

AAVMC GUIDELINES FOR SERVICE ANIMAL ACCESS TO VETERINARY TEACHING FACILITIES

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INTRODUCTION AND SERVICE DOG DEFINITIONS

Introduction

Hospital staff and students in the teaching hospital may not be well informed about service animals and their legal status, and the benefits they provide to persons with disabilities. Because definitions of service animals and emotional support animals are not well understood by many, and the systems for identifying and training service animals are not standardized or codified, society will often look to veterinarians for assistance with issues in this arena. Veterinary students and staff of veterinary teaching facilities should be well informed of the definitions of a service animal and emotional support animal and the legal differences between them. It is important that they understand what they can and cannot ask a person with a disability and how as a veterinary professional they have many roles when it comes to service animals – including an important resource to the service animal handler, the service animal, the hospital, and the community at large.

Several guidelines and Standard Operating Procedures (SOPs) have been published regarding accommodation of service animals in human healthcare facilities. However, the nature of patients treated in veterinary facilities requires additional guidelines to ensure the safety of the patients as well as the service animals themselves. Thus, the AAVMC tasked a working group of veterinarians and educators with proposing best practices for accommodating service animal handlers in veterinary teaching facilities.

Service Animal Definitions

Service animals are dogs or miniature horses that are specifically trained to assist people with disabilities with the

activities of normal living. The Americans with Disabilities Act (ADA) defines service animals as any “dog or miniature horse individually trained to do work or perform tasks directly related to the partner’s disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals who are hearing impaired to intruders or sounds, providing non-violent protection or rescue work, pulling a wheelchair, fetching dropped items, assisting an individual during a seizure, alerting individuals to the presence of allergens, or helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors.” If an animal meets this definition, it is considered a service animal regardless of whether it has undergone formal training and certification or has been licensed or certified by a state or local government. The term psychiatric service dog is sometimes

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used for service dogs trained to provide one-on-one support to individuals who have autism, schizophrenia, PTSD, depression, and other psychiatric challenges.

Emotional support animals are not service animals and are not covered by ADA relative to public accommodations, but they are covered by applicable law relative to housing and airline travel considerations. To legally be considered an emotional support animal, the animal needs to be prescribed by a licensed mental health professional to a person with a disabling mental illness. A therapist, psychologist, or psychiatrist, for example, must decide that the presence of the animal is needed for the mental health of the patient.

Legally, service animals are allowed to accompany the individual with a disability in all areas of a medical facility where health care personnel, visitors, and patients are normally allowed during inpatient services unless the animal's presence or behavior creates a fundamental alteration in the nature of a facility's services in a particular area or is

LEGAL FRAMEWORK

Under the ADA and Section 504 of the Rehabilitation Act of 1973, health care facilities must permit the use of a service animal by a person with a disability, including during a public health emergency or disaster. Service animals in training are not covered under the ADA; however, they may be permitted access to health care facilities by some state statutes regarding public accommodation. Most guidelines are developed with human patients and family members or visitors in mind, but they apply equally to persons with disabilities who are employees, instructors, volunteers, students, or others working in health care facilities where more inclusive access to the facility would be expected.

Legally, service animals are allowed to accompany the individual with a disability in all areas of a medical facility where health care personnel, visitors, and patients are normally allowed during inpatient services unless the animal's presence or behavior creates a fundamental alteration in the nature of a facility's services in a particular area or is a direct threat to other persons in a particular area. A "direct threat" is defined as a significant risk to the health or safety of others that cannot be mitigated or eliminated by modifying policies, practices, or procedures. In a teaching hospital setting, it is presumed that no direct threat exists in areas where the student is participating in the teaching program unless the area is one of limited access that employs general infection control measures, such as operating rooms, isolation units, or other areas where the animal's presence may compromise a sterile field environment. Areas where the animal's presence

might cause significant stress to patients or result in danger to those handling such patients are also defined as a "direct threat." Examples of direct threat areas might include exam rooms, inpatient wards, large animal patient areas, and ICU.

RECOMMENDED PROFESSIONAL CONDUCT

Staff may not ask the handler of a service animal about their disability, require medical documentation (e.g., a special identification card, or training documentation for the animal), or ask the animal to demonstrate its ability to perform the work or task. When it is not obvious what task is being performed by a service animal, staff may ask only two questions: (1) Is the animal a service animal required because of a disability, and (2) What work or task has the animal been trained to perform?

Policies governing service animal access to veterinary teaching facilities must balance the benefits a service animal provides for its handler with the risks posed by the service animal to other animals and humans. In human health care settings, the following areas are usually recognized to have restricted access to service animals:

- Areas of the hospital not open to the public
- Areas in which protective attire (e.g. masks, gowns, gloves) is required

In veterinary settings, the nature of the patients being cared for creates a more complicated environment in which to assess the need to restrict service animal access than in human hospitals. A service animal's access may be restricted or denied in areas where its handler would generally be allowed only when it can be demonstrated that the presence or behavior of that particular animal would create a fundamental alteration or a direct threat to patient health, persons in the facility, or to the nature of the goods and services provided. These risks include disease transmission as well as behavioral issues (both behavioral problems caused by the service animal as well as behavioral issues associated with the patient's response to the service animal). Even fully vaccinated, healthy service animals may be passive carriers of disease, and a service animal's presence may impact the behavior of an already stressed patient, leading to injury, agitation, or additional stress. Thus, in veterinary settings, it may be necessary to restrict service animals from accessing the following areas:

- Exam rooms where patients are being evaluated or treated
- Procedure rooms where patients are undergoing diagnostic procedures or treatment (example: radiology, anesthesia prep areas, treatment rooms)

When a service animal needs medical care, it is entitled to the same access as any other patient. If a service animal handler needs to visit another hospitalized animal that they own, accommodations should be made to

- Limited-access areas that employ greater than general infection control measures and patient units where a patient is immunosuppressed or in isolation. These areas include, but are not limited to, operating rooms, post anesthesia recovery areas, and all other areas where invasive procedures occur.
- Large animal settings (corals, stables, etc.) where livestock and farm animals are being housed, treated, or evaluated and are likely to respond in an unpredictable manner when encountering a service animal.
- In-patient housing and boarding areas
- Intensive care units

It is important to note that these restrictions apply only to service animals on duty. When a service animal needs medical care, it is entitled to the same access as any other patient. If a service animal handler needs to visit another hospitalized animal that they own, accommodations should be made to move the patient animal to a location suitable for visitation.

CLINICAL ACCOMMODATION

The ADA specifies that the care and behavior management (stewardship) of the service animal is the responsibility of the handler. The handler is responsible for feeding and watering, taking the service animal out to urinate and defecate, and for cleaning up any mess created by the animal. If a person with a service animal must have access to an area that is off-limits to service animals, it is the responsibility of that person to provide alternate stewardship for the animal during the time he or she is in the area. While this is legally the responsibility of the handler to arrange, the facility may elect to provide a crate or other containment area for the animal for short-term use. The location of this area should be identified prior to the time of need when working with individuals with service animals,

especially students and employees. Potential crating spaces should be secure, able to be disinfected, minimize contact with hospitalized patients, and be accessible to the partner and within reasonable access to outside areas for urination/defecation.

Best practices for reducing the risk of disease transmission or other risks to patients also include ensuring that service animals:

- Are fully vaccinated and dewormed against the most likely pathogens
- Are maintained on appropriate flea and tick control
- Undergo a thorough health screening prior to accessing the veterinary teaching hospital
- Are licensed and wearing appropriate rabies tags for the municipality involved
- Are harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or if an individual's disability prevents using these devices. The handler/owner must maintain control of the animal through voice, signal, or other effective controls.
- Are not fed raw diets
- Are appropriately bathed and groomed and housebroken to reduce the risk of disease transmission

Furthermore, it is recommended that service animal handlers be informed of the potential health risks to their animals of prolonged or repeated visits to the teaching hospital environment and ways to mitigate these risks prior to bringing their animals into veterinary hospitals.

AAVMC SERVICE ANIMAL WORKING GROUP

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