

**ANIMALS IN HEALTH CARE SETTINGS: CARE AND
MANAGEMENT POLICY**

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1. INTRODUCTION

Contact with animals has been shown to have positive health benefits for some people, particularly children, the elderly and patients with mental illness. The benefits include improved physical, social, emotional or cognitive functioning. Occasionally it will prove detrimental to separate an animal from its owner, ie. guide dog for a blind person.

Certain pets should not be brought into the hospital. These include aggressive and exotic pets (including reptiles and snakes) and juvenile animals such as puppies, less than 6 months in age and kittens less than 9 months in age. Some animals may carry infection. Staff should be aware of these infections. (See appendix1)

Patients in source or protective isolation are not suitable candidates for pet visits as animals may act as a source of infection or carry pathogens from areas of source isolation. For the protection of animals and to eliminate their potential role as vectors of disease visits are generally not recommended to patients who are infected or colonized with tuberculosis, salmonella, campylobacter, shigella, group A streptococcus, MRSA ringworm, gardia, or amoebiasis. Pet visits should also be avoided in areas containing patients who are allergic to the animal concerned.

In order to safeguard all patients, staff and the animals, the following policy must be observed.

2. PURPOSE

This policy has been developed to allow patients the benefit of contact with animals (if desired and appropriate) under supervision, and to reduce the risk of acquisition of zoonoses (pastuerella multocida, diseases and infections which may be transmitted between animals and man).

3. SCOPE

This policy is applicable for each individual member of staff involved in clinical care and/or working in a clinical area/environment and any other member of staff who may at times have physical contact with patients. As such, adherence to this policy is the responsibility of all staff that are employed by the Trust or have a Service Level Agreement with the Trust for the provision of clinical services.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 Board of Directors

The Board of Directors are responsible for having policies and procedures in place to support best practice, effective management, service delivery, management of associated risks and meet national and local legislation and/or requirements.

4.2 Chief Executive

The Chief Executive is responsible for establishing and maintaining Infection Prevention and Control arrangements across the organisation but delegates the responsibilities to the Trust Board and the Director of Infection Prevention and Control. The Director with the lead responsibility is the Deputy Chief Executive and Lead Nurse

4.3 Director of Infection Prevention and Control (DIPC) (Deputy Chief Executive/Director of Nursing)

The DIPC:

- Reports directly to the Chief Executive and the Board
- Reports identified cases of infections/alert organisms & conditions including outbreaks of infection
- Reports all incidents requiring root cause analysis investigation
- Reports directly to the Chief Executive and assure the Board of Directors on the organisations performance in relation to HCAIs
- Acts on legislation, national policies and guidance ensuring effective policies are in place and audited in relation to infections/alert organisms & conditions

4.4 Matrons/Managers

It is the responsibility of Matrons/Managers to monitor implementation and compliance with this policy.

4.5 Staff (In-patient areas)

All staff need to be aware of their personal responsibilities in preventing the spread of infection. Adherence to this policy is the responsibility of all staff who deal with animals in a healthcare setting. This applies to staff employed by the Trust, agency, locum, and bank staff and those contracted to the Trust.

5. PROCEDURE / IMPLEMENTATION

5.1 Ward Pets and Fish

If it felt is that the patients in a clinical area will benefit from a ward pet or the installation of a fish tank the clinical team must first:

- Undertake a risk assessment of the clinical environment.
- Consider any risk posed to the animal by the patient group.
- In the case of a fish tank determine the safest position for the tank, including access to an electrical supply.

- Gain the agreement of both the Modern Matron and Assistant Director for the service.

Once agreement has been gained there is to be a named employee allocated to oversee the care of the animal/bird/fish, and make sure the following have been obtained where appropriate:

- Registration with a vet
- Records of vaccinations
- Records of worming and flea control if necessary according to veterinary instructions

If the animal becomes ill, it should be taken to see the vet immediately this does not include fish.

5.2 General Care

- Patients and staff must always wash hands thoroughly before and after contact with pets.
- The animal must not be allowed onto patient's bed or chair
- The animal should only be allowed in non-clinical areas, and never be allowed in the kitchen or clinical areas.
- Healthcare staff should inform the domestic services manager if extra cleaning may be required.
- The animal should be fed only proprietary brands of pet food. It should have its own food and water dishes and be fed in a suitable non-clinical area, eg dayroom.
- Pet foods should be stored separately to food for humans, be prepared and served with separate utensils which are then washed separately in neutral detergent and hot water, eg in the sluice.
- Pet baskets and/or bedding should be laundered and washed regularly and separately from other laundry, by the pet owner.
- Where contractual arrangements are in place for the management of aquariums the cleaning of the aquarium will be undertaken by the contractor.
- For services where there are no contractual arrangements for the management of the aquarium. The following advice should be followed. Equipment used must be for the sole use of cleaning the aquarium; water should be disposed of via the sluice. Replacement water must be from a clean water supply. This should be done regularly in accordance with advice from aquatic supplier.
- A risk assessment is needed to identify hazards in connection with the moving and handling of water.
- Fish foods and aquarium medication must be kept safe and securely.

5.3 Visits From Patient's Own Pets

- Permission to bring a patient's own pet onto the ward must be sought from the Ward Manager who will take into account the following:
 - Any risks posed to either the animal or other patients if the visit is to go ahead.
 - The suitability of the clinical area for the visit.
- Other patients must be told of the pet visit, in case of any fears or allergies they may have.
- If any patients are known to have a fear or allergy to animals, the pet visit must take place in a separate room away from the clinical area (preferably one not normally frequented by patients)
 - The room must be thoroughly cleaned and/or vacuumed afterwards.
- Pet visits must not be allowed if the animal is ill or has diarrhoea.
- The pet must be exercised prior to the visit to lesson the risk of elimination on site.
- Dogs must be kept on a leash at all times and remain under supervision of the person bringing it to the visit.
- The animal may only visit its owner and no other patient.

In the event that the pet or any other patient becomes distressed whilst the pet is on the ward staff are to ask for it to be immediately removed and make it clear that any future visits cannot be facilitated.

5.4 Pets as Therapy (PATs Scheme)

- People wishing to visit patients on a voluntary basis and bring their own dogs as part of the PAT Scheme must first contact:
 - The Voluntary Services Manager (VSM) at Tickhill Road Hospital, St Catherine's Hospital, for mental health services
 - The Voluntary Services Manager (VSM) at St John's Hospice, for Hospice services.
- PAT members must contact the VSM and arrange a meeting to confirm their PAT membership by producing their photo ID and bring their pet so that the VSM and wider teams knows what creature to expect to visit patients.
- Note in some areas it is RDaSH staff who initiate visits from PAT Scheme organisations e.g. PAT Dogs Charity. In these cases the staff member will follow the procedures of the particular organisation and liaise accordingly with

the ward/service manager and VSM to support the visit in line with the VSMs advice and any required procedures for volunteers.

- The VSM will ensure that membership of the PAT Scheme is up to date and keep a copy of the PAT photo ID badge, along with contact details of the PAT member.
- All visits must be pre-arranged and ward staff notified. The PAT member must produce their valid photo ID card at each visit.
- On the first visit, the PAT member will have a form, PAT7. This form is included in the Volunteer handbook provided by Pets as Therapy and informs the Charity where the Volunteer is visiting. The PAT member will complete the appropriate part and ask the authorised contact (this could be nurse in charge of ward or VSM) at RDaSH to complete the rest and sign the reverse. The RDaSH site should keep a copy of the PAT7 – this document to be held by the VSM. The nurse in charge of the clinical area will determine whether the PAT animal will be allowed into the area and whether any conditions or restrictions are necessary. Any PAT animal visiting a clinical area should be accompanied at all times by its registered owner.
- If there are patients, members of staff or other visitors with allergies to animals this must be taken into consideration and may prevent the visit of the animal.

5.5 All Animals in Health Care Settings

- Staff must refrain from holding pets against their uniform. However where this is unavoidable disposable aprons should be worn.
- Disposable gloves and plastic aprons must be worn by the pet handler when cleaning up animal urine and faeces and follow the Management of Blood and Body Fluid Spillages policy
- Steam cleaning of soft furnishings and carpets may be required.
- All waste material should be disposed of immediately as clinical waste – in a sealed offensive waste bag

5.6 Feral Animals

- These must never be encouraged by feeding.

5.7 Incident Reporting

Any incident involving any animal and patient, visitor or member of staff must be reported using an IR1 form.

5.8 Allergies

Some individuals are allergic to the fur and feathers of certain animals. This often manifests itself as a rhinitis or wheeze. The ward should be mindful of this and take appropriate action if this occurs.

6. TRAINING IMPLICATIONS

There are no specific training needs in relation to this policy, but the following staff will need to be familiar with its contents, all staff working within the Trust in patient areas and any other individual or group with a responsibility for implementing the contents of this policy.

As a Trust policy, all staff need to be aware of the key points that the policy covers. Staff can be made aware through local induction.

7. MONITORING ARRANGEMENTS

Area for Monitoring	How	Who by	Frequency
Compliance with the policy	Breaches to be reported to the IPC Committee via Modern Matrons	Managers/Matrons in clinical services	As they occur
Reported Incidents	Via IR1's	Managers/Matrons in Clinical Services	As they occur

8. EQUALITY IMPACT ASSESSMENT SCREENING

The completed Equality Impact Assessment for this Policy has been published on the Equality and Diversity webpage of the RDaSH website [click here](#)

8.1 Privacy, Dignity and Respect

<p>The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi's review of the NHS, identifies the need to organise care around the individual, <i>'not just clinically but in terms of dignity and respect'</i>.</p> <p>As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all patients with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).</p>	Indicate how this will be met
	No issues have been identified in relation to this policy.

8.2 Mental Capacity Act

<p>Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court</p> <p>Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.</p>	<p>Indicate how this will be met</p> <p><i>All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)</i></p>
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9. LINKS TO ANY ASSOCIATED DOCUMENTS

Infection Control Policy for the Surveillance, Prevention and Management of Infections, Clinical Policies, Infection Control, RDaSH Intranet

Hand Hygiene Policy, Clinical Policies, Infection Control, RDaSH Intranet

Standard Infection Prevention and Control Precautions policy, Clinical Policies, Infection Control, RDaSH Intranet

Management of Blood & Body Fluid Spillages, Clinical Policies, Infection Control, RDaSH Intranet

Sharps/Inoculation Injuries and other blood or body fluid exposure incidents, Clinical Policies, Infection Control, RDaSH Intranet

Decontamination Policy, Clinical Policies, Infection Control, RDaSH Intranet

Waste Policy, Health & Safety Policies, RDaSH Intranet

Pest Control Policy, Health & Safety Policies, RDaSH Intranet

10. REFERENCES

Khan MA, Farrag N. Animal-assisted activity and infection control implications in a healthcare setting. *J Hosp Infect* 2000; 46: 4-11

Guay DRP. Pet-assisted therapy in the nursing home setting: Potential for zoonosis. *Am J Infect Control* 2001; 29: 178-86

Pro Dogs National Charity, PAT Dog Scheme, Rocky Bank, 4 New Road, Ditton, Kent, ME20 6AD

11. APPENDICES

APPENDIX 1

Common diseases related to animals.

Animal	Associated Disease
Dogs and Cats	Salmonella Campylobacter Toxocara Toxoplasmosis Yersinia
Birds	Chlamydia psittaci
Terrapins	Salmonella
Exotic Pets e.g. Snakes, Lizards, Turtles and Iguanas	Salmonella