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Owner	Sherie Goldbach: Project Coordinator
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Applicability	UNC Medical Center

Service Animals

I. Description

This policy addresses the management of service animals within hospitals and ambulatory care facilities.

II. Policy

A. Definitions

1. Service animal, as used in this policy (and as defined under the Americans with Disabilities Act (ADA)) means any dog or miniature horse trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to, a physical, sensory, psychiatric, intellectual, or other mental disability. The work or tasks performed by a service animal must be directly related to the individual's disability.

    a. Examples of work or tasks include but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by

preventing or interrupting impulsive or destructive behaviors.

b. The term does not include personal pets, or any other types of animals or dogs used for the provision of emotional support, therapy (i.e., animal-assisted therapy), well-being, comfort, or companionship.

2. Disability, as defined by the ADA, means a physical or mental impairment that substantially limits one or more of the major life activities of such individuals; a record of such impairment; or being regarded as having such an impairment.

    a. Major life activities are defined as those functions that are important to most people's daily lives. Examples of major life activities are breathing, walking, talking, hearing, seeing, sleeping, caring for oneself, performing manual tasks, and working. Major life activities also include major bodily functions such as immune system functions, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

3. Direct threat means a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures, or by the provision of auxiliary aids or services.

4. In determining whether a service animal poses a direct threat, UNC Hospitals shall make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain, the nature, duration, and severity of the risk; the probability that the potential injury will occur; and whether reasonable modifications of policies, practices, or procedures will mitigate the risk.

B. Identification of Service Animals

1. Persons with a disability may be requested but are not required to have their service animal wear an identification tag (e.g., collar, tag, etc.) that identifies them as a service animal to aid UNC Hospitals staff in distinguishing service animals from pets. Unless the work of the service animal is readily apparent (e.g., the dog is observed guiding an individual who is blind), staff may courteously ask the owner only 2 questions to determine if the animal is a service animal as defined under the ADA and this policy:

    a. Is this animal required because of a disability?

    b. What work or tasks is the animal trained to perform?

2. Staff may not ask for "papers" or "certification." There are no formal certification or registration programs for service animals. Certificates and paperwork can be purchased by anyone for any pet from various agencies, these certificates and paperwork do not indicate an animal is a Service Animal as defined by ADA.

3. Personal pets are not allowed within UNC Hospitals unless in accordance with the

Patient Care policy: Animal Assisted Activities (AAA).

NOTE:	**Exceptions to this policy must be approved by the Risk Management Department. Questions regarding infectious disease risks (e.g., allowing an animal into a "sterile" environment such as the operating room or areas where medications are compounded), should involve the Medical Director of Infection Prevention or their Infection Prevention designee.**

C. Exclusion of Service Animal

1. Service animals for persons with disabilities may be excluded from UNC Hospitals and clinics due to animal behavior or health under the following circumstances:
    a. The animal exhibits aggressive behavior such as snarling, biting, scratching, or teeth-baring,
    b. The animal is excessively noisy (e.g., howling, crying, whining),
    c. The animal is unable to properly contain bodily excretions (e.g., the animal is not "housebroken" or has vomiting or diarrhea), or
    d. The animal exhibits symptoms or signs of infection (e.g., episodes of vomiting, or diarrhea, urinary or fecal incontinence, episodes of sneezing or coughing of unknown or suspected infectious origin, animals currently on treatment with non-topical antimicrobials, infestation by fleas, ticks, or other ectoparasites, open wounds, ear infections, skin infections, or "hot spots"), unless and until the animal has been evaluated and cleared by a licensed veterinarian.
2. Service animals will always remain with the person with a disability unless:
    a. Medically contraindicated for the person with a disability because the animal may pose a direct threat to the health of the person with a disability (e.g., there is a reasonable determination that the animal may interfere with expected or possible medical interventions such as cardiopulmonary resuscitation, invasive procedures, or treatment of a seizure), after consultation with the patient or his/her authorized representative, when feasible.
    b. Medically contraindicated for staff or other patients who have a demonstrated allergy to or have a phobia about animals, and UNC Hospitals has demonstrated its inability to modify its practices to permit a service animal to remain with the patient (e.g., moving the patient to another comparable room, changing staff schedules, or using other nondiscriminatory methods) so that, the presence of the service animal would not pose a direct threat, would not substantially interfere with the care and treatment of other patients, and/or would not require a fundamental

change in UNC Hospitals practices.

3. Service animals for persons with disabilities are allowed to accompany those patients and visitors throughout UNC Hospitals, except for:

    a. Invasive procedure areas where sterility is required, including but not limited to the operating rooms, recovery rooms, cardiac catheterization laboratory, and endoscopy suite.

    b. Patient units where a patient is immunocompromised, or on isolation precautions for respiratory (droplet or airborne), enteric, or contact precautions, unless in a particular circumstance a service animal does not pose a direct threat and the presence of the service animal would not require a fundamental alteration in the hospitals' policies, practices, or procedures.

    c. Food and medication preparation areas where appropriate hygiene is required, including but not limited to the kitchen, infant formula preparation room, and central and satellite pharmacies.

    d. Areas where the service animal or equipment may be harmed by exposure (e.g., metal is not allowed in an MRI room, and a dog may have metal on a collar or in an embedded chip), after consultation with the patient or their authorized representative. When there is potential harm to the service animal (e.g., an animal present in the room during radiation therapy), the patient should be advised of the potential harm and will assume full responsibility for any harm to the service animal.

    e. In Critical Care units when the service animal is no longer able to perform work or tasks for the patient because of the patient's condition, after consultation with the patient or the patient's authorized representative. In situations where the service animal is restricted from accompanying the patient, reasonable accommodation will be made for the person with a disability to function without the service animal.

    f. Risk Management should be consulted prior to exclusion of a service animal from a healthcare facility.

    g. Any consideration of restricting or removing a service animal should be done in discussion with the patient (and/or their designee) to achieve consensus and provide an understanding of the concerns.

D. Responsibility/Direction of Service Animal

1. The service animal will always remain under the direction of the person with a disability, or their designee.

2. The person with a disability or their designated caretaker is responsible for the care of the service animal, including feeding, toileting, exercise, etc.

3. If at any time the person with a disability is unable to maintain the direction of the service animal, they will make alternative arrangements for the care of the service animal.
4. The patient or visitor must be able to arrange to have the service animal fed, exercised, and toileted without the involvement of staff. UNC Hospitals staff should not be involved in the care of service animals owned by visitors or patients.
5. The service animal is always considered to be "on duty." Therefore, staff and visitors should not pet, approach, interact with, or provide care to the service animal.

E. Health of Service Animal

1. The person with a disability is responsible for ensuring the health of the service animal.
2. Avoid contact between people with communicable diseases and the service animal as much as possible. If contact cannot be avoided, the sick person should wear a mask when around the animal.

F. Visitation

1. Persons with a disability accompanied by a service animal are permitted to visit patients as long as visitation occurs per this policy and the applicable Patient Care policy: Hospital Visitation.
2. Service animals are not allowed to enter other patients' rooms or food service areas unless accompanied by a person with a disability.
3. When a person with a disability visits a patient's room, they should check with the patient's primary care nurse before visiting to ensure that no person 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, or 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 the day room, or waiting room).

G. Service Animals in Inpatient Areas

When patients with a service animal are assigned to a shared suite, the roommate must be screened for clinically significant allergies to the service animal and, if such a condition is present, either the patient with a disability or a patient with animal allergies must be moved to another room.

H. Staff Medical Reactions to Service Animals

When staff exhibits medical reactions to service animals, such as allergic reactions, they should

be temporarily assigned to other areas if feasible. Staff who require medical care after such an exposure should be evaluated by Occupational Health Services or the Emergency Department during nights and weekends.

I. Emergency

1. When a person with a disability is brought to the hospital with a life-threatening medical emergency, care of the service animal will be temporarily assumed by UNC Hospitals staff not directly involved in the care of the person with disability.
2. Emergency Department staff will contact someone designated by the person with the disability to come to the hospital and assume responsibility for the service animal.
3. If the person with a disability is a non-life-threatening emergency admission, the service animal will remain with the person with a disability unless a contraindication is present (see C. Exclusion of Service Animal).

J. Notification

When patients are admitted with service animals and there is a concern about staff regarding safety, providers should consult Risk Management for legal or administrative questions, and/or Infection Prevention for questions about communicable diseases or infection risks.

K. Special Provisions for Miniature Horses Trained to Do Work or Perform Tasks for People with Disabilities.

Miniature horses generally range in height from 24 inches to 34 inches measured to the shoulders and generally weigh between 70 and 100 pounds. The accommodation of miniature horses as service animals shall be determined on a case-by-case basis by the Risk Management Department with the assistance of the Medical Director of Infection Prevention, or if unavailable, the Infection Preventionist on-call if there is concern regarding zoonotic (communicable) disease transmission. The assessment factors are (1) whether the miniature horse is housebroken; (2) whether the miniature horse is under the owner's control; (3) whether the facility can accommodate the miniature horse's type, size, and weight; and (4) whether the miniature horse's presence will not compromise legitimate safety requirements necessary for the safe operation of the facility.

III. References

Americans with Disabilities Act of 1990, 42 U.S.C. 12101, et seq.)

www.ADA.gov (2010 Revised Requirements Service Animals)

Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks, Infection Control & Hospital Epidemiology, Volume 36, Issue 5, May 2015, pp. 495-516

https://www.cdc.gov/healthypets/covid-19/service-therapy-animals.html

IV. Related Policies

Nursing Policy: Hospital Visitation

Patient Care Policy: Animal Assisted Activities (AAA)

V. Responsible for Content

IP Leadership Team

All Revision Dates

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Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Judith Strubin: Mgr Program-IP	12/2024
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Applicability

UNC Medical Center

Standards

No standards are associated with this document