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Review Lead: Lead Infection, Prevention and Control Nurse

Section X – Pets & Animals in a Healthcare Setting

Version 2

Important: This document can only be considered valid when viewed on the Trust's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

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Does this document map to other Regulator requirements?	
<i>Regulator details</i>	<i>Regulator standards/numbers etc.</i>

Document Version Control	
Version 2	The definitions section has been updated. General principles / guidelines have been updated.
Version 1	This is a new policy.

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1. Introduction

The presence of animals in health care facilities has traditionally been discouraged on the basis of Infection Prevention & Control and Health and Safety issues. However, more recently, certain groups of patients have been shown to benefit from contact with specially trained animals and there may be patients on occasion who rely on their purpose-trained animal e.g. guide dog. However, animals can carry microbes and parasites which can occasionally be transmitted to humans, particularly people who are immunosuppressed or have other health problems. Some animals may be difficult to control and may pose a risk to patients or staff due to their behaviour.

Patients in source or protective isolation are not suitable candidates for pet visits as animals may act as a source of infection or carry pathogens from areas of source isolation. It is therefore important that a local risk assessment, agreed with the Infection Prevention & Control Team (IPCT), is carried out prior to animals being allowed to visit inpatients within the Trust (See App 1).

Key Points:

- Definitions relating to pets and assistance dogs and other abbreviations used throughout this policy (p.5)
- Factors to be taken into consideration regarding visits by PAT scheme (or similar) animals (p.6)
- Long-stay or terminally ill patients (p.7)
- Carrying out a risk assessment for visiting animals (p.10)

2. Purpose

The purpose of this policy is to set out the infection prevention and control parameters under which animals are allowed onto Trust premises.

3. Duties (Roles and Responsibilities)

This policy applies to all CHFT employees, including medical staff, nurses, allied health professionals and students. The guidelines also apply to patients and visitors who attend or are in-patients within Trust premises.

The Chief Executive is responsible for ensuring that there are effective infection prevention and control arrangements in the Trust.

It is the responsibility of Ward / Department Managers to ensure that staff are made aware of how to access relevant policies and information and that any

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visits by animals or pets are in accordance with the guidelines outlined in this policy.

The IPCT will provide advice and assist in carrying out a risk assessment for individual situations at the request of the Ward / Dept. Manager.

This policy has been through the Trust's EQUIP (Equality Impact Assessment Process) to assess the effects that it is likely to have on people from different protected groups, as defined in the Equality Act 2010.

4. Definitions

Pet: a domestic or tamed animal or bird kept for companionship or pleasure. Pets are owned by individuals and will have varying levels of training and a range of temperaments.

Assistance dogs: properly trained dogs that aid or support an individual with a disability and which has been qualified by one of the organisations registered as a member of Assistance Dogs (UK).

Assistance Dogs trained by members of Assistance Dogs (UK) have formal identification and are permitted to accompany their owners at all times and in all places within the United Kingdom.

Certification is granted by the Department of Health.

Guide dogs for the blind: properly trained dogs that assist people who are blind or visually impaired.

Hearing dogs for the deaf: properly trained hearing dogs that alert the deaf to normal sounds as well as to danger sounds (e.g., sirens, smoke alarms).

PAT dogs / Pets as Therapy dogs (or similar schemes): dogs that are specially trained and screened animals who make therapeutic visits to hospitals and other healthcare environments.

Seizure alert dogs: dogs that are trained to behave differently when they detect a potential seizure, which may appear to be misbehaving.

IPC: Infection Prevention & Control

DIPC: Director of Infection Prevention & Control

IPCC: Infection Prevention & Control Committee

IPCT: Infection Prevention & Control Team

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5. Assistance Dogs (see the definitions section)

With the exception of guide dogs for the blind, hearing dogs for the deaf, dogs for the disabled and animals which belong to the Pets as Therapy (PAT) or similar schemes, animals and birds are not usually allowed on healthcare premises. Assistance dogs are allowed onto hospital premises for short visits e.g. when patients attend an outpatients appointment or are visiting someone in healthcare premises, with the exception of restricted areas i.e. Intensive Care / Therapy Units, Wards containing High Dependency Units, Cardiac Care Units, Haematology / Oncology areas, Special Care Baby Units and Resuscitation rooms.

However, the following principles apply:

- The dog must be properly supervised by its registered owner
- Staff must wash their hands after handling the animal
- The dog should not come into contact with open wounds
- The animal must not be allowed access to any kitchens OR other food preparation area
- If the animal urinates or defaecates it is the responsibility of the clinical staff to ensure that the contamination is cleaned up immediately, using appropriate personal, protective equipment

If a patient who relies on their assistance dog is admitted to hospital, it is not usually appropriate for the dog to accompany them. However, alternative means of support will need to be provided; this should be clearly explained to the patient and support put into place before the patient is asked to come into hospital. Discharge will need to be co-ordinated to make sure the assistance dog is available when the patient arrives home.

If the patient requires an emergency admission, arrangements should be made with friends or family to care for the dog. Alternatively, the appropriate organisation may be contacted to provide assistance in the event of a patient's emergency admission if friends or family are unable to care for the animal concerned (see Appendix 2).

6. PAT Scheme Animals

Organised visits from agencies such as PAT dogs should be discussed with the IPCT in advance. Animals must be fully immunised and be healthy on the day of the visit which should take place in a non-clinical area such as a day room. All such pets must be registered with the appropriate scheme. PAT scheme animals will have a record detailing their vaccinations, visits to the Vet and state of health. They will be temperament assessed, fully wormed and covered by the PAT

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insurance scheme. They will be well behaved and under the control of their registered owners.

The following guidance applies in all cases:

- Visits must be by prior arrangement and appointment only
- It may be necessary to postpone visits if circumstances dictate on the day
- The animal must be supervised by its registered owner
- Staff must identify whether there are immunosuppressed or otherwise vulnerable patients. If such risk is identified, the animal must be kept away from the patients at risk or even excluded from the clinical area
- Wherever possible, animals should be allowed access to day rooms only
- The animal should be an adult and must be supervised at all times by its registered owner
- The animal must be housetrained; if the animal urinates or defaecates it is the responsibility of clinical staff to ensure that the contamination is cleaned up immediately, using appropriate personal, protective equipment. Staff must inform cleaning services if any further cleaning is required e.g. cleaning of carpeted areas
- The animal must not come into contact with open wounds
- The animal must not be allowed access to any kitchens, food preparation areas, dining rooms, sterile/clean supply areas, medication preparation areas, isolation areas or protective environments
- The animal must not be fed on the premises
- The animal must be removed if showing any signs of illness
- Routine cleaning should take place following any visits

Visits to restricted areas, as outlined in Section 6 (above), may only take place following consultation with the IPCT and Senior Nursing staff for that area.

Patients and staff must be instructed to wash their hands following any contact with visiting animals.

7. Ward Pets (caged birds, rodents, fish, etc.)

These types of pets are inappropriate in acute healthcare settings owing to the potential risks of microbiological contamination and the difficulties associated with the continuity of their care.

8. Long-stay or terminally ill patients

There may be occasions when a long-stay or terminally ill patient would gain benefit from a visit from their own pet. Such visits must always be discussed with the IPCT and consideration given to the safety and perceptions of other patients

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and the public. If appropriate, this visit should take place outside; if this is not possible, it may be arranged in the day room or the patient's side-room.

Household pets are not usually trained to cope with the noise, sights and smells of a hospital therefore any visit should ideally be arranged at a quieter time if possible. If small enough, the animal should be transported in a purpose-built carrier and should always be accompanied by a friend or relative of the patient who is familiar with the animal. The pet should be exercised prior to entry to the ward or hospital grounds/premises. Only the owner/patient should have contact with the pet.

Where possible, other patients should be told of the pet visit so that any fears or allergies may be identified.

A risk assessment must be carried out prior to all such visits (see Appendix 1) and the IPCT informed in advance.

9. Staff hygiene after animal contact

Hands must be thoroughly washed following contact with any animals.

All cuts/lesions/abrasions must be covered in accordance with Trust policy.

You must not allow animals to lick you.

Staff must refrain from holding pets against their uniform. If this is unavoidable, a disposable apron should be worn.

10. Patient hygiene after animal contact

Patients must wash their hands after contact with animal.

All cuts/lesions/abrasions should be covered.

Animals should not be allowed to lick a patient's skin, wound or open lesion.

11. Training and Implementation

This policy applies to all CHFT employees, including medical staff, nurses, allied health professionals and students. The policy also applies to patients and visitors who attend or are in-patients within Trust premises.

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11. Trust Equalities Statement

Calderdale and Huddersfield NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We therefore aim to ensure that in both employment and services no individual is discriminated against by reason of their gender, gender reassignment, race, disability, age, sexual orientation, religion or religious/philosophical belief, marital status or civil partnerships.

This policy has been through the Trust's EQUIP (Equality Impact Assessment Process) to assess the effects that it is likely to have on people from different protected groups, as defined in the Equality Act 2010.

12. Monitoring Compliance with this Procedural Document

It is the responsibility of all clinical staff to comply with this policy. The risk assessment (Appendix 1) should be completed and recorded in the patient's clinical record; the decision whether or not to allow the visit and measures taken to manage any identified risk should also be documented. The IPCT should be informed of any planned visits.

13. Bibliography

Guidance on Animals and Pets in Healthcare Facilities. Royal Devon & Exeter NHS Foundation Trust. Feb 2016.

Animals on Hospital Premises Policy. Gateshead Health NHS Foundation Trust. Policy No: IC36, Version 1.0. Sept 2016.

Animals in Healthcare Settings: Care and Management Policy. Rotherham, Doncaster & South Humber NHS Foundation Trust. Sept. 2016.

Guidance on Access for Dogs on Trust Premises. Portsmouth Hospitals NHS Trust. 2014.

Centers for Disease Control and Prevention. Guidelines for Environmental Infection Control in Healthcare Facilities (2001). Healthcare Infection Control Practices Advisory Committee (HICPAC).

Duncan RN and the 1997, 1998 and 1999 Guidelines Committee (2000).

APIC State-of-the-art Report: The implications of service animals in healthcare settings. American Journal of Infection Control. 2000, 28:2; 170-180.

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Khan MA and Farrag N. Animal-assisted activity and infection control implications in the healthcare setting. *Journal of Hospital Infection*. 2000, 46: 4-11.

Guay DRP. Pet-assisted therapy in the nursing home setting: Potential for zoonosis. *Am J Infect Control* 2001; 29: 178-186.

The Equality Act 2010. Government Equalities office. www.edf.org.uk

<http://www.medscape.com/features/slideshow/animals#page=3>. Accessed 06.07.17.

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Appendix 1

Risk Assessment for visiting animals	√ / X
Is the animal trained and capable of obeying commands?	
Is the animal capable of confinement to designated areas of the healthcare environment?	
Is the animal healthy i.e. up to date with vaccinations, regularly de-wormed and regularly treated for fleas?	
Are there any patients / staff in the area where the visit is due to take place who may have a phobia or be allergic to the animal?	
Is the patient to be visited in source isolation or protective isolation?	
Are there any immunosuppressed or otherwise vulnerable patients in the area where it is planned for the visit to take place	
Has the IPCT been informed?	

Consideration must be given to the answers to the risk assessment questions before any visits are arranged.

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Appendix 2

Contact Details for Various Associations

Anyone who has an 'assistance dog' for any reason should have been issued with a number to contact in the event of an emergency. If unable to supply this or if friends and/or family are unable to care for the animal concerned, some numbers are supplied below who may be able to provide assistance.

1. Guide Dogs for the Blind Association
Shire View,
72, Headingley Lane
Leeds LS6 2DJ

Tel: 0845 372 7418 (if out of hours, phone this number and an alternative contact number will be given).

2. Hearing dogs for the Deaf:
Office hours (9am -5pm) 01844 348100
Out of hours (manned 24 hours) 07769 901298