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<b>PART I</b>	<b>ANIMAL ASSISTED THERAPY PROGRAM (PET THERAPY)</b>
<b>PART II</b>	<b>PERSONAL PETS</b>
<b>PART III</b>	<b>SERVICE ANIMALS</b>
<b>PART IV</b>	<b>MANAGEMENT OF ANIMAL WASTE</b>

**DEFINITIONS:**

Therapy Animal: A certified therapy animal may be incorporated as an integral part of a treatment process.

Pet: A domestic animal kept for pleasure or companionship

Service Animal: Any dog or miniature horse trained to do work or perform tasks for the benefit of an individual with a disability – 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.

**PART I ANIMAL ASSISTED THERAPY PROGRAM (PET THERAPY)****POLICY STATEMENT:**

Certified therapy dogs will visit appropriate patients under the guidance of the unit manager / therapist.

**I. OBJECTIVES:** The purpose of the program is to:

- A. Provide positive interaction between patients and animals using a non-threatening modality.
- B. Decrease isolation and loneliness experienced by patients while in the hospital environment.
- C. Decrease stress, anger, and anxiety.
- D. Promote improved affect, mood, motivation and interest.
- E. Promote improved self-esteem through unconditional positive acceptance.
- F. Provide opportunity for fun, socialization and interaction with peers, time out from hospital routine, and expose patient to a normalized activity.
- G. Provide positive sensory stimulation for patients.

**II. IN-ROOM VISITATION:** In-room visitation shall be allowed under the following conditions:

- A. Any animal visits to pregnant women should be evaluated on a case by case basis.
- B. Restrict all animal visitations for patients who are severely immune compromised unless special circumstances exist, including isolation rooms.
- C. Restrict in-room animal visitation if food trays are in the room.
- D. Minimize contact with animal saliva, dander, urine, and feces.

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## **PART I: ANIMAL ASSISTED THERAPY PROGRAM (PET THERAPY) (Cont'd)**

### **II. IN-ROOM VISITATION: (Cont'd)**

- E. Practice hand hygiene after any animal contact.
  - ✓ Wash hands with soap and water, especially if hands are visibly soiled or contaminated with proteinaceous material.
  - ✓ Use both soap and water or alcohol-based hand rubs when hands are not visibly soiled or contaminated.

### **III. SAFETY PROCEDURE:**

- A. Before animal is allowed to participate in hospital visitation, current certification will be kept in file and renewed annually by Volunteer Services.
- B. Animals will be leashed and/or transported via cage to and from therapy room.
- C. Animals must be owned or housed by the animal provider who will be working with it at the hospital.
- D. No patient will be left unsupervised with animal during the session.
- E. Place covering over patient, as appropriate.
- F. No patient with infection or open wound that cannot be adequately covered will be allowed to participate for both the safety of the animal and of the patient.
- G. If any patient, family member or personnel is scratched or bitten by animal resulting in an open wound, nursing will be notified and a Patient Safety and Quality Improvement (PSQI) report will be completed on the incident. Complete a 553 (employee illness/injury form) as well for any employee injuries. The attending physician will be notified.

### **IV. VETERINARY SCREENING: (signed report from licensed veterinarian – performed annually, including the veterinarian's address and phone number)**

- A. History of vaccinations: DHLPP (or equivalent) within (1) year if under one (1) year of age, or within three (3) years if over one (1) year of age.
- B. Negative fecal exam.
- C. Current rabies vaccination.
- D. Physical characteristics/grooming:
  - 1. No abnormal or excessive shedding, skin debris or odor, or matting.
  - 2. Recent (within 24 hours) bath or thorough brushing.
  - 3. Short and trimmed toe nails.

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<b>PART I: ANIMAL ASSISTED THERAPY PROGRAM (PET THERAPY) (Cont'd)</b>			
<b>V. BEAUMONT CHILDREN'S HOSPITAL</b>			
A. For Pet Therapy Program instituted on the Pediatric Unit, all of the above criteria apply. In addition, a nursing manager/assistant, a Certified Therapeutic Recreation Specialist (CTRS) (RO) or Certified Child Life Specialist (CCLS) (RO), in conjunction with a volunteer group, will organize and lead the program.			
B. Nursing Manager/Assistant/CTRS/CCLS RESPONSIBILITY			
1. In collaboration with Volunteer Services, an appropriate pet handler will be approved.			
2. Confirm volunteer schedule and list of activities to be completed during the group one or two days prior to scheduled event.			
3. Contact physicians and/or nursing regarding patient medical status concerning infections, open wounds, allergies.			
4. Assess patient's appropriateness for participation.			
5. Maintain compliance with Infection Control Isolation policy.			
<b>PART II: PERSONAL PETS</b>			
<b>POLICY:</b>			
Beaumont Health System recognizes the significance of the relationship some patient's share with their pet. In some situations, the goal of care may be enhanced if contact/reunion with the patient and their dog is accommodated. This policy outlines the process for such visitation while maintaining the highest standards of patient safety in the clinical setting. Patients at Beaumont Health System may receive visits from their own dog under special circumstances. Only dogs are allowed to visit; other household pets do not qualify for hospital visits.			
<b>I. GENERAL:</b>			
A. Pet visitation is to be handled on an individual basis, determined by:			
• The expressed significance of the visitation.			
• The type, size and disposition of the dog.			
• The pet's immunizations are up to date.			
• The patient's expected length of stay/separation from the dog.			
• The patient's condition (i.e. priority may be given an actively dying patient in need of such reunion, etc.).			
• The patient's setting/unit (isolation, semi-private, critical care would present special challenges).			

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## **PART II: PERSONAL PETS (Cont'd)**

### **B. Patients who may qualify for a visit from their family pet**

1. Patient or patient's dog facing imminent death and patient expresses an interest in a visit; or
2. Patients who are hospitalized for an extended period of time who verbalize an interest.

## **II. DETAILED PROCEDURE:**

1. If after review of the patient request, the visitation seems appropriate, the RN will contact the attending physician for an order.
2. Once an order is placed in the Electronic Medical Record, and a specific time is determined, the Administrative Manager/designee and Security will be notified of the proposed visitation.
3. If dog visitation is approved, the visitation will follow these guidelines:
  - The owner/family representative must present current proof of vaccination, including Rabies.
  - The owner/family representative must attest to dog's socialized temperament and housebreaking.
  - The time selected for visitation should present the least disruption, not interfere with the patient's care schedule yet provide optimum enjoyment for the proposed reunion.
  - The visitation may not occur during meal distribution.
  - An approved route of entry and egress should be discussed with the individual escorting the dog.
  - If the patient is in a semi-private room, the roommate must agree (without pressure) to the dog visit. If the roommate does not agree, an alternate site for the visit may be considered.
  - Approval must be given by Attending Physician, Nurse Manager on the unit, and the family.
  - Family is responsible for management of dog while on premises.

### **A. SAFETY PROCEDURE**

1. The dog must be well groomed (a recent bath and short/trimmed toe nails are preferred).
2. Dogs will be leashed or transported via cage to and from the patient's room.
3. The pet will be escorted to the room as discreetly as possible and the door closed during the visitation
4. No patient will be left unsupervised with animal during the session: person bringing the pet must stay in the room.
5. All participants will wash hands or use alcohol hand rub before and after touching the dog, and as needed during event.
6. Blankets will be placed on patient's laps during visit and will be immediately placed in hamper for wash once event has ended.

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## **PART II: PERSONAL PETS (Cont'd)**

### **A. SAFETY PROCEDURE (Cont'd)**

7. No patient with infection or open wound that cannot be adequately covered will be allowed to participate for both the safety of the animal and of the patient.
8. If any patient, family member or personnel is scratched or bitten by animal resulting in an open wound, nursing and the attending physician will be notified and a PSQI report will be completed on the incident.
9. Dogs that display unacceptable behavior will be removed immediately.
10. Environmental Services should be notified prior to event and will be responsible for cleaning room once the visit is completed.

## **PART III SERVICE ANIMALS**

### **POLICY:**

Beaumont Health System recognizes the unique relationship that exists between a service animal and his/her owner. The attentiveness of the animal and the security of the patient evolve from constant togetherness. Disruption of this pattern is unsettling to both.

Service animals, which are limited to dogs or miniature horses, will be accommodated as long as their presence does not result in a fundamental alteration to health care.

Although people with service animals may be asked if an animal is a service animal or what work or tasks the animal has been trained to perform, they MAY NOT be asked for documentation such as proof that the animal has been certified, trained or licensed as a service animal, that the service animal demonstrate its ability to perform the work or task, or what type of disability the person has.

Service animals may be restricted in the following areas: OR, procedure rooms, isolation precautions rooms or ICU areas where gown, glove and mask are required; or any other areas that by allowing a service animal access to would result in a fundamental alteration to the nature of business.

### **SPECIFIC INFORMATION:**

- A. **Visitors:** Visitors requiring service animals are allowed to visit patients. As noted above, the animals may be restricted from certain areas.
- B. **Patients:** Requests for service animals:
  1. Are approved on a case-by-case basis. The patient's needs, infection control and safety issues will be assessed.

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## **PART III SERVICE ANIMALS (Cont'd)**

2. The nursing manager or designated charge nurse is to be notified prior to the animal being brought to the floor.
  - The nursing manager will:
    - Discuss the presence of a service animal with the roommate, including allergies.
    - Discuss with the patient both the possible need for the service animal to be separated from the patient for a period of time during nonemergency or emergency care and an alternate plan for the service animal in the event the patient is unable or unwilling to provide that care. This plan might include family members taking the animal out of the facility several times a day for exercise and elimination, the animal staying with relatives, or boarding off-site.
    - Print and post signs regarding service animal (found on InsideBeaumont, Forms/Templates).
3. A patient with a service animal should be placed in a private room if possible.
4. When the service animal will remain at the bedside, arrangements for feeding and walking must be made with family/significant other. Care of the service animal is the obligation of the person with the disability. Hospital staff are not obligated to care for the service animal.
5. Guest services/Service Excellence is to be contacted, if a patient is unable to arrange feeding/walking arrangements. Staff are not obligated to care for the animal, but if staffing can accommodate, the needs of the animal may be met by unit staff.
6. Service animal visits or continued presence on the unit are to be entered as a nursing order on the electronic medical record.
7. Service animals are to be appropriately restrained and with the patient at all times, if possible. The animal will not be allowed to remain with the patient during invasive or surgical procedures.

### **C. General guidelines for service animals:**

1. Animals should be in good health, clean, well groomed, with all immunizations up to date.
2. Hands are to be washed after direct contact with a service animal or any excrement or secretions of the animal.
3. Animals must be housebroken.
4. The owner/handler must maintain control of the animal at all times.

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## **PART IV      MANAGEMENT OF ANIMAL WASTE**

### **POLICY:**

To reduce the risks associated with animals brought into the hospital, management of animal waste should be followed:

- A. Ideally, the animal will have defecated/urinated before coming to the hospital. If the animal needs to defecate/urinate during visit. Instruct family/significant other to:
  - Take the animal outside to the back of the hospital or designated area
  - Pick up animal waste and place in plastic bag.
  - Dispose of plastic bag in outdoor waste container
  - Practice good hand hygiene.
- B. If an animal urinates or defecates inside the hospital:
  - Using gloves; pick up animal waste with bag or paper towel.
  - Dispose material
  - Cleanse area with hospital disinfectant
  - Practice good hand hygiene

### **References:**

See Appendix A – Family Information Sheet: Guidelines for Personal Pet Visits  
 See Appendix B – Service Animal Room Sign and Bed Sign  
 See Appendix C – Patient Information Sheet for Service Animals  
[http://www.ada.gov/service\\_animals\\_2010.htm](http://www.ada.gov/service_animals_2010.htm)

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