Administration Manual

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POLICY

Campbellford Memorial Hospital recognizes that persons with disabilities may require the use of a service animal. People who require the assistance of a service animal shall be permitted to enter the premises with the animal and to keep the animal with him or her unless the animal is otherwise excluded by law from entering an area on the premises. All areas of the Hospital that are open to the public or third parties are open to the service animal and their owner.

If the service animal is not permitted into a specific area, the Hospital will ensure that the animal is provided with a safe place to wait.

Definition

Service Animals are not pets but animals trained to provide assistance to a person with disability. They are individually trained to assist people with disabilities in the activities of normal daily living, to enhance quality of life and mitigate their disabilities. They provide a variety of services, including but not limited to, guiding individuals with impaired vision; alerting individuals who are hearing impaired to intruders or sounds; providing companionship; pulling a wheelchair; alerting to seizures; opening/closing doors, or retrieving dropped items. A service animal is afforded access to all places the public is invited when accompanying their human partner, with respect to Infection Control guidelines.

PROCEDURE

Procedure for Welcoming Service Animals and Guide Dogs: Elective Patient Admissions

1. There should be pre-planning and documentation with the owner and health care provider through the Pre-Admission process.

- 2. The owner is responsible for pre-planning with a support person if necessary.
- 3. All reasonable efforts will be made to accommodate the patient and service animal when no advanced notification has been received.
- 4. For elective admissions, CMH will, if possible, assign the patient a private room. If not, a semi-private room will be assigned with the consent of the other patient(s). The service animal is to remain with the owner at all times. If the patient is unable to manage the service animal, his/her designated support person for the animal is notified to come and assume responsibility for the animal during the transition period. The service animal may be brought to the hospital to visit and to resume its duty as soon as possible.

Outpatient Procedures or Clinic Appointments

- 1. All reasonable efforts will be made to welcome a patient with a service animal.
- 2. An outpatient who knows they will be separated from their animal for the purpose of infection control or other purposes should arrange their own support person if possible. If they are unable to find someone or if the appointment is unplanned or emergent, every effort will be made to accommodate the needs of the service animal for the period of time in which the outpatient is unable to provide care.

Emergency Patient Admissions

- 1. <u>Conscious</u> patients able to manage the animal will not be separated unless the owner gives consent or if there are Infection Control or safety issue.
- 2. For patients who need help with their service animals due to unforeseen circumstances, who have no support person with them:
 - a) The Ward Clerk or Nursing personnel will contact the next of kin or support person to come to the hospital and assume responsibility for the animal.
 - b) If the patient needs to be separated for a prolonged period of time and no contact person of the patient is available, Lions Foundation of Canada / Dog Guides Canada can be contacted by the Ward Clerk or Nursing at 905-842-2891 ext 222 and they will take temporary responsibility for the animal.
 - c) The service animal will be brought to the hospital to visit and to resume its duty as soon as possible.

Responsibilities

Owner:

- 1. The service animal's owner is responsible for its control and stewardship i.e. the animal's behaviour, care, supervision and wellbeing.
- 2. The owner is responsible for making available training school and up to date immunization records if requested.

3. The service animal should be clearly identified/recognized (e.g. identification care, harness, or jacket with markings of the training school). If in doubt, consult with Risk Management.

Unit Leader / Charge Nurse

- 1. Inform staff about the role of the service animal and how to interact appropriately with the patient and the animal.
- 2. Notify other patients of the service animal's presence and address any concerns (e.g. allergies)
- 3. Discuss with owner and staff the responsibilities for feeding, handling and cleaning issues.
- 4. If a health Care Provider does not feel comfortable providing care to a patient with a service animal, the Health Care Provider is responsible to find an alternate professional who will provide that care and document this in the patient's health record.

Staff (including Physicians)

- 1. **Are not** to separate or attempt to separate a patient from their service animal without the owners consent.
- 2. **Are not** to touch a service animal or the person it assists, without permission.
- 3. **Are not** to deliberately startle a service animal.
- 4. **Are not** to provide care for the service animal while performing their professional health related responsibilities. This care includes, but is not limited to feeding, toileting, exercising and interacting.
- 5. Note: If a hospital personnel volunteer to assist the patient to care for the service animal during their off duty hours, they do so at their own risk and liability. This excludes responsibilities that are delegated by their supervisor in emergency situations.

<u>Safety</u>

If any staff, visitor, or patient sustains an injury from a service animal, a Healthcare Incident/Occurrence Reporting Worksheet must be completed detailing the name of the injured, circumstances, and nature of injury. All bites should be reported to Public Health. The Haliburton Kawartha Pine Ridge District Health Unit can be reached at 705-653-1550 during business hours (8:30 a.m. – 4:30 p.m., Monday – Friday) or after hours at 888-255-7839.

Eviction or Exclusion

1. Eviction or exclusion of a service animal can only occur for reasons that are <u>demonstrable</u>, not speculative. Assumptions or speculation about how the animal is likely to behave based on past experience with other animals are <u>not</u> valid. If another person complains about the presence of a service animal (because of allergies, fear, or other reasons not related to the

animal's demeanor or health), the person with objections to the animal should be separated and/or remove themselves from the area where the animal is located. Each situation is to be considered individually and in consultation with the owner. Discussion with Risk Management is recommended in difficult situations.

- 2. A service animal may <u>only</u> be evicted, excluded or separated from its owner:
 - a) If the animal's actual behaviour poses a direct threat to the health or safety of others;
 - b) If contraindicated by the attending physician for <u>sound</u> medical and/or infection control reasons.

These circumstances and rationale must be documented in the patient's health record

If a patient must be separated from his or her service animal while in the healthcare facility:

- 1. Identify from the patient what arrangements have been made for supervision or care of the animal during this period of separation; and
- 2. Make appropriate arrangements to address the patient's needs in the absence of the service animal.

References

http://info2/policies/generalmanual/organization/I-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.mcss.gov.on.ca/mcss/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

Guidelines for Environmental Infection Control in Health-Care Facilities

Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)

http://www.cdc.gov/mmwR/preview/mmwrhtml/rr5210a1.htm

REVISION HISTORY: Date of Origin: March 2010 Reviewed Dates: May 2013, July 2015 Revised Dates: February 2019