



		POLICY No:	I-d-80-100 Replaces Pet Therapy VI-j-100 Pet Visits VI-j-45 Use of Service Animals I-d-80-83
TITLE: ANIMALS AT MOUNT SINAI HOSPITAL		ORIGINAL ISSUE DATE:	August, 2014
		REVIEWED:	November, 2016
ISSUED BY:	AODA Planning Committee	REVISION DATE:	December, 2016
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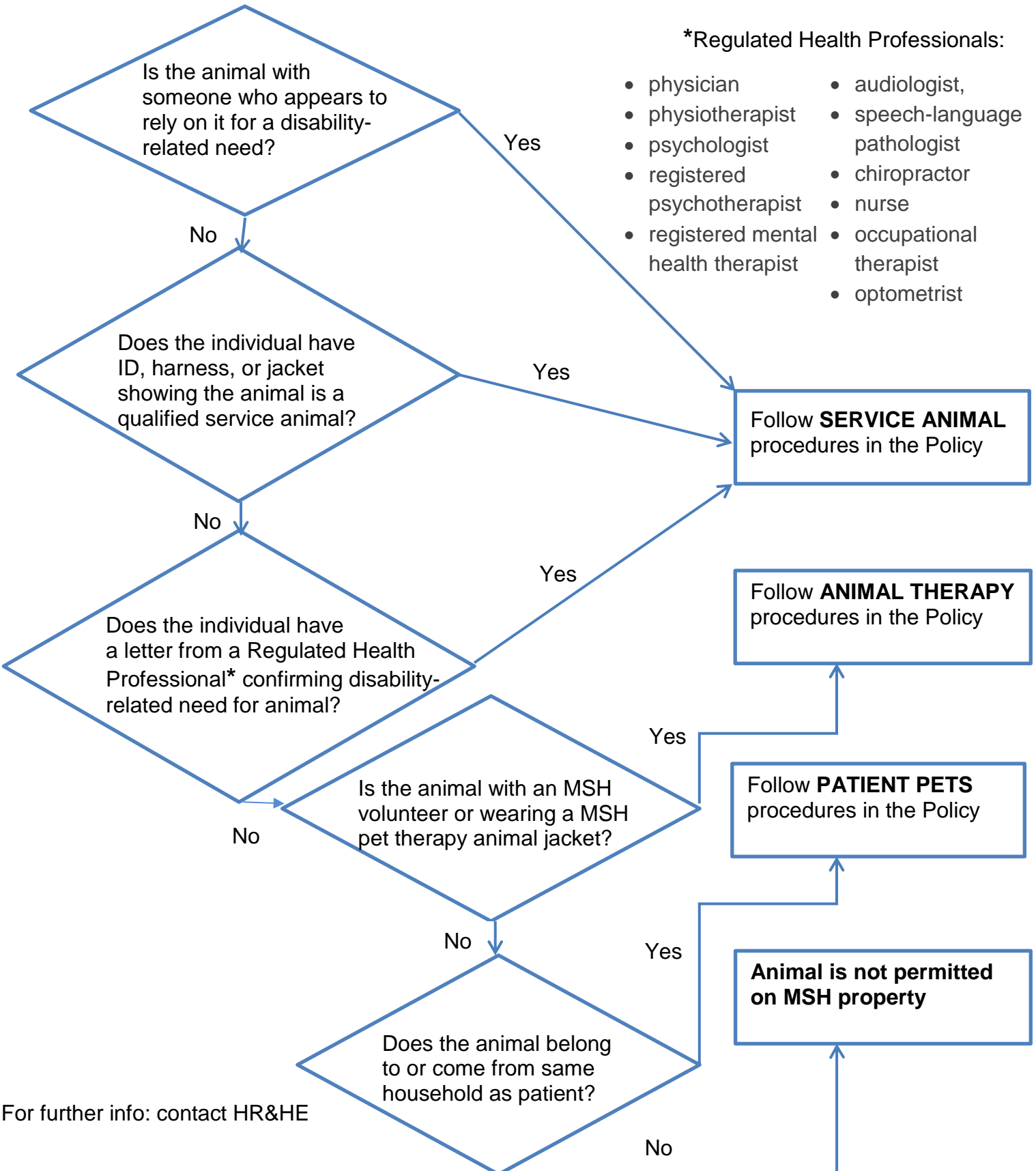
Service Animals are welcome at Mount Sinai Hospital.

- Mount Sinai has a legal obligation to allow service animals.
- Other animals may come in at times for specific purposes (therapy animals and patient pets).
- If you are in contact with someone who has an animal, use the Decision Tree and the Policy to help you understand your obligations.



*Regulated Health Professionals:

- physician
- physiotherapist
- psychologist
- registered psychotherapist
- registered mental health therapist
- audiologist,
- speech-language pathologist
- chiropractor
- nurse
- occupational therapist
- optometrist



For further info: contact HR&HE

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If you have questions, please contact:

Reason	Department	Phone	Email
General Inquiries Related to the Policy	AODA Committee Chair	416 586-4800 x8332	access.msh@sinaihealthsystem.ca
Is the animal a service animal? OR General Inquiries Related to the Policy	Human Rights & Health Equity Office	416 586-4800 x7519	humanrights@sinaihealthsystem.ca
Is the animal part of the Volunteer Services Pet Therapy Program?	Volunteer Services	416 586-4800 x8200	volunteer.MSH@sinaihealthsystem.ca
Can the animal be permitted into the OR, EOPS, Endoscopy, CCU, ICU, NICU, PACU, SSDU, ED Resuscitation Room, any Procedure Room or any Recovery Room? Can the animal visit patients on additional precautions?	Infection Control	416 586-4800 x3118 After Hours x5133	
Does the animal pose a risk to staff, patients or visitors?	Risk Management	416 586-4800 x2885	
The owner of the animal cannot provide care for the animal and there is no support person available to assume responsibility.	Security	416 586-4800 5056	security.msh@sinaihealthsystem.ca
AFTER HOURS – General Policy inquiries	Nurse Clinical Manager	416 586-4800 x5133	

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Information for Staff on Service Animal Procedures

What is a service animal?

A service animal has been specifically trained to work for or perform tasks for the benefit of a person with a disability. A service animal is not a pet.

The majority of service animals are dogs but other animals may also be used. Examples of service animals include hearing or signal animals, seizure alert animals, mobility dogs, mental health support and guide dogs.

Are Service Animals Allowed in MSH?

Yes. We have a legal duty to accommodate persons with service animals.

While persons and their service animals shall generally have access to all areas of the Hospital, there are a few areas with increased infection control risks, in which service animals may not be allowed. See *Policy* for details.

The animal must be under the handler's care and control at all times, this includes being leashed.

How do I know if an animal is a service animal?

Any of the following could indicate that the animal is a service animal: It may be obvious that the individual relies on the animal for disability-related needs; the animal is wearing a jacket or harness that identifies it as a service animal; or the person using the animal provides an identification card from an accredited service animal training school or a letter from an: audiologist, speech-language pathologist, chiropractor, nurse,

occupational therapist, optometrist, physician, physiotherapist, psychologist, psychotherapist or Registered Mental Health Therapist.

Can I ask for documentation?

If the animal is not obviously a service animal then you can ask "Is this a service animal". You can ask to see the jacket/harness or an identification card from an accredited service animal training school. You can also ask for a letter from one of the approved regulated health professionals listed above.

What should I not do?

Never ask what type of disability the animal is being used to treat. Never suggest the individual does not look like they have a disability.

How do I interact with a service animal?

Please do not interact with (e.g. pet, feed, speak to) a service animal. It is working and should not be distracted.

General infection prevention and control.

Staff should not touch the animal. If you inadvertently touch the animal, you must perform hand hygiene.

Does the person need to provide advance notice that they are bringing a service animal?

No, but where possible, people are asked to provide advance notice as this makes planning easier.



What if I am allergic to or afraid of the animal?

Notify your manager if you are unable to provide care or service and ensure alternate care or service is provided.

Are there areas where the animal may not be allowed?

When a service animal requires entry to the OR, EOPS, Endoscopy, CCU, ICU, NICU, PACU, SSDU, ED Resuscitation Room, any Procedure Rooms Recovery Room, contact Infection Control for consultation.

Infection Control will assess the risks, discuss with you and the patient and collaboratively decide if the animal will be allowed. If the risk is only to the patient, the patient may choose to continue to have their service animal with them. The NUA (or delegate) will document in the health record.

Are there any other times the animal may be separated from the owner?

Yes. If the service animal poses a significant risk to the health/safety of others (e.g. aggressive behaviour); the owner is unable to provide care to the service animal; the animal’s presence is contraindicated by the attending physician for sound medical reasons; or for reasons of infection control (e.g. the animal is visibly unhealthy).

Please read and follow the Policy on steps to follow if animal is to be separated from owner, including: documenting, communicating to owner, arranging care for the animal and addressing owner’s needs.

What if other patients or visitors are allergic to or afraid of the animal?

So long as it does not interfere with their care, move the patient with the concern to an alternate location. Assign the person with the service animal to a private room or, with consent of the other patient, a semi-private room

Questions?

Read the Animals at Mount Sinai Hospital Policy or call:

AODA Committee Chair - General inquiries about the policy	x8332
Human Rights & Health Equity Office - General policy inquiries	x7519
Volunteer Services - Is the animal part of the Pet Therapy Program?	x8200
Infection Control - Can the animal be permitted into the OR, EOPS, Endoscopy, CCU, ICU, NICU, PACU, SSDU, ED Resuscitation Room, any Procedure Room or any Recovery Room? Can the animal visit patients on additional precautions?	x3118 After Hours x5133
Risk Management - Does the animal pose a risk?	x2885
Security - The owner or a support person of the animal cannot provide care for the animal.	x5056
Nurse Clinical Manager – AFTER HOURS - General policy inquiries	x5133



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Key Words: animal, service animal, therapy animal, pet, patient pet, disability, accommodation, AODA.

Stakeholders:

1. This Policy applies to service animals, therapy animals, and patient pets.
2. This Policy applies to all members of the MSH Community, including all employees, health care professionals, students, researchers, interns, volunteers, patients, families, visitors, suppliers, contractors, health care and business partners, and any other people who interact with the public on behalf of the Hospital.

Policy Statement:

3. The purpose of this Policy is
 - a. To provide guidance and education to members of the Mount Sinai Hospital (MSH) Community on the admittance of animals into the Hospital; and
 - b. To comply with legislative and infection prevention and control requirements.

Definitions:

4. An animal is a “service animal” when
 - a. it is readily apparent that an individual relies on the animal for that individual’s disability-related needs such as
 - i. alerting individuals who are deaf, deafened or hard of hearing to sounds;
 - ii. pulling a wheelchair;
 - iii. alerting to seizures;
 - iv. opening/closing doors;
 - v. providing mental health support;
 - vi. retrieving dropped items;
 - vii. guiding individuals with impaired vision;
 - b. the animal has documentation (e.g. ID card, jacket or harness) showing that it has been trained through an accredited service animal training school; OR
 - c. the individual provides a letter from an audiologist, speech-language pathologist, chiropractor, nurse, occupational therapist, optometrist, physician, physiotherapist,

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psychologist, psychotherapist or Registered Mental Health Therapist, confirming that the individual requires the animal for reasons relating to that individual's disability (Note: The letter need only explain that the animal is required because of a disability. The letter does not need to identify the disability, why the animal is needed, or how it is used).

NOTE: While most service animals are dogs, there are other types of service animals that assist persons with disabilities in their day-to-day activities.

5. An animal is a "therapy animal" when the animal
 - a. is clearly identified/recognized as a registered therapy animal (e.g. jacket with markings);
 - b. is accompanied by a volunteer from Volunteer Services with either a volunteer ID badge or jacket;
 - c. has been screened, oriented and registered through Volunteer Services;
 - d. has been screened from a recognized organization (e.g. Therapeutic Paws, St. Johns Ambulance) to provide psychological/emotional support to patients;
 - e. is a cat or dog; and
 - f. is over the age of one year.

6. An animal is a "patient pet" when the animal
 - a. is not a service animal or therapy animal;
 - b. belongs to or comes from the same household as a patient;
 - c. is a cat or dog;
 - d. is over the age of one year.

Background:

7. Aligning with the *Ontario Human Rights Code*, the *Accessibility for Ontarians with Disabilities Act*, the *MSH Diversity and Human Rights Policy (I-d-15-39)*, and the *MSH Policy on Providing Access for People with Disabilities (Policy I-d-65-73)*, Mount Sinai Hospital welcomes persons with disabilities who are accompanied by a service animal. The person and service animal shall have access all areas of the Hospital unless otherwise provided in this Policy.

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8. MSH Volunteer Services arranges pet therapy/therapy animals for appropriate inpatients/outpatients. Registered pets and their handlers are welcomed to visit in-patient/outpatient areas in accordance with the procedures outlined in this Policy and any Guidelines established by Volunteer Services.
9. Visits from patient pets are discouraged. Under special circumstances and subject to the process outlined in this Policy, such pet visits may be accommodated in order to provide psychological support to the patient.
10. All other animals, including pets belonging to employees, health care professionals, volunteers, researchers, interns, suppliers, contractors, and business partners, are not permitted on the Hospital premises. Employee requests to foster a service animal in training are typically not encouraged. Queries should be directed to Human Resources and/or Occupational Health Wellness and Safety.

Which Procedure to Follow:

11. If, having reviewed the definitions provided above (sections 4 - 6), a staff member is unsure of whether an animal is a service animal, therapy animal, or patient pet, the staff member shall:
 - a. refer to the patient’s health record;
 - b. respectfully ask the individual whom the animal is accompanying, the reason for the animal’s presence in the Hospital and ask for supporting documentation:
 - “Can you please tell me why you are being accompanied by an animal today?”
 - For a service animal, “Do you have supporting documentation, such as an identification card from a training school or a letter from a health professional, showing you require a service animal for a disability?”
 - For a therapy animal, “Do you have a Volunteer ID?”
 - For a patient pet, “Do you have an MSH Patient Pet Authorization Form (See Appendix “B”)?”

NOTE: Staff members should never ask individuals what type of disability the service animal is being used for or suggest that the individual does not “look like” they have a disability.

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12. If the animal does not appear to be a service animal, therapy animal, or patient pet,

- a. Contact the Human Rights & Health Equity Office (ext. 7519), the Chair of the AODA Committee (ext. 8332), or Volunteer Services (ext. 8200); and
- b. Advise the individual that the animal cannot remain at MSH.

13. Any questions relating to any parts of this Policy should be directed to the Human Rights & Health Equity Office, the Chair of the AODA Committee, Infection Control, and/or Risk Management (See contacts on Page 1).

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Procedure for Service Animals:

14. The owner (or designate) shall:

- a. where possible, make reasonable efforts to provide the Hospital (e.g. Nursing Unit Administrator (“NUA”) (or delegate)) with advance notice of the use of a service animal;
- b. ensure that the service animal is clearly identified/recognizable as a service animal (e.g. harness or jacket with markings of the training school, identification card); OR
 - i. upon request, produce:
 1. documentation (e.g. identification card, certification, jacket or harness) showing that the animal has been trained through an accredited service animal training school, or
 2. a supporting letter from an approved regulated health professional (audiologist, speech-language pathologist, chiropractor, nurse, occupational therapist, optometrist, physician, physiotherapist, psychologist, psychotherapist or Registered Mental Health Therapist) confirming that the individual requires the animal for reasons relating to that individual’s disability
- c. if the animal is involved in an incident where an injury has been inflicted, the owner shall provide up-to-date immunization records for the service animal;
- d. ensure that the service animal remains in the owner’s care and control at all times (i.e. service animals must be leashed, unless otherwise agreed to with the Hospital in extenuating circumstances);
- e. where there is animal contact, hand hygiene must be performed.
- f. provide the Hospital (e.g. Nursing Unit Administrator (“NUA”) (or delegate)) with the name and contact information for a support person who will assume responsibility and provide care for the animal in the event that the owner must be separated from their service animal (e.g. due to infection control, owner is unable to manage service animal).

15. Staff members, including physicians and the NUA (or delegate), shall:

- a. make all reasonable efforts to accommodate patients, visitors, employees or medical staff with a service animal;
- b. not touch, pet, speak to, distract, deliberately startle, feed, or provide care for (e.g. toileting, exercising) the service animal;

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- c. where there is inadvertent animal contact, perform hand hygiene with ABHR.
- d. not, under any circumstances, ask about the nature of the owner’s disability;
- e. ensure service animals that accompany patients, visitors, employees or medical staff are granted access to all areas of the Hospital except those listed in section 18 (“Removal or Exclusion”) of this Policy;
- f. where a service animal is excluded from an area of the Hospital (See section 18 “Removal or Exclusion”), ensure that other measures are available to enable the person with a disability to obtain, use or benefit from the Hospital’s goods or services;
- g. where the owner provides advance notice of the use of a service animal, arrange for pre-planning and documentation with the owner through the appropriate admitting area (e.g. Pre-Admission Unit, admitting physician/clinic, OPG);
- h. notify support departments (e.g. Patient Transport, Medical Imaging) in advance when a patient will be accompanied by a service animal;
- i. if the staff member is unable to provide care to a patient with a service animal (e.g. allergies) notify the NUA (or delegate) and ensure that an alternate health care professional is available to provide care;
- j. if any staff, visitor, or patient sustains an injury from a service animal, complete a safety report in compliance with the Employee Incident Reporting Procedures and/or the Safety Reporting Procedures, as applicable; and
- k. report all bites/scratches to Toronto Public Health at 416-338-7600 (Monday to Friday from 8:30 am to 4:30 pm) or 416-690-2142 (after hours).

16. In addition, the NUA (or delegate) shall also:

- a. attempt to assign a patient with a service animal to a large private room
- b. record the name and contact information for a support person that will assume responsibility and provide care for the animal in the event that the owner must be separated from their service animal (e.g. due to infection control, owner is unable to manage service animal); and
- c. effectively communicate the presence of the service animal to staff and patients who may be exposed to the animal (See Animal Notification Sign - Appendix “A”) and to address any concerns (e.g. allergies);
- d. where the service animal requires entry to an area of the Hospital listed in section 18 (“Removal and Exclusion”), contact Infection Control for consultation.

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Removal or Exclusion

17. Where a service animal requires entry to an area of the Hospital listed in section 18 (“Removal and Exclusion”), MSH staff members are directed to contact Infection Control for consultation.

18. A service animal may be excluded from the OR, EOPS, Endoscopy, CCU, ICU, NICU, PACU, SSDU, ED Resuscitation Room, any Procedure Room or Recovery Room as the area may be a “restricted area” or have “restricted access” and “environmental controls” that need to be maintained. For the purposes of this Policy,

- a. A “Procedure Room” is a room designated for the performance of procedures that are invasive; that may require the use of sterile instruments or supplies; and in which moderate sedation, minimal sedation and local anesthesia may be administered.
- b. “Restricted area” refers to a designated space in which surgical or other invasive procedures are performed; only authorized personnel and patients accompanied by authorized personnel are permitted; and personnel are required to wear surgical attire, cover their head and/or facial hair, and wear a mask when in the presence of open sterile supplies or persons who are completing or have completed a surgical hand scrub. A Restricted area is contained within and only accessible through a semi-restricted area.
- c. “Restricted access” refers to additional controls instituted in units with high acuity patients. Restrictions may include: the number of visitors, jewelry and adornments on hands and wrists, clothing worn (e.g. no street clothing, jackets), items brought into the unit (e.g. back packs, bags, food, drink).
- d. “Environmental controls” refers to additional controls instituted in units with high acuity patients. Controls may include: increased cleaning/disinfection of physical environment, increased air changes through HVAC system, and direction of air flow through HVAC system (positive vs. negative air pressure).

19. Where a patient with a service animal, after being informed of risks related to having the service animal present, wishes to assume the risk(s) in order to ensure that they are not separated from their service animal, the NUA (or delegate) shall ensure that this is documented in the patient's health record (note: a patient may only assume health and/or safety risks that will not adversely affect others or put others at risk);

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20. A service animal may also be removed, excluded or separated from its owner where it is demonstrated that

- a. the service animal poses a significant risk to the health/safety of others that cannot be mitigated otherwise (e.g. the animal displays vicious, aggressive, threatening behaviour) -- determination must be based on an individualized assessment of the situation and consider the nature, duration, probability, and severity of the risk;
- b. the owner is unable to provide care to the service animal;
- c. the animal's continued presence is contraindicated by the attending physician for sound medical reasons; or
- d. the animal must be removed, excluded or separated for reasons of infection control (e.g. the animal is visibly unhealthy).

21. Where a patient must be separated from their service animal, the NUA (or delegate) shall:

- a. document in the patient's health record the circumstances and rationale for removal or exclusion;
- b. communicate to the owner the reasons and rationale for removal and exclusion;
- c. contact someone to assume responsibility for the animal (i.e., support person, Security, the organization that trained the animal);
- d. make appropriate arrangements to address the patient's needs in the absence of the service animal; and
- e. where possible, ensure that the service animal is permitted to return to its owner and resume its duties as soon as possible;

22. If another patient brings forth concerns about the presence of a service animal (e.g. allergies, fear, or other reasons not related to the animal's demeanor or health), the patient with objections to the animal should be separated and/or removed from the area where the animal is located, provided this does not interfere with the patient's care.

23. Each situation is to be considered individually and in consultation with the owner. Consultation with the Human Rights & Health Equity Office, the Chair of the AODA Committee, Risk Management, or Infection Control is recommended in difficult situations.

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Procedure for Therapy Animals:

24. Each therapy animal will be accompanied by one volunteer

25. The Pet Therapy Program (“PTP”) shall not:

- a. interfere with any treatment (e.g. diagnostics, Physiotherapy, nursing care etc.);
- b. take place in areas where additional infection-control precautions (i.e. barrier protective measures, use of gloves, gowns, masks) must be maintained (e.g. OR, EOPS, Endoscopy, CCU, ICU, NICU, PACU, SSDU, ED Resuscitation Room, any Procedure Rooms or Recovery Rooms and L&D);
- c. visit patients on additional precautions;
- d. take place in an area that is experiencing an outbreak; or
- e. occur where any staff, patient or other person has an allergy to the therapy animal.

26. MSH Volunteer Services shall:

- a. ensure that therapy animals and volunteers are assessed, evaluated, registered and trained;
- b. ensure that therapy animals are over one year of age and have up-to-date immunizations;
- c. ensure that therapy animals have proper identification (e.g. volunteer ID, jacket with markings);
- d. together with the NUA (or delegate), determine the location of the PTP;
- e. together with the NUA (or delegate), effectively communicate the presence of the therapy animal to staff and patients who may be exposed to the animal (See Animal Notification Sign - Appendix “A”) and to address any concerns (e.g. allergies);
- f. if any staff, visitor, or patient sustains an injury from a therapy animal, complete a safety report in compliance with the Employee Incident Reporting Procedures and/or the Safety Reporting Procedures, as applicable; and
- g. report all bites to Toronto Public Health at 416-338-7600 (Monday to Friday from 8:30 am to 4:30 pm) or 416-690-2142 (after hours)

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27. The volunteer shall:

- a. wear appropriate MSH volunteer ID to identify themselves;
- b. ensure that therapy animals are clearly identified (e.g. volunteer ID or jacket);
- c. use gloves to clean-up any animal excreta (e.g. urine, vomitus, feces), dispose of the material according to the bio-waste management policy, and notify staff to call Housekeeping for a thorough cleaning and disinfection of the area;
- d. ensure that the therapy animal is in the volunteer's care and control at all times;
- e. ensure that the therapy animal does not eat the patient's food;
- f. maintain a record of patient attendance, rooms visited, and therapy animal encounters;
- g. follow infection control procedures at all times;
 - i. Volunteers must adhere to the four moments of hand hygiene (e.g. hand hygiene before entering the patient room and/or touching the patient);
 - ii. Volunteers are to ensure patients touching the therapy animal performs hand hygiene before and after;
 - iii. ensure that staff and physicians do not touch, pet, feed the animal;
 - iv. do not visit patients while they are eating or drinking, and do not permit a patient to eat or drink while interacting with the animal;
 - v. try to ensure that therapy animals are not placed on the patient's bed and remain on the floor or the handler's lap; and
 - vi. if the therapy animal must sit on the patient's bed/lap, place a clean barrier (e.g. sheet, towel) on the bed/lap and place the barrier in the laundry immediately after the visit.
 - vii. be accountable for any actions of the therapy animal throughout the visit;
 - viii. if any bite or scratch occurs, immediately terminate the visit; and
 - ix. report any issues/incidents to Volunteer Services.

28. Staff members, including physicians and the NUA (or delegate), shall:

- a. not touch, pet, speak to, distract, deliberately startle, feed, or provide care for (e.g. feeding, toileting, exercising) the therapy animal; and
- b. where there is inadvertent animal contact, perform hand hygiene with ABHR.

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Procedure for Patient Pets:

29. The decision to allow patient pets access to patient rooms, should be made on a case-by-case basis in consultation with the NUA (or delegate), the attending physician, the animal’s veterinarian (See Appendix “B”), and Infection Control.

30. Visiting patient pets shall not:

- a. interfere with any treatment (e.g. diagnostics, Physiotherapy, nursing care etc.);
- b. take place where additional infection-control precautions (i.e. barrier protective measures, use of gloves, gowns, masks) must be maintained (e.g. OR, EOPS, Endoscopy, CCU, ICU, NICU, PACU, SSDU, , ED Resuscitation Room, any Procedure Rooms or Recovery Rooms and L&D);
- c. take place during an outbreak; and
- d. occur where any staff, patient or other has an allergy to the patient pet.

Note: arrangements can be made with infection control for extenuating circumstances with reference to points b. and c.

31. The following criteria must be met in order for a patient pet visit to occur:

- a. the patient is not an outpatient;
- b. there is no outbreak on the patient’s unit;
- c. the treatment team has discussed the request and has decided that such a visit could be beneficial to the patient;
- d. the patient pet visit occurs during MSH visiting hours;
- e. the patient has only one animal visit at a time;
- f. the animal visit does not negatively impact the patient, other patients, staff (e.g. allergies) or the patient care area;
- g. the visiting animal does not display any aggressive tendencies;
- h. the visiting animal is visibly healthy, adequately groomed/clean and housebroken;

32. The person accompanying the pet shall:

- a. upon request, provide up to date records of the pet’s immunizations to the NUA (or delegate);

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- b. complete an Patient Pet Authorization Form (See Appendix “B”) with the NUA (or delegate);
- c. check in at the nurses station prior to each visit to determine if the visit is still appropriate;
- d. ensure that the pet is in their care and control at all times; for example,
 - i. travel with the pet must be direct from the Hospital entrance, to the security desk if after hours, to the nurses station, to the patient’s room;
 - ii. the animal must remain in the patient’s room with the door closed;
 - iii. cats must be transported in carriers but can be leashed within the patients’ room;
 - iv. dogs must be leashed at all times while in the Hospital
- e. ensure that the visit occurs only in the location and with the patient identified on the Patient Pet Authorization Form (See Appendix “B”)
- f. use gloves to clean-up any animal excreta (e.g. urine, vomitus, feces), dispose of the material according to the bio-waste management policy, and notify staff to call Housekeeping for a thorough cleaning and disinfection of the area;
- g. be accountable for any actions of the pet throughout the visit;
- h. report to a member of staff or the NUA (or delegate), all incidents of scratches or bites inflicted on any person while the pet is in the Hospital.

33. Staff members, including physicians and the NUA (or delegate), shall:

- a. not touch, pet, speak to, distract, deliberately startle, feed, or provide care for (e.g. feeding, toileting, exercising) the animal; and
- b. where there is inadvertent animal contact, perform hand hygiene with ABHR
- c. coordinate pet visits with Security and the NUA (or delegate) of the inpatient unit;
- d. provide each handler with a Patient Pet Authorization Form for each animal visit (See Appendix “B”)
- e. if the patient is sharing a room, obtain verbal consent for the visit from the other patient (or their substitute decision-maker) prior to the visit and document this in the consenting patient’s health record;
- f. if any staff, visitor, or patient sustains an injury from a service animal, complete a safety report in compliance with the Employee Incident Reporting Procedures

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and/or the Safety Reporting Procedures, as applicable; and

- g. report all bites to Toronto Public Health at 416-338-7600 (Monday to Friday from 8:30 am to 4:30 pm) or 416-690-2142 (after hours).

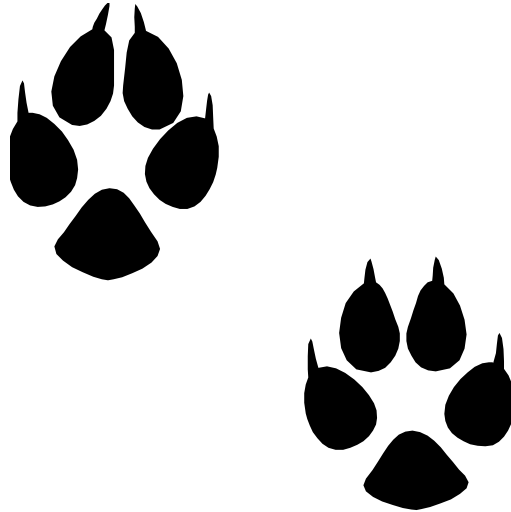
34. The NUA (or delegate) shall:

- a. prior to the visit, complete the Patient Pet Authorization Form (See Appendix “B”), signed by the handler and the NUA (or delegate), and place it on the front of the patient’s health record;
- b. effectively communicate the presence of the patient pet to staff and patients who may be exposed to the animal (See Animal Notification Sign - Appendix “A”) and to address any concerns (e.g. allergies); and
- c. review documentation (from veterinarian or Public Health) of current rabies vaccination and enquire about Toronto Public Health restrictions (e.g. muzzle, history of biting).

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APPENDIX A – Animal Notification Sign

ATTENTION



AN ANIMAL IS PRESENT IN THIS ROOM.

For more information, refer to *Service Animals, Therapy Animals, and Patient Pets Policy at Mount Sinai Hospital.*

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APPENDIX B – Patient Pet Authorization Form – page 1 of 2

- This document should NOT be completed if the animal is a Service Animal
- This document must be completed for EACH Patient Pet visitation*

** **

An animal is a “Patient Pet” when the animal (a) is not a service animal or therapy animal; (b) belongs to or comes from the same household as a patient; (c) is a cat or dog; and (d) is over the age of one year.

Section A (To be completed by owner/handler of pet)

1. Date of Request (yyyy/mm/dd): _____
 2. Name of Patient: _____
 3. Unit/Location: _____
 4. Name of Owner/Handler: _____
 5. Contact Tel #: (_____) _____
 6. Species: dog cat
- Animal Name: _____ Size: small med large
- Description: _____ Colour: _____ Age: _____

I have been provided with a copy of *Service Animals, Therapy Animals, and Personal Pets at Mount Sinai Hospital* and agree to follow the conditions outlined in the Policy. I also agree to indemnify the Hospital from any and all liability, actions, claims, damages, and costs whatsoever incurred by the Hospital as a result of bringing the animal in question to the Hospital.

OWNER/HANDLER FIRST AND LAST NAME

RELATIONSHIP TO PATIENT

SIGNATURE

DATE (YYY/MM/DD)

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APPENDIX B – Patient Pet Authorization Form – page 2 of 2
Section B (To be completed by Nursing Unit Administrator (or delegate))

Yes No

- 1. Animal appears to be clean & in good health (e.g. no dirt, no visible lesions)
- 2. Animal is well-trained and/or in the control of owner
- 3. Animal has current rabies vaccination (e.g. tag on collar is up to date)

Pet visitation approved Yes No (reason): _____

If yes, visit scheduled for: _____
 (Date yyyy/mm/dd) (Time hh:mm – hh:mm)

Visit Rm Specific
 Location: _____ Stipulations: _____

Please consult with Security, Infection Control, Chair AODA, Human Rights & Health Equity, and/or Risk Management as needed.

 SIGNATURE OF NUA (or DELEGATE)

 DATE (YYYY/MM/DD)

Additional Notes/Instructions:	
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****Owners/Handlers are asked to please carry and be prepared to show this permit upon request whenever they and their animal visit Mount Sinai Hospital.**

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APPENDIX C - REFERENCES

ONTARIO REGULATION 429/07 made under the ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT, 2005

ACCESSIBILITY STANDARDS FOR CUSTOMER SERVICE

<http://info2/policies/generalmanual/organization/l-d-65-73-Access-for-people-with-Disabilities.doc>

The Accessibility For Ontarians With Disabilities Act - The Ontarians With Disabilities Directorate - Ontario Regulation 429/07

http://www.mcass.gov.on.ca/mcass/english/pillars/accessibilityOntario/what/AODA_2005.htm

Blind Persons Rights' Act - R.S.O. 1990, c. B.7, s. 1 (1).

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90b07_e.htm

U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC), “Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)” (2003) <http://www.cdc.gov/mmwrR/preview/mmwrhtml/rr5210a1.htm>

American Journal of Infection Control, “Guidelines for animal-assisted interventions in health care facilities” (2008)

American Journal of Infection Control, “APIC State-of-the-Art Report: The implications of service animals in health care settings” (2000)

Ontario Regulation Communicable Diseases – Rabies Control

TORONTO MUNICIPAL CODE, CHAPTER 349, ANIMALS,

http://www.toronto.ca/legdocs/municode/1184_349.pdf