Leicestershire Partnership NHS Trust

Animals and Pets in an inpatient Healthcare setting policy

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 an inpatient facility within the trust.

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Policy on a page

Summary and aim

Patients, staff and visitors' health remain high on the infection prevention and control agenda. In view of this LPT have a duty of care to ensure that all staff are provided with guidance as to the appropriate steps to take to ensure that they can protect themselves and others in relation to pets and animals that are encountered within a healthcare setting, or that staff may come into contact with in relation to work that they carry out.

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

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

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

Target audience

This policy applies to all staff providing care to patients under the care of Leicestershire Partnership Trust (LPT).

Training

Level 1 Infection Prevention and Control e-learning clinical and non-clinical staff

Level 2 Infection Prevention and Control e-learning Clinical staff

Key requirements

The key requirement of this policy is to provide staff employed or representing LPT with a clear and robust process to follow in relation to animals and pets that may be encountered within an in-patient facility within the trust.

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

Introduction and Purpose

It is widely accepted that pet therapy is a powerful aide in stimulation and communication and is accepted widely as an aide to those with chronic disease or varying degrees of illness. However, the potential risks that are associated with domesticated animals such as cats, dogs, birds or fish means that high standards of Infection Prevention & Control (IPC) measures are required when they are brought into a healthcare environment or are considered as an in-house pet.

Some patients may be at greater risk from animal interactions than others for example, those who are immunosuppressed, allergic to the animal in question, pregnant or at risk from trips and falling. There will also be some patient groups who may have a phobia or fear of animals that would also need consideration. For these reasons it is imperative that all patients are consulted and assessed prior to contact with animals.

Under the equality Act 2010, it is a legal requirement to make reasonable adjustments to ensure that there is equal access to services for people who rely on trained assistance dogs. In view of this reasonable efforts must be made by LPT to accommodate individuals 'needs' whilst also ensuring that patient and staff safety is not compromised.

It should though be noted that animals within a clinical environment can pose an infection risk due to the potential transmission of 'zoonotic' diseases (Please see appendix 1 for list of zoonotic diseases).

Animals are known to carry microbes and parasites which are normal for them, however these can easily be transferred to humans leading to potential harmful infection and diseases. Patients, staff and visitors who may be immunocompromised may be at a greater risk from these organisms should they be transmitted to them (Lefebvre et al, 2000).

The purpose of this policy is to provide all staff employed by LPT including volunteers who represent LPT with a clear and robust process to follow in relation to animals and pets that may be encountered within an inpatient facility that is owned or being utilised by LPT services.

This policy will provide staff with clear guidance on the suitability of animal access to the clinical environment and the infection control measures that are necessary to permit such access within these areas.

This policy will assist staff in identifying the key processes that need to be adhered to which will minimise the risk of any harm or potential infections that may be caused to patients or service users by animals that are brought into our LPT healthcare premises.

This policy applies to the following:

- **All patients, staff & visitors to LPT healthcare premises**
- **Volunteers involved in Pets as Therapy (PAT) visits**
- **Assistance dogs accompanying patients, visitors or members of staff**
- **Approved patient own pet visits**

Policy Requirements and Objectives

The objective of this policy is to ensure that all staff groups employed by LPT are aware of the appropriate steps that they need to undertake to ensure that the safety of all patients, visitors and staff is maintained in accordance with the health and safety at work etc Act (1974) and the health and social care act (20015).

This policy has been developed to give all staff employed by LPT, trust wide guidance for managing animals and pets that they may encounter within an LPT healthcare setting.

It identifies the clear and concise roles and responsibilities of staff encountering animals within a LPT healthcare setting in relation to assessing risks as well as outlining the procedures that must be put into place to ensure the situation is controlled and well managed with minimal risk to patients, visitors and staff safety.

The policy gives a clear process for staff to follow where necessary to ensure any risks are promptly identified, and appropriate IPC measures are put into place to minimise risk to patients, visitors and staff.

Process

1.1 Understanding the types of dogs that may be required to visit a health care setting within LPT

Dogs will visit health care settings for a number of reasons and may include the following:

- **Pet dogs**
- **Assistance Dogs (Guide, hearing, medical alert dogs)**
- **Pets as Therapy dogs (PAT)**
- **Security/sniffer dogs**

1.1.1 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 has suggested that pet therapy can have many 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.

It is important to note that **no other** animals apart from **dogs** are allowed to be used as **PAT** within our LPT services.

Also, **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 the Infection Prevention and Control team prior to the service being set up initially to ensure that appropriate measures are in place prior to commencement of the service.

The **owner/handler must** be fully responsible for their **PAT** dog at all times and must stay with them for the duration of their time within the healthcare facility.

Pat dogs are **not** allowed into the kitchen areas or dining rooms at any point of their visit and should not be allowed into the inpatient areas during main mealtimes.

The dog must be up to date with all their vaccinations and the ward sister/charge nurse 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/handler to ensure this, and that it is not suffering from any contagious illnesses.

Faeces, urine or vomit that is produced by dogs can potentially contain toxocariasis, leptospirosis and ringworm infections, which can then be transmitted to humans through significant skin contact from infected cats and dogs they may come into contact with.

In view of this the animal owner/handler **must** undertake cleaning up of any faeces, vomit or urine from the animal to reduce any transmission risks to patient, staff or other visitors to the area (Please refer to section 6 of the policy cleaning up after animals).

1.1.2. Assistance dogs

Assistance dogs are trained dogs that aid or support an individual with a disability, which can be qualified by one of the organisations registered as a member of **Assistance Dogs UK.** Dogs that have been trained/or members of assistance dogs UK will have formal identification.

Or

They may be assistance dogs which are owner trained with a non-ADI/ADUK charity. Both of which **are permitted** to accompany their owners **at all times** and **in all places** within the UK

1.1.3 Guide dogs

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

1.1.4. Hearing dogs

Hearing dogs for the deaf are also properly trained dogs that alert deaf people to normal sounds as well as to danger sounds such as sirens, smoke alarms etc

1.1.5 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.

Under the equality Act (2010) **Guide dogs, hearing dogs** and **assistance dog** owners have the **same** rights to services as everyone else, this includes healthcare premises. The equality act also makes it **unlawful** to refuse access to a disabled person accompanied by an assistance dog except in the most exceptional circumstances.

Hearing guide dogs or **assistance dogs** **should be allowed access to clinical areas when they are working**. This could be when the owner themselves is attending an outpatient appointment or when they are visiting a patient or a member of staff visiting an area who may themselves require the aid of a **hearing, guide** or **assistance** dog.

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

It is unlikely that the dog will be required to stay with owner should their 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 mentioned earlier under the equality act (2010) it is reasonable that the patient is **offered** the same service as anyone else, if the provision of 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 used in these circumstances will have been highly trained and exposed to many different situations, but it is still important that staff are aware and communicate with the **assistance** dog owner to establish if any special requirements may need to be considered whilst they are accessing our healthcare services.

The owner of the **assistance**, **guide** or **hearing** dog will be aware of the dogs needs but may require assistance 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.

1.1.6 Patients own Pets

Visits from patients own pets may take place in exceptional circumstances for example 'palliative care' when prior arrangements have been made with the ward sister/charge nurse or person in charge of the area being visited.

In these circumstances the general infection prevention and control principles that must be followed are:

- **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.**
- **The pet must be exercised prior to entry to the facility grounds to reduce the risk of excretion on site.**
- **If the animal does defecate in the grounds of the trust the animal's handler is required to remove and dispose of the waste promptly and in the appropriate waste stream. Once the faeces/urine have been removed staff will need to ensure that the are is cleaned to reduce any risks.**
- **The animal should not be allowed to visit if it is ill especially if it has diarrhoea and/or vomiting.**

For further guidance on pet dogs visiting within a healthcare setting, please refer to appendix 1 (Template for pet dogs visiting a healthcare setting).

- **This form will provide staff with a checklist to complete prior to the dog visiting the patient.**
- **This particular template is available on systmone and will be required to be completed prior to the visit taking place.**
- **Once staff have completed the form it can be saved to the patients systmone record.**

1.1.7 Sniffer/security dogs

The use of sniffer/security dogs within healthcare premises may be viewed as being controversial, however the police have a responsibility to address crime whilst ensuring the safety of the public which includes within a healthcare setting.

Using drug detection dogs on mental health wards is an option which is open to the police in conjunction with the healthcare managers to prevent drugs from entering inpatient ward areas (Bloomfield, 2009), this is a service that continues to be fully supported by LPT as a trust.

Police Sniffer/security dogs have been specially trained to assist a member of the police force with their duties.

When these dogs are required to be active in an area then the police dog handler has full responsibility for maintaining control of the animal, ensuring that it is not a nuisance to patients, staff or visitors within the area.

The dog can have full access to all areas that are required to be searched which may include the following:

- **Patients' bedroom**
- **Patients' personal belongings**
- **Other clinical areas on the ward.**

The dogs in these circumstances will also be permitted to climb onto beds if it is deemed necessary to do so at the time of the search taking place.

On departure of the animal the ward/area where the dog has entered must instigate a thorough clean of the area where the dog has visited. Any beds that the dog has been onto, must also be stripped, cleaned and re-made with fresh linen. Any linen removed must be appropriately laundered.

2.0 Guidance for staff to assist in risk assessing which dogs may visit a healthcare setting.

As noted above it is unlawful to refuse access to a disabled person accompanied by an assistance dog except in the most exceptional circumstances such as in a high-risk clinical setting (le immunocompromised patient) or in areas where invasive clinical procedures are being undertaken. Where a member of staff may require an assistance dog additional risk assessments may be required to be undertaken.

All patients should be consulted before an animal is brought into a health care setting especially an in-patient ward area to try and eliminate any anxieties that may be present where possible.

This is not limited to the patient the animal will be in direct contact with but will also apply to the other patients who may have indirect contact with the animal during the visit taking place.

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

- **The patient or other patients within the area are requiring source isolation precautions to be in place**
- **The patient or other patients within the area are immunosuppressed (Unless the visit is of humanitarian purpose that can be rationalised as overriding the patient's immunosuppression).**
- **The patient or other patients within the area have a phobia or fear of the animal that may be visiting**
- **The patient or other patients within the area have an allergy to the animal that may be visiting**
- **The contact or potential contact from the animal may cause anxiety to the patient or other patients within the area.**

Regardless of the above all the patients who may come into contact either directly or indirectly must be consulted about the visit prior to it taking place.

3.0 Infection Prevention & control requirements

It is important that all necessary precautions should be taken to ensure that any possible risk of infection being passed from owner or dog to the patient is minimised.

To assist in minimising any potential risks the following precautions must be adhered to:

- **If the owner, handler or the animal is unwell with diarrhoea and/or vomiting symptoms or has had Diarrhoea and/or vomiting in the 48 hours prior to the visit taking place, then they should not visit. This would also apply if they have experienced any respiratory symptoms including cough, cold or raised temperature.**

- **Dogs should only visit patients who may have wounds providing the patients wounds are covered and not deemed to be infectious.**

- **Both the dog and their owner or handler should have had all their routine vaccinations prior to the visit taking place.**

- **The dog should not be allowed to lick other people, however in the case of an assistance dog, staff should be aware that licking may be the alert that it is trained to give to their owner.**

- **Good hand hygiene should always be maintained, and the owner, handler, patient or anyone who has had contact with the dog must be encouraged to wash their hands with soap and water after each contact.**

- **Good hand hygiene must also take place between each patient if there is multiple patient contact occurring during the visit.**

- **The dog should be cleaned and well-groomed prior to any visit taking place.**

- **Raw feeding of the dog should generally be discouraged as there is evidence to support that these dogs are more likely to shed bacteria than other dogs and therefore stricter measures such as increased hand washing would be required.**

- **If the dog urinates or defecates indoors then this should be cleaned up immediately (preferably by the owner/handler) and the area will need to be appropriately cleaned (Please see section 7 cleaning up after animals).**

4.0 Allergy management

Allergies to dogs is relatively common and dog allergens can often be found within public areas through carriage on clothing of pet owners and contacts. Dog dander is often present in the fur, skin and saliva of dogs. As dogs groom themselves any saliva residue transmitted during this process will remain on their fur until it dries. Once dried their saliva becomes aerosolised into a powder which can then become airborne and be inhaled.

As it may not be possible to identify people with a dog allergen within an inpatient area or outpatient area it is reasonable to ask that a risk assessment be undertaken to identify and allergen risks and control measures that will be required to minimise the risk to patients, staff and visitors.

In view of this the following should be followed at all times:

- **The nurse in charge should be consulted prior to the animal being brought into the healthcare facility.**

- **The nurse in charge will be required to assess if there are any patients with allergies to dogs who may come into contact with the animal during the visit.**

- **If the visit is being made to a ward environment it is important to establish that there are no patients, staff or visitors who may be affected and that there are no contraindications for the visit taking place.**

- **The area where the animal has visited will need to be cleaned effectively post visit.**

- **An appropriate area for the visit to take place in should be identified to reduce any risks to others.**

- **For staff members who use an assistance dog, where allergies remain a concern an appropriate risk assessment should be undertaken and measures to reduce risk should be identified. However, it is important to remember that the assistance dog is classed as an auxiliary aide in order to mitigate a disability (RCN,2025).**

5.0 Health & Safety considerations

Where dogs are visiting within an inpatient or outpatient facility within LPT it is important that Health and safety guidance and policies are followed by the visiting area and the dog owner or handler.

The following must be considered:

- **Where possible all Visits to the area must be agreed in advance and all appropriate risk assessments must be carried out and any required measures identified to reduce risk mut be clearly documented.**

- **The dog must be kept on a lead and under control at all times during the visit (There may be exception in the case of sniffer dogs who may need to be free to carry out their duties).**

- **The dog should wear an ID tag, recognised jacket or other form of identification such as a slip lead or bandana to show that it is working as either an assistance or therapy dog (For assistance dogs this is not required by law however there may be some circumstances where this is possible or required).**

- **In a waiting/communal area care must be taken to ensure that the positioning of a person who has an assistance dog with them is considered, so they do not cause a blockage or present a trip hazard in**

walk through areas. It is important to also ensure that the person with the assistance dog also has a clear passage through the area to reduce any harm to them from potential trip hazards/access etc.

- **Individuals other than those that the dog is visiting or assisting must where possible be discouraged from interacting with the dog unless they are given permission to do so by the dog owner or handler.**

- **The dog owner or handler must immediately stop any interaction if there is any immediate risk to the dog or anyone else who may be interacting with the dog.**

- **Their must also be consideration given to the cultural or religious beliefs of other individuals as well as any fear or anxiety of individuals who may not wish to interact with the dog. These should be clearly identified and communicated prior to the dog visiting and any unplanned visits where able should be prevented.**

- **The dog must not be left alone with anyone other than their owner or handler during the visit to LPT healthcare premises.**

- **The owner or dog handler must be able to remove the dog from any situation where they consider the dog to be at risk and must also be able to read their dogs body language to ensure that the dog remains comfortable at all times during the visit.**

For members of Staff who have an assistance dog a risk assessment should be undertaken which will need to include the following:

- **The work environment-Is the area being visited suitable and safe for an assistance dog to be present in (is their space for the dog to move around in, appropriate identified toileting area for the dog, area for feeding/drinking etc).**

- **Does the current evacuation procedure or fire procedure need to be adjusted to accommodate the presence of an assisted dog within the area.**

- **Is there any training or education required for staff who will be working in the area where the assistance dog will be in terms of their behaviour or interactions with the dog.**

- **The dog must not be left with anyone other than their owner or handler during their visit to the area.**

- **The owner/handler must be able to remove the dog from any situation they may consider their dog is at risk. (RCN,2025).**

If there are any concerns regarding the health & safety of the dog or their owner or handler, then they should not be permitted to visit and further guidance sought.

6.0 Incidents involving animals

If a bite or scratch from an animal occurs, then the sharps injury protocol must be followed (Please refer to the LPT management of sharps and exposure to blood borne viruses policy) and the following procedures must be undertaken:

- **The affected area must be washed by the individual**

- **The individual must encourage bleeding from the wound**

- **The individual must cover the wound with an appropriate waterproof dressing**

- **The individual must report the incident to their manager and complete and submit an incident report (EIRF).**

If the injury was sustained by a member of staff, then the occupational health team will need to be informed.

The occupational health team can be contacted on:

Telephone-01162585307

Please note that occupational health service, advise and support is provided to LPT externally through University of Hospitals of Leicester (UHL).

Animal bites can occasionally cause serious infections particularly to immunosuppressed individuals; therefore, it is imperative to establish if the injured person has up to date tetanus vaccinations.

The nurse in charge of the area should be informed, and medical advice should be sought in all incidences of bites with consideration of referral to the nearest accident & emergency department.

The wound may require antibiotic treatment to reduce any risk of deep-seated infection or further exploration or debridement.

7.0 Cleaning up after animals

The animal owner or handler must remain responsible for undertaking the cleaning up of any faeces, vomit or urine from their animal.

PPE should be worn by the animal owner/handler when they are cleaning up any faeces, urine or vomit (Including gloves and apron) and the area must be cleaned over with a chlorclean wipe.

All waste material must be disposed of as clinical waste and will need to be placed into the appropriate waste disposal bins provided.

Any equipment and PPE that is required for the purpose of cleaning up after animals should be provided by LPT.

8.0 zoonosis

Transmission of diseases from dogs within the UK is relatively uncommon, but when they are introduced into a healthcare facility where there are patients who may be immunocompromised the transmission risk is much greater.

The diseases that can most commonly be contracted from dogs are as follows:

- **Campylobacter**
- **Salmonella**
- **Giardia and Cryptosporidium**
- **Toxocariasis**
- **Ringworm**

(Please see appendix 2 for further information on zoonosis diseases)

It is essential that following contact with the dog good hand hygiene using soap and water is encouraged to reduce the risk of transmission of any of the listed zoonosis diseases.

Roles and Responsibilities

Roles and responsibilities including duties of relevant individuals and groups.

Lead Executive Director

The DIPAC or Deputy DIPAC for the trust is the chief nurse and they remain responsible for ensuring that this policy is carried out and that animals and pets within a healthcare setting continue to be appropriately manged to reduce risk.

They will all be responsible for communicating, disseminating and ensuring that directorates commence implementation of this policy and provide assurance through the trust quality governance framework.

Executive Management Board

Responsible for ensuring that this policy is carried out effectively and that incidences where animals and pets are brought into a healthcare setting are effectively managed across the organisation.

They will all be responsible for communicating, disseminating and ensuring that directorates commence implementation of this policy and provide assurance through the trust quality governance framework.

Governance Group level 1 and 2

Responsible for ensuring that this policy is carried out effectively and that incidences where animals and pets are brought into the healthcare setting are effectively managed across the organisation.

Policy Team

To ensure that the animals and pets in an Inpatient healthcare setting policy is reviewed in accordance with identified timescales and the implementation of monitoring and effectiveness has been planned and is reviewed by the directorates and appropriate governance groups,

Policy Authors

The policy authors are responsible for ensuring that the Infection Prevention and control team identify best learning and practice to inform this policy and update accordingly. To ensure that this policy is reviewed in accordance with identified timescales and implementation of monitoring and effectiveness has been planned and is reviewed by the directorate and appropriate governance group.

Operational leads

Are responsible for ensuring the implementation within their area and for ensuring that all staff who work within the area adhere to the principles of this policy at all times.

Staff

Each individual member of staff, substantive and temporary within the trust are responsible for complying with this policy.

Clinical staff involved in the care of patients affected by animals and pets that come into a healthcare setting will ensure that they familiarise themselves with the content of this policy and work in accordance with it.

Staff will also ensure that they provide support and education the patient, carer and their family where appropriate. They will also be a source of knowledge and skill for colleagues where appropriate as well as to ensure that they remain up to date with training in line with competencies of their job roles.

Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered.

Appendix one: Template for pet dogs visiting health care settings (Please complete on systmone)

OWN PET VISIT PLAN Checklist

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		

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If the animal becomes distressed, disruptive or causes a nuisance you will remove it immediately		
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		

Appendix Two: List of zoonotic Diseases

Disease	Main reservoir	Usual mode of transmission to humans
Anthrax	**Livestock, wild animals, environment**	**Direct contact, ingestion of contaminated animals, environmental contamination i.e. soil**
Animal influenza	**Livestock, humans**	**It is uncommon for people to get influenza infections directly from animals however sporadic human infections/outbreaks have been caused by certain avian & swine (Variant) influenza A viruses have been reported.**
Avian influenza	**Poultry, ducks**	**Direct contact with an infected bird.**
Bovine tuberculosis	**Cattle**	**Eating & drinking unpasteurized dairy products such as milk.**

Brucellosis	**Cattle, goats, sheep's, pigs**	**Eating & drinking unpasteurized dairy products such as milk, cheese undercooked/raw meat** **Inhalation of contaminated aerosols and through direct contact with contaminated animals and their bodily fluids.**
Cat scratch fever	**Cats**	**Caused by bacterium Bartonella henselae which cats carry without symptoms. Humans become infected when a cat bites or scratches them or licks a wound**
Cysticercosis	**Cattle, pigs**	**Caused swallow'se parasite Taenia solium-This infection occurs after a person swallows tapeworm eggs. The larvae get into tissues such as muscle, brain and eye and form cysts called Cysticerci.** **Transmitted by Water, food or surfaces contaminated with faeces.**
Cryptosporidiosis	**Cattle, sheep & pets**	**Cryptosporidiosis is caused by a parasite which infects the intestines of humans and animals. Infected individuals shed millions of oocysts in their stool which are highly infectious. Transmission**

		occurs when an individual ingests these oocysts often through: **Direct contact with infected faeces.** **Contaminated food or water**
Enzootic abortion	**Farm animals, sheep**	**This is a contagious bacterial disease in sheep cattle and goats which is caused by chlamydia abortus which can lead to late term abortions, weak lambs in affected animals.** **Human infection follows inhalation of infected material from livestock and may lead to respiratory disease.** **Symptoms in humans are commonly of a flu like illness, headaches, chills, fever, joint pains and non-productive cough.**
Erysipeloid	**Pigs, fish, environment**	**Erysipeloid is spread through direct contact with infected animals or their products.** **The infection is caused by bacterium Erysipelothrix rhusiopathiae which is found in**

		various animals, including pigs, sheep, poultry, fish & shellfish. **Humans may become infected when they handle contaminated meat, fish, animal tissue.** **The bacteria can also survive in soil and decaying organic matter for long periods increasing risk of exposure in agriculture settings or when handling live or freshly killed fish.**
Fish tank granuloma	**Fish**	**Fish tank granuloma is a skin infection which is caused by Mycobacterium marinum which is typically acquired through contact with contaminated water or fish.** **The bacterium enters the skin through cuts, abrasions or puncture wounds.**
Campylobacter	**Poultry, farm animals**	**Transmitted through consuming raw or undercooked poultry, contaminated foods or untreated water. It can also be transmitted through close contact with infected animals.**

Salmonella	**Poultry, cattle, sheep and pigs**	**Transmitted through consuming raw or undercooked foods, it can also be transmitted through close contact with an infected person.**
Giardiasis	**Humans and wildlife**	**Transmitted through:** • **Contaminated water that contains the parasite-his can occur in lakes, rivers & swimming pools that are contaminated with faeces from infected individuals or animals.** • **Food contamination- particularly if it has been washed with contaminated water or if the food handler is infected and they do not wash their hands prior to preparing food.** • **Contact with a person who is carrying the infection.** • **Contact with surfaces or objects that may be contaminated.**

Glanders	**Horse, donkeys and mules**	**Glanders is usually transmitted to humans through direct contact with body fluids of infected animals.**
Haemorrhagic colitis	**Ruminants (cattle, sheep, antelopes and deer).**	**Haemorrhagic colitis is usually transmitted through the ingestion of contaminated food or water.**
Hantavirus syndromes	**Rodents**	**Hanta virus is carried by rodents such as rats, mice and voles.** **Humans typically become infected through inhalation of aerosolized virus particles from rodent urine, droppings or saliva.** **Infection can occur through direct contact with contaminated surfaces or rarely rodent bites.**
Hepatitis E	**Pigs**	**Transmitted through the consumption of undercooked pork or pork products.**
Hydatid disease	**Dogs & sheep**	**Hydatid disease is transmitted through the ingestion of eggs of the parasitic worm Echinococcus.**

		It is usually transmitted to humans through ingestion of parasite eggs in contaminated food, water or soil or after direct contact with an infected animal host.
Leptospirosis	**Rodents & Ruminants**	**Leptospirosis is a disease that is caused by the bacterium Leptospira.** **It is usually found in contaminated water or soil and is transmitted by:** • **Contact with water or soil containing urine or bodily fluids from infected animals.** • **Directly touching bodily fluids from an infected animal.** • **Eating food or drinking water contaminated by the urine of an infected animal.**
Listeriosis	**Cattle, sheep or soil**	**Listeriosis is usually transmitted through contaminated food, environmental sources and surfaces.**

Louping ill	**Sheep & Grouse**	**Looping ill is an acute viral disease which is transmitted by ticks.** **Louping ill is transmitted through tick bites with the primary vector for the disease being sheep ticks.**
Lyme Disease	**Ticks, rodents, sheep, deer, small mammals.**	**Lyme disease is an illness that is caused by Borella bacteria which is usually transmitted to humans through the bite of an infected tick.**
Lymphocytic Choriomeningitis	**Rodents**	**Lymphocytic choriomeningitis is transmitted through exposure to fresh urine, droppings, saliva or nesting materials from infected rodents.**
Orf	**Sheep**	**Orf is an infection of the skin which is transmitted to humans from infected sheep or goats.** **It most often affects the fingers, hands, forearms or face.**
Pasteurellosis	**Dogs, cats, many mammals**	**Pasteurellosis is usually transmitted to humans through animal bites, scratches or licks from an infected animal.**

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		The bacteria can enter the body through broken skin or mucous membranes leading to infection.
Plague	**Rats and their fleas**	**The plague bacteria can be transmitted to humans in the following ways:** • **Flea bites** • **Contact with contaminated fluid or tissue.** • **Infectious droplets.**
Psittacosis	**Birds, poultry & ducks**	**Psittacosis is a bacterial infection which is caused by chlamydia psittaci (C. psittaci) which usually infects birds.** **The disease can be transmitted through inhalation of infected respiratory particles or dust contaminated with faeces or respiratory secretions. It can also be transmitted through direct contact with an infected bird or handling plumage of an infected bird.** **The disease is commonly associated with pet birds such**

		as parrots, parakeets, budgerigars and cockatiels.
Q Fever	**Cattle, sheep, goats, Cats**	**Q fever is a bacteria caused by the bacteria Coxiella burnetiid- These bacteria are normally found in birth products (Placenta, amniotic fluid) urine and faeces and milk of infected animals. Individuals can become infected by breathing in dust that has been contaminated by infected animals' faeces, urine, milk or birth by-products.**
Rabies	**Dogs, foxes, bats, cats, animals.**	**Rabies ia a rare viral disease that can be fatal, it is spread to people through he bite/scratch of an infected animal.**
Rat bite fever (Haverhill virus)	**Rodents**	**Rat bite fever is an infection that people can get from contact with rodents. Transmission is usually through bites/scratches from an infected animal.**
Rift valley fever	**Cattle, goats, sheep**	**Rift valley fever is caused by rift valley fever virus which is carried by mosquitoes. Rift valley virus is mostly found in Saharan Africa.**

		Transmission is usually through direct contact with infection or mosquitoes' bite.
Ringworm	**Cats, dogs, cattle, many animal species**	**Transmission is usually through direct contact.**
Streptococcal sepsis	**Pigs**	**Transmission is usually through direct contact or ingestion of meat**
Streptococcal sepsis	**Horses and Cattle**	**Transmission is usually through direct contact or ingestion of contaminated milk.**
Tickborne encephalitis	**Rodents, small mammals, livestock.**	**Transmission is usually through ingestion of unpasteurized milk products.**
Toxocariasis	**Dogs and Cats**	**Transmission is usually through direct contact with an infected animal.**
Toxoplasmosis	**Cats and Ruminants**	**Transmission is usually through ingestion of faecal oocysts, meat.**
Trichinellosis	**Pigs and wild boar**	**Transmission is usually through the ingestion of infected pork products.**

Tularaemia	**Rabbits, wild animals, environment and ticks**	**Transmission is usually through direct contact, Ingestion of aerosols, tick bites.**
Ebola, Crimean-Congo HF, Lassa & Marburg viruses	**Rodents, ticks, livestock, primates, bats,**	**Transmission is usually through direct contact, inoculation, ticks.**
West Nile fever	**Wild birds, mosquitoes**	**Usually transmitted through Mosquito bites.**

Appendix Three: Definitions

Definitions that apply to this policy

Assisting dogs	**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 inflammatory response or where an organism is presented 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 individuals' 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 visits of trusted volunteers with their behaviourally assisted animals.**
Personal Protective Equipment (PPE)	**Specialised clothing or equipment worn by employees for protection against health and safety hazards such as gloves, aprons, gowns, masks and eye protection.**
Phobia	**An overwhelming and debilitating fear or an object, place, situation, feeling or animal.**

Vector	**Any agent that (Person, animal or microorganism) that carry and transmit a disease.**
Zoonosis	**Disease 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.**

Governance

Version control and summary of changes

Version number	Date	Description of key change
Version 1 Draft 1		New guideline: Infection control guideline for the management of animals in hospital
Version 2 Draft 1	November 2009	Review of Guidelines
Version 3 Draft 1	December 2009	Amendments following consultation process revision to incorporate requirements of NHSLA standards.
Version 4	May 2010	Amendments following identification that no longer require policy status.
Version 5	July 2011	Harmonised in line with LCRCHS, LCCHS, LPT (Historical organisations).
Version 6	July 2015	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 number	Date	Description of key change
Version 9	November 2021	Reviewed in line with current Guidance
Version 10	October 2023	Reviewed in line with current guidance, policy moved across to new policy template.
Version 11	September 2026	Reviewed in line with current guidance, policy moved across to new policy template.

Responsibilities

Responsibility	Title
Executive Lead	*Group Chief Nurse*
Policy Author	*Head of infection Prevention & Control*
Advisors	*Infection Prevention & control assurance group*
Policy Expert Group	

Governance

Governance Level	Name
Level 1 Assurance Oversight	*Quality & safety committee*
Level 2 Delivery Group for policy approval and compliance monitoring	*Infection Prevention & Control assurance Group.*

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Monitoring will be conducted through: Hand hygiene audits on AMAT Cleaning & Decontamination Audits.	Reported through the IPC assurance Group annually.

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Review of Incidents reports where animal incidents have been reported.	

Training Requirements

IPC level 1 e-learning Clinical & Non-clinical staff groups

IPC level 2 Clinical staff groups

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