



Pets in Hospital

Policy for the Management of Animals Visiting Trust Premises

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Policy Owner	Director of Infection Prevention and Control		
Author	Nurse Consultant Infection Prevention and Control		
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Staff/Groups Consulted	Director for Infection Prevention & Control Deputy Chief Nurse Matrons Volunteer Co-ordinator Occupational Therapist Lead Infection Prevention Control Team		
Approved by IPCC			
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1. RATIONALE

- 1.1. Pets can enhance the quality of life for many people, providing valuable companionship, stimulation and comfort. Contact with animals has shown positive health benefits including improved physical, social, emotional and cognitive functioning.
- 1.2. However, animals can carry microbes and parasites, which can occasionally be transmitted to humans, particularly those people who are very vulnerable to infection. For the protection of animals and to eliminate their potential role as vectors of disease visits are not recommended to patients who are infected or colonized with tuberculosis, salmonella, campylobacter, shigella, group A streptococcus, MRSA, ringworm, giardia or amoebiasis. Animals should also be avoided in areas containing patients who are allergic to the animal concerned.
- 1.3. Domestic pets may be permitted for a short visit in **very** exceptional circumstances and on the authority of Infection Prevention & Control Team (IPCT) during office hours or Clinical Site Manager (CSM) out of hours.
- 1.4. These guidelines have been laid down to set out the arrangements the organisation in place to manage the risks posed by animals on Trust premises.

2. AIM

- 2.1. This policy has been developed to allow the benefit of contact with dogs through the use of Pets as Therapy (PAT) scheme and other therapy animal visits (if desired and appropriate) under supervision and to reduce the risk of acquisition of zoonosis (disease and infections which may be transmitted between animal and man).

3. DEFINITIONS

- 3.1. Assistance Dogs for the blind
 - An assistance dog for the blind has been specially trained to aid or assist a person who is blind or partially sighted.
- 3.2. Assistance dogs for the deaf
 - An assistance dog for the deaf has been specially trained to aid a person who has hearing impairment.
- 3.3. Police sniffer dogs
 - A police sniffer dog has been specially trained to assist a member of the police force in undertaking their duties.
- 3.4. Therapy animals
 - Therapy animals – provide therapeutic visits to hospitals, hospices, nursing and care homes, special needs schools and a variety of other venues by volunteers with their own friendly, temperament tested and vaccinated animals.

4. ROLES AND RESPONSIBILITIES

- 4.1. Sister / Charge Nurse / Senior staff member in charge of the department/ward

- The senior person in charge of the ward /department will take responsibility for making sure that the recommendations set out in these guidelines are followed.
- A designated time and day are chosen for visiting times.
- Visits can take place in bay areas and or other appropriate rooms for example therapy areas or meeting rooms which are non-carpeted. Animals should only visit bay areas if there are no contraindications for the patients as previously documented. Any situations outside this should be discussed with the ward manager and infection prevention and control team.
- Support services are aware of designated visiting time to ensure that appropriate environmental cleaning is performed.
- Animals will only visit patients who have given consent, which has been documented in their medical notes. This will include documentation to confirm any medical reason why a patient may not take part.
- No patient or staff member who has not been identified as potentially allergic to the visiting animal should be exposed during the visit.
- Animals should not visit patients who have open wounds, have had a splenectomy or are severely immunocompromised.
- Animals should not visit patients with MRSA, TB, Group A Strep, campylobacter, Clostridium difficile, shigella, giardia, salmonella or ringworm.
- Animals should not visit wards/departments that are restricted due to an outbreak.
- An incident form must be completed in the event of incident or near miss involving the patient, staff, handler or animal and appropriate medical advice and assistance sought.
- The animal handler will be accompanied throughout the visit by a member of the ward team.
- Appropriate patients will be identified by the ward team and appropriate goals for the visit identified and prior consent obtained.
- The team member for the visit will inform the animal handler of the patients identified and goals and aims for the individual and jointly identify how these can be best facilitated with their visit.
- Any equipment used during the intervention with the animal will be cleaned after use with disinfectant wipes.
- All infection prevention and control guidance in section 7 must be followed.

4.2. P.A.T. Scheme handlers are responsible for ensuring that (Specific guidance for PAT Dog service)

- The PAT handler will have completed the Trust requirements for volunteering within the Trust.

- The PAT handler will have provided all required documentation to a member of the PAT dog scheme including dog vaccinations and temperament testing, and insurance.
- Visits must be by prior arrangement and appointment only.
- It may be necessary to postpone visits if required on the day.
- The PAT dog will remain on the lead at all times and under constant supervision of the handler.
- The PAT animal must not be fed on the
- The PAT animal must be removed if showing any signs of illness.
- The PAT animal must only be taken to see patients identified by the ward team and for which prior consent has been obtained.
- The PAT Handler must follow all infection prevention and control, guidance in section 7

4.3. Matron/Chief Deputy Nurse/Clinical Site Manager

- In the event that a PAT handler/visitor will not comply with these recommendations the Matron / deputy Chief Nurse or Clinical Site manager will be responsible for
- Managing the situation and explaining the rationale for excluding animals from Trust premises.
- Has responsibility for deciding on permitting animals to visit in very special circumstances. These may include a long stay patient who is missing a dog or cat.
- Special circumstances may be extended to permit regular visiting of a animals and apply only to well behaved, healthy animals.

4.4. Volunteer Co-ordinator

- Ensure that all documentation identifying a PAT animal handler, animal vaccinations, temperament testing and insurance have been viewed and copied for record. All appropriate documentation for other approved therapy animals including insurance and vaccinations as appropriate have been viewed and an appropriate risk assessment completed for the situation and animal.
- Ensure that the PAT animal handler has completed the Trust requirements for volunteering, attending a Trust induction, signed confidentiality, DBS check and attended a short in-house awareness course.
- Any other therapy animal visits into the Trust should have a completed risk assessment with contributions and advice from IP&C, Health & Safety and communications teams. The Pets in Hospital is used a guidance for visits and an assessment has been recorded and documented.
- Liaison with wards/department to co-ordinate visits at an agreed time with the Sister/charge nurse/Senior staff member in charge of the ward/department.

4.5. Infection Prevention & Control Team

- Have responsibility for making a risk assessment for individual circumstances.

4.6. Responsibility of Staff

- All YDH staff must adhere to these guidelines.

5. GUIDANCE ON ASSISTANCE DOGS

5.1. Assistance dogs and police dogs are specially trained and taught how to behave in public places. However, when an assistance dog or police dog visits, the following guidelines apply:

- They are not allowed in if they are unwell in any way. This may be difficult to establish and if the animal is visiting a ward the person responsible for the dog must be asked if the dog is healthy.
- They are allowed into all areas accessible to the general public, including the restaurant and the ward nurses station.
- If visiting a ward, the owner must first contact the Sister or Nurse in Charge about the possibility of visiting a patient.

5.2. Visiting must be pre-arranged and risk assessed in the following circumstances:

- Visiting ICU, CCU, 6A and Special Care Baby Unit
- Isolated patients (both barrier nursing or protective isolation)
- Respiratory ward 9B – staff to check before visit if patients in area are allergic to dogs.
- Immunocompromised patients or a patient in the immediate location who is immunocompromised.

5.3. Visiting confused patients who may be distressed. The patient(s) in the location is/are psychotic, hallucinating or confused, or has/have an altered perception of reality and is/are not amenable to rational explanation.

5.4. The dog must be kept on a lead and must not be allowed to wander freely around Trust premises.

- Petting and playing with the dog by hospital personnel or patients must be prohibited.
- After settling their dog, the owner must gel their hands before coming into direct contact with patients.

6. ALL OTHER THERAPY ANIMAL/DOMESTIC PETS VISITS TO THE TRUST

6.1. The ward sister will be responsible for the decision to bring any therapy animals/domestic pets and their handlers into the Trust if they have not been through the formal Trust volunteer process.

6.2. The animal must remain in control of the handler at all times.

- 6.3. The animal must be removed if showing any signs of illness.
- 6.4. The animal must not be fed on the premises.
- 6.5. The animal must only be taken to see identified patients on the ward and only patients who have consented.
- 6.6. Visits must be made by prior arrangement and after consultation with the infection prevention and control team.
- 6.7. It maybe required to postpone visits at short notice.
- 6.8. Animals should not visit wards/departments that are restricted due to an outbreak.

7. INFECTION PREVENTION AND CONTROL

7.1. General Principles

- Any animal known to be unwell or suffering from diarrhoea and/or vomiting should not enter the hospital.
- Its owner/handler should properly supervise the animal at all times.
- Staff and patients must perform hand hygiene after contact with a visiting animal.
- Animals should not be in contact with open wounds.
- Any equipment used during an intervention with a visiting animal should be cleaned after use with detergent and disinfectant wipes.
- Animals should not enter restricted areas (see below)
- If the animal urinates or defecates it is the responsibility of the clinical staff to ensure that the area is cleaned immediately, using appropriate PPE. If within a ward environment, this would be the ward cleaners. If within public, areas please contact the domestic supervisors.
- All animals should have up to date records of vaccination, regular worming and preventative flea treatment, where appropriate.

7.2 Restricted Areas

Animals should not be permitted to enter the following areas (unless in exceptional circumstances and after consultation with infection prevention and control/on-call director)

- Any area during mealtimes
- Isolation rooms
- Anaesthetic or theatre rooms
- Any clinical procedure rooms
- Maternity wards/SCBU
- Any area used for cooking or preparation of food

- Wards/departments that are under restriction due to an outbreak.

8. LIMITATIONS

8.1. This protocol applies to YDH premises

9. SOURCE REFERENCES AND ACKNOWLEDGEMENTS

- 9.1. Adapted from “Hospital Epidemiology and Infection Control” (ED: Glen Mayhall; Publisher Williams & Williams Page 1114).
- 9.2. Khan MA, Farrag N. Animal – assisted activity and infection control implications in a healthcare setting. J Hosp Infection 2000; 46:4-11
- 9.3. Pets as therapy website; - <http://www.petsastherapy.org>
- 9.4. PAT dog policy’s reviewed from: -
- Taunton and Somerset NHS Foundation Trust
 - Royal Devon and Exeter NHS Foundation Trust
 - Bath and North East Primary Care Trust



Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of Document: Pets in Hospital

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, together with any suggestions as to the action required to avoid/reduce this impact.

Signed : **Rachael Grey, IPC & TV Nurse Consultant**

Date: June 2016