

Animals and Pets in an Inpatient Healthcare Setting Policy

The policy describes the processes and procedures for management of animals and pets within LPT facilities.

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Which Relevant CQC Fundamental Standards?		

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1, Draft1		New guideline: Infection Control guideline for the Management of Animals in Hospital
Version 2, Draft 1	November 09	Review of Guideline
Version 3, Draft 1	December 09	Amendments following consultation process Revisions to incorporate requirements of NHSLA Standards
Version 3, Draft 2	January 10	Amendments following consultation process
Version 4	May 10	Amendments following identification that no longer requires policy status. Roles and Responsibilities removed, will be covered under the general Infection Control Policy
Version 5	July 11	Harmonised in line with LCRCHS, LCCHS, LPT (Historical organisations)
Version 6	July 15	Reviewed
Version 7	May 2016	Paragraph 5.3 added to reflect the use of security/sniffer dogs.
Version 8	May 2018	Reviewed to bring in line with current policy format and reviewed against current guidelines
Version 9	November 2021	Reviewed in line with current guidance

For further information contact: the Infection Prevention and Control Tea

Definitions that apply to this policy

Assisting animal	A dog that is specially trained to aid or assist an individual with a disability.
Allergic	A condition of increased sensitivity to a substance (an allergen) considered harmless to most people.
Chronic disease	A disease that is long-lasting or recurrent, which may be controlled but often not cured.
Diarrhoea	An increase in the frequency, liquidity and weight of bowel motions
Drug/sniffer/security dog	A detection dog or sniffer dog is a dog that is trained to use its senses to detect substances such as explosives, illegal drugs , wildlife, scat, currency, blood and contraband electronics such as illicit mobile phones
Health care premises	Where care or services are delivered to a person related to the health of that individual
Immuno-compromised	An immune system that is impaired by disease or treatment, where an individual's ability to fight infection is decreased.
Infection	An organism presents at a site and causes an inflammatory response, or where an organism is present in a normally sterile site.
Isolation	When a patient is cared for in a separate area or room due to them having an infection that may be detrimental to other individual's health. Or when the patient may be vulnerable to infection.
Pet	A domesticated animal kept for companionship
Pets As Therapy (PAT)	Pets as therapy is a national charity. To enhance health and wellbeing in the community through the visits of trusted volunteers with their behaviorally assessed animals
Personal protective equipment (PPE)	Specialized clothing or equipment worn by employees for protection against health and safety hazards. Gloves, aprons, gowns, masks and eye protection
Phobia	An overwhelming and debilitating fear of an object, place, situation, feeling or animal
Vector	Any agent (person, animal or microorganisms) that carry and transmit a disease.
Zoonosis	Diseases that can be transmitted from animals to humans
Medical alert dogs	Medical alert dogs are dogs that are trained to behave differently when they detect a potential deterioration in their owner's health such as seizures, type 1 diabetes, Addison's disease, postural orthostatic tachycardia syndrome (POTS) and severe allergies.

1.0 Purpose

Staff, patient's and visitor's health are high on the Infection Prevention and Control agenda and so as a duty of care LPT must ensure that staff are given guidance as to the appropriate steps they need to undertake to ensure they can protect themselves and others in relation to pets and animals that are encountered in health care settings., or that staff may come into contact with in relation to their work.

All staff employed by the Trust, including volunteers and pets as therapy (PAT) volunteers have a responsibility to abide by this policy.

2.0 Summary and key points

The intention of this policy is to provide staff employed by LPT with a clear and robust process to follow in relation to animals and pets that are encountered within in-patient facilities within the Trust.

The policy identifies the requirements that need to be adhered to which will minimise harm or potential infections that may be caused to patients or service users by animals brought into the premises of healthcare facilities owned or utilised by LPT.

3.0 Introduction

The value of pet therapy is widely accepted as a powerful aid to stimulation and communication and is accepted as an aid to those with chronic disease or varying degrees of illness. However, the potential risks associated with domesticated animals, such as cats, dogs, birds or fish, mean that infection prevention and control measures are required when they are brought into a healthcare environment or considered as an in-house pet. Some patients may be at a greater risk from animals than others, for example, those that are immunocompromised, allergic to the animal in question, pregnant or at risk of falling. There will also be some patients who have a phobia or fear of the animal. For these reasons, it is imperative that all patients should be consulted and assessed prior to contact with the animal.

Any member of staff, who comes into contact with an animal, must ensure they immediately wash their hands with soap and water. Patients and visitors should also be encouraged to do the same.

Animals should not be placed on beds unless it is a patient's own domestic animal and there is a valid reason that can be rationalized. If the animal is placed on the

patients bed the bedding that the animal has come into contact with should be changed immediately following the visit.

Animals must not be allowed to come into contact with anyone who is eating at the time of their visit and the visiting animal must not be fed whilst in the healthcare facility.

4.0 Pets as therapy (PAT)

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

Whilst it is not always encouraged for animals to be within a healthcare setting, research suggests that pet therapy can have beneficial effects. The PAT service is a nationally recognised charity founded in 1983, which provides a visiting service to hospitals, hospices, care homes, schools and other venues across the UK. The animals in question are usually dogs, which are considered to be easier to control and train.

No other animal apart from dogs are allowed to be used as PAT within LPT.

No other animals or reptiles are allowed to be brought into LPT premises for therapeutic reasons.

Prior to a PAT dog being allowed into a ward or inpatient area for the first time, this must be agreed with the ward/department and arrangements made to ensure that the visit meets infection prevention and control arrangements. The manager of the area must also liaise with infection prevention and control team prior to the service being set up initially.

The owner of the dog is fully responsible for their PAT dog at all time and must stay with them for the duration of their time within the healthcare facility.

PAT dogs are not allowed in kitchen areas or dining rooms at any point of their visit and should not be allowed into the inpatient area during main meal times.

The dog must have up to date with vaccinations and the ward manager, or person in charge of the area should request to see a copy of these to provide confirmation and assurance prior to commencement of the service. The dog must appear well at the time of the visit, and it is the responsibility of the owner to ensure that the dog appears well and is not suffering from any known contagious illnesses.

Faeces, urine and vomit produced by dogs can potentially contain toxocariasis and leptospirosis and ringworm can be contracted from significant skin contact from infected dogs and cats.

5.0 Assistance Dogs

- Assistance dogs are 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 UK.
- Certification is granted by the Department of Health.
- Guide dogs for the blind are properly trained dogs that assist people who are blind or visually impaired.
- Hearing dogs for the deaf are properly trained hearing dogs that alert the deaf to normal sounds as well as to danger sounds (eg, sirens, smoke alarms)
- Medical alert dogs are dogs that are trained to behave differently when they detect a potential deterioration in their owner's health such as seizures, type 1 diabetes, Addison's disease, postural orthostatic tachycardia syndrome (POTS) and severe allergies.

Under the Equality Act (2010) guide dogs, hearing dogs, PAT dogs and assistance dog owners have the same rights to services as everyone else. This includes healthcare premises.

Hearing, guide, PAT or assistance dogs should be allowed access to clinical areas when they are working. This could be when the owner themselves are attending an outpatient appointment or when they are visiting a patient.

If a hearing, guide or assistance dog is used by a member of staff then HR should be involved to ensure that the appropriate facilities and provisions are implemented.

It is highly unlikely that the animal will be required to stay with its owner should the owner be an inpatient, but if this is thought to be necessary consultation will need to be made with the infection prevention and control team to ensure that appropriate facilities and provisions can be made, as again under the Equality Act (2010) it is reasonable that the patient is offered the same service as anyone else and if the service will be greatly hindered by them not having their hearing, guide or assistance dog with them then this needs to be taken into consideration.

The dogs will have been trained and will have been exposed to different situations, but it is still important that staff are aware and communicate with the assistance dog owner to establish if any special requirements are needed.

The hearing, guide or assistance dog owner will be aware of the dog's needs, but may require help to take the dog outside if it needs to go to the toilet, or may request water if they are in the building for a long period of time.

6.0 Patients own pets

Visits from the patient's own pet may take place in exceptional circumstances, for example 'palliative care' when a prior arrangement has been made.

The general infection prevention and control principles that must be followed are as follows:

- Pets are to have contact only with its owner who is the patient that is being visited and the handler who has brought the animal into the area to visit the patient
- Be exercised prior to entry to the facility grounds to reduce the risk of excretion on site
- If the animal defecates in Trust grounds the animal handler is required to remove and dispose of the waste promptly.
- The animal should not be allowed to visit if it is ill, especially if it has diarrhoea and/or vomiting.

(Please refer to for further guidance on pet dogs visiting within a health care settings). This form once completed can then be uploaded to patients records on SystemOne.

7.0 Restrictions on contacts with animals within in-patient settings

All Patients should be consulted before an animal is brought onto the ward to try to eliminate any anxieties that may be present as much as possible. This is not limited to the patient that the animal will be in contact with directly, but also other patients who may have indirect contact with the animal.

If any of the following apply to the patient (or other patients who may be in close proximity to the animal) who will be receiving the visit from the animal, then it should not take place:

- The patient is receiving source isolation precautions
- The patient is immuno-suppressed (unless the visit is for a humanitarian reason that can be rationalised as overriding the patient's' immuno-suppression.
- The patient has a phobia or fear of the animal
- The patient is allergic to the animal
- Contact will cause anxiety to the patient

Regardless of the above, all patients who may come into contact with the animal should be consulted about the visit prior to it occurring.

8.0 The use of security/sniffer dogs

The use of security/sniffer dogs within healthcare premises may be viewed as

controversial. However the police have a responsibility to address crime whilst keeping the public safe which includes healthcare facilities. Using drug dogs on mental health wards is an option open to the police in conjunction with the healthcare managers to prevent drugs from entering the ward areas (Bloomfield 2009), and is a service supported by LPT.

Police sniffer/security dogs have been specially trained to assist a member of the police with their duties. The dog must meet the standards as above and in line with the police dog health requirements.

- When these dogs are required to be active in an area, the police dog handler is fully responsible for maintaining control of the animal ensuring it is not a nuisance to patients, staff and visiting relatives.
- The dog can have full access to all areas that require searching; this may include the patient's bedroom, personal belongings or other clinical areas. The dogs are also permitted to climb on beds if necessary.
- On departure of the animal the ward/area must instigate a thorough clean or any areas that the dog has visited and any beds that the dog has been onto must also be cleaned and bed linen changed.

9.0 Incidents involving animals

If a bite or scratch from an animal occurs, the sharps injury protocol should be followed:

- Wash the area
- Encourage bleeding from the wound under running water
- Cover the wound with an appropriate dressing
- Report the incident to the manager of the area and submit an incident report.
- If the injury was to a member of the public (patient or visitor) the clinician in charge of the ward needs to be informed so any treatment required can be assessed and instigated
- If the injury was to a member of staff occupational health need to be informed and the usual protocol followed.

Animal bites can occasionally cause serious infections, particularly in immunosuppressed persons, therefore it is imperative to establish that the injured person has an up to date tetanus vaccination. The nurse in charge of the area should be informed and medical advice should be sought in all bite incidents with consideration given to a referral to the nearest accident and emergency department. The wound may require antibiotic treatment to reduce any risk of deep-seated infection or further exploration or debridement.

Should an incident or near miss occur, an Incident Report Form must be completed and reported to the Nurse or Manager in charge at the time of occurrence.

10.0 Cleaning up after animals

The animal owner/handler must undertake cleaning up of faeces, vomit or urine from the animal.

PPE should be worn by the animal owner/handler when cleaning up any faeces, vomit or urine. The area must be cleaned with Chlorclean wipes. All waste material must be disposed of as clinical waste. Equipment and PPE should be provided by LPT.

11.0 Zoonosis

Diseases from dogs within the UK are relatively uncommon, but when they are introduced into a healthcare facility, due to the fact that the patients are immune-compromised the risk is greater. The diseases that potentially can be contracted are:

- Campylobacter
- Salmonella
- Giardia and cryptosporidium
- Toxocariasis
- Ringworm

12.0 Training requirements

There are no training requirements for this policy.

13.0 References and bibliography

Bloomfield S. (2009) "The use of drug sniffer dogs on mental health wards".
Advances in Dual Diagnosis, Vol 2 Issue 2, pp 30-34

DH (2009) The Revised Healthcare Cleaning Manual.

DH (2010) The Equality Act (2010)

<http://www.nhsborders.scot.nhs.uk/media/197779/dog-cat-infections-June-2014.pdf>

(accessed 24/4/2018)

Pets as therapy website <http://www.petsastherapy.org> (Accessed 03/11/2021)

RCN (2009) Working with dogs in healthcare setting: A protocol to support organisations considering working with dogs in healthcare settings and allied health environments. RCN clinical professional resource

Appendix 1:

Template for pet dogs visiting health care settings (also on SystemOne)

OWN PET VISIT PLAN

Patient name:		ID Number (NHS, HOSPITAL):
Date of visit:		Ward:
Reason for visit:		Where visit will take place:
Approval obtained	Name and signature	Date
Consultant		
Nurse in charge		
Infection control, if necessary		
Patient family agreement		
Patient, if relevant and possible		
Person responsible for the animal		

Checklist

Instructions	Name	Initials
You take full responsibility for your animal		
You will ensure the animal will be bathed and brushed		
You will prevent interaction with anyone other than the person you are visiting		
You will go directly to the place agreed and leave the premises immediately after the visit. A maximum period of time must be agreed with staff as well as the time of arrival and departure		
Your dog/animal will be on a lead and under control or in a pet carrier		
If the animal becomes distressed, disruptive or causes a nuisance you will remove it immediately		

<p>If your pet urinates, defecates, or vomits you must let the staff know – you are responsible for cleaning it up. Staff will provide gloves and disinfectant</p>		
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Appendix 2

PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>			
Name of Document:	Animals and pets in a healthcare setting – infection prevention and control policy		
Completed by:	Claire King		
Job title	Infection Prevention and Control Nurse	Date	04/11/21
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document.			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive.			No
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust

Contribution List

Key individuals involved in developing the document

Name	Designation
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Clare Pope	LD modern matron Bradgate Unit
Sarah Latham	Deputy head of nursing community hospitals
Elizabeth Compton	Senior matron AMH Bradgate unit
Carmella Senogles	Lead practitioner for safeguarding children.

Due Regard Screening Template

Section 1			
Name of activity/proposal		Infection Prevention and Control Overarching Policy	
Date Screening commenced		17 May 2018	
Directorate / Service carrying out the assessment		Enabling. Infection Prevention and Control Team	
Name and role of person undertaking this Due Regard (Equality Analysis)		Amanda Hemsley, Lead Infection Prevention and Control Nurse	
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: To provide clear guidance to Trust staff on their responsibilities in relation to infection prevention and control.			
OBJECTIVES: This policy clearly identifies the aims and goals for infection prevention and control within Leicestershire Partnership Trust, thereby providing a coherent strategic objective. This policy should be reviewed whenever there is a need to adapt to the changing regulatory environment or in response to ongoing risk assessment to ensure a safe environment exists for all patients, visitors and staff.			
Section 2			
Protected Characteristic		If the proposal/s have a positive or negative impact please give brief details	
Age		This document provides guidance on the roles and responsibilities of all staff working within the trust in relation to the prevention and control of infection. Therefore the correct implementation of this policy will help reduce any adverse effect irrespective of any protected characteristic and is therefore equality neutral	
Disability			
Gender reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion and Belief			
Sex			
Sexual Orientation			
Other equality groups?			
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4. ✓	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			

This policy is the overarching policy for all subsequent infection prevention and control policies. The policies take into consideration the needs of patients and staff and the safeguarding of same. It follows government legislation and relevant bodies have been consulted prior to the development of any policies prior to having them agreed at trust board level.

Signed by reviewer/assessor	<i>Amanda Hensley</i>	Date	3 November 2020
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	