



**Hospital: Dayton**

**Presenter: Karleen Benavides**

**Question/case summary:**

Regarding zoonoses, we are revisiting our pet therapy policy. We're looking to write separate policies for our Rehab department (outpatient), our nursing home, and our hospital, breaking it out into Pet therapy and pet visitation requirements. We are wondering what position other facilities are taking.

**UW TASP Recommendations:**

The presence of animals in healthcare facilities is increasing and can take many forms – service animals, animal-assisted activities (e.g. pet therapy), and personal pet visitation. The risks of bringing an animal into a healthcare facility, which may include transmission of zoonotic pathogens, cross-transmission of human pathogens, danger to others from biting or scratching, or allergic reactions, must be weighed against the benefits that animals can have on a patient's emotional and physical recovery.

Policies regarding inpatient and outpatient animal visitations vary across different hospital systems, and the Society for Healthcare Epidemiology of America published an expert opinion-based recommendation in 2015 that reviews the literature on animal-to-human disease transmission, discusses the potential benefits of animal-assisted activities in healthcare settings, reviews policies from several hospitals, and finally provides guidance on minimizing risks of animals in healthcare.<sup>1</sup> We recommend reading this recommendation to see how it can be applicable to your individual facility.

At our facility, we do not have specific policies in place regarding animals in the outpatient setting. In the inpatient setting, we have limited animals primarily to dogs and, rarely, to cats and small horses; we do not allow snakes, ferrets, birds, or other animals, as they cannot be trained to reliably provide safe interactions with patients. In the outpatient setting, rules distinguishing the role for service or therapy dogs from pets are generally loosened, given that patients in this setting are not as acutely ill and thus the risks brought on by an animal are lower compared to hospitalized patients.

Regarding the specific question of existing policies for the use of animals in outpatient physical therapy, this would classify as an “animal-assisted activity” per the SHEA recommendations. Full details are outlined in the recommendation, though generally it is recommended that a written policy be developed for animal-assisted activities; only dogs be used; animals and handlers be formally trained and evaluated; infection prevention and control (IPC) be consulted on which

locations are appropriate for animals and patients to interact; and immunizations for the handler are up-to-date.

#### References:

1. Murthy R, et al. Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks. *Infect Control Hosp Epidemiol*. May 2015.
2. Pet Visit Agreement and Release for Inpatients (form [HMC2480](#))
3. Revised Code of Washington (RCW 49.60.040, RCW 70.84.020, RCW 70.84.021, RCW 49.60.218)
4. Washington Administrative Code (WAC 162-26-135)
5. ADA [42 U.S.C. §§ 12101-12213 (2000)] and implementing regulations (28 C.F.R. Parts 35 and 36)
6. ADA Amendments Act Of 2008 (P.L. 110-325) and implementing regulations (28 C.F.R.1630)
7. Revised ADA Requirements 2010: Service Animals (28 C.F.R. 36)
8. Guidelines for animal-assisted interventions in health care facilities, *American Journal of Infection Control*
9. 36:78-85 (2008)
10. Guidelines for Environmental Infection Control in Healthcare Facilities: Recommendations of
11. CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC) 2003
12. Frequently Asked Questions about Service Animals and the ADA, U.S. Department of Justice, July 20, 2015. ([https://www.ada.gov/regs2010/service\\_animal\\_qa.pdf](https://www.ada.gov/regs2010/service_animal_qa.pdf))

On behalf of the UW TASP Specialist Team:

*John Lynch, MD MPH*

*Chloe Bryson-Cahn, MD*

*Jeannie Chan, PharmD*

*Zahra Kassamali Escobar, PharmD*

*Rupali Jain, PharmD*

*Paul Pottinger, MD FIDSA*

PLEASE NOTE that UW TASP case consultations do not create or otherwise establish a provider-patient relationship between any UW Medicine Health Care Professional and any patient whose case is being presented in a UW

TASP setting. A provider-patient relationship between a UW Medicine Health Care Professional and a patient whose case was presented at UW TASP may later be established if the patient is referred and seen in the context of a regular appointment with the UW Medicine Health Care Professional.