



POLICY/PROCEDURE TITLE:Administrative: Service Animals for Disabled Patients or Visitors

CATEGORY: Administrative
LAST APPROVAL DATE: 6/15

SUB-CATEGORY: Administrative Policies & Procedures
ORIGINAL DATE:9/09

COVERAGE:

All El Camino Hospital staff
All Inpatients, Outpatients and Visitors of El Camino Hospital using a service animal

PURPOSE:

STATEMENT:

It is the policy of El Camino Hospital to comply with the requirements of the Americans with Disability Act and other state and federal regulations to provide access to individuals with disabilities who present with service animals unless it has been determined that the animal poses a direct threat to the health or safety of others. If a service animal is not permitted in the hospital pursuant to the policy below, the hospital shall ensure that the needs of the disabled individual are accommodated. Except as specified below, a person using a service animal shall generally be afforded the same access to the Hospital as that afforded the public in general. Care of the service animal is the obligation of the person with the disability. Any questions about this policy should be directed to the Manager of Risk Management.

DEFINITIONS:

- A. Disability: A disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual, including but not limited to walking, talking, breathing, hearing or caring for oneself.

- B. Service Animal: A *service animal* is defined as a dog trained to work or perform tasks for the benefit of an individual with a disability. For sight impaired patients who are allergic to dogs, a miniature horse (usually not more than 26 inches in height or more than 100 pounds) may be used as a service animal. However, the miniature horse must be trained to provide assistance to the individual with a disability and must be house broken. The work or tasks performed by a service animal must be directly related to the

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individual's disability. This includes but is not limited to the following: guiding individuals with impaired vision, alerting individuals with impaired hearing to sounds, providing minimal protection.

- C. Direct Threat: A direct threat is defined as a significant risk to the health or safety of others that cannot be eliminated or mitigated by a modification of policies and procedures or by the provision of auxiliary aids/services. The Hospital shall make an individual assessment based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence to ascertain the nature, duration, and severity of the risk, the probability that the potential injury will actually occur, and whether reasonable modifications of policies, practices or procedures will mitigate the risk.

PROCEDURE:

Responsibility

A. Patient.

- 1) The patient is responsible for arranging for the care of the service animal, including food, water, toileting and cleaning up after the service animal.
- 2) If the patient is unable to take care of the service animal or needs to be separated from the service animal for a period of time, the patient is responsible for arranging the care of the animal through family members, friends or other accompanying person (not including staff). The patient's physician may be involved with assessing whether the patient is able to care for the service animal due to his/her condition or whether the patient needs to be in a restricted access area.
- 3) The service animal shall be well groomed, clean and housebroken. If the service animal does not appear to be well groomed, the patient may be asked to remove the service animal due to the direct threat it poses to the health and safety of patients and visitors.
- 4) If the service animal becomes out of control and not able to be managed by the patient or designated handler within a reasonable amount of time, the patient/designated handler will be asked to immediately remove the animal from the Hospital. The patient/designated handler shall be responsible for any damage caused by the service animal.

B. Healthcare Provider/Staff

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- 1) Any service animal in attendance of a patient or visitor will be recognized as an animal trained to assist a disabled person and will not be viewed as a “pet”.
- 2) If any El Camino Hospital employee has a concern that an animal is a “pet” rather than a service animal, the employee may ask the following questions and consult with Risk Management.
 - a) If the animal is a service animal required because of a disability
 - b) What work/task has the service animal been trained to perform
- 3) If the person answers “No” to either of the questions above, then the animal is not considered a service animal and the staff member should refer to the Animal Visitation Policy for further guidance about allowing the animal to visit with the patient. The staff member should document this interaction in the patient’s medical record. If the patient answers yes to the questions, the service must be allowed unless it is in a restricted area.
- 4) Staff must not ask for information about the person’s disability, require medical documentation regarding the service animal, or request to see a special identification card or training documentation for the service animal.

Procedure

- A. In general, a service animal shall be permitted in any area of the Hospital that is unrestricted to inpatients, outpatients or visitors such as lobbies, cafeterias and patient rooms provided that the service animal does not pose a Direct Threat to the health and safety of others and would not require a fundamental alteration in the Hospital’s policies and procedures.
 - 1) Upon identification that a patient has a service animal, staff shall notify the clinical manager of the area and the Hospital Supervisor if the patient requires admission.
 - 2) For inpatients, the patient should be placed in a private room if at all possible.
 - 3) The manager of the unit and/or Hospital Supervisor should aid patients or staff with known or suspected allergies to a service animal by making reasonable accommodations such as arranging for different staff members, arranging for physical separation whenever possible.

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- B. Restricted Access Areas. Areas that are considered restricted where service animals will not be allowed include areas where the general public is not permitted. Additional areas may be identified on a case-by-case basis to protect the health and safety of patients, visitors and employees of El Camino Hospital. These areas include but are not limited to:
- 1) Procedural and interventional areas including the operating room, cath labs, endoscopy and the PACU.
 - 2) Patient units where a patient is immunocompromised
 - 3) Patients who are placed in isolation for respiratory, enteric or infectious precautions.
 - 4) Areas where the hospital determines that the service animal presents a direct threat or the presence of the service animal would require a fundamental alteration in the unit/department's policies, practices, or procedures. Prior to excluding the service animal, hospital staff must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures will mitigate the risk.
- C. If a patient with a service animal is located in an area with restricted access, efforts must be made to accommodate the patient's disability.
- D. Risk Management/Clinical Effectiveness shall be notified before a patient is denied access to an area with his/her service animal.
- E. The patient will be informed about the decision to allow/deny the service animal, the reasons why, and what accommodations will be made for his/her disability and documentation will be in the medical record.

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APPROVAL	APPROVAL DATES
Patient Care Management Council:	9/13
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	5/15
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	5/15
Board of Directors:	6/15

Historical Approvals:

Patient Care Management Council, 8/13, 9/13

Medical Executive Committee, 9/12, 9/13

Board of Directors: 11/12, 9/13