

IPAC Checklist for Animal Presence in Health Care Settings

Published: April 2026

When to Use this Checklist?

This checklist can be used:

- To support Infection Prevention and Control (IPAC) professionals when reviewing IPAC practices or planning programs related to the presence of animals in their organizations.
- To focus on IPAC considerations related to pet visitation, therapy animals or resident animals.
- In addition to, but does not replace, the advice, guidelines and recommendations, or other direction from provincial Ministries or local public health authorities.

The checklist does not apply to service animals, defined as animals that are trained to perform tasks to benefit an individual with a disability, covered by provincial legislation.^{1,2}

Background

Animals may temporarily visit health care settings as in cases of pet visitation or therapy animal programs, or live long-term or permanently within the organization.

While interacting with animals offers health benefits³⁻⁵, it can also pose an infection risk to patients / residents / clients and health care workers through direct or indirect contact with environmental contamination and/or fecal matter and/or through aerosolization of fur, dander, saliva droplets or water droplets (i.e., from aquariums).⁶⁻⁹ The advantages of having animals in health care settings should be balanced with infection risks and other disadvantages such as allergies, anxiety or fear in patients / residents / clients and staff.

Terms and Definitions

- **Pet** refers to animals that reside with families/visitors for pleasure or companionship and are generally intended to visit only one patient / resident / client. They are not service animals or therapy animals.
- **Pet handler** refers to the person responsible for the animal during the visit.
- **Therapy animal** refers to an animal that is recognized by a registered therapy animal organization (e.g., St. John Ambulance), and is accompanied by a handler that has been screened and oriented by the organization.
- **Service animals** are neither 'pets' nor 'therapy animals' and have been specifically trained to perform tasks to benefit an individual with a disability. This checklist does not apply to service animals.

Contents

1 - General IPAC Recommendations	2
2 - Personal Pet Visitation	3
3 - Therapy Animal Programs.....	5
4 - Long-term or Permanent Animals	6

1 - General IPAC Recommendations

IPAC recommendations applicable to all onsite interactions involving pets, therapy animals and resident / long-term or permanent animals.

1.1 Up-to-date policies and procedures specific to the organization, related to animal visits and/or animal care are available.	Yes	No	N/A
1.2 Responsibility for maintaining policies and procedures is clearly identified.	Yes	No	N/A
1.3 IPAC is involved in developing, reviewing and revising policies and procedures related to animal visitation.	Yes	No	N/A
1.4 Animals entering into/residing in the building are at least one year of age or older (one or two years old based on social maturity).	Yes	No	N/A
1.5 Animals are litter-trained or house-trained (if applicable).	Yes	No	N/A
1.6 Conduct animal activities in a central area or in individual patient / resident / client rooms (as applicable).	Yes	No	N/A

Examples of restricted areas where animals should not visit or reside include (but are not limited to):

- Invasive procedure and surgery rooms
- Labour and delivery rooms
- Kitchens, pantries or anywhere food is stored, prepared or served, including dedicated dining areas
- Medication preparation areas
- Rooms for storage of medical equipment
- Medical device reprocessing departments
- Showers or bathrooms
- Rooms where intensive care is provided
- Rooms where the patient / resident / client is on Additional Precautions
- Pre-operative or post-operative recovery areas
- Units / areas involved in an active outbreak
- Other high-risk areas identified by the organization

Visits in some of the above areas can be considered in consultation with IPAC (e.g., a patient / resident / client in Contact Precautions due to long-term colonization with an antimicrobial resistant organism may be considered for animal visits if patient / resident / client is compliant with IPAC practices such as hand hygiene).

1.7 Records of animal visits are maintained for each visit.	Yes	No	N/A
---	-----	----	-----

Examples of information to record include (but not limited to):

- Date and time
- Location and name of patient / resident / client visited
- Animal handler contact information
- Animal type
- Proof of animal health documentation (provided during first visit).¹⁰

1.8 All bites, scratches, and other injuries involving animals and staff / health care workers (HCWs) are reported to Occupational Health and Safety, or equivalent, and/or the Public Health Unit (PHU) as appropriate. Consult local PHU (e.g., their website) for more information.	Yes	No	N/A
1.9 Proof of current rabies vaccination is available on-site for all cats, dogs and ferrets over three months of age regardless of purpose of visit. ¹¹	Yes	No	N/A
1.10 A washable barrier (e.g., a clean sheet) is placed between the patient / resident / client's bed or lap and the animal (as appropriate).	Yes	No	N/A
1.11 Animals are to approach patients / residents / clients from the side that is free of invasive devices (e.g., urinary and/or intravenous catheters) to prevent animal contact. If present on both sides, a barrier (e.g., a clean sheet) is placed to avoid direct contact.	Yes	No	N/A

1.12	Animal handlers and HCWs / staff support patients / residents / clients in avoiding high risk behaviour (e.g., kissing animals, allowing the animal to lick non-intact skin).	Yes	No	N/A
1.13	Therapy animals, visiting pets and resident animals avoid interacting with each other.	Yes	No	N/A
1.14	If events involving mobile petting zoos are planned, animal visits occur ideally outdoors, or in spaces that can be cleaned and disinfected (e.g., no carpet) and patients / residents / clients are required to perform hand hygiene before and after animal contact.	Yes	No	N/A

2 - Personal Pet Visitation

In addition to the general IPAC considerations applicable to all animals, the following IPAC practices are important considerations for personal pet visitations.

Pet Eligibility

2.1	The criteria/circumstances for pet visitation are clearly established (e.g., when the health care team determines a pet visit would benefit a patient / resident's physical or mental health).	Yes	No	N/A
2.2	High risk pet-types are not eligible to participate in personal pet visitation programs (e.g., reptiles, birds, non-human primates, amphibians, ferrets, rodents, current residents of an animal shelter).	Yes	No	N/A
2.3	Health status verification (e.g., a copy of a veterinary medical record) is provided:			
	2.3.1. Proof of rabies vaccination (record kept onsite)	Yes	No	N/A
	2.3.2. Proof of annual veterinarian check-up consistent with organizational policies	Yes	No	N/A
2.4	The pet is considered to be in good health the day of the visit, with no signs of an infection (e.g., fever, vomiting, diarrhea, etc) including ectoparasites (e.g., fleas, ticks). Regular flea and tick prevention is recommended.	Yes	No	N/A
2.5	The pet is not actively receiving antimicrobials for an active infection. ¹²	Yes	No	N/A
2.6	The pet has not been fed raw food/treats of animal origin in the past 90 days.	Yes	No	N/A
2.7	The pet remains collared and on a short, clean leash for duration of visit.	Yes	No	N/A
2.8	If the pet is transported in a carrier, the carrier is clean.	Yes	No	N/A
2.9	The pet is kept well-groomed (e.g., coat appears clean, nails clipped regularly) and brushed within 24 hours prior to a visit.	Yes	No	N/A
2.10	The presence of the pet is communicated to others following organizational policy (e.g., a sign or sticker is placed on the door).	Yes	No	N/A
2.11	The pet is not pregnant and has not recently given birth.	Yes	No	N/A

Pet Handler Recommendations

2.12	The health care organization or appropriate unit is notified in advance of the visit consistent with organizational policies and procedures.	Yes	No	N/A
2.13	The pet handler self-screens and defers the visit if they have signs of an infection (e.g., fever, new/worsening cough, vomiting, diarrhea, new rash, etc.).	Yes	No	N/A
2.14	The pet handler notifies the appropriate HCW / staff member (e.g., nursing unit administrator or designate) upon arrival.	Yes	No	N/A
2.15	The pet handler remains with and is responsible for the pet at all times, including monitoring all interactions during the visit. This applies to staff who bring pets to work, if permitted by organizational policy.	Yes	No	N/A
2.16	The pet handler performs hand hygiene upon entry and exiting the patient / resident room.	Yes	No	N/A
2.17	The pet handler prevents contact between the pet and patient / resident non-intact skin, wounds, invasive devices and/or medical equipment.	Yes	No	N/A
2.18	The pet handler allows only the intended patient / resident to have contact with the animal.	Yes	No	N/A
2.19	In the event of environmental soiling, the pet handler notifies the unit and follows organizational policies and procedures for cleaning and disinfection of the area.	Yes	No	N/A
2.20	The pet handler attests that the pet has been screened for behaviour/ temperament and is responsible for the animals' behaviour.	Yes	No	N/A

Pet Visit Recommendations

2.21	The patient / resident is able to follow necessary directions for the duration of the pet visit.	Yes	No	N/A
2.22	The patient / resident performs hand hygiene before and after touching the pet.	Yes	No	N/A
2.23	The patient / resident avoids eating for the duration of the visit.	Yes	No	N/A
2.24	The patient / resident does not have a condition that is high risk for a zoonotic infection (e.g., burns, is considered immunocompromised).	Yes	No	N/A
2.25	HCWs / staff avoid interacting with the pet (e.g., avoid petting, feeding or caring for the pet), in accordance with organizational policies.	Yes	No	N/A
2.26	Hand hygiene is performed by HCWs / staff if there is contact with the pet.	Yes	No	N/A
2.27	HCWs / staff ensure the visit has been coordinated in a manner consistent with organizational policies and procedure.	Yes	No	N/A
2.28	Pet visitations are stopped on units with outbreaks or for patients / residents with active infections (e.g., respiratory or gastrointestinal infections).	Yes	No	N/A
2.29	Pets with a history of biting are excluded from future visits.	Yes	No	N/A

2.30	Responsibility for cleaning and disinfection in the event the pet contaminates the environment is clearly established and communicated.	Yes	No	N/A
2.31	The duration of the visit is limited in time (e.g., one hour) to minimize animal fatigue.	Yes	No	N/A

3 - Therapy Animal Programs

IPAC considerations for patients / residents / clients and animal interactions through a therapy animal program. Therapy animal programs involve goal-directed animal-assisted activities such as animal-assisted physiotherapy or animal visits for social stimulation. Animals meet a criteria established by the therapy animal organization related to behaviour and health.

Therapy Animals and Handlers

3.1	Therapy animals are registered with a therapy animal association (e.g., St. John Ambulance or similar).	Yes	No	N/A
3.2	Therapy animals have completed a training/evaluation program offered by the therapy animal association which includes temperament testing.	Yes	No	N/A
3.3	Health status verification is provided:			
3.3.1.	Proof of vaccination for all recommended vaccines consistent with therapy animal association policies (e.g., rabies and parvovirus, distemper or any others in accordance with organizational policies)	Yes	No	N/A
3.3.2.	Proof of annual veterinarian check-up (provided annually or upon request)	Yes	No	N/A
3.4	The therapy animal is considered to be in good health the day of the visit, with no signs of an infection (e.g., fever, vomiting, diarrhea etc).	Yes	No	N/A
3.5	The therapy dog is kept well groomed (e.g., nails clipped regularly) and brushed within 24 hours prior to a visit.	Yes	No	N/A
3.6	The therapy dog is not actively receiving systemic antimicrobials for an active infection. ¹²	Yes	No	N/A
3.7	The therapy dog has not been fed raw food/treats of animal origin in the past 90 days.	Yes	No	N/A
3.8	The therapy animal handlers follows the same procedures as for volunteers within the organization (e.g., wearing appropriate identification, complying with immunization policies etc.).	Yes	No	N/A
3.9	The therapy animal handler performs hand hygiene before and after contact with the patient / resident / client and/or their environment.	Yes	No	N/A
3.10	The therapy animal handler encourages patients / residents / clients to perform hand hygiene before and after therapy animal contact.	Yes	No	N/A
3.11	The therapy animal handler prevents contact between the therapy animal and patient / resident non-intact skin, wounds, invasive devices and/or medical equipment.	Yes	No	N/A
3.12	Therapy animal handlers are notified of any visiting pets or resident / long-term animals present to ensure no contact occurs between animals.	Yes	No	N/A

Therapy Animals Interactions

3.13 Therapy animals do not visit patients / residents / client with active infections (e.g., respiratory or gastrointestinal infections) or on a unit experiencing an outbreak.	Yes	No	N/A
3.14 Therapy animals are prevented from licking patients / residents / clients or having direct contact with non-intact skin and/or mucous membranes.	Yes	No	N/A
3.15 Patients / residents / clients perform hand hygiene before/after therapy animal contact.	Yes	No	N/A
3.16 Patients / residents / clients do not feed therapy animals during interactions. ⁸	Yes	No	N/A

4 - Long-term or Permanent Animals

IPAC consideration for animals that reside long-term, seasonally or permanently on a health care premises.

Animals Considerations

4.1 If fish tanks are permitted, type and care of tank should be designed to prevent aerosolization of the water (i.e., tank has a covered top, use of a closed system and/or pumps designed to prevent aerosolization). ¹²	Yes	No	N/A
4.2 Fish tanks are kept away from food storage, preparation and dining areas.	Yes	No	N/A
4.3 Water from tanks is disposed of in a dedicated/utility sink that is not used for hand washing or food preparation.	Yes	No	N/A
4.4 Resident animals are confined to one designated area and (where applicable) are housed in an appropriate enclosure (i.e., not allowed to roam).	Yes	No	N/A
4.5 Food and water bowls are designated and washed daily avoiding sinks or dishwashers used for washing and sanitizing human multi-service articles and utensils.	Yes	No	N/A
4.6 Animals are not fed raw or dehydrated food or treats including raw meat and raw/unpasteurized milk.	Yes	No	N/A
4.7 Enclosures (e.g., cages, aquariums) are cleaned and disinfected (if appropriate) on a regular schedule (e.g., weekly).	Yes	No	N/A
4.8 Animals experiencing signs of infection are removed from the premises or restricted from contact with patients / residents until the infection has been treated and/or resolved. HCW / staff responsibility for removing animal is clearly established.	Yes	No	N/A
4.9 If the organization allows, backyard chickens on the property, follow relevant biosecurity (e.g., provide secure housing that prevents contact with predators and other wildlife, avoid bringing birds inside of health care organization etc), food safety (eggs and meat not served/consumed on site), and IPAC measures (e.g., hand hygiene before and after any contact with birds (including feathers or eggs) and/or their environment). ¹³	Yes	No	N/A
4.10 Hand hygiene is performed by residents, staff and family / visitors before and after interactions with long-term / permanent animals.	Yes	No	N/A

Health Care Worker / Staff Responsibilities

4.11 HCW / staff responsibilities and schedules for regular animal care (e.g., feeding, cleaning enclosures, daily exercising) and veterinary care (e.g., when ill and regular check-ups), and responsibility for costs are clearly established.	Yes	No	N/A
4.12 Hand hygiene is performed before and after contact with animals and/or their environment (including bedding, food, litter etc).	Yes	No	N/A
4.13 HCW / staff have access to and use personal protective equipment for cleaning and disinfection of animal enclosures and any areas with animal excreta (i.e., feces, urine).	Yes	No	N/A
4.14 Animal enclosures are cleaned and disinfected in a designated area (i.e., away from a food storage, food preparation surface/sink and/or a care area) on a regular schedule and additionally when needed.	Yes	No	N/A
4.15 HCW / staff are aware of relevant signs of infection for the type of animal in order to recognize when the animal is ill (e.g., ruffled feathers in a bird, teeth grinding in a rabbit).	Yes	No	N/A
4.16 Prompt veterinary care is obtained for sick animals, as appropriate.	Yes	No	N/A

Notes / Comments

References

1. *Accessibility for Ontarians with Disabilities Act*, 2005, SO 2005, c 11. Available from: <https://www.ontario.ca/laws/statute/05a11>
2. *Blind Person's Rights Act*, RSO 1990, c B7. Available from: <https://www.ontario.ca/laws/statute/90b07>
3. Nagasawa M, Kikusui T, Onaka T, Ohta M. Dog's gaze at its owner increases owner's urinary oxytocin during social interaction. *Horm Behav*. 2009;55(3):434-41. Available from: <https://doi.org/10.1016/j.yhbeh.2008.12.002>
4. Overgaauw P, Vinke C, van Hagen M, Lipman L. A one health perspective on the human-companion animal relationship with emphasis on zoonotic aspects. *Int J Environ Res Public Health*. 2020;17(11):3789. Available from: <https://doi.org/10.3390/ijerph17113789>
5. Olsen C, Pederson I, Bergland A, Enders-Slegers M, Patil G, Ihlebaek C. Effect of animal-assisted interventions on depression, agitation and quality of life in nursing home residents suffering from cognitive impairment or dementia: a cluster randomized controlled trial. *Ger Psychiatr*. 2016;31(12):1312-21. Available from: <https://doi.org/10.1002/gps.4436>
6. Balfour-Lynn I. Environmental risks of *Pseudomonas aeruginosa* – what to advise patients and parents. *J Cyst Fibros*. 2021;20:17-24. Available from: <https://doi.org/10.1016/j.jcf.2020.12.005>
7. Jain S, Murray E. The cat's meow: using novel serological approaches to identify cat-to-human influenza A (H7N2) transmission. *J Infect Dis*. 2019;219:1685-7. Available from: <https://doi.org/10.1093/infdis/jiy596>
8. Lefebvre S, Reid-Smith R, Waltner-Toews D, Weese JS. Incidence of acquisition of methicillin-resistant *Staphylococcus aureus*, *Clostridium difficile*, and other health-care-associated pathogens by dogs that participate in animal-assisted interventions. *JAVMA*. 2009;234(11):1404-17. Available from: <https://doi.org/10.2460/javma.234.11.1404>
9. Montgomery M, Robertson S, Koski L, Salehi E, Stevenson L, et al. Multidrug-resistant *Campylobacter jejuni* outbreak linked to puppy exposure — United States, 2016–2018. *MMWR*. 2018;67:1032-5. Available from: <http://dx.doi.org/10.15585/mmwr.mm6737a3>
10. Ontario. Ministry of Health and Long-Term Care. Recommendations for the management of animals in child care settings, 2018 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2024 August 13]. Available from: <https://files.ontario.ca/moh-ohps-ref-recommendations-management-animals-child-care-settings-2018-en.pdf>
11. *Rabies Immunization*, O Reg 567. Available from: <https://www.ontario.ca/laws/regulation/900567>
12. Murthy R, Bearman G, Brown S, Bryant K, Chinn R, Hewlett A, et al. Animals in healthcare facilities: recommendations to minimize potential risks. *Infect Contr Epidemiol*. 2015;36(5):495-516. Available from: <https://doi.org/10.1017/ice.2015.15>
13. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Reducing health risks associated with backyard chickens. 2nd ed. Toronto, ON: King's Printer for Ontario; 2023. Available from: <https://www.publichealthontario.ca/-/media/Documents/E/2017/eb-backyard-chickens.pdf>

Acknowledgements

Public Health Ontario wishes to express their sincere appreciation for the expertise and insightful contributions provided by Dr. J. Scott Weese, Professor at the Ontario Veterinary College and Director of the Centre for Public Health and Zoonoses at the University of Guelph, and Lynn Loubert, Therapy Dog Coordinator at London Middlesex.

Citation:

Ontario Agency for Health Protection and Promotion (Public Health Ontario). IPAC Checklist for Animal Presence in Health Care Settings. Toronto, ON: King's Printer for Ontario; 2026.

Disclaimer:

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence at the time of publication. The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use. This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to PHO. No changes and/or modifications may be made to this document without express written permission from PHO.

Disclaimer:

Public Health Ontario is an agency of the Government of Ontario dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.

For more information, visit publichealthontario.ca

© King's Printer for Ontario, 2026