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Guidance in relation to animals in the healthcare setting (not including police dogs)

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Type of document	Guidance
Target audience	All CWP staff
Document purpose	It is recognised that animals, can provide therapeutic benefits to service users. This policy will ensure that animals that are brought onto CWP premises or are resident on CWP premises for therapeutic benefits are protected from harm. In addition any staff, visitors or patients who may have contact with visiting or resident animals are afforded the same protection.

Approving meeting	Infection Prevention and Control Sub Committee	Date 01-Jun-20
Implementation date	01-Jun-20	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) policy
IC2	Hand decontamination policy and procedure
GR1	Incident reporting and management policy
CP12	Searching of patients environment policy

Document change history	
What is different?	Document purpose strengthened
Appendices / electronic forms	N/A
What is the impact of change?	Document purpose is clear

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation	
Clinical Services	Who within this service have you spoken to
Corporate services	Who within this service have you spoken to
External agencies	Who within this service have you spoken to

Financial resource implications	None
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External references	
1.	Public Health England (2019) <i>List of Zoonotic Diseases Found in the UK</i> (online). Available at: https://www.gov.uk/search?q=list+of+zoonotic+diseases [Accessed on 28 January 2019]
2.	RCN (2018) <i>Working With Dogs in Healthcare Settings: A Protocol to Support Organisations</i>

Considering Working with Dogs in Healthcare Settings and Allied Health Environments. London: RCN

3. Pets As Therapy, 2017. Retrieved from the World Wide Web, February 10th 2017
<http://www.petsastherapy.org/>

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
No		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department 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 human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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1. Introduction

Pet therapy is known to improve the lives of people suffering from debilitating mental and physical health conditions such as Autism, Dementia and Stroke by including animal assisted interventions as part of a holistic approach to treatment. (Pets as Therapy, 2017).

However, there is a risk that disease can be acquired from a variety of animals. Animals can carry parasites and microbes which can be transmitted to humans or the environment, in particular people who are immunosuppressed. In certain circumstances, following a thorough risk assessment and when risks are managed appropriately, the psychological and physical benefits may outweigh the infection control issues.

This policy aims to reduce that risk to a level that is safe for service users, visitors, carers and staff within the Trust.

1.1 Aim

That all trust staff and providers of pet therapy services follow the guidance laid down in this policy thus ensuring safe practice. This policy aims to give guidance around pets that are resident in the care setting, those that are just visiting and assistance dogs that may be used by service users, carers, visitors or staff.

2. Diseases associated with animals

Diseases associated with animals include:

Animal	Associated disease
Dogs	Hydatid disease, Pasteurellosis, Toxocariasis, Zoonotic Diphtheria, Ringworm.
Cats	Ringworm, Toxocariasis, Pasteurellosis, Toxoplasmosis, Cat Scratch fever, Q fever.
Rabbits	Ringworm, Pasteurellosis, Lyme disease, Tularemia.
Poultry	Avian influenza, Campylobacteriosis, Psittacosis, Salmonellosis.
Birds	Psittacosis.
Exotic Pets - Such as snakes, Lizards, Turtles, Terrapins, Iguanas, Spiders, Rodents	Salmonellosis.

The above list covers the most frequently encountered animals which have a history of transmitting infection; it is not intended to be exhaustive and the IPCT must be contacted on 01244 397700 should further advice be required.

3. Selecting an animal

Choosing any pet that is going to be resident in the care setting involves a long term commitment to the animal and its subsequent welfare. It is recommended that one member of staff is identified to act as the responsible person for the welfare of the animal.

The following factors should be taken into account when selecting a resident pet:

- Client preference;
- Need to touch the animal;
- Other client choices and wishes;
- Cultural influences;
- Allergies in clients and / or staff;

- Cost of food, maintenance and veterinary care

The ongoing care required for the selected pet must also be considered:

- Physical space required;
- Exercise;
- Feeding and sleeping area;
- Grooming;
- Cleaning of the pet bed / cage;
- Equipment in general.

3.1 Veterinary care

- All animals must be registered with a veterinary practice;
- All animals must undergo a full health assessment by a veterinary practitioner prior to being introduced to the healthcare setting;
- The animal's vaccination schedule must be up to date;
- The animal must undergo a medical by a veterinary practitioner on an annual basis;
- A designated member of staff must ensure all the necessary health records are maintained accurately.

3.2 Food and feeding

- Hygienic practices such as hand washing must be observed at all times;
- Keep feeding areas clean and pest free;
- Store food in a designated area – not in the kitchen or refrigerator with other foodstuffs;
- Only use commercial pet foods;
- Feeding dishes / containers must be washed thoroughly after each feed and dried and stored separately away from other crockery;
- Animals must have a designated feeding area which must not be the kitchen.

3.3 Waste and litter

- Always wear disposable gloves and a plastic disposable apron when emptying and cleaning litter trays, handling animal faeces and changing cage liners;
- Hands must be washed thoroughly as per the [Hand Hygiene Standard Operating Procedure](#); pregnant women must not deal with faecal matter from cats due to the risk of toxoplasmosis. If in any doubt please contact the Workforce Wellbeing Department.

3.4 General precautions

- Animals must be kept well-groomed and clean;
- Advice must be obtained immediately from the veterinary practitioner if the animal appears unwell.

3.5 Service user /Staff care

- Service users and staff should not allow the animal to lick their face. If this happens the skin should be washed immediately with soap and water;
- If the animal licks the service user's or staff members' hands, these should be washed as per the [Hand Hygiene Standard Operating Procedure](#); Cuts and / or abrasions must be covered with a waterproof dressing;
- If any bites and / or scratches occur then advice should be sought from the nearest workforce wellbeing department (if the person bitten is a staff member) or the doctor responsible for the service user's care as soon as possible.

3.6 Deceased animals

Contact the veterinary practitioner as soon as possible and they will advise regarding the course of action to be taken. Charges may well be incurred for this service.

3.7 Visiting animals

There are various organisations throughout the country who arrange to bring pets into healthcare environments for the benefit of the patients. Any volunteers wishing to participate in such a scheme must contact their nearest organisation in the first instance. Visit www.petsastherapy.org for more information.

The animals are usually dogs; however cats may also be registered. The following guidance will usually apply. The animal **MUST**:

- Be an adult;
- Be house trained;
- Be regularly de-wormed;
- Receive regular flea treatments;
- Be vaccinated and these vaccinations kept up to date – certification must have been checked by the organisation e.g. Pets as Therapy;
- Not visit if unwell;
- Be kept away from other patients who may have allergies or phobias;
- Service users and staff should not allow the animal to lick their face. If this happens the skin should be washed immediately with soap and water;
- If the animal licks the service users' or staff members' hands, these should be washed as per the [Hand Hygiene Standard Operating Procedure](#); Service users / staff members must wash their hands after handling the animal as per the [Hand Hygiene Standard Operating Procedure](#);

If the ward manager is not happy with the animal visiting at a particular time e.g. due to a situation on the ward then the visit must not take place. However, it must be acknowledged that the people undertaking these visits are volunteers so should be contacted in advance if possible to inform them that a visit cannot take place. The safety of the visiting animal and accompanying volunteer must be considered at all times.

Any volunteers working within CWP must expect the same level of protection as any other person in the Trust. The duty of care to protect all visitors is the responsibility of the Clinical Service Unit (CSU) itself. When entering a ward or department, volunteers must be issued with an alarm by a member of staff and shown how to use it. The alarm must then be handed into a staff member when they leave that ward or department. Ultimately the volunteer and animal must be afforded the same level of protection as any other staff member or visitor.

If it is felt necessary that a patient's own pet must visit them whilst they are in hospital then the principles of this policy must be adhered to. If anything requires clarity please contact the IPCT.

3.8 Feral animals

This refers to domestic animals that live in the wild and the most common are cats. Such animals should not be fed or attracted to trust premises as they can become a nuisance or a risk to health.

Care must be exercised when dealing with any stray or wild animal as they may have contracted disease from another wild animal.

3.9 Fish

An aquarium may be seen to be beneficial in some areas, as watching fish can have a calming effect and reduce stress. However aquarium water can pose an infection risk if not properly maintained therefore a maintenance contract with an aquarium maintenance specialist must be established.

3.10 Exotic / tropical animals

Such pets are not to be brought onto trust premises unless they are part of a therapeutic intervention, such as a visiting zoo, due to the care they require and the risk of transmission of infection.

3.11 Farm visits by clients

Farm visits can provide an excellent aid to stimulation for service users. However, sensible precautions must be taken as follows:

- Hands must be washed and dried thoroughly after handling / touching animals;
- Do not eat or drink whilst walking around a farm;
- Do not place your face near the animal;
- Do not put your fingers in your mouth after touching the animal;
- Clean footwear thoroughly after the visit.
- Follow all instructions given by staff and/or on notices in such facilities.