

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 in-patient facility within the trust.

Key Words:	Infection, prevention, control, zoonosis, animals, pets, PAT, dogs,	
Version:	10	
Approved by:	Trust policy committee	
Ratified by:	Infection prevention and control group	
Date this version was Ratified:	5 th December 2023	
Please state if there is a reason for not publishing on website	No	
Review date:	1 st May 2026	
Expiry date:	1 st November 2026	
Type of Policy	Clinical <input checked="" type="radio"/>	Non- Clinical <input type="radio"/>

Contents

1.0	<i>Quick Look Summary</i>	3
1.1	<i>Version Control and Summary of Changes</i>	4
1.2	<i>Key individuals involved in developing and consulting on the document.</i>	4
1.3	<i>Governance</i>	4
1.4	<i>Equality Statement</i>	5
1.5	<i>Due Regard</i>	5
1.6	<i>Definitions that apply to this Policy.</i>	6
1.7	<i>Duties within the Organisation</i>	7
2.0.	<i>Purpose and Introduction</i>	7
8.0	<i>Monitoring Compliance and Effectiveness</i>	13
	<i>Appendix 1: Template for pet dogs visiting health care settings (Please complete on SystemOne)</i>	15
	<i>Appendix 3 The NHS Constitution</i>	17
	<i>Appendix 4 Due Regard Screening Template</i>	18
	<i>Appendix 5 Data Privacy Impact Assessment Screening</i>	20

1.0 Quick Look Summary

Staff patients and visitors 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 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.

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 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 caused to patients or service users by animals brought into the premises of healthcare facilities owned or utilised by LPT.

1.1 Version Control and Summary of Changes

Version number	Date	Comments
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 organisation)
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 current policy format and reviewed against current guidelines.
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.

1.2 Key individuals involved in developing and consulting on the document.

Name	Designation
Accountable Director	Dr Anne Scott
Author(s)	Claire King infection prevention and control nurse
Implementation Lead	Amanda Hemsley Head of infection prevention and control
Core policy reviewer group	Infection prevention and control assurance group
Wider consultation	Infection prevention and control assurance group members

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Infection prevention and control assurance Group	Quality and safety committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 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 an 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 the visits of trusted volunteers with their behaviourally assessed 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 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, Addisons disease, postural orthostatic tachycardia syndrome (POTS) and severe allergies.

1.7 Duties within the Organisation

Duties regarding this policy can be located in the LPT infection prevention and control assurance folder.

Consent

- Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.
- In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:
 - Understand information about the decision.
 - Remember that information.
 - Use the information to make the decision.
 - Communicate the decision.

2.0. Purpose and Introduction

Staff, patients and visitors health are high on the infection prevention and control agenda and so as a duty of care Leicestershire Partnership Trust (LPT) must ensure that staff are given guidance as to the appropriate steps they need to undertake to ensure that they can protect themselves and others in relation to pets and animals that are encountered in healthcare 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.

The value of pet therapy is widely accepted as a powerful aid to simulation 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 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 animals that will need to be considered. 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 following contact and patients and visitors should also be encouraged/assisted to do the same.

Animals Should not be placed on beds unless it is a patient's own domestic animal or there is a valid reason that can be rationalized for doing so. If the animal is placed on a patient bed, then the bedding that the animal has come into contact with should be changed immediately following the visit and appropriately laundered.

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.

2.1 Pets as therapy

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 questions are usually dogs, which are considered to be easier to control and train.

No other animals 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 to ensure that appropriate measures are in place prior to commencement of the service.

The owner is 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 kitchen areas or dining rooms at any point of their visit and should not be allowed into the inpatient area during main mealtimes.

The dog must be up to date with 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 to ensure that the dog appears well and is not suffering from any contagious illnesses.

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

The animal owner/handler must undertake cleaning up of any faeces, vomit, or urine from the animal. (Please refer to section 6 of the policy)

2.2 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 which are **Assistance** dogs trained by members of the assistance dogs (UK) which have formal identification, or they may be assistance dogs which are owner trained/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.

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

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

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 are 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 highly unlikely that the dog will be required to stay with their 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 dog's 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.

2.3 Patients own pets.

Visits from the patient's own pet 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.
- 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 health care settings. This form provides staff with a checklist to complete prior to the dog visiting the patient, this template is available on systemone and will need to be completed prior to the visit taking place. once staff have completed this it can be saved to the patients systemone record.

3.0 Restrictions on contacts with animals within in-patient settings

All patients should be consulted before an animal is brought into a healthcare setting especially in inpatient ward areas to try to eliminate any anxieties that may be present as much as possible. This is not limited to the patient the animal will be in contact with directly, but also the other patients who may have indirect contact with the animal during their visit.

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

- The patient is requiring source isolation precautions to be in place.
- The patient is immune suppressed, Unless the visit is for humanitarian reasons that can be rationalised as overriding the patient's immunosuppression.
- 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 taking place

4.0 The use of sniffer/security 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 within 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 that is 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 that 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 in these circumstances are also permitted to climb onto beds if deemed necessary at the time of the search taking place.

On departure of the animal the ward/area must instigate a thorough clean of any areas that the dog has visited and any beds that the dog has been onto must also be cleaned and have the bed linen changed and appropriately laundered.

5.0 Incidents involving animals.

If a bite or scratch from an animal occurs, then the sharps injury protocol must be followed (Please refer to the 'Management of sharps and exposure to blood borne viruses policy')

- The affected area must be washed.
- Encourage bleeding from the wound.
- Cover the wound with an appropriate dressing.
- Report the incident to the manager of the area and complete 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 the staff, then occupational health needs to be informed and the usual protocol followed.

*Occupational health team can be contacted on *01162585307*

Animal bites can occasionally cause serious infections particularly to immunosuppressed individuals, therefore it is imperative to establish if 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 then an incident report form will need to be completed and reported to the nurse or manager in charge of the area at the time of the occurrence.

6.0 Cleaning up after animals.

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

PPE should be worn by the animal owner/handler when cleaning up any faeces, urine or vomit and the area must be cleaned over with a chlorclean wipe. All waste material must be disposed of as clinical waste. Any equipment and PPE that is required for the purpose of cleaning up after animals should be provided by LPT.

7.0 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 immune-compromised the risk of transmission is much greater. The diseases that can be contracted from dogs are as follows.

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

It is essential that following contact with the dog hand washing with soap and water is encouraged to reduce the risk of transmission of any of the above diseases.

8.0 Monitoring Compliance and Effectiveness

Monitoring compliance to this policy is outlined in the the LPT'S infection prevention and control assurance policy.

9.0 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

Department of health (DH) (2009) The revised healthcare cleaning manual

Department of health (2010) The equality act

Leicestershire partnership trust Management of sharps and exposure to blood borne viruses policy (2022)

Pets as therapy website- <http://www.petstherapy.org> (Accessed 25-10-2023)

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

[Assistance Dogs UK - ADUK](#) (Accessed 27-10-2023)

Appendix 1: Template for pet dogs visiting health care settings (Please complete 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		
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 2 Training Requirements

Training Needs Analysis

Training topic:	Animals and pets in an inpatient healthcare setting policy
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Directorate to which the training is applicable:	<input type="checkbox"/> Mental Health <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children / Learning Disability Services <input type="checkbox"/> Hosted Services
Staff groups who require the training:	
Regularity of Update requirement:	
Who is responsible for delivery of this training?	
Have resources been identified?	
Has a training plan been agreed?	
Where will completion of this training be recorded?	<input type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)
How is this training going to be monitored?	

Appendix 3 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	X
Respond to different needs of different sectors of the population	X
Work continuously to improve quality services and to minimise errors	X
Support and value its staff	X
Work together with others to ensure a seamless service for patients	X
Help keep people healthy and work to reduce health inequalities	X
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	X

Appendix 4 Due Regard Screening Template

Section 1	
Name of activity/proposal	Animals and pets in an inpatient healthcare setting policy
Date Screening commenced	25 th October 2023
Directorate / Service carrying out the assessment	Enabling-Infection prevention and control team
Name and role of person undertaking this Due Regard (Equality Analysis)	Claire King-Infection prevention and control nurse
Give an overview of the aims, objectives, and purpose of the proposal:	
AIMS:	
OBJECTIVES:	
Section 2	
Protected Characteristic	Positive Impact-Having a policy that gives clearer guidance for staff on the use of assistance dogs will have a positive impact on services users and staff who have a disability that require the use assistance dogs when accessing our services.
Age	No Impact
Disability	No impact
Gender reassignment	No impact
Marriage & Civil Partnership	No Impact
Pregnancy & Maternity	No Impact
Race	No impact
Religion and Belief	No impact
Sex	No impact
Sexual Orientation	No impact
Other equality groups?	No Impact
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:	

Signed by reviewer/assessor	Claire King	Date	25 th October 2023
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Emma Wallis	Date	25 October 2023

Appendix 5 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) 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.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Animals and pets in an inpatient healthcare setting policy	
Completed by:	Claire King	
Job title	infection prevention and control nurse	Date 25 th October 2023
Screening Questions	Yes / No	Explanatory Note
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.	N	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	N	
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?	N	
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?	N	
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.	N	
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?	N	
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.	N	
8. Will the process require you to contact individuals in ways which they may find intrusive?	N	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via

Lpt-dataprivacy@leicspart.secure.nhs.uk

In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	n/a
-----------------------------	-----

Date of approval	
------------------	--

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust