

Animals in Hospital Facilities

PURPOSE: This policy is intended to address access to Hendricks Regional Health ("HRH") facilities by Service Animals, Pets, Emotional Support or Comfort Animals and Therapy Dogs participating in the HRH pet therapy program.

POLICY: Service Animals will be permitted in HRH facilities unless the animal's presence would fundamentally alter the nature of the service provided, when a particular animal is not within its Handler's control, or when the animal poses a direct threat to the health or safety of others or otherwise jeopardizes the safe operation of the facility. Therapy Dogs that are part of the HRH pet therapy program ("Program") will be permitted in the facilities when providing therapy services through the Program. Other animals such as pets and emotional support or comfort animals will be permitted in limited circumstances based on the guidelines below.

PROCEDURE:

I. Definitions

- A. Direct Threat: A significant risk to the health or safety of others that cannot be eliminated or mitigated by a modification of practices or procedures, or by the provision of auxiliary aids or services.
- B. Emotional Support or Comfort Animal: An animal that provides a therapeutic benefit through devotion, affection and companionship but does not have training to perform specific tasks for the person's disability/diagnosis.
- C. Individual with a Disability: A person who has a physical or mental impairment that substantially limits one or more major life activities including, but not limited to, walking, talking, seeing, breathing, or hearing.
- D. Handler: The person responsible for controlling and providing care for an animal.
- E. Pet: An animal that is owned and cared for by an individual/patient that is not a Service Animal, Therapy Pet, or Emotional Support or Comfort Animal.
- F. Pet Therapy: The use of specifically trained/approved animals for interactions with patients with the intention of providing general therapeutic benefit.
- G. Service Animal: An animal that is individually trained to do work or perform tasks for the benefit of an Individual with a Disability, including but not limited to:
 - 1. A hearing animal
 - 2. A guide animal
 - 3. An assistance animal
 - 4. A seizure alert animal
 - 5. A mobility animal
 - 6. A psychiatric service animal
 - 7. An autism service animal

II. Service Animals

A. Identification

1. When it is not obvious what service an animal provides, only limited inquiries are allowed under the law. Associates may only ask the following two questions:
 - a) Is this animal a Service Animal required because of a disability?
 - b) What work or task has the animal been trained to perform?
2. Associates should not:
 - a) Ask about the person's disability. If a person asserts that an animal is required because of a disability, their response should be taken at face value.
 - b) Ask the Handler to demonstrate the Service Animal's work or task.
 - c) Ask for registration or certification documents. Service Animals are not required to be certified or registered.
 - d) Ask for ID cards.
 - e) Ask for letter from a physician.
 - f) Charge additional fees because of the Service Animal.
 - g) Refuse admittance, isolate, segregate, or treat the Individual with a Disability less favorably than other patients or visitors.
 - h) Require that a Service Animal wear a harness, special patch, or vest.

B. Access and Exclusion

1. A Service Animal shall be permitted in any area of the facility that is unrestricted to inpatients, outpatients, or visitors provided that the Service Animal does not pose a Direct Threat and the presence of the Service Animal would not require a fundamental alteration in the facilities policies, practices, or procedures.
2. Consistent with Centers for Disease Control guidance, it is generally appropriate to exclude a Service Animal from limited-access areas that employ general infection-control measures, such as:
 - a) Operating/procedure rooms;
 - b) Locations where immunosuppressed patients are being housed including the Special Care Nursery, ICU, Surgery Unit and Medical Unit; or
 - c) Locations where respiratory, enteric, or infectious precautions are in place.

3. If a determination is made to exclude a Service Animal from all or a portion of an HRH facility, HRH shall work with the Service Animal Handler to determine whether any reasonable modifications of policies, practices, or procedures are possible to accommodate the Service Animal.
4. In the event a Service Animal is excluded or removed from an HRH facility, HRH must offer the Individual with a Disability the opportunity to obtain goods or services without the Service Animal's presence.
5. A Service Animal Handler, which may be the Individual with a Disability, but does not have to be, must:
 - a) Control the Service Animal. Service Animals must be harnessed, leashed, or tethered, unless these devices interfere with the Service Animal's work or the individual's disability prevents using these devices. In that case, the Handler must maintain control of the Service Animal through voice, signal, or other effective controls.
 - b) Provide the Service Animal with food, water, and other necessary care (including toileting) or makes such arrangements through family members, friends, or accompanying person. HRH Associates are not to be responsible for providing care for Service Animals.
 - c) Clean up promptly after the Service Animal, or make arrangements for a family member, friend, or other person to clean up after the Service Animal. HRH Associates are not responsible for cleaning up after the Service Animal.
 - d) Ensure the Service Animal is vaccinated and licensed, to the extent required by state law and/or local ordinance.

C. Removal of the Service Animal

1. A Service Animal Handler will be asked to remove the Service Animal or make arrangement for the Service Animal to be removed from the facility in the event of the following:
 - a) The Service Animal is not responding to its Handler's attempts to control the Service Animal and has been determined by the House Supervisor (who has made an individualized assessment based on reasonable judgment) to be out of control.
 - b) The Service Animal is not housebroken or is incontinent.
 - c) The Service Animal otherwise poses a Direct Threat to the health and safety of others.
2. Carefully document the circumstances of the refusal/removal and contact the House Supervisor in the event a Service Animal is excluded. A single incident of refusal/removal does not necessarily mean that the Service Animal can be excluded indefinitely. The House Supervisor will assist in establishing future communications with the Handler.

- III. Emotional Support/Comfort Animals and Pets
- A. Emotional Support or Comfort Animals are not considered to be Service Animals under the Americans with Disabilities Act or under Indiana law. HRH is not required by law to allow them access to HRH facilities. For purposes of this policy, HRH shall treat Emotional Support/Comfort Animals in the same manner as Pets.
- B. Generally, Emotional Support/Comfort Animals or Pets will not be permitted in the HRH facilities. Instead, patients will be offered the opportunity, if appropriate, to participate in the HRH Pet Therapy Program.
- C. HRH may choose to allow Emotional Support/Comfort Animals and Pets access to the HRH facilities in the following situations:
1. A patient on the enMotion Recovery Care Unit will likely be experiencing a long-term stay or
 2. The patient is nearing the end of life;
- D. The decision to allow access in one of these scenarios and the duration of the access will be determined on a case by case basis by the House Supervisor and/or Infection Control with physician consultation when deemed necessary. The Emotional Support/Comfort Animal or Pet must be healthy, housebroken and have a personality and obedience level appropriate for the health care setting.
- E. If permitted access to the facilities, the Handler of the Emotional Support/Comfort Animal or Pet must:
1. Sign the Animal Visitation Agreement prior to the first visit.
 2. Check in at the front desk upon arrival. Once checked in, the Emotional Support/Comfort Animal or Pet must go directly to the patient room or other designated visitation area. The door should remain closed for the duration of the visit.
 3. Maintain control of the Emotional Support/Comfort Animal or Pet. The Emotional Support/Comfort Animal or Pet must be leashed or crated when entering and exiting the facilities.
 4. The Handler will refrain from allowing any visitors or other patients to touch the Emotional Support or Comfort Animal or Pet.
 5. Address the needs of the Emotional Support/Comfort Animal or Pet including feeding, watering and toileting. If unable to do so, the Handler may be asked to remove the Emotional Support/Comfort Animal or Pet from the premises.
- F. HRH may request that an Emotional Support/Comfort Animal or Pet be removed or not return to the facility for any reason.

IV. Unanticipated Animals

A. In the event that a patient arrives at the hospital facilities with an animal, the patient or family member will be asked to remove the animal from the facilities. If the patient and/or family member cannot remove the animal due to their health or need for care, HRH will inform the patient or family member that the hospital and staff cannot be responsible for the animal and that the patient must contact someone to come retrieve the animal within thirty (30) minutes.

B. If the animal is not removed by the patient and/ or family member, Security will be contacted and the animal will be housed in the Security Office. If possible, the patient and or family member will bring the animal to the Security Office. If the patient or family member is unable to bring the animal to the Security Office, Security will be called to collect the animal. Security will contact law enforcement and/or Animal Control as necessary to assist in securing the animal.

C. If the patient is unable to identify anyone to retrieve the animal or if no one arrives within the allotted thirty (30) minutes, Security will contact the Hendricks County Animal Shelter. The patient and/or the patient's representative will be informed of the animal's location.

V. "Paws to Pet" Pet Therapy Program ("Program")

A. The goal of the Program is to: provide a soothing, familiar emotional experience that can have a positive impact on humans and their health status. To provide patients with an opportunity to interact with animals; to reduce the impact of the medical environment; to improve tactile stimulation; and to maintain or improve social skills. To provide a home-like environment. To provide an activity that does not focus on the illness. To provide a warm, loving animal to assist in motivation of the patient in working towards treatment goals.

B. The program will be administered through the Volunteer Services Department. All therapy dogs ("Therapy Dogs") must be certified through "Therapy Dogs International, Inc." Program visits must be provided in a safe manner and be consistent with Infection Control policies and practices. Only domestic companion dogs will be allowed to serve in this program, cats or other animals are not included.

C. The Program Volunteer shall be a volunteer of HRH Volunteer Services selected for direct patient contact and animal control skills and is:

1. To use proper precautionary measures to protect patients and personnel from infections that could arise from pet therapy visits.
2. To promptly report incidents of positive exposure to diseases to the Clinical Manager or Director.
3. To follow guidelines for volunteers as outlined in the Volunteer office.
4. To coordinate Program visits in accordance with approved hospital protocols.
5. To monitor visits to assure proper precautionary measures are taken.
6. To report the effects of the Program visit to the nurse caring for the patient.

- D. Volunteer Services Manager
 - 1. Implements and enforces policies and procedures related to Infection Control with the assistance of the Infection Control Practitioner.
 - 2. Ensures appropriate volunteer application process and initial screening is completed for each potential Program Volunteer.
 - 3. Works in cooperation with Employee Health Services to ensure volunteers meet Infection Control standards.
 - 4. Will represent the Program and assume supervisory responsibility when working with other hospital departments, as well as individual Program Volunteers when necessary.
- E. Inpatient nursing staff will:
 - 1. Review charts for allergies.
 - 2. Check with patients to see who wishes to have a visit.
 - 3. Obtain permission from patient and/or legal guardian if patient is under the age of 18 years.
 - 4. Close doors of any patient who is allergic until Program visits are over.
 - 5. Post a sign on the patient's door stating that a Program visit is in progress. This is intended to alert any associates who may be allergic to animals.
 - 6. Any associates assigned to care for a patient who receives a Program visit may be reassigned on the day of the Program visit if they have allergies or fear the animal. Requests for reassignment should be directed to the associate's immediate supervisor.
- F. Handling the Therapy Dog
 - 1. During Visits:
 - a) If the Therapy Dog is to lie on the bed or furniture, a clean sheet or blanket will be placed on the bed for the Therapy Dog to lie on. The hospital will provide linen when required. Protective linens are changed between patients. Roll sheets into the middle away from patient. Place dirty sheet in linen hamper.
 - b) The Program Volunteer will keep a hand on the dog or hold the lead at all times.
 - c) Handler is to prevent dog from licking patients and Health Care personnel.
 - d) Hand washing/hand sanitizer use will be performed by the patient before and after the pet visit. Assist patient as needed.
 - e) If the patient has any invasive devices such as a foley catheter, IV, ventilation equipment, chest tubes, drains or any other medical devise; the Handler will approach the patient on the opposite side of invasive devises in a manner to prevent the Therapy Dog from having direct contact with these devices.
 - 2. Following Visits

- a) The Program Volunteer should report to the inpatient nurse caring for the patient.
 - b) The record of visit should be recorded by the Program Volunteer on the Patient Visit Sheet that is located at the desk where the Program Volunteer signs in. These forms should be kept on file in the Guest & Volunteer Services Department. The patient room number, medical record number and date of visit are documented on this form.
- G. Therapy Dogs International, Inc. Rules and Policies for visitation must be followed.
 - 1. Dogs must be temperament tested by a Program Coordinator
 - 2. All dogs must be under a current veterinarian's care for the following:
 - a) Dogs to be parasite free.
 - b) Dogs must be on a flea control program.
 - c) Dogs must have all inoculation current (within one year).
 - d) All dogs must be kept on a lead at all times during the visit.
 - e) All dogs must have Therapy Dogs International certification.
 - f) All dog handlers to follow Therapy Dogs International rules and policies regarding visitation.
- H. Program Coordinator
 - 1. Performs a temperament test to determine the dog's reaction to the following:
 - a) Change in environment such as movement from room to room and movement of structures located in the room.
 - b) Introduction to person unfamiliar to the dog.
 - c) Exposure to other dogs.
 - d) Exposure to a variety of sounds, including loud or sudden sounds.
 - e) Objects specific to the hospital environment (i.e. wheelchairs which are stationary or moving, dinner cart, bedside table, etc.)
 - f) Control measures utilized by dog's trainers.
 - g) Pain tolerance test.
 - 2. Inappropriate response of the dog will eliminate them from program participation. A dog demonstrating an aggressive or fearful response to people or dogs will not be accepted.
- I. Program Volunteer
 - 1. Will be part of the HRH volunteer program.
 - 2. Will accompany the experienced Program Coordinator for a minimum of three sessions. Prior to starting visits with their own Therapy Dog, the volunteer must demonstrate the ability to control the Therapy Dog while appropriately interacting with the patient within the parameters.

- J. Untoward incidents that occur during or after the Program visit will be documented in the HRH event notification system. This includes asthma attacks, allergic responses or unforeseen infectious risks. The Volunteer Services Manager will be notified as well.
- K. The Program may only bring in Adult Dogs, over 1 year old and who have been in the Program Volunteer's home for a minimum of 6 months. All dogs must have TDI training.
- L. "Accidents" should be cleaned by the Program Volunteer, wearing gloves and using paper towels and a red plastic bag to contain the physical matter. The area should then be wiped with a detergent/disinfectant and deodorizer.
- M. Therapy Dogs will not be permitted in the following areas:
1. Food preparation areas
 2. Labor and delivery areas
 3. Medication storage/preparation areas
 4. Surgical areas (restricted or semi-restricted), pre op holding/assessment areas, or PACU
 5. Clean/sterile supply storage areas
 6. Wound Care Clinic
 7. Intensive Care Unit
- N. Patients not eligible for Program visits include:
1. Patients with a history of allergies to dogs.
 2. Patients diagnosed with asthma or other respiratory illness.
 3. Patients with a neutrophil count < 500.
 4. Patients who have had a splenectomy.
 5. Patients who have had a bone marrow transplant.
 6. Any patient being treated for an open wound, or who is being treated as a patient in the wound care clinic.
 7. Patients who are in any type of isolation.
 8. Patients with fever of 100.4 degrees or greater or temperature of less than 96.8.
 9. Patients who are afraid of dogs.
 10. Any post-operative patient with an incision.
- O. Insurance
1. Therapy Dogs International carries personal liability insurance for all volunteer handlers while they are doing Program Volunteer work only. Policy limits for injury are, at this time, \$1,000,000 per occurrence and \$3,000,000 aggregate.
 2. Therapy Dogs International also carries excess insurance should any TDI volunteer be injured traveling directly to or from, or participating in Program Volunteer activities. The amount of excess coverage is \$2,000,000.
- P. Patient and Staff Satisfaction

1. Assessing patient and staff satisfaction to ensure participating patients and staff, as well as a representative sample of non-participating patients and staff, are routinely sampled for feedback.

Q. Staff Orientation

1. All staff involved in the Program, and any staff that will be exposed to the dogs, should be oriented to the program's guidelines and implement the policies and procedures outlined within this document.

Contact Infection Preventionist Sandra Benson (Sandra.Benson@hendricks.org; (317) 745-3514) or Director of Patient Experience, Julia Smalley (Julia.Smalley@hendricks.org; (317) 745-8650) with questions.