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Lincolnshire Partnership NHS Foundation Trust (LPFT)

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The purpose of this guidance is to advise on the precautions and control measures that are recommended in relation to animals in healthcare premises, thus minimising the risk of infections to patients, visitors and staff in the health care settings of Lincolnshire Partnership Foundation Trust.

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LINCOLNSHIRE PARTNERSHIP FOUNDATION TRUST

IPC GUIDANCE: ANIMALS IN HEALTHCARE PREMISES.

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Infection Prevention and Control Guidance: Animals in Healthcare Premises.

1. Introduction:

The value of pet 'therapy' and/ or animal assisted therapy is widely accepted as a powerful aid to stimulation and communication. 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.

To minimise the risk to patients in healthcare environments, animals are not generally allowed on Trust premises. The definition of animals includes all pets including insects, fish and birds.

The only exceptions to this rule are assistance dogs such as guide dogs for the blind, hearing dogs for the deaf and animals which belong to the Pets As Therapy (PAT) scheme or similar, including Animal Assisted Therapy animals.

When assistance dogs, Animal Assisted Therapy animals or PAT animals are allowed onto healthcare premises, the animal's owner and health care workers must ensure that the animal is not a nuisance to other patients and that it does not interfere with general patient care.

If any patients object to the presence of the animal(s), then arrangements must be made to ensure that the animal(s) is kept away from them. If necessary, designated parts of the clinical area must be set aside for visits to occur.

2. Policy Principles:

The aim of this guideline is to offer best practice advice to Lincolnshire Partnership Foundation Trust (LPFT) staff to ensure that when animals are permitted onto healthcare premises, for whatever reason, this is done with minimal risk to clients, visitors, staff and the animal(s) from an Infection Prevention and Control (IPC) perspective.

3. Scope:

3.1 The principles contained within the guideline reflect best practices for IPC and apply to those members of staff who are directly employed by the Trust and for whom the Trust has legal responsibility.

3.2 This guideline provides advice on minimising the risk of infection associated with animals in a health care environment. This is to safeguard clients, staff and visitors to the Trust.

3.3 This guideline is applicable to all the Trust clinical care areas including inpatient, outpatient and community team premises.

3.4 This guideline is not to the detriment of others.

4. Responsibilities:

4.1 General

The following guidance for the management of animals in healthcare premises is the responsibility of **ALL** staff and must be followed at all times. Permission for an animal to enter the Trust premises must be obtained from the service manager/lead and be related directly to a plan of care either for an individual or as part of a therapeutic approach for a group of patients.

A written record of patient contact with the animal must be retained by the departmental staff as a matter of reference/contact tracing.

If the animal is admitted to the Trust premises to undertake a policing, security or search and rescue activity, then the Health and Safety Advisor and the Trust Security Officer must be consulted.

4.2 The Infection Prevention and Control Team

The Infection Prevention and Control Team will:

- Review the guidance in response to the publication of any urgent relevant communications from the Department of Health or other statutory or non-statutory bodies
- Support and assist managers/ team leaders with IPC risk assessments, or care planning for the visit(s) as and when necessary.
- Risk assessments may be with regard to the overall activity with the animal, each individual or groups of patients and staff concerned, or the general environment and the suitability of the animal for the purpose it is being employed from an IPC perspective.

4.3 Managers

Managers have the responsibility for the standards of clinical practice by their staff in the health care setting. They must:

- Ensure all individuals are appropriately trained
- Inform new employees of their responsibilities under this guidance.
- Ensure that all employees within their area of responsibility comply with this guidance.
- Audit compliance to this guideline as necessary.
- Ensure that public liability insurance is in place for any animal being used for a therapeutic process
- Ensure that full risk assessments are carried out in relation to all individuals who may come into contact with the animal(s).

4.4 Employees

All employees have a responsibility to abide by this guidance and any decisions arising from the implementation of it. Any decision to vary from this guidance must be fully documented with the associated rationale stated.

4.5 Patient/ animal owner.

See Section 6.

5. Animals permitted onto healthcare premises.

Except under very unusual circumstances, caged birds, reptiles and rodents are not suitable to be considered as pets in a healthcare setting.

Fish tanks in clinical areas must be maintained and cleaned as directed by an aquatics expert to minimise the risk of infection via contaminated water and to avoid harming the fish.

Animals will **not** generally be permitted onto Trust premises with the exception of:

- Assistance dogs of any description.
- Security/search & rescue dogs
- Pets used for therapy through a recognised agency or specific Trust scheme for animal assisted therapy.
- Pets where the patient is “end of life” (with prior agreement)

6. Visiting Animals.

Requests for access for animals into Trust premises will not be supported unless they fit the above categories or the animal is an essential part of patient therapy.

The animals used are often dogs and the following guidance will apply:

The animal(s):

- Must be from a recognised agency which provides animals for this purpose or part of a specific Trust scheme for Animal Assisted Therapy.
- Must be covered by public liability insurance.
- Must be visiting as part of a therapeutic care plan or programme of activity.
- Must be fully trained.
- Must be regularly vaccinated, de-wormed and treated against fleas/other infestations.
- Must be house trained, kept on a leash (if appropriate) and accompanied by their owners/handlers at all times. The exception to this would be if Animal Assisted Therapy is being undertaken involving off lead work e.g. for training purposes and much more varied interactions facilitated between the client and the animal by the therapist.
- Must be capable of confinement to designated areas of the healthcare environment, e.g. day room, relatives' room, etc.
- Must be excluded from clinical treatment rooms and kitchens at all times.
- Must be kept away from other patients with allergies or phobias.
- Must not be excited or provoked and must only visit patients where permission has been sought.
- Must be discouraged from licking patients/staff.
- Must not be brought into the healthcare environment if a patient is behaving in such a way as to put the animal at risk of distress or harm on that occasion.
- If the animal is of a species where training is not suitable, it must be of a species where it is not considered to pose a risk to patients or staff

NB: With prior agreement from the IPC Team, assistance dogs/pets of service users who are “end of life” may be permitted into day rooms and client bedrooms.

7. Guide dogs, hearing dogs and assistance dogs.

A person reliant on an assistance dog can bring the dog with them whenever they attend an outpatient appointment. The guidance in section 9 below must be adhered to at all times.

If the person is admitted to the care environment as an inpatient, alternative means of support must be arranged prior to admission. In very exceptional circumstances, if this is not possible, consultation between ward managers/ service leads and the IPC team, may be able to formulate a management plan to include the assistance dog. This will be entirely dependent on the suitability of the care environment, the safety and comfort of the patient, assistance dog, and other inpatients at the time and the ability to adhere to the IPC guidance as set out in Section 9 below.

8. Animal Assisted Therapy.

Animal Assisted Therapy animals carry out more advanced therapy work under a wider remit than PAT dogs undertake. They are generally dogs, but other animals can be used.

The key differences of Animal Assisted Therapy compared to a visiting PAT dog are:

- the (human) therapist needs to be qualified in Animal Assisted Therapy
- The therapist needs to have specialist insurance to carry out therapy with a therapy animal, as well as the animal being insured.
- Animal Assisted Therapy with dogs, does involve off lead work e.g. for training purposes and much more varied interactions facilitated between the client and the animal by the therapist.

The IPC guidance as set out in section 9 below must be adhered to.

9. Infection and Prevention and Control Precautions.

9.1 Staff Hygiene.

- Thorough hand decontamination with liquid soap and running water must be carried out following contact with the animal, its housing or bedding and/or any other equipment or when cleaning or feeding (see Hand Hygiene Policy 7b). This is the most important aspect of minimising infection risk.
- Staff must keep any skin lesions/cuts/abrasions covered with a waterproof dressing
- If bites or scratches occur staff should follow the procedure for Accidental Exposure to Blood Borne Virus Infections. The wound must be cleaned, dressed and medical advice sought if necessary. A Datix incident form must be completed. Contact Occupational Health and Staff Wellbeing for further advice and support.
- Any member of staff who has a known or suspected allergy to the animal in question should report this to their line manager and Occupational Health.

9.2 . Patient Hygiene.

- As for staff hygiene above.
- Robust individualised risk assessments should be completed for any patients with compromised immunity and careful consideration given to decisions to allow access to animals for these patients. Some severe and life threatening infections have been documented for asplenic patients exposed to bacteria carried in dog saliva. Toxoplasmosis is a parasite found in cat faeces that can cause severe infections for individuals with weakened immunity.

9.3 Feeding

- Staff and patients must not eat in front of or share food with the animal.
- Animals must not be fed/watered in kitchen or patient areas. They must have their own feeding dishes, which must not be cleaned in the kitchen area (sluice area is acceptable if available).
- Feeding dishes should be cleaned after each feed with detergent and hot water.
- Patients should be discouraged from allowing the animal to lick them. If patients are licked, they should be encouraged to wash the area with soap and water.

9.4 Pet Excreta

- Pet excreta can present an infection risk. Dogs should be encouraged to eliminate away from the health care environment if possible. We would recommend providing an area within the grounds which can either be sectioned off or used as a spend area.
- Animal excreta eliminated within the health care environment should be dealt with as a body fluid spillage. The owner/handler/other suitable person must clean up the spillage and the area which should then be decontaminated using a neutral detergent and hot water followed by a 1,000 p.p.m. chlorine releasing agent e.g. Chlorclean and disposed of as clinical waste (see Spillage guidelines).
- Patients must not handle pet excreta under any circumstances.

8 Consultation and Collaboration.

This document has been developed through collaborative working with Lincolnshire Community Health Services NHS Trust

Consultation was through the LPFT Infection Prevention and Control Committee, IPC link practitioners, Public Health England and Head of Health Protection / Deputy DIPaC, Lincolnshire NHS CCGs Federated Health Protection, Patient and Service User representative, Consultant Clinical Psychologist Children's Services.

9 Review.

The guideline will be reviewed 3 years from the date of issue, or earlier if new evidence is published which would recommend a change in practice.

The Infection Prevention & Control Team will be responsible for reviewing this guideline

10 References.

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Ross S, Furrows S (2014) *Rapid Infection Control Nursing*. Wiley Blackwell. Oxford.

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11 Champion and Expert Writer.

The Champion for this policy is the Director of Nursing and Quality.

The Expert Writer is the Trust Infection Prevention and Control Nurse Specialist.

Adapted from Lincolnshire Community Health Services Infection Prevention & Control Guideline Animals in Healthcare Premises (Updated 2013).

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Appendix 3 Equality Analysis Form

Name of Policy/ project/ service	<u>Lincolnshire Partnership NHS Foundation Trust</u>				
	Animals in Healthcare Premises				
Aims of policy/ project/ service	The aim of this guideline is to offer best practice advice to Lincolnshire Partnership Foundation Trust (LPFT) staff to ensure that when animals are permitted onto healthcare premises this is done with minimal risk to clients, visitors, staff and the animal(s).				
Is this new or existing?	New				
Person(s) responsible	Infection Prevention and Control Nurse Specialist				
Key people involved	Infection Prevention and Control Committee, IPC link practitioners				
Who does it affect?	Service users <input checked="" type="checkbox"/>		Staff <input checked="" type="checkbox"/>		Wider Community <input type="checkbox"/>
Is the policy/ project/ service likely to have an effect on any of the protected characteristic groups? (please tick)					
	Positive	Negative	None	Is action possible to mitigate any negative impact?	Details of action planned (including dates or why action is not possible)
Age	√				
Disability	√				
Sex			√		
Gender Reassignment			√		
Sexual Orientation			√		
Race			√		
Religion and Belief			√		
Marriage and Civil Partnership			√		
Pregnancy and Maternity			√		
Carers	√				

Any other information that is relevant to the equality impact of the policy/ project/ service?

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Detail any positive outcomes for any of the protected groups listed above

The policy gives clear information and expectation about the practicable steps employees of the Trust will take in order to ensure positive practice and outcomes in relation to physical health and wellbeing.

Result of Equality Analysis

Based on the information above- what is the outcome of the Equality analysis?

a) No change <input checked="" type="checkbox"/>	b) Adjust the activity <input type="checkbox"/>	c) Stop/remove the activity <input type="checkbox"/>
Detail any adjustments that are to be made and how these will be monitored		
Person who carried out this assessment	Jane Lord	
Date assessment completed	24/05/2016	
Name of responsible Director/General Manager	Director of Nursing and Quality	
Date assessment was signed		
Date of next review		