

Animals and Pets in clinical healthcare settings

Version	1.0
Designation of Policy Author(s)	Patient Experience Matron Voluntary Services Manager
Policy Development Contributor(s)	Patient Involvement and Experience Officer
Designation of Sponsor	Chief Nurse
Responsible Committee	Patient and Inclusion Experience Committee
Date ratified	Click here to enter a date.
Date issued	[Publish Date]
Review date	
Coverage	Trust Wide

The Trust is committed to a duty of candour by ensuring that all interactions with patients, relatives, carers, the general public, commissioners, governors, staff and regulators are honest, open, transparent and appropriate and conducted in a timely manner. These interactions be they verbal, written or electronic will be conducted in line with the NPSA, 'Being Open' alert, (NPSA/2009/PSA003 available at www.nrls.npsa.nhs.uk/beingopen and other relevant regulatory standards and prevailing legislation and NHS constitution)

It is essential in communications with patients that when mistakes are made and/or patients have a poor experience that this is explained in a plain language manner making a clear apology for any harm or distress caused.

The Trust will monitor compliance with the principles of both the duty of candour and being open NPSA alert through analysis of claims, complaints and serious untoward incidents recorded within the Ulysses Risk Management System.

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1 Executive Summary

1.1 Introduction

The recognition that dogs and other animals can potentially be a source of support to people in many ways has led to an increase in the number of health and social carer settings where dogs are present. (RCN 2019) The value of pet ‘therapy’ and/ or Animal Assisted Therapy is widely accepted as a powerful aid to cognitive and physical stimulation and communication (Charry-Sanchez et al. 2018; 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, lower the rate of anxiety, enhance the quality of life for many people and have been shown to have a beneficial outcome to some patients’ emotional, physical and social wellbeing, particularly long stay patients and those receiving end of life care, by making the hospital environment happier, more enjoyable and less forbidding (Ambrosi et al, 2019; Brodie & Biley. 1999).

Whilst the presence of animals in health care facilities has previously been discouraged due to Infection Prevention & Control (IPC)/Health and Safety issues, with research showing the positive impact for some patients, it is a valued intervention for some inpatients.

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) but there is little to suggest that this risk is significant if adequate controls are put in place (Lefebvre et al, 2006). However, some patients may be at a greater risk from animals

than others, for example, those that are immunocompromised, allergic to the animal in question, pregnant or at risk of falling. Therefore, all precautions should be taken to ensure that any risk of infection being passed from dog to patients is minimized.

Due to infection, patients who are being nursed in isolation should not be visited by a therapy dog without expressed advise and consent from clinical leads and IPC as dogs can be a source of infection or a carrier of pathogens. The handler and dog must also be protected from infection risks. There will be patients and staff who have a phobia or fear of the animal.

This policy has been developed acknowledging the benefits of Animal Assisted Therapy, including the following providers Pets as Therapy (PAT), Dogs for Good, and Therapy Dogs reducing cross contamination to patients and the environment through adherence to IPC measures.

1.2 Policy Scope

This policy applies to all employees, including students and volunteers, engaging with animals and pets within a healthcare setting. It also applies to in-patients, outpatients, and visitors on Trust premises.

2 Policy Objectives

The purpose of this policy is to offer guidance on the appropriate steps staff need to undertake to protect patients, visitors, themselves, and animals when they are on Trust premises.

Acknowledging the benefits of Therapy Dogs, this policy has also been developed for the introduction of Pets as Therapy (PAT), Dogs for Good, and Therapy Dogs Nationwide (Therapy Dogs) in the Trusts inpatient and outpatient services.

3 Duties / Responsibilities

Chief Executive

- The Chief Executive is responsible for ensuring that there are effective infection prevention and control arrangements in the Trust.

Wards/Departments

- It is the responsibility of Ward/Department Managers to ensure that all staff involved in patient care, where animals may visit, are aware of this policy and that visits are conducted in accordance with the guidance.
- Ward/Department Managers where Therapy Dog volunteers and other animals visit should complete risk assessment forms and file securely.

Infection Prevention and Control (IPC)

- The IPC team will offer advice and support as needed to wards and departments, supporting managers in the implementation of this policy.

Volunteers

- The Volunteer manager will ensure any documentation referring to the Therapy Dog volunteers is completed and updated regularly in accordance with 4.6.1 of this policy.
- Therapy Dog volunteers must be registered with and comply with the requirements of both Voluntary Services and key organisations working in this field, which include Dogs for Good, Pets as Therapy and Therapy Dogs Nationwide.

Equality Diversity and Impact

- An Equality Impact Assessment has been undertaken on this policy to assess the effects that it is likely to have on people from different protected groups, as defined in the Equality Act 2010.

4 Main Body of Policy

4.1 Infection Prevention Control

The Royal College of Nursing published guidance around the use of dogs in healthcare settings which was revised in 2019 and includes a specific section around infection risks. It states:

"All precautions should be taken to ensure that any possible risk of infection being passed from owner or dog to patient is minimised" and advises that "there is no published data suggesting outbreaks or incidences of infection occur as a result of dogs but there is evidence about how to reduce risk (Murthy R, et al., (2015) and Stull J, et al., (2015))."

- Allowing animals into healthcare facilities presents risks to patients, visitors, and staff. There is the potential for injuries should the animal react with aggression and humans are at risk from the transmission of pathogens through direct or indirect contact with the animals and their secretions or excretions. Infections transmitted from animals are known as Zoonosis (See HSE Guidance on Zoonosis).
- Animals can carry and transmit a wide range of pathogens including MRSA, Clostridium difficile, MDR enterococci, ESBL producing Enterobacteriaceae, campylobacter, salmonella, dermatophytes, and others. Consequently, only certain animals are suitable to be used within healthcare. The animals used for pet therapy within acute health care settings are dogs.
- Animals must not come into contact with sites of invasive devices, open or covered wounds or medical equipment.
- Anybody who touches a dog must wash their hands before and after contact with the animal.
- If a dog has an accident (faeces/ urine) it is the responsibility of the handler to clean it up.
- Any staff having direct contact with a dog must wear an apron to protect their uniform and follow strict hand washing protocol.
- All animals should be clean and well-groomed before any visit.

4.2 Patients Own Pets

Patients may request a visit from their pet whilst in hospital. Whilst we understand that people may value having time within their pet, it is important to recognise that most health care settings are unfamiliar environments for most animals. Consequently, it is recommended that pets are not permitted in health care settings, except in exceptional circumstances.

Domestic animals should only be granted access to the Trust after consultation and agreement with the Ward Manager, lead clinician and IPC team if it is essential to the emotional and physical needs of the patient. The wellbeing of all patients and staff is paramount when decisions are made about bringing animals into the hospital, and precautions must be in place to reduce infection risk to an acceptable level.

Any patient safety issues of the individual, and other patients within the area, require a risk assessment prior to permitting the visit. A copy of the completed risk assessment (See Appendix 3) must be kept on the ward.

Certain pets are not permitted into hospital including exotic pets such as reptiles and snakes.

4.3 Immunosuppressed/Isolated Patients

Patients who are immunosuppressed or in isolation should not be allowed pet visits as animals can carry pathogens or be as source of infection. There may be exceptions to this e.g., patients at the end of life and each situation will be assessed on an individual basis by the lead clinicians and the IPC team.

4.4 Pet visits for End-of-Life

Patients approaching the end of their life may have a pet who has a vital role in their life, offering comfort and companionship. A visit from a pet, for a patient at the end of their life will:

- Offer comfort, support, and unconditional love.
- Bring back happy memories for the patient and create memories for their loved ones.
- Reduce loneliness.
- Help the patient to relax and feel at peace.

Patients at the end of life will be supported to have visits from their pets, as part of their person-centred care, in consultation with the Specialist Palliative Care Team (if appropriate) Ward Manager and IPC team.

4.4.1 Staff responsibilities

- Agree a day and time with the patient and/or their loved ones.
- Complete an End-of-Life Patients Pet Visit risk assessment (see Appendix 3).
- Any staff member must wash their hands before and after touching the pet.
- The patient is encouraged to wash their hands or has them washed for them before and after touching their pet.
- The pet only visits their owner/the person at end of life and kept away from other patients; patients/staff with allergies; wounds and broken areas of skin.
- If a pet urinates or defecates in the hospital, provide gloves and cleaning materials, ensuring that the faecal and/or urinary contamination is cleaned up by the handler

immediately. Staff must inform the Domestic Services that a deep clean of the area is required.

- Provide water for the pet, if required, in a disposable receiver and dispose of this in clinical waste.
- Work with the patient and/or their loved ones to facilitate visits from pets which may not be able to enter hospital buildings e.g., horses and these will be assessed on a case-by-case basis.
- Pets such as reptiles, spiders and birds are not permitted.
- Staff must ensure areas visited by a pet are cleaned in accordance with the Trusts Cleaning Policy.

4.4.2 Responsibilities of the person bringing the pet to visit.

- Agree to take full responsibility for the pet.
- Agree a day and time for the visit with nursing staff.
- Ensure the pet is physically fit, well, and clean (e.g., not muddy, or wet).
- Dogs must be kept on a lead throughout the visit.
- Bring own waste bags, inform staff, and clean up any faecal or urinary mess, discarded waste bags in a clinical waste bin.

4.5 Trained Assistance Animals

4.5.1 Assistance Dogs

Assistance dogs are trained dogs that aid or support an individual with a disability, and which has been qualified by one of the organisations registered as a member of Assistance Dogs (UK). These dogs are permitted to accompany their owners at times and have formal identification and certification from the Department of Health. These dogs may include:

- Guide dogs supporting people with visual impairments or sight loss.
- Hearing dogs supporting people with hearing impairments or hearing loss.
- Assistance dogs aiding mobility and supporting daily living.
- Medical alert dogs are dogs that are trained to behave differently when they detect a potential deterioration in their owner's health such as seizures, type 1 diabetes, Addison's disease, postural orthostatic tachycardia syndrome (POTS) and severe allergies.
- Assistance dogs for people with neuro diverse conditions.
- Dogs supporting people who have mental health issues.

Under the Equality Act (2010) guide dogs, hearing dogs, and assistance dog owners have the same rights to access services as everyone else. Anybody who discriminates against a disabled person by refusing access assistance dog/animals can be prosecuted.

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 neuro diversity, will be allowed access to clinical areas when they are working. If an inpatient requires their assistance dog to stay with them, then discussions should be held with the patient, ward manager and IPC team to ensure appropriate provision is made.

HR should be involved for any member of staff requiring the use of an assistance dog to ensure appropriate facilities are provided. Staffs manager must complete a risk assessment complete (See Appendix 2).

All assistance dogs must be healthy and not experienced any diarrhoea or vomiting in the previous 48 hours before arriving on Trust premises. Assistance dogs are used to being exposed to different situations, but it is important that staff check with the assistance dog owner to establish if any specific requirements are needed. The hearing, guide or assistance dog owner will be aware of the dog's needs but may require support with providing water. Health care staff are not expected to care for the assistance dogs, and it is the responsibility of the person (or nominated representative) to ensure that the assistance dog is exercised, fed, toileted and cared for.

4.5.2 Sniffer dogs

There may be occasions when the use of security/sniffer dogs, on Trust premises, may be necessary. Police sniffer/security dogs have been specially trained to assist a member of the police with their duties and are recruited in line with police dog health requirements. Police dog handlers have full responsible for maintaining control of the dog.

4.6 Animal Assisted Therapy (AAT)

Therapy Dogs also known as Animal Assisted Therapy (AAT) refers to activities involving animals (primarily dogs) designed to improve patient outcomes. Therapy animals are registered as members with a national charity providing a visiting service to hospitals, hospices, care homes, schools, and other venues across the UK. Therapy Dogs will have been specially trained for their role.

All Therapy Dog handlers must complete a Liverpool Women's Hospital Dog Passport (see appendix 4) and all Trust standard volunteer recruitment checks before commencing this role.

4.6.1 Recruitment of Therapy Dog Volunteers

Eligibility:

- The minimum age for volunteering in this role is 18.
- Full volunteer recruitment procedures are completed as outlined in the Volunteer Services Policy.
- All volunteer handlers and dogs must be registered with a nationally recognised organisation i.e., Therapy Dogs Nationwide, Pets as Therapy and Dogs for Good.
- All volunteer handlers must provide evidence of their animal's health, vaccination status, insurance liability and temperament assessment (see appendix 4).

4.6.2 Placement of Therapy Dogs

- All Therapy Dog visits should be arranged with the Service/Department Lead and the Voluntary Services Manager in advance so that the appropriate arrangements and risk assessment can be made, ensuring the wellbeing of all concerned, including the dog.
- All Therapy Dog visits should take place on Wards/Departments that have been risk assessed by the ward. (See Appendix 1)
- Therapy Dog visits can take place in the following areas and circumstances.
 - Non-Clinical staff areas and departments
 - Open reception areas and entrances where patients, visitors and staff can approach Therapy Dog by choice.
- On request, Therapy Dogs may attend specific events such as Health and Wellbeing days. These requests must be put to the volunteer department and advice must be sought from the IPC team if required.

4.7 Procedure before visits

- The volunteer department will coordinate prearranged visits in conjunction with the ward manager and the IPC team if additional guidance is required.
- Ward staff should consult with the volunteer department to gain permission and ensure a risk assessment is undertaken by ward manager and volunteer department. If possible, the visit should take place in a day room, side room or designated cordoned area. This is to ensure that the risk and disruption to other patients is minimised.
- Staff should identify whether there are immuno-suppressed or otherwise vulnerable patients who may be put at risk from contact with the dog.
- Consideration should also be given to cultural and religious beliefs, people who are allergic to dogs and people who are frightened or do not wish to interact with a dog. These situations must be ascertained by the ward staff before the visit takes place.
- Dogs should be bathed and groomed to remove loose hair less than 24 hours before a visit to minimise shedding and the risk of allergic response or infection.
- Dogs must not visit during mealtimes (except for assistance dogs), visit when food is being eaten or served, have access to kitchen or dining room or be allowed on to the patient's bed.

4.8 Handlers Responsibilities

Therapy Dog handlers always present at the volunteer office to sign in before every shift to ensure all relevant information relating to their visit is passed on and understood and that handlers are adhering to this policy and any other related guidance.

Handlers must ensure:

- They are signed up to volunteer on MyImpact before attending for duty.
- They do not undertake a volunteering shift if MyImpact prevents them from signing up to volunteer. (This would be due to expiration of Vaccinations / Treatments / Mandatory Training). They must contact the volunteer service for further information and assistance to complete actions preventing the volunteer undertaking volunteering duties.

- That they record their volunteering hours on MyImpact (volunteer service self-scheduling software)
- That the Therapy Dog does not exceed 3 hours of volunteering per day, or attend any other volunteering activities before volunteering at the Hospital.
- Their Therapy Dog is in good health with no infestations or skin lesions.
- Their Therapy Dog is bathed and groomed at least 24 hours prior to each visit to minimise shedding and the risk of allergic response or infection.
- They adhere to guidance given by staff relating to any patients/staff with known allergies to animals, any vulnerable patients, any patients who may be immunosuppressed and any patients/staff who may be afraid of dogs.
- They follow Trust policy in terms of hand hygiene and bare below the elbows when entering a clinical area.
- They immediately clean up if the dog urinates or defecates in the hospital and tell a member of staff so that the domestic team can re-clean the area afterwards.
- Their Therapy Dog is kept on a lead or always restrained by its handler.
- That they remove their dog from any situation where they consider the dog to be at risk and be able to read their own dog's body language to ensure the dog always remains comfortable during a visit.
- That they volunteer for a maximum of three active hours per day
- The Therapy Dog wears their hospital Access Control Badge and charities ID Tag and they wear their volunteer uniform.
- That they always supervise their Therapy Dog.
- That if they or the dog is unwell with diarrhoea or vomiting, they do not visit the hospital for at least 48hours after the last symptom occurred.

Handlers must not allow:

- Their Therapy Dog to wander freely around the Trust.
- Their Therapy Dog to become a nuisance to other patients and interfere with patient care.
- Their Therapy Dog to visit during mealtimes, or when food is being served.
- Their Therapy Dog to access the kitchen areas.
- Their Therapy Dog to jump up onto patients' beds.
- Their Therapy Dog to lick anyone.

4.9 Staff Responsibilities

Staff must ensure the following:

- Consenting patients will be identified by the Ward Manager/Person in Charge.
- The Therapy Dog Handler is made aware of any patients not to approach who are who are vulnerable or at risk, have allergies or fear of dogs.
- They support the Therapy Dogs Handler to immediately clean up if the dog urinates or defecates in the hospital and then request the domestic team to re-clean the area afterwards. Staff must inform the Domestic Services Manager if extra cleaning may be required following a Therapy Dog visit, e.g., the removal of hairs from floors and furnishings or if the dog has urinated/defecated during the visit. (See Cleaning Policy).

5.0 Procedure after visits

- Hand washing is required amongst anyone who has touched a Therapy Dog.
- Staff must inform the Domestic Services following a Therapy Dog visit to clean areas.

5.1 Support and Supervision

All Therapy Dog Handlers will have the support of the Volunteer Services Team to address any concerns or issues relevant to their volunteering role. In the first instance, Therapy Dog Handlers are advised to report immediate concerns and safeguarding issues to their department supervisor. They are also encouraged to speak to the Volunteer Department about any such concerns.

Therapy Dog Handlers and dog will undergo regular reviews with the Volunteer Services Team and are encouraged to visit the volunteer department whenever they feel the need.

5.3 Exceptions

There are no exceptions to this report.

5.4 Equality, Diversity and Human Rights Statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This policy should be implemented with due regard to this commitment.

5.5 Flow Charts

It is recommended that pets are not permitted in health care settings, except in exceptional circumstances

Certain animals including reptiles and snakes should not be brought into hospital

Pets visiting high risk clinical areas are prohibited without approval from lead clinician and the IPC Team

Patients own animals

Is the patient at End-of-life?

YES

NO

Discuss with MacMillan Team if further support is needed

Ward Manager seeks approval from Lead Clinician and IPCT

Risk Assessment (Appendix 3) is to be completed for each visit by the Ward Manager

Completed risk assessments to be kept on the ward.

Staff Assistance Dogs

Risk Assessment (Appendix 2) to be completed by the Department Manager.

Completed risk assessments to be kept on Staffs Electronic

Therapy Dogs

Dogs are registered and assessed by a key national organisation and Handlers recruited to Trust in accordance with the Volunteer Service Policy

Before requesting Therapy Dogs, Ward/Dept. Mgr.'s complete risk assessment (Appendix 1). Completed risk assessments to be kept on the ward.

Departments not on the agreed list within this policy must seek approval from the Lead Clinician and IPCT before requesting a Therapy Dog

Ward/Dept. Manager complete Therapy Dog Request Form (Appendix 1) and email it to volunteers@lwh.nhs.uk. A minimum of 2 days prior notice is required (exclude weekends)

6 Key Reference

- Ambrosi, Caterina; Zaiontz, Charles; Peragine, Giuseppe; Sarchi, Simona; Bona, Francesca Randomized controlled study on the effectiveness of animal-assisted therapy on depression, anxiety, and illness perception in institutionalized elderly.; Psychogeriatrics, Jan2019; 19(1): 55-64.
- Brodie S and Biley F (1999) An exploration of the potential benefits of pet facilitated therapy. Journal of Clinical Nursing. 8 329-337.
- 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.
- 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
- 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/>
- Therapy Dogs Nationwide website: <https://tdn.org.uk>
- Dogs for Good <https://dogsforgood.org>
- HSE guidance on zoonos <https://www.hse.gov.uk/agriculture/topics/soonoses.htm>
Volunteering England Volunteering across the NHS The Good Practice Guide www.volunteering.org.uk NHSLA Risk Management Standards – www.nhsla.com
- 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. 2019 Revision

7 Associated Documents

- Volunteer Services Policy
- Reasonable Adjustments to Improve Care for a Patient with a Disability Policy
- Cleaning Policy
- Infection Prevention and Control Policy

8 Policy Administration

8.1 Consultation, Communication, and Implementation

Consultation Required	Authorised By	Date Authorised	Comments
Impact Assessment			
GDPR			

Have the relevant details of the 2010 Bribery Act been considered in the drafting of this policy to minimise as far as reasonably practicable the potential for bribery?	Yes	
External Stakeholders	Therapy Dogs Nationwide Pets as Therapy Dogs for Good	
Trust Staff Consultation via Intranet	Start date:	End Date:

Describe the Implementation Plan for the Policy (and guideline if impacts upon policy) (Considerations include launch event, awareness sessions, communication / training via CBU's and other management structures, etc)	By Whom will this be Delivered?

Version History

Date	Version	Author Name and Designation	Summary of Main Changes
30/10/2023	1.0 Draft	Gina Barr / Vol Manager	New Policy

8.2 Monitoring Compliance with the Policy

Describe Key Performance Indicators (KPIs)	Target	How will the KPI be Monitored?	Which Committee will Monitor this KPI?	Frequency of Review	Lead

8.3 Performance Management of the Policy

Who is Responsible for Producing Action Plans if KPIs are Not Met?	Which Committee Will Monitor These Action Plans?	Frequency of Review (To be agreed by Committee)
Gillian Walker, Patient Experience Matron		

9 Initial Equality Impact Assessment Screening Tool

Equality Analysis Report
Pre-Consultation
Liverpool Women’s NHS Foundation Trust

Does The Policy Affect:	Staff		Patients		Both	x
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Section 1:	
Title of Project Proposal:	Animals and Pets in Clinical Healthcare Settings
Brief Description of the Project Proposal	This policy has been developed acknowledging the benefits of Animal Assisted Therapy, including Pets as Therapy (PAT) and Therapy Dogs reducing cross contamination to patients and the environment through adherence to infection control and prevention.
EIA Carried Out By (Name & Job Title):	Gillian Walker, Matron for Patient Experience
Date:	
EIA Authorised By (Name & Job Title):	
Date:	
Consultation/Engagement	
Guidance notes: How have stakeholders been consulted with? Who were the stakeholders? What level of engagement took place?	

Equality Group	Impact (Positive/Negative/Neutral)
Race (All Ethnic Group)	Neutral
Disability (Inc Physical, long term health conditions & Mental Impairments)	Positive
Sex	Neutral
Gender Re-Assignment	Neutral

Religion Or Belief	Neutral
Sexual Orientation	Neutral
Age	Neutral
Marriage & Civil Partnership	Neutral
Pregnancy & Maternity	Neutral
Other e.g., caring responsibilities, human rights etc.	

For each protected characteristic, consider whether the impact is positive. If so, provide supporting evidence to demonstrate how your decision was made and the impact that the policy will have with consideration of each protected characteristic (e.g., protected characteristic – impact – rationale)

Disability – Equality Act 2010, unlawful to refuse access to disabled person accompanied by an assistance dog or therapy dog except in exceptional circumstances.

For each protected characteristic, consider whether the impact is negative. If so, provide supporting evidence to demonstrate how your decision was made and the impact that the policy will have with consideration of each protected characteristic (e.g., protected characteristic – impact – rationale)

Disability – fear, immunosuppressed patient groups, allergy critical ill

Race – cultural bias and norms about animal. Communication barriers from groups whose first language is not English. This is different to religion – no objection.

If your assessment has identified any negative impacts, please detail any actions that have been put in place to mitigate these (upon approval of EIA these actions will be shared with the Equality, Diversity, and Inclusion Committee):

Outcome	Actions Required	Time Scale	Responsible Officer
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Reduction of fear and clear explanation of infection prevention control to different characteristic groups	Introduction to each area and patient/public	Immediate	Ward Manager / Person in Charge / Department Manager
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Is there evidence that the s. 149 Public Sector Equality Duties (PSEDs) will be met? Consider whether the proposed policy will...

- Eliminate discrimination, victimisation, harassment, and any unlawful conduct that is prohibited under this act.
- Advance Equality of opportunity
- Remove or minimise disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of people who do not share it.
- Encourage people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such people is disproportionately low.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (Consider whether this is engaged. If engaged, consider how the project tackles prejudice, and promotes understanding -between the protected characteristics)

Explain your answers below.

Does the EIA have regard to the need to reduce inequalities for patients with access to health services and the outcomes achieved? (this section is a requirement for any services outlined within the NHS England and Improvement [Core 20 Plus 5](#) approach to health inequalities) Explain.

Section 2:

To be completed by the EDI Manager authorising the EIA

Anything for noting or any recommendations for consideration by the Board.

Guidance Note: Will PSEDs be met? Are Core 20 Plus 5 services considering patient health inequalities?

Review Date:

Additional Supporting Evidence and Comments:

10 Appendices

Appendix 1:

Request for Pets As Therapy – Risk Assessment

Form to be completed by either a Ward / Department Manager / Matron / Lead Clinician			
Requestee Name		Requestee Role Title	
Ward / Department			
Date/day/time/frequency	Date	Day(s) (if regular occurrence)	
	Frequency (i.e. weekly/fortnightly)	Time	
Checklist for Ward/Department Areas			Yes / No
Will the animal be confined to a designated area e.g. room/side room/cordoned area?			
Are there any immunosuppressed or vulnerable patients in the area where the visit is planned?			
Are there any patients/staff where the visit is taking place who may have a phobia?			
Are there any patients/staff who may be allergic to the animal?			
Will the ward/dept. staff always supervise the visit and ensure the patient(s) in contact with the animal(s) wash their hands before and after the visit?			
For unauthorised clinical areas only			
Patient Name		Area (if applicable: include side room/bay)	
Has IPC team been contacted and approved this visit?			Yes / No
Has the lead clinician been notified of request?			Yes / No
Will the patient be in a side room, day room or brought off the clinical area for the visit?			Yes / No
Approval Obtained	Name	Signature	Date

Volunteer Service Manager			
Department Manager			
IPC team, if necessary			

A copy of the Risk Assessment must be retained by the requesting ward/department Manager and Volunteer Service Manager.

Appendix 2:

Staff Assistance Therapy Dog – Risk Assessment

Department		
Staffs Name		
Registered Organisation		
Dogs Name and Breed	Name	Dog Breed
Dog Safety Checks	Vaccinations up to date?	Yes / No
	De-Wormed?	Yes / No
	Treated for Fleas?	Yes / No
	Had Diarrhoea or Vomiting 48hrs prior to visit?	Yes / No
Department where dog will assist staff member. List more than one area if applicable.		
Has the staff member agreed to take full responsibility for the assistance dog during their working hours:	Yes / No	
<ul style="list-style-type: none"> • Preventing interaction with anyone other than the staff member. • Always ensure it is wearing its Assistance Dog ID • Always Keeping the animal secure and under control using a leash. • Removing the dog if it becomes distressed or disruptive. • Cleaning up any faecal, urinary, vomit the dog makes and report to the Domestic Services for the area to be sanitised. 		
Are there:	Yes / No	
<ul style="list-style-type: none"> • Any immunosuppressed or vulnerable work colleagues in the staff's area of work? • Work Colleagues who may have a phobia? • Work Colleagues who may be allergic to dogs? 		
	Name of IPCT Staff	Consented

IPC team informed and consent approved		Yes / No
Staffs Signature	Print Name	Job Title
Managers Signature	Print Name	Job Title

A copy must be retained on Electronic Staff Record

Appendix 3:

End of Life Patients – Pet Visit Risk Assessment

To be completed by either a Ward / Department Manager, Matron or Clinical Lead and a copy retained in the Ward/Department

Ward		
Date and Time of Visit	Date	Time
Consultant Name		
Patient Details	Name	
	DOB	
	Hospital Number	
Person Responsible for Pet Details	Name	
	Relationship to Patient	
	Contact Details	
Name and Breed of Animal	Name	Breed
Has the named person agreed to take full responsibility for the pet during the visit including: <ul style="list-style-type: none"> • Preventing interaction with anyone other than the person they are visiting. • Always Keeping the animal secure and under control using a leash or pet carrier • Removing the pet if it becomes distressed or disruptive. • Cleaning up any faecal, urinary, vomit the pet makes and report to staff for the area to be sanitised. 	Yes	No
IPCT informed and consent approved	Yes	No
	Name	Job Title

Name of staff authorising visit (Ward Manager or Nurse in Charge)		
Authorising Staffs Signature		

Appendix 4:

Liverpool Women's Dog Passport

This document provides clear guidelines for ensuring robust safeguards are in place which address infection prevention and control as well as health and safety concerns.

Handler must complete form and provide evidence of vaccinations and treatments.

Volunteer Services Manager to verify vaccination and treatment evidence and retain copies on file/update vaccination history on Better Impact.

Dogs Name:			
DOB:			
Length of time in service:			
Provide details of Dogs current/previous work experience, training and references:			
Handler's Name:			
Organisation:			
Insurance Liability Details:	Company	Renewal Date	Evidence
Vaccination and Treatment requirements:	Frequency	Date of last injection	Evidence
	PARVOVIRUS – a highly contagious, potentially deadly disease that causes vomiting and diarrhoea.	After initial primary course, parvo vaccination is usually necessary every 3 years .	
DISTEMPER – a very serious, often fatal disease that effects several different organs in the body including the guts, heart, immune system, lungs, brain, and nerves.	After an initial primary course, distemper vaccination is usually necessary every 3 years .		
INFECTIOUS HEPATITIS – a virus that attacks the liver, kidneys, eyes and blood vessels. Infectious hepatitis spreads in bodily fluids and can survive in the environment for up to a year.	After an initial primary course, hepatitis vaccination is usually necessary every 3 years .		

<p>LEPTOSPIROSIS – a bacterial disease that causes serious illness by damaging vital organs such as the liver and kidneys.</p>	<p>After an initial primary course, leptospirosis vaccination is usually necessary every 1 year.</p>		
<p>KENNEL COUGH – recommended if your dog mixes with a lot of other dogs i.e. attends doggy day-care, spends time in kennels, attends dog events and shows, has a dog walker, Or has a health condition that could make kennel cough more serious.</p>	<p>Kennel Cough vaccination is necessary every year.</p>		
<p>Regular Parasite Prevention – Fleas, Ticks, and Worms</p> <p>Adult dogs can catch round worm and tape worm by eating soil, faeces, fleas, RAW MEAT, animal carcasses, and by licking contaminated objects.</p> <p>Orally administered alternatives are available. Owners should be able to provide evidence of parasite prevention in the form of a written record.</p>	<p>Treatment Type: (Circle all that apply)</p> <p style="text-align: center;">Oral</p> <p style="text-align: center;">Topical*</p> <p style="text-align: center;">Injection</p> <p><i>*Dogs must not visit for 48 hours after product use</i></p>	<p>Dates last administered/Frequency.</p> <p>Example: 12/12/2022/3months</p> <p>Worming</p> <p>_____ / _____</p> <p>Flea/Tick</p> <p>_____ / _____</p>	
<p>Details of Dogs diet</p>			

Handlers must ensure:

- Their Therapy Dog does not wander freely around the Trust.
- Their Therapy Dog does not become a nuisance to other patients and interfere with patient care.
- Their Therapy Dog does not visit during mealtimes, or when food is being served.
- Their Therapy Dog does not access the kitchen or dining room areas.
- Their Therapy Dog does not jump up onto patients.
- Their Therapy Dog does not lick anyone.
- Their dog is in good health with no infestations or skin lesions.
- Their dog is well groomed prior to each visit to minimise shedding and the risk of allergic response or infection.
- They adhere to guidance given by staff relating to any patients/staff with known allergies to animals, any vulnerable patients, any patients who may be immuno-suppressed and any patients/staff who may be afraid of dogs.
- They are signed up to volunteer on MyImpact before attending for duty.
- They do not undertake a volunteering shift if MyImpact prevents them from signing up to volunteer. (This would be due to expiration of Vaccinations / Treatments / Mandatory Training). They must contact the volunteer service for further information and assistance to complete actions preventing the volunteer undertaking volunteering duties.
- That they record their volunteering hours on MyImpact (volunteer service self-scheduling software).

- That the Therapy Dog does not exceed 3 hours of volunteering per day or attend any other volunteering activities before volunteering at the Hospital.
- They have attended an Induction and complete IPC and Fire Safety mandatory training.
- They have completed and returned the Volunteers Health Declaration Form
- They complete the Trusts Criminal Convictions Annual Declaration
- They have signed the Trusts Confidentiality Agreement

HANDLER DECLARATION:

By signing this form, you confirm that you have read and understood that to volunteer at the Liverpool Women’s Hospital, you must maintain vaccination and treatments of the named dog on this form and provide copies of certification/evidence on request.

If you are unable to maintain vaccination and treatments for the named dog or provide certification/evidence, you must inform the Volunteer Service and stop volunteering.

Signature

Date