



DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Administration  
Washington, DC 20420

**IL 10-2009-007**

In Reply Refer to: 111

**June 11, 2009**

**UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER**

**NON-RESEARCH ANIMALS IN HEALTH CARE FACILITIES**

**1. Purpose.** This information letter addresses available guidance and authorities related to non-research animals (herein referred to as animals) in health care facilities to assist Veterans Health Administration (VHA) facilities in assessing individuals' rights and obligations, as well as the facilities' risks and liabilities. In addition, basic infection prevention and control, animal health, and risk management information is provided for consideration when establishing local policies and practices.

**2. Background.** The presence of animals in health care facilities is increasingly seen in a variety of health care settings. In addition to the assistance that service animals provide for persons with disabilities, there is a growing body of literature indicating that human to animal interaction can benefit a person's health. Since animals may improve health and can provide service to persons with disabilities, the roles and issues pertaining to animals in health care facilities deserve attention.

**3. Overall Considerations Concerning Animals in Health Care Facilities.** Key concerns with having animals in health care facilities include: zoonotic transmission of a disease from an animal host to a human, animal bites, human phobias to specific animal species, management and care of the animals, patient to animal disease transmission, and allergic reactions in patients, employees, volunteers, and visitors. Considering there are more than 200 infectious diseases that can be transmitted from animals to humans, the health of the animal is a major concern. Only healthy animals with current documentation from a veterinarian of good health should be permitted into a health care facility.

a. General infection prevention and control measures that need to be addressed in local policies and practices are identified in Attachment A. Factors to consider when addressing general animal health are presented in Attachment B. Before animals are permitted in health care facilities, a facility policy needs to be written addressing the following: type of animals restricted from the facility (e.g., non-human primates, reptiles, etc.), restricted areas of the facility, determination of animal health status, infection prevention and control measures, defined purpose of the animals, animal handler responsibilities, human health and safety concerns such as animal allergies, bites) expectations of employees, and appropriate intervention and documentation for any untoward event involving any animal.

b. Programmatic placement of an animal program within the health care facility needs to be dependent upon practical considerations regarding the extent of the animal program and local responsibilities to the animal program. Regardless of programmatic placement, a multidisciplinary team needs to be involved in the development, implementation, monitoring, and periodic evaluations of any facility animal program.

**4. Guidance and Authorities Related to Animals in Health Care Facilities.** A wealth of information has been published pertaining to animals in health care facilities.

a. The Centers for Disease Control and Prevention (CDC) has published guidelines on animals in health care facilities (see par. 11) and The Joint Commission (TJC) has a standard pertaining to animals brought into the hospital. In addition, there are specific authorities pertaining to animals in health care facilities in which Department of Veterans Affairs (VA) facilities may be required to comply.

b. Although VA facilities are not subject to the Americans with Disabilities Act of 1990, they are subject to the Rehabilitation Act. The Rehabilitation Act does not specifically address the issue of service animals in health care facilities. However, Title 40 United States Code (U.S.C.) § 3103 does address admission of guide dogs or other service animals accompanying individuals with disabilities to any building or property owned or controlled by the Federal Government. In addition, VA regulations and Title 38 Code of Federal Regulations (CFR) 1.218, addresses the issue of bringing dogs and other animals onto VA property.

c. For specific guidance and authorities related to animals in health care facilities, see Attachment C.

#### **5. Service Animals**

a. A service animal is any animal individually trained to do work or perform tasks for the benefit of a person with a disability such as guiding people who are blind, alerting people who are deaf, pulling wheelchairs, alerting owners to imminent seizures and protecting an owner who is having a seizure, or performing other special tasks. A disability, as defined by the Americans with Disabilities Act of 1990, is any physical or mental impairment that substantially limits one or more major life activities, including but not limited to walking, talking, breathing, hearing, or caring for oneself. Service animals are working animals, not pets. A service animal is trained to provide assistance to a person because of a disability. In health care facilities, a person with a service animal may be an employee, visitor, patient resident, volunteer, instructor, or student.

b. The types of animals being trained to be service animals are expanding from the traditional ones such as dogs and cats (e.g. guide dogs, hearing or signal dogs, mobility dogs, seizure alert cats, and emotional support cats) to non-human primates, reptiles, birds, and other animals. There are concerns about reptiles, birds, and non-human primates in the roles of service animals. Their impact on public health and safety is controversial. Vaccinations that are available for dogs and cats to prevent contracting and transmitting some zoonoses are not available for some of the other species. Allowing exotic animals, particularly non-human primates, reptiles, amphibians, and turtles access to health care facilities is strongly discouraged

due to the high carriage incidence of zoonotic diseases without clinical signs in the animals. Such species need to be considered only under the most extraordinary circumstances. Consultation about the suitability of a particular species in health care settings needs to be directed to the Chief Veterinary Medical Officer.

c. In general, a person with a disability could be accompanied by a service animal within a health care facility unless the animal's presence or behavior creates a fundamental alteration in the nature of a facility's services or a direct threat to other persons. A "direct threat" is defined as a significant risk to the health or safety of others that cannot be mitigated or eliminated by reasonably modifying policies, practices, or procedures. Excluding a service animal from an operating room or similar special care areas (burn units, some intensive care units, and any other areas containing equipment critical for life support) is appropriate if these areas are considered to have "restricted access" with regards to the general public. Access could also be limited in infection control circumstances requiring barrier protective measures such as the use of gloves, masks, and gowns. Excluding a service animal that becomes threatening because of perceived danger to its handler during treatment is appropriate. This exclusion needs to be based on an animal's behavior and not on speculation on how the animal might behave. In addition, the plan needs to include decisions about who provides the services to the patient or residents that are normally provided by the service animal. For example, if the patient or resident is blind, staff and family members need to be prepared to provide an orientation to the medical environment and act as sighted guides. If the patient or resident is deaf, staff and family members need to find alternative ways of alerting the patient or resident to important information conveyed by sounds.

d. Another issue regarding service animals is whether to permit persons with disabilities to be accompanied by their service animals during all phases of their stay in the health care facility. Health care personnel need to discuss all aspects of anticipated care with the patient or resident who uses a service animal. Since care of the service animal is the responsibility of the person with the disability and not of the health care workers, how the animal's care will be accomplished while the patient is receiving treatment needs to be determined. The plan may include family members taking the service animal out of the facility several times a day for exercise and toileting, the animal staying with relatives, or boarding off-site.

e. Determining whether a service animal has been specially trained is not always a simple matter as service animals may be trained by a variety of persons. Furthermore, there is no universal requirement for a service animal to be certified nor is a service animal identification badge required for the animal to wear or the handler to carry. In addition, there are no overall requirements to produce documentation that a service animal has received certain vaccinations, is parasite free, or has been recently bathed before the service animal can enter a health care facility. In most cases this type of documentation would probably not be necessary: for example in a situation where the service animal accompanies the handler for a clinic visit or the handler is visiting a patient or resident who is in a non-restricted area of the health care facility. However, if the service animal would be staying with the handler during a hospitalization, then it would be appropriate to determine the health status of the service animal (see Att. B) and to follow the guidelines as presented in Attachment A.

***NOTE:** For facilities that have animal research protocols, the research attending veterinarian for the facility can provide an expert opinion on such issues.*

**6. Therapy Animals**

a. As defined by CDC, a therapy animal is an animal (usually a personal pet) that, with its owner or handler, provides supervised, goal-directed intervention to clients in hospitals, nursing homes, special-population schools, and other treatment sites. Animal-assisted interventions cover two very different types of programs or activities:

(1) **Animal-Assisted Activities (AAA).** AAA are those programs that provide opportunities for motivation, education, or recreation to enhance the patients' or residents' quality of life. These programs allow patients or residents to visit animals in either a common, central location in the facility or in individual patient or resident rooms. The decision to allow animal access to patients' or residents' rooms needs to be made on a case by case basis. AAA include "meet and greet" activities that involve animals and their handlers visiting patients or residents generally in groups on a scheduled basis. These activities are not tailored to a particular person or medical condition.

(2) **Animal-Assisted Therapy (AAT).** AAT is a goal-directed intervention that incorporates an animal which meets specific criteria into the treatment process provided by a credentialed therapist. AAT is designed to improve human physical, social, emotional, and cognitive function. Animals may formally be included in activities such as physical, occupational, and speech therapy. Patient or resident-specific goals and objectives are determined, and progress of the patient or resident is evaluated and documented. Evidence supporting benefit from this type of therapy is largely derived from anecdotal reports and observations of patient and animal interactions.

b. When considering establishing AAA and AAT programs, in addition to the guidelines provided in Attachments A and B, the following guidelines need to be considered:

(1) Animals enrolled need to be trained with the assistance of, or under the direction of, individuals who are experienced in AAA or AAT programs;

(2) Animals need to be handled by persons trained in providing activities or therapies safely, and who know the animals' health status and behavior traits;

(3) Use of animals that are registered for AAA or AAT by national therapy animal organizations is highly recommended in order to take advantage of standardized animal evaluations and screening, handler training, and the liability insurance coverage that such organizations provide;

(4) Any AAA or AAT program needs to consider appropriate containment of the animal while in the facility;

(5) Animals need to be under the control of the handler at all times;

(6) Animals should not be left alone with a patient or resident;

(7) Liability issues concerning animals in AAA and AAT programs need to be addressed in the local facility policy for such programs;

(8) In addition to completion of an infection control risk assessment, the program coordinator needs to work actively with the animal handler prior to conducting AAA or AAT to determine if the session needs to be held in a public area of the facility or in individual patient or resident rooms; and

(9) Routine cleaning protocols for housekeeping surfaces need to be used after each AAA or AAT visit.

## **7. Resident Animals**

a. Resident animals are considered companion animals that live on site in a health care facility and do not meet the definitions of service animals, therapy animals, or personal pets. These animals are actual residents of the health care facility, are owned by the facility, and may be associated with the introduction of infectious agents (will vary depending on animal species) that are normally uncommon in this setting. *NOTE: The concept of working with resident animals has not been scientifically evaluated.* Several issues beyond the advocated benefits for having a resident animal program must be considered, including the following:

(1) Whether the animals will come into direct contact with the patients and residents or be allowed to roam freely in the facility;

(2) How care and feeding for the animals will be provided;

(3) How patients, residents, employees, and visitors' allergies, asthma, and phobias will be addressed;

(4) How patients, residents, or special medical needs will be addressed (e.g. open wounds, animal allergies, Contact Precautions);

(5) What precautionary measures will be taken to prevent bites and scratches;

(6) How disposal of animal excrement will be managed; and

(7) How the resident animal's quality of life will be ensured.

b. Many health care facilities are adopting more home-like environment for residential-care, extended-stay units, or nursing homes; resident animals are one element of this approach. Programs for resident animals that do not physically interact with the patients or residents (i.e., fish, birds) are easier to institute than programs for resident animals that physically interact with patients or residents (i.e. dogs, cats). Closed aviaries and closed fish tanks that are managed by non-patient care providers, preferably by outside contractors, can be instituted with minimal risk to the animals, patients or residents, staff, and visitors. No evidence links the incidence of health

care acquired infections among immunocompetent patients or residents with the presence of a properly cleaned and maintained fish tank, even in dining areas. If the health care facility plans to have a dog or cat as a resident animal, then consideration must be given to the guidelines provided in Attachments A and B and to the following issues:

- (1) There may be patients or residents who do not want the animal in their environment.
- (2) The animal may pick favorites and may not visit all who wish to see it.
- (3) Unsupervised animals can be the cause of accidents for those patients or residents who are physically unstable.
- (4) Selection of mature, well-trained, mild-tempered, neutered or spayed animals;
- (5) Management of bites or scratches;
- (6) Selection of an animal that tolerates other animals that may enter the facility, such as service animals; and
- (7) Quality of life for the animal, including consideration of the following:
  - (a) Provision of appropriate food and water;
  - (b) One dependable master for leadership, consistency, and comfort;
  - (c) Protection from ingesting dropped medications;
  - (d) Provision of an exercise and recreational play regimen for some animals such as dogs;
  - (e) Maintaining a clean litter box for cats;
  - (f) Regular bathing and grooming;
  - (g) Addressing environmental issues such as selection and placement of trash receptacles, storage of cleaning solutions, etc.; and
  - (h) Provision of routine veterinary care for quality health care.
- (8) As a general preventive measure, resident animals need to be restricted from access to or placement in patient or resident care areas, precaution and isolation rooms, food preparation and dining areas, clean and sterile supply areas, medication preparation rooms, and laundry rooms.
- (9) Animals need to be fed, groomed, bathed, and toileted in designated areas.
- (10) A plan needs to be in place for a secluded bed location and maintenance of clean bedding for the animal so that the animal may retreat and rest.

(11) A facility policy needs to be established for regular cleaning of fish tanks, bird cages, rodent cages, and any other animal dwellings to be provided by non-patient care personnel;

(12) Staff and patients or residents need to be educated on how to appropriately interact with the resident animal to reduce the likelihood of harm to the patient or resident, staff, or animal;

(13) Staff and patients or residents need to be educated on the need for hand hygiene (e.g., using either soap and water or an alcohol-based hand rub) after each direct contact with the resident animal;

(14) Any environment that becomes soiled with animal urine or feces needs to be promptly cleaned by a person wearing gloves and using leak-resistant plastic bags to discard any absorbent material used;

(15) Animal waste and specific tools for waste removal need to be confined to designated areas; and

(16) Care needs to be taken to prevent further environmental contamination (e.g., splashing water or aerosolization through the use of high pressure) when cleaning areas soiled with animal excrement.

## **8. Personal Pets**

a. Personal pets are animals owned by an individual. These animals have no specialized training, screening, or role associated with an owner's disability. Examples include personal pets that are owned by the patient or resident, patient or resident family members, visitors, or health care workers and that do not meet the definition of service animals or therapy animals.

b. Personal pets provide companionship to their owners and may be beneficial to the patient's or resident's health and comfort, especially in cases with lengthy hospitalizations or at the end stages of life. When considering a personal pet visitation policy, there are many issues that must be considered from both the patient or resident and animal perspective.

(1) Policies and procedures on personal pets must be established to ensure the safety of the patients or residents, staff, and pets.

(2) Consideration needs to be given to the increased number of immunosuppressed patients or residents in health care facilities today. *NOTE: CDC has no recommendations regarding permitting pet visits to terminally ill immunocompromised patients or residents outside of protective environment units.*

c. Employees interested in bringing their personal pets to the health care facility for patient or resident visitation may do so if those pets are therapy animals and there is adherence to the guidelines for AAA or AAT (see par. 6).

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d. When a patient's or resident's personal pet is visiting, the pet needs to undergo an evaluation to assure a safe visit (see Att. A and B). In addition, the following additional guidelines are recommended for patients' or residents' personal pets:

(1) The pet needs to interact only with the patient or resident it is visiting;

(2) The time and length of the pet's visit and the provision of any pet needs, should be negotiated prior to the visit;

(3) There needs to be a clear understanding that if any problems arise concerning the pet, the pet is to be removed from the health care facility in a timely manner;

(4) The pet (on a short leash or in a clean carrier) and the person bringing the pet in for visitation needs to be escorted to the patient or resident by a staff member; and

(5) A pet toileting regimen needs to be clearly established before the visitation.

**9. Research Animals on VA Medical Center Campuses.** For issues pertaining to animals in research, readers are referred to VHA Handbook 1200.7. *NOTE: Items used in the care of animals are not to be processed in the same area used to process patient care items (see VA Handbook 7176). Air in animal rooms is to be prevented from re-circulating elsewhere in the health care facility (according to the Guide for the Care and Use of Laboratory Animal by Institute for Laboratory Animal Research (ILAR), 1996).*

## **10. Local Policies**

a. To be in compliance with TJC standards, each health care facility is to have a policy pertaining to service animals that do or might enter the facility.

b. Any policy pertaining to animals in the health care facility needs to cover service animals, personal pets, therapy animals (if the health care facility has AAA or AAT programs), and resident animals (if the facility has a resident animal program).

c. Facility policies pertaining to animals in the health care facility needs to address the issues noted in this Information Letter.

## **11. References**

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- l. Weber DJ, Rutala WA. Epidemiology and Prevention of Nosocomial Infections Associated with Animals in the Hospital. In: *Hospital Epidemiology and Infection Control*. 3<sup>rd</sup> ed. Lippincott Williams and Wilkins, 2004: 1787-1808.
- m. Writing Panel of Working Group: Lefebvre SL, Golab GC, Christensen E., et al. Guidelines for animal-assisted interventions in health care facilities. *American Journal of Infection Control*. 36(2): 78-85; 2008.
- n. OSHA Regulations (Standards – 29 CFR) Bloodborne pathogens. – 1910.1030. [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)
- o. The Joint Commission’s Comprehensive Accreditation Manual for Hospitals: The Official Handbook, 2008.

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**12. Inquiries.** Questions regarding this Information Letter may be addressed to the Infectious Diseases Program Office at 513 475-6398.

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Attachments

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## ATTACHMENT A

### GENERAL INFECTION PREVENTION, CONTROL, AND SAFETY MEASURES

As the presence of animals increases in health care facilities, guidelines need to be established to create a safe environment for patients or residents, employees, visitors, and the animals. Health care facilities need to develop written policies and procedures to establish criteria for any animal visitation or residence within their environment. Consideration needs to be given to the types of patients or residents and types of care provided within each area of the facility where animals may be present. The following provides guidance for preventing infection transmission, allergy responses, and injuries resulting from animal to human contact:

1. An infection-control risk assessment needs to be conducted prior to implementation of animal-assisted activities (AAA), animal-assisted therapy (AAT), resident animal program, personal pet visitations, or any other animal program within the facility and when there are changes in any such facility program(s).
2. Avoid selection of nonhuman primates, reptiles, amphibians, and turtles or tortoises in AAA, AAT, and resident animal programs.
3. Personal pets that are nonhuman primates, reptiles, amphibians, and turtles should not be permitted to come into the facility.
4. Avoid providing access to nonhuman primates and reptiles as service animals.
5. Animals need to be at least one year of age unless adults of the species reach behavioral maturity at an earlier age.
6. Procedures for housing, cleaning, feeding and grooming of resident animals need to be established in writing.
7. Health care workers and facility patients or residents need to follow standard precautions and use appropriate hand hygiene (washing with soap and water if hands are visibly soiled and the use of either soap and water or alcohol-based hand rub when hands are not visibly soiled) after touching any animal brought into the facility.
8. The animal needs to be well groomed and in general good health (see Att. B).
9. Precautions to mitigate allergic responses to animals can be instituted. The American Academy of Allergy, Asthma, and Immunology estimates that dog or cat allergies occur in approximately 15 percent of the population. Animals may wear vests or other protective cloth to control allergens. Dandruff can be controlled by wiping the animal with a mild wipe designed for cleaning skin such as a disposable pre-moistened wash cloth. **NOTE:** *These do not include disinfectant wipes designed for environmental disinfection.*

10. Animals need to be prevented from scratching patients or residents. Protective foot coverings for animals may be used.
11. The temperament and ability of the animal to obey basic commands (i.e., sit, stay, down) and respond to stress needs to be assessed.
12. Animals need to be restricted from the medicine, supply, and linen rooms, food preparation and dining areas, and areas where invasive procedures are performed. To protect both research and non-research animals from diseases, non-research animals should not be housed in the animal facility unless the Institutional Animal Care and Use Committee approves such an arrangement (see VHA Handbook 1200.7).
13. If the animal could have contact with patient or resident clothing or bedding, a barrier (i.e., towel, sheet) needs to be used.
14. Minimize contact with animal saliva and dander. Animals are not to lick patients' or residents' wounds. Wounds need to be covered to prevent animals from licking or coming in direct contact.
15. Avoid contact with animal urine and feces.
16. Animal handlers need to be healthy and free of communicable disease.
17. Visiting animals need to be on a short leash or in a clean carrier.
18. Animals need to be under the control of their handlers at all times.
19. Animal toileting guidelines or animal waste cleaning guideline need to be clearly established. Disposable gloves need to be worn to clean waste, followed by hand hygiene.
20. Personal protective equipment (gloves, impervious cover-ups, and masks as dictated by the nature of the task) needs to be used when cleaning cages or tanks and to avoid aerosolization if the cleaning process is performed indoors or a high pressure water source is used.
21. Any animal that harms or could harm a patient or resident, employee, or visitor (bites, scratches, uneven temperament) needs to be promptly removed. Bites and scratches need to be treated promptly and documented in accordance with facility policy.
22. Visiting animals (excluding a patient's or resident's personal pet) should not be left alone with a patient or resident.
23. Routine housekeeping practices need to be implemented after each animal visit.
24. Consideration needs to be given to the communicability status of the patient or resident prior to animal contact. There is some evidence that dogs can become colonized with methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile*. All animals carry

commensal bacteria and viruses which could cause serious infections in immunocompromised patients or residents. For example, it should be understood that, as part of their normal intestinal flora, many birds and reptiles may carry strains of Salmonella bacteria that are harmless to them but dangerous to humans.

25. A case-by-case assessment needs to be done when:

a. Considering personal pet visits to terminally ill immunocompromised patients or residents outside their Protective Environment (designed for allogenic hematopoietic stem-cell transplant patients to reduce the risk of invasive environmental fungal infections), and

b. Determining if animal-assisted activities or therapy are appropriate for immunocompromised patients or residents;

26. Patients or residents need to be assessed for allergies to or fear of animals prior to contact with animals.

27. Care of animals brought into VA health care facilities is the obligation of the following:

a. For service animals it is the person with the disability;

b. For personal pets it is the patient or resident or another person (non-employee) as identified by the patient or resident or family member;

c. For therapy animals it is the animal handler; and

d. For resident animals it is the VA facility through the use of contracts or specifically identified persons.

## ATTACHMENT B

### GENERAL ANIMAL HEALTH

**1. General Considerations.** Domesticated animals such as dogs and cats tend to have fewer risks for disease transmission because they have long histories of living in controlled environments (non-wild environment) with humans. Wild (exotic) animals, even if born in captivity, may present greater zoonotic risks because they have less-predictable behaviors, there may be fewer effective vaccines for zoonotic infections, and these animals may have organisms not usually found in the human communities. Factors contributing to the reduction of risks for zoonoses in the animal include: use of animal from a reputable domestic (United States) source, regular veterinary care, diets of uncontaminated food and water, flea and tick control, and effective vaccines. For listings of domestic zoonotic diseases, see <http://www.cdc.gov/healthypets/>.

#### **2. Recommendations**

a. Animals need to be healthy, vaccinated, well-trained, and domesticated.

b. Animals need to be clean and well-groomed (bathed within 24 hours before visit, ears cleaned, nails trimmed with no rough edges);

c. Animals need to be current with immunizations (i.e.; rabies). Other recommended vaccinations which depend on type of animal (dog or cat), include:

(1) Distemper,

(2) Hepatitis,

(3) Leptospirosis,

(4) Parainfluenza,

(5) Parvovirus, and

(6) Bordetella.

d. Animals need to have completed an annual physical examination within the last 12 months, by a licensed veterinarian. Recommended general systems to be evaluated include, but are not limited to:

(1) General appearance,

(2) Skin and coat,

(3) Musculo-skeletal,

- (4) Heart and lungs,
- (5) Digestive,
- (6) Urogenital,
- (7) Eyes and ears,
- (8) Nervous system,
- (9) Lymph nodes,
- (10) Mucous membranes, and
- (11) Teeth and mouth.

e. At the time of the visit, animals need to be negative for enteric parasites or otherwise have completed recent appropriate antihelminthic treatment.

f. Animals need to be free of communicable disease and external parasites and be on a flea-control program.

g. Animal health and behavior records need to be reviewed and maintained by a designated person within the health care facility.

h. If the health care facility has a research attending veterinarian, strong consideration needs to be given to including that individual in decision-making processes. The Chief Veterinary Medical Officer can also provide consultation as needed (see VHA Handbook 1200.7 for contact information).

## ATTACHMENT C

### GUIDANCE AND AUTHORITIES RELATED TO ANIMALS IN HEALTH CARE FACILITIES

Local facility policies and procedures pertaining to animals in health care facilities need to be in alignment with appropriate guidelines and be in compliance with Department of Veterans Affairs (VA) authority documents. The following information identifies some published guidelines and VA authorities for the establishment of written facility policies pertaining to animals in VA health care facilities.

#### 1. The Joint Commission (TJC)

a. TJC's Comprehensive Accreditation Manual for Hospitals (2008) includes an infection surveillance, prevention and control standard (IC.4.10 EP 8) regarding the identification and risk reduction strategies related to animals present in health care facilities.

b. VA health care facilities are expected to be in compliance with the TJC standards.

#### 2. Centers for Disease Control and Prevention (CDC)

a. In the CDC Guidelines for Environmental Infection Control in Health Care Facilities (2003), there is a section on Animals in Health Care Facilities.

b. It is generally prudent to be in compliance with CDC guidelines.

3. Public Law 101-336, Americans Disabilities Act (ADA) of 1990, as amended. This Act covers many public places such as hospitals, but it specifically does not cover Federal facilities. (Many service animal owners believe they are covered by ADA when they enter VA facilities).

4. Public Law 93-112, Rehabilitation Act of 1973, as amended. This Act does cover Federal facilities but it contains no provision for the admission of animals into Federal facilities.

#### 5. Title 40 United States Code (U.S.C.) § 3103. Admission of Guide Dogs or Other Service Animals Accompanying Individuals with Disabilities to any Building or Property Owned or Controlled by the Federal Government

a. In general, guide dogs or other service animals accompanying individuals with disabilities and especially trained and educated for that purpose shall be admitted to any building or other property owned or controlled by the Federal government on the same terms and conditions, and subject to the same regulations, as generally govern the admission of the public to the property. The animals are not permitted to run free or roam in a building or on the property and must be in a guiding harness or on a leash and under the control of the individual at all times while in a building or on the property.

b. Regulations. The head of each department or other agency of the Government may prescribe regulations the individual considers necessary in the public interest to carry out this section as it applies to any building or other property subject to the individual's jurisdiction.

**6. VA Regulation Title 38 Code of Federal Regulations (CFR) § 1.218, Security and Law Enforcement at VA Facilities**

a. States, in relevant part:

"(a) Authority and rules of conduct. Pursuant to 38 U.S.C. 901, the following rules and regulations apply at all property under the charge and control of VA (and not under the charge and control of the General Services Administration) and to all persons entering in or on such property. The head of the facility is charged with the responsibility for the enforcement of these rules and regulations and shall cause these rules and regulations to be posted in a conspicuous place on the property."

"(11) Dogs and other animals, except seeing-eye dogs, shall not be brought upon property except as authorized by the head of the facility or designee."

b. VA medical facilities that are under the charge and control of VA must comply with 38 CFR § 1.128(a)(11).