

New pet visit guidelines aim to control infections

No llamas, reptiles or ponies allowed. Those might seem altogether sensible, if not self-evident restrictions when talking about hospitals and long-term care facilities.

Yet, there have been instances in which those or even more exotic and unusual species have been brought into North American hospitals and long-term care facilities, putting patients at higher risk of infection, or even injury, and prompting the development of a new set of evidence-based guidelines for animal-assisted interventions in health care facilities (*Am J Infect Control* 2008;36:78-85).

The guidelines propose that health care facilities place “age, origin, behaviour, diet and health” restrictions on animals involved in health care interventions, while implementing outright bans on some species, including lizards, salamanders, non-human primates, rats, hedgehogs, prairie dogs and species that have not been litter-trained or “for which no other measures can be taken to prevent exposure of patients/residents to animal excrement.”

“Domestic” varieties of such animal species should be allowed, the guidelines add. But basic health and diet restrictions should be placed on patients’ pets that are visiting a facility, while contact should be strictly limited “to the relevant patient only.”

The aim is to minimize the spread of pathogens from or to animals, says Guelph veterinarian and Ontario Veterinary College scientist J. Scott Weese, a project leader on the 29-member working group that developed the recently published guidelines.

“A lot of the [existing] hospitals’ guidelines focused on vaccinations and deworming the animals, which is really a minimal tool for infection control for what we’re worried about. We’re not worried about a dog spreading canine parvovirus in a hospital. We’re worried about a dog spreading MRSA [methicillin-resistant *Staphylococcus aureus*], VRE [vancomycin-resistant *Enterococcus*] or *C. diff* [*Clostridium difficile*],” Weese says.



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The increased popularity of animal visits to hospitals and long-term care facilities prompted experts to draw up detailed guidelines. Hand hygiene is emphasized.

The guidelines also recommend that a “temperament evaluation” be undertaken for any creature being considered for animal-assisted intervention to determine how it reacts to such things as strangers, loud noises, angry voices, threatening gestures, crowding, vigorous patting, other animals and handler’s commands.

Other recommendations urged by the working group include training requirements for animal handlers and health-screening protocols for both animals and handlers. Facilities should prohibit visits by animals that have been fed a raw food diet in the previous 90 days, while handlers should prevent their charges from licking, biting or scratching a patient. Well-intentioned people who drop by a facility with their pets, but are not part of a formal animal-assisted intervention program, should be turned away at the door.

The guidelines also place considerable emphasis on hand hygiene, both before and after a visit, to mitigate the risk of transmitting potentially zoonotic microorganisms like *C. difficile*, as well as other hospital-associated pathogens like norovirus and influenza.

Weese says the increased popularity of animal visits, and widespread variations in hospital policies, compelled the working group of Canadian and US stakeholders — experts in animal-assisted interventions, infection control, public health and veterinary medicine

— to craft the guidelines. An early survey by the group indicated 90% of 223 Ontario hospitals allowed some form of pet visitation but most had different protocols for running the programs, many of which only superficially addressed infection risks.

The guidelines also urge health care facilities to appoint an animal visit liaison officer to oversee animal visits, a recommendation that Dr. Mary Vearncombe, director of infection and prevention control at Toronto’s Sunnybrook Health Sciences Centre suspects most facilities will balk at. It would be difficult for one person to manage the many points of entry in a large hospital, or the number of people who arrive with their pets and are completely unaware of the risks or hospital policies, she says. “The ability of any one person to do that is dependent on the type of facility involved.”

There is little indication that either the Canadian Healthcare Association or the Ontario Hospital Association appear inclined to adopt the recommendations on a nation-wide or province-wide scale.

But Weese is encouraged by the response of individual hospitals. “We’ve had a lot of requests for more information or for the guidelines.” — Lisa Bryden, Ottawa, Ont.

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