1.0 Purpose
CAMH believes that treating people with respect is a key guiding principle for excellent client/patient care and an effective, healthy organization. As such, CAMH is committed to fostering an atmosphere that removes and prevents barriers that impact the accessibility of persons with disabilities. This includes clients/patients, CAMH personnel, and visitors. CAMH acknowledges its legal obligation to accommodate persons with disabilities, as well as the vital relationship and dependency between persons with disabilities and their service animals.

CAMH further recognizes the close bonds that many clients/patients share with their pets. CAMH is also mindful of the need to maintain a safe and clean environment for all CAMH personnel, clients/patients and visitors.

To balance these objectives, this policy sets out the circumstances in which live animals are permitted in CAMH clinical areas and processes for facilitating same.

This policy does not apply to the use of animals for research purposes. For policies and procedures relating to Pet Therapy animals, please see policy AHR 3.16.6 Volunteer Resources Utilization and Pet Therapy.

2.0 Persons Affected
This policy applies to all CAMH employees, students, volunteers, physicians, and agents (hereafter referred to as “CAMH personnel”).

3.0 Policy
3.1 Except as described in this policy, live animals are not permitted in CAMH clinical areas.
3.2 The following are the exceptions to 3.1, above.

3.2.1 Service Animals

3.2.1.1 Consistent with the Accessibility for Ontarians with Disabilities Act (“AODA”), Ontario Human Rights Code, and policy AHR 3.6.15 Accessibility and Customer Service for People with Disabilities, CAMH welcomes persons with disabilities who are accompanied by a service animal and CAMH personnel will make all reasonable efforts to accommodate service animals.

3.2.1.2 Persons with service animals have the right to enter the hospital with a service animal and keep the service animal with them unless doing so is precluded by law. If a person’s service animal is precluded by law, CAMH personnel will ensure that other accessibility or accommodation measures are available to the person.

3.2.1.3 The presence of service animals in the hospital may limited in the following ways:

3.2.1.3.1 the presence of a service animal in a clinical area may be restricted if the presence of the animal is significantly disrupting the therapeutic milieu or compromises the health and safety of other clients/patients, CAMH personnel or visitors. Before prohibiting a service animal, CAMH personnel will make all reasonable efforts to resolve the disruption or health/safety issues.

3.2.1.3.2 service animals are not permitted in:

3.2.1.3.2.1 areas where food is prepared, processed or manufactured (e.g., basement or unit kitchens, Out of This World kitchens).

NOTE: Service animals are permitted where food is served, sold or offered for sale (e.g., unit dining rooms and public areas of Out of This World Café and Grill).

3.2.1.3.2.2 medication storage and preparation areas;

3.2.1.3.2.3 laboratory or diagnostic imaging areas;
3.2.1.3.2.4 isolation rooms;
3.2.1.3.2.5 areas with immunosuppressed clients/patients; and
3.2.1.3.2.6 areas where infection control precautions are in effect, unless Infection Prevention and Control has been consulted and given approval.

3.2.2 Pet Therapy animals are permitted to enter the hospital as per policy AHR 3.16.6 Volunteer Resources Utilization and Pet Therapy.

3.2.3 Pet visits are permitted only in special circumstances and in accordance with Section 6.2, below.

4.0 Definitions

**Clinical area:** Spaces within the hospital where clients/patients receive medical treatment.

**Disability:** According to the AODA:
- any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device;
- a condition of mental impairment or a developmental disability;
- a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
- a mental disorder; or
- an injury or disability for which benefits were claimed or received under the insurance plan established under the [Workplace Safety and Insurance Act](http://www.ontario.ca/document?category=act&title=workplace-safety-and-insurance-act), 1997.

**Guide dog:** A dog trained as a guide for a blind person and having the qualifications that the [Blind Persons’ Rights Act](http://www.ontario.ca/doc/proposedislation/2012/bill-61) and its regulations provide. A “guide dog” is a “service animal”.

**Pet(s):** An animal is a pet when the animal:
- is not a service animal;
belongs to or comes from the same household as a client/patient or, at one point, belonged to or came from the same household as the client/patient;
• is a cat or dog; and
• is over the age of one year.

Pet therapy animals: Animals that are brought into the hospital by handlers to visit with clients/patients at the request of a department as part of the volunteer program.

Service animal: As defined in the Accessibility for Ontarians with Disabilities Act, an animal is a service animal if either:
• it is readily apparent that the animal is being used by a person for reasons relating to the person’s disability;
• it is “readily apparent” that an animal is a service animal when it is obvious by its appearance or by what it is doing. For example, it may be readily apparent that an animal is service animal if it is wearing a harness, saddlebags, a sign that identifies it as a service animal, or has a certificate or identification card from a service animal training school or an identification card from the Attorney General of Ontario. It may also be readily apparent if a person is using the animal to assist in performing tasks, such as:
  • alerting individuals who are deaf, deafened or hard of hearing to sounds;
  • pulling a wheelchair;
  • alerting to seizures;
  • opening/closing doors;
  • providing mental health support;
  • retrieving dropped items;
  • guiding individuals with impaired vision.

OR

• The person provides documentation from an approved regulated health professional confirming that the person requires the animal for reasons relating to the disability.
  • 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.
“Approved regulated health professionals” are members of the following:
- College of Audiologists and Speech-Language Pathologists of Ontario;
- College of Chiropractors of Ontario;
- College of Nurses of Ontario;
- College of Occupational Therapists of Ontario;
- College of Optometrists of Ontario;
- College of Physicians and Surgeons of Ontario;
- College of Physiotherapists of Ontario;
- College of Psychologists of Ontario;
- College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario.

**NOTE**: The definition of service animal does not include an emotional support animal who does not otherwise meet the above requirements.

5.0 Responsibilities

5.1 Responsibilities are defined within Section 6.0, below.

6.0 Procedures

6.1 Service Animals

6.1.1 CAMH personnel must make all reasonable efforts to accommodate clients/patients, personnel, and visitors with service animals. Accommodation requires but is not limited to:

6.1.1.1 refraining from asking persons the type of disability for which they are using a service animal, except if clinically required;

6.1.1.2 refraining from suggesting that a person does not appear to have a disability;

6.1.1.3 refraining from touching, petting, speaking to, distracting, deliberately startling, feeding, or providing care for (e.g., toileting, exercising) the service animal;

6.1.1.4 ensuring service animals are granted access to all areas of the hospital except as limited under this policy;

6.1.1.5 if a service animal is excluded from an area of the hospital, ensuring other measures are available to enable the person with a disability to obtain, use, or benefit from the hospital’s goods or services;
6.1.1.6 if unable to provide care to a client/patient with a service animal (e.g., due to allergies), informing their manager to ensure an alternate health care professional is available to provide care; and

6.1.1.7 notifying other areas/departments in advance if the individual and their service animal will be attending in those areas.

6.1.2 Where an individual requires the assistance of a service animal, they will, where possible, make reasonable efforts to provide advance notice of the use of the service animal.

6.1.3 Where a member of CAMH personnel requires the assistance of a service animal, they will, upon request, provide documentation to Health, Safety & Wellness confirming that the animal has been trained through an accredited service animal training school or provide a supporting letter from an approved regulated health professional (refer to Section 4.0, above) confirming that the member of CAMH personnel requires the animal for reasons relating to that individual’s disability.

6.1.4 CAMH personnel will not assume any responsibility for meeting the needs of the service animal (e.g., exercise, nutrition, toileting).

6.1.4.1 Persons with service animals must assume full responsibility for the care and behaviour of their service animal at all times. Inpatients may delegate this responsibility (e.g., to family member(s)) but only if the needs of the service animal can be met at all times during the admission (including nights, weekends).

6.1.4.2 If there is no appropriate individual who can ensure the needs of a client/patient’s service animal are met at all times, the interprofessional team will work with the client/patient and their family (if appropriate) to make alternative arrangements. Examples of alternative arrangements include, but are not limited to, restricting the presence of the service animal to only hours in which its needs can be met, or exploring alternative accessibility measures to assist the client/patient during the admission. **NOTE:** that this does not include CAMH personnel assuming care of the animal or ensuring its needs are met.

6.1.5 If a service animal is present on a clinical unit, the Unit Manager/Team Leader must communicate the presence of the
service animal as needed to CAMH personnel, clients/patients, or visitors who may be exposed to the animal (refer to Appendix A).

6.1.6 If the plan it to have a service animal in an area where infection control precautions are in effect, the unit manager shall first consult IPAC for approval.

6.1.7 CAMH personnel who are unable to carry out their duties in the presence of a service animal (e.g., due to allergies, fear, or other reasons not related to the animal’s demeanour or health), shall bring this to the attention of their Manager, who will take steps to address the concerns.

6.1.8 Wherever possible, client/patients with service animals will be placed in a private room. If a private room is unavailable, the interprofessional team will ensure that the service animal does not adversely impact other clients/patients sharing the room.

6.1.9 When a service animal has been identified as such and accompanies a client/patient on an inpatient unit or outpatient service, this will be documented in the client/patient’s health record.

6.1.10 If a visitor or client/patient raises concerns about the presence of a service animal in a clinical area, the interprofessional team shall consider how to address the concerns while still accommodating the person with a service animal. Provided they do not interfere with client/patient care, some options may include, but are not limited to:

6.1.10.1 adjusting the location or schedule of visits (where the service animal accompanies a visitor or the concerns are raised by a visitor);

6.1.10.2 adjusting unit schedules and processes (programs, meals, etc.) to avoid contact between the person with the service animal and a concerned client/patient; and/or

6.1.10.3 transfer of one of the client/patients to another clinical unit to avoid contact between the service animal and the concerned client/patient.

6.1.11 Wherever possible, persons with service animals should provide the Unit Manager/Team Leader (or their direct Manager in case of CAMH personnel requiring a service animal) the name and contact information of someone who can assume responsibility for an care for the animal in the event that the person must be separated from their service animal (e.g., due to the individual going to an area of CAMH where animals are not permitted, or due to the person’s inability to manage/care for the animal).
6.1.11.1 If a person must be separated from their service animal, CAMH personnel must:

6.1.11.1.1 explain why the animal is excluded and identify alternative arrangements to provide the person with accessibility services;

6.1.11.1.2 in the case of a client/patient, ensure appropriate care can be provided to the client/patient in the absence of the service animal;

6.1.11.1.3 if applicable, document in the client/patient’s health record the circumstances and rationale for removal or exclusion;

6.1.11.1.4 contact someone to assume responsibility for the animal (e.g., support person; the organization that trained the animal);

6.1.11.1.5 if possible, ensure the service animal is permitted to return to the person and resume its duties as soon as possible.

6.1.12 If any CAMH personnel, visitors, or clients/patients sustain injuries from a service animal:

6.1.12.1 the person responsible for the service animal must provide up-to-date immunization records for the service animal;

6.1.12.2 CAMH personnel must complete a SCORE report detailing the name of the injured person, circumstances, and nature of the injury and file the report with Health, Safety, and Wellness; and

6.1.12.3 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 and on weekends).

6.2 Pet Visits

6.2.1 In special circumstances, a client/patient may be permitted to have a visit from their pet. The decision of whether to permit such a visit is to be made by the interprofessional team on a case-by-case basis and in consultation with Infection Prevention and Control.

6.2.2 Pet visits may only be permitted if the following criteria are met:

6.2.2.1 the client/patient is an inpatient;

6.2.2.2 a person other than the client/patient accompanies the pet;

6.2.2.3 the interprofessional team has discussed the request and has decided that a pet visit could benefit the client/patient;
6.2.2.4 the client/patient has only one pet visit at a time;
6.2.2.5 the pet does not negatively affect the client/patient, other clients/patients, CAMH personnel (e.g., allergies), or the client/patient care area;
6.2.2.6 the pet does not display any aggressive tendencies; and
6.2.2.7 the pet is visibly healthy, adequately clean, and housebroken.

6.2.3 A pet visit must not:
6.2.3.1 interfere with any treatment;
6.2.3.2 be conducted in an area where infection control precautions (e.g., barrier protective measures; use of gloves, gowns; masks) are in effect; or
6.2.3.3 be present where CAMH personnel, clients/patients, or visitors have an allergy to the pet.

6.2.4 The person accompanying the pet must:
6.2.4.1 upon request, provide up to date records of the pet’s immunizations to the Unit Manager/Team Leader;
6.2.4.2 complete Section A of a Client/Patient Pet Authorization Form (refer to Appendix B);
6.2.4.3 ensure that the visit occurs only in the location and with the client/patient identified on the Client/Patient Pet Authorization Form (refer to Appendix B);
6.2.4.4 use gloves to clean-up any animal excreta (e.g., urine; vomit; feces), and notify Environmental Services personnel of affected area;
6.2.4.5 report to CAMH personnel all incidents of scratches or bites inflicted on any person while the pet is in the hospital;
6.2.4.6 ensure that the pet is in their care and control at all times, which requires but is not limited to:
   6.2.4.6.1 the animal remaining in the client/patient’s room with the door closed unless the animal is entering or exiting the hospital;
   6.2.4.6.2 cats being in carriers unless they are in the client/patient’s room with the door closed; and
   6.2.4.6.3 dogs being leashed at all times while in CAMH buildings.

6.3 The Unit Manager/Team Leader must:
6.3.1 effectively communicate the presence of the pet to CAMH personnel, clients/patients, and visitors who may be exposed to the animal (refer to Appendix A) and address any concerns;
6.3.2 complete Section B of a Client/Patient Pet Authorization Form (refer to Appendix B);
6.3.3 if any CAMH personnel, visitors, or clients/patients sustain injuries from a pet, CAMH personnel must complete a SCORE report detailing the name of the injured person, circumstances, and nature of the injury; and
6.3.4 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 and on weekends).

7.0 References


Workplace Safety and Insurance Act, 1997, S.O. 1997, c. 16, Schedule A. Available at: https://www.ontario.ca/laws/statute/97w16

8.0 Links/Related Documents

8.1 Related Policies and Procedures
   AHR 3.6.15 Accessibility and Customer Service for People with Disabilities
   AHR 3.16.6 Volunteer Resources Utilization and Pet Therapy
9.0 Review/Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Revision Type (minor edit, moderate revision, complete revision)</th>
<th>Reference Section(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2018</td>
<td>1.0</td>
<td>New Policy</td>
<td>N/A.</td>
</tr>
<tr>
<td>September 2020</td>
<td>2.0</td>
<td>Minor</td>
<td>Clarifying language to delineate service animal and emotional support animal.</td>
</tr>
</tbody>
</table>
Appendix A – Animal Notification Sign

ATTENTION

AN ANIMAL IS PRESENT IN THIS ROOM.

For more information, refer to policy PC 2.1.5 Animals at CAMH.
Appendix B – Client/Patient Pet Authorization Form

X Do not complete this form if the animal is a service animal.
✓ This form must be completed for each client/patient pet visit.

An animal is a client/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 client/patient or, at one point, belonged to or came from the same household as the client/patient; (c) is a cat or dog; and (d) is over the age of one year.

Section A (Owner/handler of the pet to complete)

1. Date of Request (YYYY/MM/DD): ________________________________
2. Name of client/patient: _______________________________________
3. Unit/location: _______________________________________________
4. Name of owner/handler: _______________________________________
5. Owner/handler relation to client/patient: __________________________
6. Owner/handler telephone number: _______________________________
7. Animal
   Name: _______________________________________________________
   Age: __________________________
   Description: __________________________________________________
   Colour: __________________ Species: ☐ Dog ☐ Cat

I have been provided with a copy of policy PC 2.1.5 Animals at CAMH and agree to follow the conditions in it. I also agree to compensate CAMH for all liability, actions, claims, damages, and costs whatsoever that CAMH incurs from bringing the animal that is the subject of this form animal into the hospital.

_________________________________________  __________________________
Owner/Handler Signature                     Date (YYYY/MM/DD)
Appendix B – Client/Patient Pet Authorization Form

Section B (Unit Manager/Team Lead to complete)

Yes  No  1. The animal appears to be healthy and clean.
☐  ☐  2. The animal appears to be well-trained.
☐  ☐  3. The animal is in control of the owner/handler.
☐  ☐  4. The animal has current rabies vaccinations.

Pet visitation approved:  Yes ☐  No ☐

If yes, visit scheduled for:  
(YYYY/MM/DD)

Visit location:  

Specific stipulations:  

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Unit Manager/Team Lead Signature  

Date (YYYY/MM/DD)