

ISSUED BY: Accessibility Working Group
AUTHORIZED BY: Senior Management
ISSUE DATE: November 16, 2009

REVISION DATE: November 2012

CATEGORY: Policy and Procedure
SUBJECT: **Service Animals**

PAGE: 1 of 4

VALUE STATEMENT

Health Sciences North is committed to uphold an individual's right to access places of public accommodation and respect the health and well-being of patients, physicians and employees as defined by Regulation 429/07 & 191/11 and the Ontarians with Disabilities Act 2005.

POLICY

Health Sciences North will accommodate persons with disabilities partnered with a service animal. Service animals are not pets but animals trained to provide assistance to a person with a given disability. Ontario Regulation 429/07 and the Ontarians with Disabilities Act, 2005 mandates that service animals be allowed access to places of public accommodation.

When a service animal accompanies a patient, visitor, employee or medical staff member, the animal is granted access into all public areas of the hospital permitted to others except those areas that require special precautions/attire (e.g., masks, gowns) and alternatives are not available (e.g., OR). Restricted areas include; food preparation area, medication preparation/storage area, operating room, all sterile storage areas, intensive care units/step down units.

The service animal is required to either have one of the following;

- identification of the training school (e.g., identification card, harness or jacket with markings of the training school)
- a physician's letter outlining the service animal necessity

If in doubt, consult with the Clinical Manager, Patient Representative or Risk Management Consultant. Outside of regular business hours contact the Clinical Manager on-call.

The service animal is required to meet the following guidelines;

- Free of hook worm, fleas, diarrhea and skin lesions
- Vaccinated against rabies
- Clean and well-groomed
- House trained
- Obedient/good tempered
- Leashed/harnessed/ muzzled/contained as required

Note: (the service animal must **not** be prevented from performing its function; for example; if the service animal must retrieve objects as part of its role then the animal cannot be muzzled or contained)

DEFINITIONS:

Disability:

Ontario Regulation 429/07 and the Ontarians with Disabilities Act, 2005 defines a disability as follows;

- Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness (i.e., diabetes mellitus, epilepsy, brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness/visual impediment, deafness/hearing impediment, muteness/speech impediment or physical reliance on a guide dog/other animal or on a wheelchair/other medical appliance/device
- A condition of mental impairment or a developmental disability
- A learning disability, a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- A mental disorder
- An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety & Insurance Act, 1997

Service Animal:

Any animal individually trained to assist people with disabilities in the activities of normal daily living, to enhance quality of life and mitigate their disabilities. These animals provide persons living with disabilities 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. Most service animals are dogs and can be of any breed or size. A service animal is afforded access to all places the public is invited when accompanying their human partner. A service animal is not considered a “pet” because it is specially trained to help a person overcome the limitations of their disability.

Pet Visitation

See Pet Visitation Policy – Clinical Policies & Procedures.

Areas of Public Accommodation:

An area of public accommodation is defined as any area within the building that is open to the public or third parties. This includes patient rooms, waiting rooms, patient/family rooms, elevators, stairwells, examination rooms, hallways, external grounds, smoking shelters, Daffodil Lodge, cafeterias.

Restricted Areas: operating rooms, recovery rooms, c-section room, food preparation areas, pharmacy and medication preparation and storage areas, all sterile storage areas, intensive care units/step down units/neonatal intensive care unit

PROCEDURE

1. Service animals must wear special harnesses/leashes or be appropriately contained at all times while in the hospital setting.
2. Most service animals have an identification badge or a physician's letter that owners carry at all times. A hospital employee may ask to see the identification badge or the physician's letter at any time. If the owner does not have an identification badge or physician letter, the organization that has trained or registered the service animal or the physician's office can be contacted for verification. If concerns arise you may contact the responsible manager/director for guidance.
3. If the service animal displays any aggressive or disruptive behavior (e.g., barking) which is outside of the duties of the service animal you may ask that the service animal be removed.
4. Do not touch or feed a service animal.
5. Do not deliberately distract or startle a service animal.
6. Do not separate or attempt to separate a service animal from the individual in the absence of obtaining informed consent (see attached consent form). Clear instructions shall be entered on the Patient Data Profile.
7. Patient's who are accompanied by a service animal and are requiring an in-patient admission should be considered for private accommodation. If a roommate is required they should be chosen carefully (e.g., not immunocompromised, allergic, confused or afraid of animals).
8. Patient's requiring a service animal during a hospital admission are to be provided with the following information either during the pre-admission process or otherwise at the earliest opportunity;
 - The care and supervision of the service animal is the responsibility of the individual who uses the service animal's service. The individual must maintain control of the service animal at all times and is responsible for the clean up of all animal waste.
 - A family member, friend or volunteer may be necessary to assist with the feeding and elimination needs of the service animal. Elimination needs are to take place outside the health care facility and are **not** the responsibility of the health care staff. Any waste is to be disposed of appropriately into a plastic bag and placed in an outside garbage receptacle.
 - Hand hygiene is to be performed after attending to feeding and elimination needs.
 - The service animal is not permitted in other in-patient rooms.
9. Any adverse events such as bites or scratches are to be reported on the Employee Incident Reporting System and/or the Online Incident Reporting System if either a patient or visitor is involved.
10. If an employee feels threatened by the service animal's behaviour or the type of animal the individual has presented with contact your immediate supervisor or Manager/Director on-call for guidance and direction. Occupation Health & Safety shall be notified of situations which affect the safety and well being of hospital employees.

11. All **patient complaints** shall be forwarded to the Manager and/or Director as a first step to resolution. If resolution is not achieved at the unit/department level, the complaint will be forwarded to the Patient Representative for continued follow-up as per the policy entitled “*Complaint and Compliment Management Policy*” (Administrative Folder).

All **employee complaints** shall be addressed as per Human Resources Policies.

STAKEHOLDERS

| | |
|-----------------------------|---------------|
| Accessibility Working Group | November 2012 |
| Senior Management Team | December 2012 |
| Clinical Management | January 2013 |
| Infection Control | January 2013 |