



Animals on Trust Premises (Including Pets As Therapy)

This procedural document supersedes PAT/IC 33 v.1



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Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 2	November 2022	<ul style="list-style-type: none"> • Added section for Pets as Therapy for Staff. • Updated references. 	Carol Scholey
Version 1	31 October 2019	<ul style="list-style-type: none"> • This is a new procedural document, please read in full 	Emily King/ Carol Scholey

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1 INTRODUCTION

The value of pet 'therapy' and/ or Animal Assisted Therapy is widely accepted as a powerful aid to both cognitive and physical stimulation and communication (Charry-Sanchez et al. 2018; Reynolds, 2012; DeCoursey et al, 2010). Studies have shown that the presence of companion animals and interactions with Animal Assisted Therapy animals can improve the well-being of patients and lower the rate of anxiety, simply by making the hospital environment happier, more enjoyable and less forbidding (Ambrosi et al, 2019; Brodie & Biley. 1999). Traditionally, the presence of animals in health care facilities has been discouraged due to Infection prevention & Control/Health and Safety issues. However, with research showing the significantly positive impact of Animal Assisted Therapy on patients' lives, we can view it as a credible form of therapy and therefore an accessible intervention for our patients, as part of their person centred care in the Trust.

The animals currently permitted on DBTH Trust premises are: guide dogs for the blind, hearing dogs for the deaf, dogs trained to help people with conditions such as epilepsy and autism also cats and dogs which belong to the Pets as Therapy (PAT) scheme.

Animals may carry microbes and parasites which are normal flora for them but can be transmitted to humans, leading to infectious diseases (zoonotic diseases) (DiSalvo et al, 2006). Although zoonotic infections acquired from animals are well described there is very little evidence to suggest that this risk is significant in a controlled setting (Lefebvre et al, 2006). 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. The principles in this policy have been established to minimise/reduce cross contamination of organisms to the environment and to the patient from a visiting animal, acknowledging that by adhering to infection control principles, the considerable proven benefits of companion animals and Animal Assisted Therapy (including Pets As Therapy) can be experienced at the right time (for example when the benefits outweigh the risks) by DBTH patients and contributes to working towards being a person centred care organisation.

2 PURPOSE

The purpose of this policy is to offer guidance for staff in clinical areas providing this person-centred service for patients. To ensure that when animals are permitted onto the Trust premises this is done in the right circumstances with minimal risk to patients, visitors, staff and the animals, including adhering strictly to Infection Prevention & Control (IPC) principles.

3 DUTIES AND RESPONSIBILITIES

- **PAT volunteers** must comply with the requirements of the Voluntary services and the Pets as Therapy regulations and registered with both organisations. PAT volunteers should have a Trust ID badge with their role and organisation and be DBS checked.
- All staff involved in a patient's care where animals may be involved should be aware of this policy.

- All managers of clinical areas where Pets as Therapy volunteers and animals will be visiting should ensure they use and appropriately store the risk assessment.
- The Volunteer manager will ensure any documentation referring to the PAT volunteers is updated accordingly (e.g. annual checklist, SET training).

4 PROCEDURE

4.1 Trained assistance animals

Guide dogs for the blind, hearing dogs for the deaf, dogs trained to help people with conditions such as - but not limited to - epilepsy and autism, will be allowed into the clinical environment to accompany the patient for short visits such as outpatient appointments. The animal/pet must be healthy at the time of attendance with no diarrhoea or vomiting during the previous 48 hours. It is unlikely the assistance animal will be able to stay on Trust premises if a patient is admitted to the clinical area. Staff must ensure that appropriate measures are taken to support the patient during their time as an inpatient, without the support of their assistance animal; such measures will be decided on in conjunction with the patient, ward manager and matrons.

Should a visitor who uses an assistance animal wish to visit a relative in hospital, this should be discussed with the ward manager, consider discussing with the IPC team. The patient's clinical status and location in the hospital will be fully considered and a risk assessment made. Consider if the visit can be conducted away from other patients.

4.2 Isolated patients

Patients undergoing isolation precautions are not suitable candidates for pet visits as animals may act as a source of infection or carry pathogens from areas of source isolation. Neither are patients suitable on the Haematology ward, Neonatal Unit, Obstetrics departments, or paediatric wards.

4.3 Patients' own pets

In specialised circumstances a personal pet may be permitted to visit if it is beneficial to the emotional and physical needs of the patient. This must be discussed with the ward manager and IPC team. Any patient safety issues of the individual, and other patients within the area, should be fully considered prior to permitting the visit. Consider if the visit can take place away from other patients wherever possible.

5 PETS AS THERAPY (PAT)

'Pets as Therapy' (PAT) is a recognised charitable organisation whose animals (animals in this policy are referring to **dogs and cats**) are registered as members of their organisation. The following procedure should be followed to minimise risk to patients and facilitate the Animal Assisted Therapy:

- All visits must be pre-arranged by appointment only. **Contact volunteer services to arrange.**
- The animal should be cleaned and well-groomed before any visit.
- Interaction with anyone other than the person you are visiting should be discouraged.
- Any visiting animals must be kept well away from any staff or patient with known allergies to animals.
- If staff or patients who may come into contact with the animal have any wounds, sore, broken areas of skin, or devices with at risk entry points, these must be covered at all times with a suitable dressing. Attempt should be made to enable the animal to be placed at the side of the patient without any devices/wounds.
- All PAT volunteers that attend Trust premises must follow Trust policy in terms of hand hygiene and bare below the elbows when entering a clinical area.
- Hand hygiene should be maintained. The owner/volunteer, the patient and anyone who has contact with the pet/animal must clean their hands with soap and water or alcohol rub after petting.
- The animal must be kept on a lead or otherwise suitably restrained and must not be allowed to wander freely around clinical areas or elsewhere on Trust premises.
- Animals must not be carried close to the body of any clinical staff member.
- The volunteer and animal must be healthy at the time of attendance with no diarrhoea or vomiting during the previous 48 hours.
- In the event of the animal urinating or defecating within the hospital it is the registered owner/volunteer that must remove any faeces using an appropriate animal faeces bag/container and dispose of such an item into a tiger striped offensive waste stream. It is the responsibility of the ward or therapy staff to ensure that the area is effectively cleaned.
- The animal owner/volunteer and healthcare workers must ensure that the animal is not a nuisance to other patients and that it does not interfere with patient care.
- If any patients object to the animal's presence then arrangements must be made to ensure that the animal is kept away from them. If necessary the animal may need exclusion from specific clinical areas.
- Animal should not be allowed to lick anyone or equipment.
- The animal should **NOT** be allowed onto the patients' bed. If the animal comes into contact with any equipment this should be cleaned after the visit.
- Time spent and the number of people the animal interacts with should be limited. It is recommended that each session with the animal is no longer than one hour and that animals should work for no longer than three hours in a day.

6 PETS AS THERAPY FOR STAFF

Pets as therapy can greatly improve the health and wellbeing of staff. However we must adhere to strict protocols to allow this animal interaction to take place.

- Any member of staff who requires the Pets for Therapy intervention should ideally make contact with the service and make suitable arrangements for the visit to take place.
- It should not be during the member of staffs working hours.
- Staff must not arrange for the therapy session to be in the clinical area.
- Staff should change from their uniform into their out of work clothing.
- Hand hygiene before and after the petting of the animal must take place.

- The animal must not be placed on any hospital bed, chair or surface that will be used in the clinical environment. If it does come into contact with anything it must be cleaned immediately.
- The animal should not lick the members of staff.

7 PATIENTS LACKING CAPACITY

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

8 TRAINING/SUPPORT

All Volunteers working registered with the Trust have to complete Induction & SET training level 1 every three years. Areas within the Hospital who will use this service should be aware of the procedure for contacting Pets as Therapy.

9 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Registration of PAT volunteers in the Trust	Pets as Therapy service and Volunteer services	For each new volunteer, once only.	Scanned copy saved in shared Drive.
Update of vaccination of Pet	Pets as Therapy service and Volunteer services	Annually	Both areas to record and save information.
Update SET training of volunteer	Volunteer services	3 yearly	Recorded within department of volunteers
Volunteer risk assessment checklist	Volunteer services	For each new volunteer, once only	Copy saved on shared drive

10 DEFINITIONS

PAT - Pets As Therapy

IPC – Infection Prevention & Control

11 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. Found in Appendix 4.

The Equality Act 2010 makes it unlawful to refuse access to a disabled person accompanied by an assistance dog except in the most exceptional circumstances.

12 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Mental Capacity Act 2005 - Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19

Privacy and Dignity Policy - PAT/PA 28]

Recruitment and Management of Volunteers Policy - CORP/RISK 21

Hand Hygiene - PAT/IC 5

Fair Treatment for All Policy – CORP/EMP 27

Equality Analysis Policy – CORP/EMP 4

13 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/>

14 REFERENCES

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Brodie S and Biley F (1999) An exploration of the potential benefits of pet facilitated therapy. Journal of Clinical Nursing. 8 329-337.

Charry-Sánchez, Jesús David; Pradilla, Iván; Talero-Gutiérrez, Claudia; Animal-assisted therapy in adults: A systematic review. *Complementary Therapies in Clinical Practice*, Aug2018; 32:169-180. 12p

DiSalvo H, Haiduven D, Johnson N, et al (2006) Who let the dogs out? Infection control did: Utility of dogs in healthcare settings and infection control aspects. *American journal of Infection Control*. 34 301-307.

DiSalvo, H (2006) Pet-assisted therapy in the Nursing Home Setting: Potential for zoonosis. *American Journal of Infection Control* 2001; 29: 178-86

DeCoursey M; Wright; Russell AC; Keister KJ *Dimensions Of Critical Care Nursing*, 2010 Sep-Oct; Vol. 29 (5), pp. 211-4 'Animal-assisted therapy: evaluation and implementation of a complementary therapy to improve the psychological and physiological health of critically ill patients.'

Lefebvre SL, Waltner-toews D, Peregrine AS, et al (2006) Prevalence of Zoonotic agents in dogs visiting hospitalised people in Ontario: implication for infection control. *Journal of Hospital Infection*. 62 458-466.

Pets as therapy website: <https://petsastherapy.org/> Accessed 27/07/2022

Working with Dogs in Health Care Settings. A protocol to support organisations considering working with dogs in healthcare settings and allied health environments. Published by RCN, London. May 2018

APPENDIX 1 – PAT VOLUNTEER ANNUAL CHECKLIST



PAT Volunteer Annual Checklist

	Date checked	Signed	Copy taken for file
Vaccinations up to date			
PAT ID Renewal date: Expiration date:			
Fit and healthy Comments:			
Any altercations over the last year			
SET training in date?			

APPENDIX 2 – NEW PAT VOLUNTEER RISK ASSESSMENT CHECKLIST



Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Volunteers Risk Assessment Checklist for PAT animal role

This checklist must be completed (by the placement area) prior to any new volunteer placements becoming established.

Checklist	Tick answer		If yes – some things to consider	Action Taken
	Yes	No		
Will the volunteer be handling/come into contact with biological material e.g. blood and bodily fluids?			<ul style="list-style-type: none"> · Volunteer informed of the risks involved in handling biological material and possible symptoms · Informed of the precautions required to reduce the risks from biological agents · Restriction of treatment of patients with certain diseases e.g. infectious skin complaints · Trust practices and procedures explained e.g. correct waste disposal 	

			<ul style="list-style-type: none"> · Personal Protective Equipment e.g. gloves. Ensure that the reasons for wearing PPE have been explained and that it is readily available. 	
<p>Will the volunteer be handling substances hazardous to health? e.g. chemicals</p>			<ul style="list-style-type: none"> · Volunteer informed of chemical hazards and risks and the precautions necessary · Restriction of use of hazardous chemicals · Chemicals clearly labelled and stored appropriately · Aware of spill procedures · Personal Protective Equipment e.g. gloves/goggles. Ensure that reasons for wearing PPE are explained and that equipment is readily available · COSHH assessments in place and up-to-date 	
<p>Will the volunteer be partaking in manual handling activities?</p>			<ul style="list-style-type: none"> · Ensure they receive manual handling training and record the date received e.g. how to use lifting equipment, how to ask for assistance 	

<p>Will the volunteer be working in areas that use radiation?</p>			<ul style="list-style-type: none"> · Volunteer informed of the risks of radiation and the precautions necessary · Training in radiation safety · Appropriate shielding in place · Local Rules in place · Supervision · Personal monitoring e.g. blue film badge 	
<p>Will the volunteer be using Display Screen Equipment (DSE) on a regular basis</p>			<ul style="list-style-type: none"> · Volunteer informed of the risks of DSE work and the precautions necessary · Undertake DSE risk assessment · Ensure regular breaks 	
<p>Will the volunteer be using equipment that requires training?</p>			<ul style="list-style-type: none"> · Ensure that the volunteer receives the necessary training and that it is recorded 	
<p>Will the volunteer be required to wear personal protective equipment e.g. gloves, aprons, goggles?</p>			<ul style="list-style-type: none"> · Ensure PPE is available · Explain reasons for use 	<p>Required to wear ID badge or carry on person</p>
<p>Will the volunteer be exposed/come into contact with any specific/unusual hazards/risks</p>			<ul style="list-style-type: none"> · Ensure that the volunteer is informed of these risks and precautions necessary · Ensure that a risk assessment exists for the particular hazard 	

Other Checks to be undertaken:

Checklist	Tick answer		Further information	Action Taken
	Yes	No		
Has the volunteer received local induction?			<ul style="list-style-type: none"> Ensure that the Volunteer receives local induction on the first day of their employment and ensure it is recorded. 	Local induction with PAT coordinator where possible
Have local policies, procedures and safe systems of work been explained?			<ul style="list-style-type: none"> Explain and provide the person with local policies, procedures and safe systems of work. 	Agreed with wards and clinics in advance
Has the procedure for reporting incidents been explained?			<ul style="list-style-type: none"> Person informed of the incident reporting system and the importance of reporting any incident they are involved in or witness to. 	Volunteer to report incident to member to staff
Does the volunteer know who to contact in an emergency?			<ul style="list-style-type: none"> Provide a list of emergency contact numbers including: First Aider, Security, Cardiac Arrest Team, Fire Brigade 	Local link person – or volunteer services staff
Have arrangements been made for supervision of the volunteer?			<ul style="list-style-type: none"> Ensure that the person has a supervisor allocated and record who it is 	
Is the volunteer aware of their roles and responsibilities			<ul style="list-style-type: none"> Ensure that the person is aware of what their role and responsibilities are and that any restrictions/limitations are clearly identified. 	

			Ensure any limitations/restrictions are specified.	
Does the volunteer have any specific needs to enable them to do the job?			· Record any specific needs and ensure that they are met	
Are department/ward risk assessments in place and up-to-date?			· Ensure that all risk assessments are up-to-date	

Checklist completed by Signature

Job Title

Date

APPENDIX 3 – PAT VOLUNTEER CLINICAL AREA INDUCTION

Induction checklist for PAT volunteers

(To be completed by qualified member of staff and PAT Mentor if possible)

- Did the dog respond well to a busy environment? Y/N
- Did the dog flinch from noise or appear fearful? Y/N
- Did the dog jump up? Y/N
- Did the dog exhibit excessive barking or licking? Y/N
- Did the dog respond well to children? Y/N
- Did you meet any other dogs on your travels / how did the dog react? Y/N
- Comment:
- Was the dog well-groomed and clean? Y/N
- Did the owner respond positively in all situations? Y/N
- Have you orientated the PAT volunteer and animal to the clinical area? Y/N
- Have you orientated the PAT volunteer to the nearest place their pet can use the toilet? Y/N
- Have you explained the fire evacuation procedures for the area? Y/N
- Have you explained 2222/ emergency buzzer use? Y/N

APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project /Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Animals on Trust Premises (Including Pets As Therapy)	Corporate – Director of Nursing, Midwifery & Quality, Infection Prevention & Control	Carol Scholey – Infection Prevention & Control	Existing policy	16/08/2022
1) Who is responsible for this policy? Name of Division/Directorate: Infection Prevention & Control Corporate Nursing				
2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? Trust wide				
3) Are there any associated objectives? Legislation, targets national expectation, standards: No				
4) What factors contribute or detract from achieving intended outcomes? – None				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] No				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick () outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.				
Date for next review: August 2025				
Checked by; M. Boyack. Lead Nurse Infection Prevention & Control Date; 16/08/2022				