
- In addition, zoos or veterinary facilities may appeal for use of healthcare facilities to diagnose or treat sick or injured animals
- Therefore, acute care hospitals should have comprehensive policies and procedures in place to ensure patient and public safety while enabling safe, effective, and efficient evaluation and treatment of animals.
- However, animals can serve as a reservoir and vehicle for infectious pathogens:
 - Direct contact (bite or scratch): Dog/cat (*P. multocida*), primate (Herpes B), rodent (LCM virus)
 - Inhalation: *Coxiella burnetii* (Q fever), *Chlamydophila psittaci* (psittacosis)
 - Fecal-oral: *Salmonella* spp., *Campylobacter* spp., *Cryptosporidium* spp.
 - Vector-borne (ticks, fleas): RMSF

RESEARCH ANIMALS

- Before any research animal is evaluated in a human healthcare facility, the principal investigator should submit a detailed protocol that is reviewed and approved by the facility's responsible individuals or committees (e.g., IACUC).
- In addition to approving proposed procedures involving animals, the detailed protocol should address all relevant issues including the following:
 - When the procedure may be performed
 - Where the procedure is to be performed
 - What personnel will be involved
 - What personal protective equipment is required
 - What cleaning and disinfection practices will be required
 - What route(s) will be used to transport animals to and from the clinical area
 - Who is responsible for transporting the animal to the procedure area
 - Who is responsible for care and maintenance of the animal

OTHER ANIMALS

Veterinary procedures:

- Whenever possible, animals should be treated in facilities specialized for animal care; however, the expense of specialized equipment may preclude use solely for animals and, on occasion, veterinary facilities or zoological institutions may wish to utilize human healthcare equipment or facilities (follow procedures for research animals).
- Zoo animals:
 - Special care needs to be taken in the transport and care of zoo animals that are venomous (e.g., venomous snakes), large (e.g., elephant), or carnivores (e.g., tigers, lions).
 - Zoo animals must be accompanied by and contained at all times by trained staff.
 - Contact of animals by HCP not affiliated with the research or clinical activity should be prohibited.

PERSONEL PET VISITATION

- Each healthcare facility should have a policy regarding the admittance of pet animals into the facility and an individual that oversees the program.
- Pets should, in general, be prohibited from entering the healthcare facility, including pets of HCP, patients, and visitors. Exceptions can be considered when the healthcare team determines that visitation with a pet would be of benefit to the patient and can be performed with limited risk to the patient, other patients, and healthcare facility as a whole. The patient or guardian of the pet should be informed of potential risks, which should be documented in the chart. Situations where visitation with a pet might be considered include:
 - Visitation of a terminally ill patient
 - Visitation of a patient who has been hospitalized for a prolonged period of time
 - Visitation of a patient who has a close bond with the animal and where the healthcare team suspects that visitation could improve the patient's physical or mental health

PERSONEL PET VISITATION

- Visitation by a pet is different than animal-associated activities or similarly structured activities. Risks from visitation by patients' pets may be increased because:
 - There is no formal training of the owner/designee, as with an AAA handler(s).
 - Pets have not been temperament tested.
 - Pets do not typically undergo the same degree of health assessment or exclusion practices (e.g. age) as compared to animals used in animal-assisted activities.
- The degree of restriction should take into consideration the patient's health and mental status, the patient's prognosis, and factors relating to the animal (e.g. age).

PERSONEL PET VISITATION

Healthcare facilities that permit a single pet visitation to a patient should have a written policy that includes the following:

- Approval should be obtained from IPC, as well as the patient's attending physician and nurse. Approval for the visit should be included in the medical record, with details about the animal, and the person responsible for the animal's transport and care.
- Visitation should be restricted to dogs. Animals should be at least one year of age and housebroken. Visitation by younger animals could be considered on a case-by-case basis considering the age of the animal, the species, and potential benefits and risks to the patient.

PERSONEL PET VISITATION

Written information should be provided to the animal's owner/designee. This must specify:

- The approved date, time, and location of visitation.
- The maximum duration of visitation of one hour.
- Acceptable and unacceptable practices of the visiting animal are similar to an AAA visit.
- Pre-visitation requirements of the owner/designee are similar to an AAA visit.
- The owner or guardian of the animal is responsible to supervise the animal at all times, prevent contact of other individuals with the animal, promptly clean up any fecal or urine accidents that occur, supervise the visitation process, and report any events (e.g., bite, scratch) to HCP.

PERSONAL PET VISITATION: BACKGROUND

- Definition: A domestic animal that is owned by an individual patient and is not a service animal not an animal used for AAA
- Potential benefits of allowing pet visitation: strong bond with pet may enhance patient wellbeing.
- Potential challenges:
 - Pets are NOT screened for behavior or health as are animals used for AAA
 - Owners and/or handlers have not undergone special training
 - Pets may interact with HCP, other patients, and visitors

PERSONEL PET VISITATION

In general, visitation should not be permitted in the following situations:

- Patients on contact or droplet isolation
- Patients in an intensive care unit (ICU)
- Patients whose cognitive status would result in an inability to safely interact with the animal,(unless it can be certain that the patient will only be able to see, not touch, the animal.
- Visitation of patients that have undergone recent solid organ or stem cell transplant or who are significantly immunocompromised.
- In some situations, these exclusions can be reconsidered by IPC and clinical personnel based on the risk to the patient, others in the healthcare facility or patient's household, and the anticipated benefits to the patient from pet visitation.

PERSONEL PET VISITATION

An appropriate site for pet visitation should be selected:

- Visitation is best performed outside of the medical facility whenever possible, consistent with facility rules for leaving the facility under proper supervision.
- If outdoor visitation is not possible, visitation should be performed in a private room.
- If visitation must occur in a multi-bed room, explicit permission from the roommate (or roommate's guardian) and the roommate's physician must be obtained prior to arrival.
- Pets should not be fed, given treats, or provided with water during visitation.
- Animals should be taken directly to the site of visitation, avoiding areas of heavy traffic.
- The person transporting the animal should prevent the animal from coming into contact with other patients or HCP.
- The pet should be transported in a carrier whenever possible, or on a leash that is <6 ft.
- Animals must not be allowed to roam freely in the visitation area.
- A pet that is disruptive or exhibiting fearful or aggressive behavior (e.g., barking, snarling, biting) should be immediately removed. The program coordinator must be notified.
- The pet should not have the ability to interfere with medical measures (i.e., not be able to damage IV tubing).

PERSONEL PET VISITATION

- The patient must perform hand hygiene immediately before and after contact with the animal.
- Pets of HCP should not be brought to a healthcare facility unless part of a formal animal-assisted activities program or for approved visitation of a patient who is a family member.

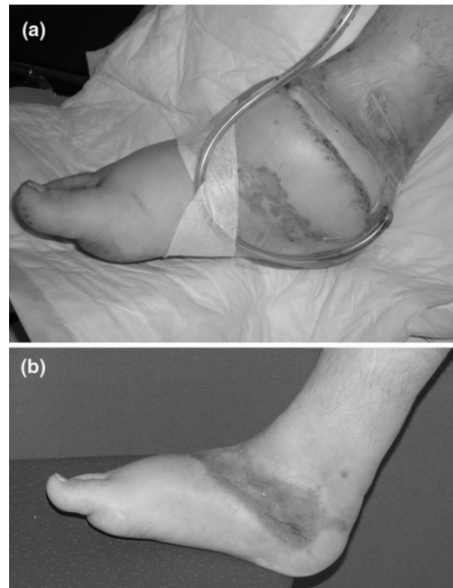
MISCELLANEOUS

- If medicinal leeches are used, they should be purchased from a medical supply vendor, maintained in pharmacy, and discarded as regulated medical waste after used (engorged).
 - Consider decolonizing leeches (i.e., eliminate carriage of *Aeromonas*) by feeding leeches on an appropriate antibiotic or prophylactically treating the patient.
- Fish tanks in hospitals should not be allowed due to the risks of infection from maintenance of the fish tank and the possibility of aerosol transmission of *Legionella* spp. If a facility chooses to have an aquarium it should be covered, not accessible to patients, maintained by a professional staff, and not placed in a clinical area or in an area with immunocompromised patients. Protocols should be established for aquarium management.
- If maggot debridement therapy is used, only appropriate decolonized flies or fly larvae should be purchased. Used maggots should be handled as biohazardous waste.
- Farm and zoo animals events should be not allowed in a healthcare facility or on healthcare facility property (e.g., outside the facility).

***AEROMONAS HYDROPHILA* INFECTION FOLLOWING USE OF MEDICINAL LEECHES**



Sartor C, et al. Lancet 2013;381:1686



Schnabl SM, et al. Aarch Orthop Trauma Surg 2010;130:1323-28

TABLE 8. Summary of Animals in Healthcare Classification and Selected Recommendations

	Animal-Assisted Activities	Service ^a	Research	Personal Pet
Program				
Written policy recommended	Yes	Yes	Yes	Yes
Federal legal protection	No	Yes	No	No
Animal visit liaison	Yes	No	IACUC	Yes
Infection prevention and control notification of animal visit/session	Yes	Yes	Yes	Yes
Infection prevention and control consultation for restricted areas	Yes	Yes	Yes	Yes
Visit supervised	Yes	No	Yes	Yes
Visit predetermined	Yes	No	Yes	Yes
Animal and handler/owner performs trained tasks	See text	Yes	N/A	No
Specially trained handler	Yes	Yes	Yes	No
Health screening of animals and handlers	Yes	N/A	N/A	No
Documentation of formal training	Yes	No	N/A	No
Animal can be a pet	Yes	No	No	Yes
Animal serves solely for comfort or emotional support	See text	No	N/A	Yes
Identification with ID tag	Yes	Not required	N/A	Yes/No
Animal required to be housebroken	Yes	Yes	N/A	Yes
Permitted animals				
Dogs	Yes	Yes	N/A	Yes
Other animals	See text	See text	N/A	See text

NOTE. IACUC, Institutional Animal Care and Use Committee.

^aPolicy to reflect ADA and regulatory compliance. Inquiries limited by ADA to tasks performed for patient.

CONCLUSIONS

- Facilities should have a policy regarding animals in their facility
- ADA
 - Legal requirement to adhere to ADA
 - ADA trumps state or local laws, and facility policy
- Animal assisted activities (AAA)
 - Can be done safely if properly managed
 - Need to use specifically trained handlers and properly evaluated dogs
 - Need patient and physician approval
- Personal pet visitation
 - Facilities should have a policy to manage personal pet visitation.

THANK YOU!!

