# Animals within healthcare settings policy

## Authorities

<table>
<thead>
<tr>
<th>Author:</th>
<th>Anne Evans Infection Prevention and Control Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor:</td>
<td>Paula Shobbrook Director of Infection Prevention and Control</td>
</tr>
<tr>
<td>Reviewer(s):</td>
<td>Infection Prevention &amp; Control Committee</td>
</tr>
<tr>
<td>Approval body:</td>
<td>Policy Approval Group</td>
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## Document Control Information

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## Document Authorisation Control

| Prepared By: | Anne Evans – Infection Prevention & Control Nurse |
| Authorised Officer: | Chris Gordon Acting Chief Executive Officer |

| Signature: | |
| Signature: | |

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**Winchester & Eastleigh Healthcare NHS Trust**  
**Animals within healthcare settings**
Winchester & Eastleigh Healthcare NHS Trust
Animals within healthcare settings

DOCUMENT CONTROL

Document Amendments

<table>
<thead>
<tr>
<th>No.</th>
<th>Details</th>
<th>By Whom</th>
<th>Date</th>
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<tr>
<td>1</td>
<td>New policy</td>
<td>Anne Evans – Infection Prevention &amp; Control Nurse</td>
<td>July 2011</td>
</tr>
</tbody>
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Review Timetable

<table>
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<th>Date</th>
<th>Reason</th>
<th>By Whom</th>
<th>Date Completed</th>
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<tr>
<td>2014</td>
<td>3 year review</td>
<td>Infection Prevention &amp; Control team</td>
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Distribution List

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<th>No</th>
<th>Title</th>
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<tbody>
<tr>
<td>1</td>
<td>All employees via Winchester and Eastleigh Healthcare NHS Trust Intranet</td>
</tr>
<tr>
<td>2</td>
<td>The public via Winchester and Eastleigh Healthcare NHS Trust Website</td>
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</table>

RELATED TRUST POLICIES

CP073 Hand Hygiene Policy
CP076 Standard Precautions and PPE policy
CP030 Overarching Disinfection, Decontamination and Cleaning Policy
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Sponsor: Paula Shobbrook Director Infection Prevention & Control
Date: July 2011

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Type: Policy
Scope: Major
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Issue Number: 1
Status: Published
1. PURPOSE
1.1 This policy has been developed to provide a practical document to equip all healthcare staff at Winchester & Eastleigh Healthcare NHS Trust (WEHCT) with the necessary information on allowing animals into the trust either as aids for the hearing or sight impaired, or for the purposes of pet therapy.

2 SCOPE
2.1 This policy extends to cover all WEHCT staff. This policy will also apply to honorary contract holders and staff employed by other organisations who work with WEHCT patients and for the Trusts’ other staff.

2.2 This policy complements professional and ethical guidelines and the Nursing and Midwifery Council (NMC) The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives. (NMC 2008).

2.3 Infection prevention and control is the responsibility of ALL staff associated with patient care. A high standard of infection prevention and control is required on ALL wards and units, although the level of risk may vary. It is an important part of total patient care.

2.4 It is essential that infection prevention and control is seen as an organisational responsibility and given a high priority, therefore any decisions regarding the entry of animals into the clinical area need to be fully considered.

2.5 This policy is ratified in line with OP001 the Trusts Policy for the Management of Controlled Documents (2007).

3 ROLES AND RESPONSIBILITIES
3.1 The Chief Executive (CEO) has overall responsibility for ensuring the Trust has appropriate strategies, policies and procedures in place to ensure the Trust continues to work to best practice and complies with all legislation.

3.2 Line managers and/or the shift leader are responsible for ensuring this policy is accessible for all staff and that they have read and understood the content. Line managers are responsible for ensuring any changes in practice are implemented, and any further training needs identified and addressed. The shift leader/line manager in discussion with the IPC team will determine the appropriate length of stay for any animals visiting the clinical area.

3.3 All staff must ensure that their practice follows the current policies. Information regarding the failure to comply with the policy (e.g. lack of training, inadequate equipment) must be reported to the line manger and the incident reporting system used where appropriate.

3.4 Infection Prevention & Control Team (IPC team) has a responsibility to offer advice to healthcare staff on the suitability or otherwise of animal access.
4. DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Clinical environment</td>
<td>General ward areas, corridors between wards and outpatient areas.</td>
</tr>
<tr>
<td>IPC</td>
<td>Infection prevention and control</td>
</tr>
<tr>
<td>Trained assistance dogs</td>
<td>Guide dogs for the visually impaired, Hearing dogs, Assistance dogs</td>
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<tr>
<td>Zoonosis</td>
<td>An infectious disease transmitted to humans from animals</td>
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5. INTRODUCTION

5.1 The use of animals has been shown to have a beneficial outcome to some patients’ emotional, physical and social well being (Brodie and Biley 1999) and this is supported by the Pets as Therapy Organisation. This can be significant in improving the quality of life for some patients. However, animals within a clinical environment can pose an infection risk due to the potential transmission of zoonotic diseases. This policy is to provide guidance on the suitability or otherwise of animal access to the clinical environment and the infection control measures necessary to permit such access.

5.2 Animals may carry microbes and parasites which are normal flora for them but which can be transmitted to humans, leading to infectious diseases. The immunocompromised patient group of a healthcare environment may be at higher risk from these organisms, should they be transmitted. Recent research (Lefebvre et al 2006) found that healthy dogs who visited hospitals were carriers of a number of pathogenic organisms including Clostridium difficile, Giardia sp and Pastuerella spp. It is also suggested (Khan and Farrag 2000) that animals can be carriers of infectious pathogens which they may contract from patients. As well as animals acting as a source of infection, reptiles are also known to carry infectious pathogens such as Salmonella spp. Transmission to humans is via direct or in direct contact with their faeces (HPA 2010).

5.3 Transmission of microorganisms from animals to humans is via the chain of infection, with the animal providing the reservoir and potential portal of exit and the patient providing the portal of entry and susceptible host (Wilson 2006). The following principles have been established to minimise/break this chain and prevent cross contamination of organisms to the environment and to the patient from a visiting animal.
6. **ANIMALS WITHIN THE CLINICAL ENVIRONMENT**

6.1 As a general rule animals and birds will not be allowed in clinical areas within the Trust, with the exception of trained assistance dogs, and Pets As Therapy (PAT) animals. In specialised circumstances (the dying patient) a pet maybe permitted to visit if it is beneficial to the emotional and physical needs of the patient. This must be discussed with the IPC team and patient safety issues of the individual and other patients within the area fully considered prior to permitting the visit.

6.2 Access to rehabilitation areas may be more permissible than to busy acute areas where the patient mix and level of acute ill health may render animal access less appropriate.

6.3 **Trained assistance dogs/animals**

Assistance dogs/animals will be allowed into the clinical environment to accompany the patient for short visits such as out patient appointments.

6.4 Should a visitor who uses an assistance dog/animal, wish to visit a relative in hospital, this should be discussed with the Infection Prevention and Control team. The patient’s clinical status and location in the hospital will be fully considered and a risk assessment made.

6.5 If a patient who is reliant on an assistance dog/animal requires admission to the hospital it is unlikely that the animal will be allowed to remain with the patient throughout their admission. This is due to the risk of transmission of zoonotic diseases to both the individual and other patients. Alternative support measures will be put in place to ensure the safety and well being of the patient, during the admission. Such measures will be decided on in conjunction with the patient, ward manager and matrons.

6.6 In exceptional circumstances only a visit from a trained assistance animal may be approved. This should involve consultation with the Infection Prevention and Control team for risk assessment. The following principles must be adhered to:

- Prohibited areas for assistance animals are listed in section 11.
- Trained assistance dogs/animals must comply with the following guidance:
  - If the dog is unwell it will not be allowed to enter the ward.
  - The risk to the patient visited and other patients on the ward (e.g. their immunosuppressed status) should be assessed by medical and nursing staff in consultation with the IPC team, prior to authorisation of the visit/stay of the animal.
  - Ideally the patient should be nursed in a cubicle thus allowing the animal to have no contact with other patients.
  - If the patient is isolated in a cubicle for infectious reasons a visit from an animal may be prohibited and needs to be discussed with the IPC team and animal owner. This is due to the risk of the animal contracting an infectious disease from the patient.
Animals within healthcare settings

- If there are patients/members of staff/other visitors with allergies to animals this must be taken into consideration and may prevent the visit of the animal.
- The dog/animal should be restrained by a lead or harness and escorted at all times when moving between areas within the hospital.
- The animal should not be allowed to wander around the ward or visit any other patient.
- The owner must take responsibility for supervising the animal at all times or provide another responsible person to do this.
- The dog/animal must not have access to any food preparation/kitchen or eating areas.
- Toileting must be outside the building. If the animal passes urine or defaecates indoors this must be cleaned up by clinical staff, using hypochlorite solution and wearing PPE. If additional cleaning is required the housekeeping team need to be informed to undertake this.
- The owner or nominated person must provide a water bowl and drinking water must be used for the animal (not water from the cubicle basin). The animal should not be fed whilst on site and no storage of animal food can be permitted.
- If the animal becomes distressed in any way it should be removed from the hospital.
- The animal should not be required to stay in the clinical area for a long period of time. The designated time period will be discussed with the nurse in charge of the area and IPC team, this will be in the best interest of both the patient and the animal.
- It is imperative that friends and family organise people to walk the dog regularly during the day for exercise and for toileting purposes if the patient is unable to.
- The animal should have no contact with open wounds and these should be covered.
- Hand hygiene is expected by staff, patient and visitors who come into contact with the animal. Following handling of the animal, hand washing with soap and water must take place see CP073 Hand hygiene policy.
- Any untoward incidents must be reported via the Datix incident reporting system on the intranet.
- Following the discharge of a patient who has received daily visits of an animal the area will require terminal cleaning. This will minimise contamination of the environment.

7. Pets as Therapy
7.1 ‘Pets as therapy’ is a recognised charitable organisation whose animals are registered as members of their organisation. Any ‘pets’ visiting the clinical area must meet their requirements - be over 9 months old, have had a temperament assessment, public liability insurance, the animal should have an id disc and the owner an identification label. These criteria are determined by the charity.
Prohibited areas for ‘pets as Therapy’ animals are listed in section 11.

7.2 ‘Pets as therapy’ animals visiting the ward should comply with the following:

- Visits by ‘Pets as Therapy’ animals need to be arranged by appointment. Contact the voluntary coordinator on 01962 825446
- The immunosuppressed status of the patient visited and other patients on the ward should be assessed by medical staff in consultation with the IPC team prior to authorisation of the visit.
- Pets as therapy dogs should not visit patients who are in isolation for an infectious reason.
- If there are patients/members of staff/other visitors with allergies to animals this must be taken into consideration and may prevent the visit of the animal.
- Ideally ‘Pets as Therapy’ should visit the designated patient in an otherwise empty day room or single cubicle. If this is not possible the conditions of the other patients within the bay should be assessed in consultation with the IPC team.
- The animal must be supervised by their owner at all times and not allowed to wander around the facility or visit other patients.
- Toileting must be outside the building. If the animal passes urine or defaecates indoors this must be cleaned up by clinical staff, using hypochlorite solution and wearing PPE. If additional cleaning is required the housekeeping team need to be informed to undertake this.
- The dog/animal must not have access to any food preparation/kitchen or eating areas.
- The animal will not be fed in the healthcare facility.
- The animal should have no contact with open wounds and these should be covered prior to a visit.
- Hand hygiene is expected by staff, patient and visitors who come into contact with the animal. Following handling of the animal, hand washing with soap and water must take place see CP073 Hand hygiene
- Any untoward incidents must be reported via the Datix incident reporting system on the intranet.

8 Visits by domestic animals

8.1 A patient’s own domestic animal may visit in exceptional circumstances if this is felt to be beneficial to the patient’s wellbeing. Prohibited areas for domestic animals are listed in section 11.

8.2 Domestic pets visiting the ward must comply with the following:

- Visits by domestic animals needs to be prior arrangement with the nurse in charge.
The immunosuppressed status of the patient visited and other patients on the ward should be assessed by medical staff in consultation with the IPC team prior to authorisation of the visit.

If the patient to be visited is in isolation for an infectious reason, it may not be advisable for the animal to visit due to risk of contracting the infection, this risk should be discussed with the IPC team.

If there are patients/members of staff/other visitors with allergies to animals this must be taken into consideration and may prevent the visit of the animal.

Ideally domestic pets should visit the designated patient in an otherwise empty day room or single cubicle. If this is not possible the conditions of the other patients within the bay should be assessed in consultation with the IPC team.

The animal must be supervised by their owner or a nominated person at all times and not allowed to wander around the facility or visit other patients.

If possible the domestic pet should be carried within a suitable pet carrier.

Toileting must be outside the building. If the animal passes urine or defaecates indoors this must be cleaned up by clinical staff, using hypochlorite solution and wearing PPE. If additional cleaning is required the housekeeping team need to be informed to undertake this.

The animal must not have access to any food preparation/kitchen or eating areas.

The animal will not be fed in the healthcare facility.

The animal should have no contact with open wounds and these should be covered prior to a visit.

Hand hygiene is expected by staff, patient and visitors who come into contact with the animal. Following handling of the animal, hand washing with soap and water must take place see CP073 Hand hygiene

Any untoward incidents must be reported via the Datix incident reporting system on the intranet.

9 Ward pets

9.1 It is not acceptable to have caged ward pets (animals or birds) in a clinical environment. This is due to the microbiological and immunological risks of cross contamination from bedding and excrement of the animal/bird to the potentially immuno compromised client group.

9.2 Aquaria (fish only) maybe permitted in certain areas such as out patient facilities, following consultation with the IPC team, provided allocated persons are responsible for the maintenance and care of the tank. Cleaning of the tank should occur at times which pose minimal exposure to the environment and patient group, such as out of hours when the unit is shut. Reptiles will not be permitted in clinical environments.
10. **Security animals**

10.1 Should security dogs/animals be required to enter Trust property this should be with the agreement of the on call site co-ordinator. Security dogs/animals will be the responsibility of the security department/police and the animal must meet their standards of health requirements. Movement of such animals around the outside areas of the premises pose no infection control risk. If the animal defaecates in Trust grounds the animal handler is required to remove and dispose of any faeces appropriately.

10.2 If it is necessary for a security animal to enter a clinical area it must remain under the control of the owner/supervisor at all times. Patient contact should be minimised to reduce the risk of cross contamination. If the dog/animal passes urine or defaecates inside the building, this must be cleaned up by clinical staff utilising hypochlorite solution and wearing PPE. If additional cleaning is required the housekeeping team need to be informed to undertake this.

10.3 Should the security dog/animal be required to enter the prohibited areas, see section 11, this will only be permitted for a short period and in exceptional circumstances, following consultation with the IPC team. Terminal cleaning must take place following the departure of the animal.

11. **Prohibited healthcare areas.**

11.1 Assistance animals, ‘Pets as Therapy’ animals and domestic animals will not be allowed to enter specific clinical areas which are listed below. This is due to the high risk nature of the patient groups of these areas or the procedures which the rooms are designated for.

- Animals must not be allowed into anaesthetic or theatre rooms or anywhere in the theatre suite.
- Animals must not be allowed into the Intensive Care Unit.
- Animals must not be allowed into the Neonatal Unit.
- Animals must not be allowed within the endoscopy suite.
- Animals must not be allowed into any clinical procedure rooms.
- Animals should not be allowed into the labour suite except in very exceptional circumstances.
- Northbrook ward - it is not advisable for animals to visit children in hospital. In exceptional circumstances it may be possible with the consent of the patient and family, Consultant Paediatrician, ward staff and IPC team. Special access arrangements may need to be agreed within the Paediatric department.

12. **TRAINING IMPLICATIONS**

No specific training implications identified, however each ward area should be aware of the procedure and policy for admitting animals to the clinical area.
13 Monitoring Compliance and Effectiveness

Compliance will be monitored through observation of practice. Any complaints or Datix reports will be reviewed annually by the IPC committee in conjunction with the clinical governance team.

14. REFERENCES


Health Protection Agency (HPA) website: www.hpa.org.uk accessed 14/03/11


Pets as therapy website: http://www.petsastherapy.org accessed 08/03/11

# Appendix 1 - Equality Impact Assessment Form

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

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1. Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
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</tr>
<tr>
<td>• Race</td>
<td>N</td>
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<tr>
<td>• Ethnic origins (including gypsies and travellers)</td>
<td>N</td>
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<tr>
<td>• Nationality</td>
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<tr>
<td>• Gender</td>
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<tr>
<td>• Culture</td>
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<td>• Religion or belief</td>
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<tr>
<td>• Sexual orientation including lesbian, gay and bisexual people</td>
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<tr>
<td>• Age</td>
<td>N</td>
</tr>
<tr>
<td>• Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
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<tr>
<td>This policy aims to minimise any impact on individuals who require the support of an assistance animal</td>
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<tr>
<td>2. Is there any evidence that some groups are affected differently?</td>
<td>N</td>
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<tr>
<td>3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>Y</td>
</tr>
<tr>
<td>Individuals who are supported by an assistance animal may feel discriminated against if the animal is not permitted to remain with the patient. However it is justifiable due to the risks of infection and contamination to the environment and to other immunosuppressed patients</td>
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<td>4. Is the impact of the policy/guidance likely to be negative?</td>
<td>N</td>
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<td>5. If so can the impact be avoided?</td>
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<tr>
<td>6. What alternatives are there to achieving the policy/guidance without the impact?</td>
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<tr>
<td>7. Can we reduce the impact by taking different action?</td>
<td></td>
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</table>

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Board Secretary, together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact the Compliance and Governance Manager: Telephone Number: 01962 825376

| Author: | Anne Evans Infection Prevention and Control Nurse |
| Sponsor: | Paula Shobbrook Director Infection Prevention & Control |
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