## 

**ANIMAL VISITING POLICY**

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| **Author(s)** | Emma Higgins |
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| **Review Body** | IMRS |
| **Policy Reference Number** | 3915\tw\imrs\avp |

**Version Control**

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| **Version Number** | **Date** | **Author (Job Title)** | **Reason** | **Ratification required?** |
| 1.0 | May  2017 | Lead Nurse Dementia Care | New policy | Yes |
| 1.0 | April  2020 | Lead Nurse Dementia Care | 6 months extended review date approved till 01/11/2020 due to ongoing COVID-19 situation | Yes |

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1. **Introduction and aims of the policy**

Over the last few years, research has shown that the presence of a dog can have a positive impact on physiology and psychology and so help to reduce stress levels. There has been a growing body of research that shows direct benefit to certain groups of patients when therapy dogs or peoples pets have been allowed to visit. These include people with dementia, children, older adults, terminally ill and people with common mental health problems including anxiety and depression. In addition, people with disabilities rely on their service animal.

Traditionally the presence of dogs has been discouraged in health care facilities due to infection risks, however there is very little evidence to suggest this risk is significant in a controlled setting.

The purpose of this policy is to protect the patient environment from the risk of infection from animals, while promoting the use of animal therapy where appropriate, as the value of animal therapy is widely accepted as a powerful aid to stimulation and communication.

**This policy sets out the processes for allowing access to dogs to the hospital.**

The policy applies to all staff medical, nursing, AHP and students.

This policy applies to all those working in the Trust, in whatever capacity. A failure to follow the requirements of the policy may result in investigation and management action being taken as considered appropriate. This may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees; and other action in relation to other workers, which may result in the termination of an assignment, placement, secondment or honorary arrangement.

1. **Definitions**
   1. **Infections**

There are a number of zoonotic infections that animals can bring into hospital environments. Even apparently healthy animals can bring with them Clostridium difficile, Giardia,and Salmonella(by reptiles). Transmission to humans is via direct or indirect contact with faeces.

Other zoonotic infections are ringworm, toxocaniasis, and toxoplasmosis(from cat faeces).

Animal bites can also result in infections, including Tetanus and other bacterial infections.

Any animal known to be unwell or suffering from vomiting and / or diarrhoea should not be allowed in to the hospital.

**2.2 Parasites**

Parasitic worms can be transmitted from animals to humans through direct or indirect contact with faeces. These include *toxocaniasis, and toxoplasmosis*.

Fleas can also be transmitted to humans, although this is rare.

All visiting dogs should be regularly wormed and given preventative flea treatment.

**2.3 Allergies**

Animal allergens are a widespread cause of allergic reactions. These reactions can be caused by animal saliva, skin, and urine.

Any visiting animals should be kept well clear of patients and staff with known allergies to animals.

**2.4 Phobias**

Some people have a fear of a particular type of animal and will become extremely distressed should they be in close proximity to one. Any visiting animal should be kept well clear of patients, staff, or volunteers

with known phobias.

**2.5 Dogs**

The most common species of animal likely to be brought in to the hospital are dogs. Dogs are social creatures, evolved to be highly responsive to humans and thrive in human company. Extremely trainable, dogs perform a number of roles, including:

**2.5.1 Guide dogs**

These dogs are trained by The Guide Dogs for the Blind Association and provide assistance to individuals who are blind or partially sighted. Qualified guide dogs wear a white harness with yellow fluorescent strips.

**2.5.2 Hearing dogs**

These dogs are trained by Hearing Dogs for Deaf People, and provide assistance to individuals who are deaf or have hearing difficulties. Qualified hearing dogs wear a burgundy jacket.

**2.5.3 Assistance dogs**

These dogs are trained by Dogs for the Disabled, Canine Partners, Support Dogs, or Dog A.I.D. These dogs can provide assistance to disabled people, people with autism, or people with learning difficulties. Qualified Dogs for the Disabled assistance dogs wear a fluorescent yellow jacket. Autism assistance dogs wear a blue harness. Qualified Canine Partners assistance dogs wear a purple jacket. Qualified Dog A.I.D.

assistance dogs wear a red jacket.

**2.5.4 Medical Detection and Seizure Alert dogs**

These dogs are trained by Support Dogs or Medical Detection Dogs. These dogs can detect odour changes that are associated with severe medical conditions and alert their owners when a seizure or incident is about to happen. Qualified dogs wear a red jacket

**2.5.5 Pets-as-Therapy dogs**

These dogs are trained and assessed by Pets as Therapy (PAT), and are temperamentally suitable for visiting patients to provide some therapeutic assistance.

**2.5.6 Pet dogs**

These dogs are owned by individuals and will have varying levels of training and a range of temperaments.

**2.5.7 Security Animals**

These are dogs that work for the police, and can include sniffer dogs and security dogs.

**2.6 Cats**

While there are some cats that have become qualified PAT cats, the nature and behaviour of the cat makes it an unsuitable visitor in any capacity. Cats make great pets and can be highly affectionate and people-orientated. They are, however, territorial rather than social creatures, and do not cope

well being taken to new environments. Their instinct when stressed is primarily to take flight. Bringing a cat into the hospital risks causing it stress and risking its escape, and possible harm to itself and others.

In the interests of their welfare, cats, whether PAT cats or pet cats, are not permitted into the hospital unless under exceptional circumstances. In such instances, the temperament of the cat and how it reacts to novel environments and travelling should be considered and should only be brought in a secure carrier. The cat should only be let out in a closed room with no possibility for escape should it panic.

**2.7 Other Mammals**

Generally speaking, most assistance animals will be dogs. While there are instances of other mammals, such being used to assistant humans, these are significantly few in number to warrant specific attention. Should somebody request access for an assistance animal other than a dog, the decision should be made between the ward manager and director of nursing.

Mammalian pets other than dogs, such as rodents, rabbits, and cats should not be brought onto the hospital site for any reason.

**2.8 Non-mammals**

The increased popularity of reptilian pets has led to more snakes, lizards, and other reptiles being owned. Some people keep arachnids as pets. Fish and amphibians are also popular pets. Non-mammalian animals will not be allowed into the hospital.

1. **Roles and Responsibilities**

**3.1 Chief Executive**

The Chief Executive 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 Chief Nurse**

The Chief Nurse is the executive lead for infection control and is the owner of this policy.

**3.3 Infection Prevention and Control Team**

The Infection Prevention and Control Team should provide any necessary advice on preventing the spread of infection through animal visits. The team has the responsibility to inform the Trust Board of any changes to infection control legislation which may affect this policy.

**3.4 Heads of Departments / Matrons / Lead Nurse / Ward Manager**

It is the responsibility of departmental heads / managers to ensure that assistance dog users are made to feel welcome in their area and their access needs catered for. Should an assistance dog user be refused access to a ward or department, the Trust needs to do so on appropriate and reasonable grounds.

**3.5 All staff and volunteers**

All staff and volunteers should be aware of this policy and understand their duty to make assistance dog users and therapy dog owners feel welcomed to the Trust.

1. **Body of Policy.**
   1. **Guidance for all animal visits**

The majority of cases of animals visiting the Trust will be assistance dogs. Assistance dogs are usually allowed on hospital premises for short visits eg outpatients, with the exception of restricted areas:

* Anaesthetic and theatre rooms
* Surgical wards
* ITU
* Maternity
* Food preparation areas

If a patient who relies on their Assistance Dog is admitted to hospital, alternative means of support would need to be provided.

* 1. **Other visiting animals**

Organised visits from agencies such as PAT Dogs should be discussed with Infection Prevention and Control in advance. The dog should be fully vaccinated and be in good health on the day of the visit. The visit must take place in a non-clinical space eg day room or meeting room. Visits to restricted areas (4.1) may only take place following consultation with Infection Control and Senior Nursing Staff for that area. Patients and staff must be instructed to wash their hands following any contact with the animal. Any urine or faeces should be disposed of in accordance with the Trust Spillage Policy.

There may be occasions when a terminally ill patient would gain benefit from their own pet being allowed to visit. If possible, this visit should take place outside, but if not possible the visit should take place in a day room. Household pets are not trained to cope with the sounds and environment of a hospital, so the visit should be arranged at a quiet time and the pet should be accompanied by someone who is familiar with the animal. If the animal is small, it should be carried in a purpose built carrier.

All such visits should be agreed in advance with Infection Prevention and Control and advice given re hand washing.

1. **Training and awareness**

There are no specific training requirements identified. Staff will be made aware of the policy via local induction and via the HUH Dementia Care Website.

1. **Review**

This policy will be reviewed in 3 years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

1. **Monitoring and audit**

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| **Measurable**  **Policy** | **Monitoring/Audit** | **Frequency of**  **monitoring** | **Responsibility**  **for performing the monitoring** | **Monitoring reported**  **to groups/committees, inc responsibility for reviewing action plans** |
| Patients bringing in animals | Needs will be assessed on an individual basis | As needed | Infection Prevention and Control Team | Infection Control Committee |

1. **References**

Brodie, S; Biley, FC; Shewring, M (2002). An exploration of the potential risks associated with using pet therapy in healthcare settings Journal of Clinical Nursing 11: 444-456

[www.petsastherapy.org](http://www.petsastherapy.org)

Coakley, AB; Mahoney, EK (2009). Creating a therapeutic and healing environment with a pet therapy programme Complimentary Therapy in Clinical Practice 15: (3) 141-146

[www.dementiadog.org](http://www.dementiadog.org)

**Equalities Impact Assessment**

This checklist must be completed for all new policies to understand any potential impact on equalities and to assure equality in service delivery and employment.

|  |  |
| --- | --- |
| **Policy/Service Name:** | Animal Visiting Policy |
| **Author:** | Emma Higgins |
| **Role:** | Lead Nurse Dementia Care |
| **Directorate:** | IMRS |
| **Date** | 31st May 2017 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Equalities Impact Assessment Question** | **Yes** | **No** | **Always give further information if you answer “YES”** |
| 1. How does the attached policy/service fit into the trusts overall aims? |  | | The Trust Strategy identifies ‘Quality’ as a key priority:  Effective: providing services based on the latest evidence and clinical research Pets as Therapy now known to improve wellbeing for certain patient groups in health settings.  Providing a Positive Experience: taking into account each patient’s needs. Therapeutic benefit of interacting with a dog. |
| 1. How will the policy/service be implemented? |  | | Therapy and activity coordinators to facilitate regular ‘PAT’ (Pets As Therapy) sessions or as indicated by ward timetables and availability of staff to support the sessions. |
| 1. What outcomes are intended by implementing the policy/delivering the service? |  | | 1. Enhanced wellbeing of patients with dementia. 2. An increase in number of therapies available to patients with dementia. |
| 1. How will the above outcomes be measured? |  | | Wellbeing inventories for patients with dementia could be employed to measure outcome.  Increased number of therapies available to patients. |
| 1. Who are they key stakeholders in respect of this policy/service and how have they been involved? |  | | Lead Nurse Infection Control  Lead Nurse Dementia Care  Modern Matron IMRS  Leisure and Volunteer Coordinator RNRU |
| 1. Does this policy/service impact on other **policies or services**? |  | x |  |
| 1. If YES is that impact understood? |  |  |  |
| 1. Does this policy/service impact on other **agencies?** |  | x |  |
| 1. If YES is that impact understood? |  |  |  |
| 1. Is there any data on the policy or service that will help inform the equalities impact assessment? |  | x |  |
| 1. Are there are information gaps, and how will they be addressed/what additional information is required? |  | x |  |
| **Equalities Impact Assessment Questions** | **Yes** | **No** | **Comment** |
| 1. Does the policy or service development have an adverse impact on any particular group? |  | x |  |
| 1. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups? |  | x |  |
| 1. Where an adverse impact has been identified can changes be made to minimise it? |  | n/a |  |
| 1. Is the policy directly or indirectly discriminatory, and can the latter be justified? |  | x |  |
| 1. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful? |  | x |  |

**Policy Submission Form**

To be completed and attached to any policy or procedure submitted to the Trust Policy Group

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| **1** | **Details of policy** |  |
| 1.1 | Title of Policy: | Visiting Pets Policy |
| 1.2 | Lead Executive Director (job title ) |  |
| 1.3 | Author (job title) | Emma Higgins, Lead Nurse Dementia Care |
| 1.4 | Lead Sub Committee | Vicki Longstaff; Jennie Wood |
| 1.5 | Reason for Policy | To enhance existing therapeutic activities on offer for people with dementia |
| 1.6 | Who does policy affect? | Patients on the Elderly Care Ward, Graham Ward, The RNRU and Mary Seacole Nursing Home including those with dementia. |
| 1.7 | Are national guidelines/codes of practice incorporated? | A critical appraisal of evidence in animal assisted therapy in dementia care highlighted that animal-assisted therapy has the potential to be a high-quality complementary therapeutic intervention in dementia care. (SCIE 2014) |
| 1.8 | Has an Equality Impact Assessment been carried out? | Yes |
| 1.9 | Is this a revision of an existing policy? | No |
| 1.10 | If yes have you identified the changes in the document? – changes should be highlighted for the Policy Group | n/a |
| **2** | **Information Collation** |  |
| 2.1 | Where was Policy information obtained from? | Other existing policies – Somerset Partnership; North Devon Healthcare; Royal Orthopaedic Hospital and current evidence on use of pets as therapy in health care settings. |
| **3** | **Policy Management** |  |
| 3.1 | Is there a requirement for a new or revised management structure if the policy is implemented? | no |
| 3.2 | If YES attach a copy to this form |  |
| 3.3 | If NO explain why | Not applicable |
| **4** | **Consultation Process** |  |
| 4.1 | Was there internal/external consultation? | Yes |
| 4.2 | List groups/Persons involved | * HUH dementia steering group * Carers of people with dementia support group * City and Hackney Alzheimers Society * IMRS management board |
| 4.3 | Have internal/external comments been duly considered? | Yes |
| 4.4 | Date approved by relevant Sub-committee | IMRS Management Board - 17th March 2017 Infection Prevention and Control Committee - 25th April 2017 |
| 4.5 | Signature of Sub committee chair |  |
| **5** | **Implementation** |  |
| 5.1 | How and to whom will the policy be distributed? | Therapy and Nursing Staff in the hospital and at Mary Seacole Nursing Home |
| 5.2 | If there are implementation requirements such as training please detail? | no |
| 5.3 | What is the cost of implementation and how will this be funded? | None. Pets as Therapy is a registered charity. |
| **6** | **Monitoring** |  |
| 6.1 | List the key performance indicators e.g. core standards | No current KPIs established. |
| 6.2 | How will this be monitored and/or audited? |  |
| 6.3 | Frequency of monitoring/audit |  |

