

Pets and Animals in Healthcare

Ref IPC-0001-013 v2.1

Status: Approved Document type: Procedure

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1 Purpose

This document will ensure that:

- Staff are aware of the risks associated with pets coming in to healthcare premises;
- Staff take responsibility for cleaning pet environments (in partnership with patients if appropriate);
- Staff are aware of the control measures required to ensure patients, staff and visitors are safe.

2 Related documents

This procedure describes what you need to do to implement the Pets and Animals in Healthcare section of the Infection Prevention and Control Policy

The Standard (Universal) Precautions for Infection Prevention and Control defines the universal standards for IPC which you **must** read, understand and be trained in before carrying out the procedures described in this document.

This document also refers to:

- Hand hygiene
- Decontamination of Equipment
- Clinical Waste

3 Pets in healthcare

- Staff **must** contact the Infection Prevention and Control Team and Health Safety/Security Department for advice before purchasing or allowing pets and animals in their department.
- Pets / Animals must not be allowed on the furniture or beds.

3.1 Visits from the patient's own pet

General infection control principles apply:

- ✓ Do only allow the owner / patient to have contact with pet;
- ✓ Do exercise and toilet the pet prior to entry to the ward / hospital grounds;
- Do not allow a visit if the animal is ill, especially if it has diarrhoea (must be 48 hours symptom free)

3.2 Visiting animals in healthcare premises

Various organisations can arrange to bring pets into hospital and other healthcare premises for the benefit of clients e.g. Pets as Therapy (PAT) scheme.

Any volunteers **must** ensure that the pets used are registered with the appropriate scheme. Animals used are usually dogs and the following apply:

- ✓ The dog must be an adult;
- ✓ Its owner **must** properly supervise the dog at all times;
- ✓ The dog **must** be house trained;
- ✓ The dog **must** be regularly de-wormed;
- ✓ The dog **must** have regular treatment against fleas;
- ✓ Vaccinations **must** be up to date;
- ✓ You **must** keep the dog away from clients with phobias or allergies
- ✓ You must wash hands after all contact with the dog;
- × Visits **must not** take place if the dog is unwell.

3.3 Selecting an animal

Selecting an animal Checklist	Yes (✓)	No (x)
• Is the dog trained and capable of obeying commands?		
• Is the risk of accident or injury to patients or visits minimal if the animal is free roaming?		
 Is the pet capable of confinement to designated areas of the healthcare environment? 		
Is the animal healthy?		
• Can the pet be excluded from kitchens, dining rooms, clinical environments and patient-sleeping areas at all times?		
NB. These questions must be answered with Yes (\checkmark) for a Pet in Healthcare.		

3.3.1 Vet's assessment

- When selecting an animal, a veterinary surgeon should first assess the pet for freedom from disease and infestation, followed by routine periodic health assessment and treatment programmes;
- A pet that is old, frail, stressed or unreliable is more prone to infectious illness.

3.4 Unsuitable animals for selection

Certain animals have an increased risk of infection and are unsuitable for health care environments.

- Young animals e.g. kittens or puppies (do not introduce to patients before primary inoculations, worming and infestation treatments);
- Non-'house-trained' cats and dogs;
- * Longhaired cats (can be particularly susceptible to ringworm);
- Animals which hunt and eat wild prey;
- Sick caged birds;
- * Stray or sick animals, exotic pets or reptiles, some tropical fish;

3.5 Birds

- Birdcages **must** be of a design that prevents patients from being able to touch the bird, the bottom litter tray or water supply;
- ✓ Birdcages **must** be positioned in a well-ventilated area of the ward and away from the main seating area for patients;
- ***** Caged birds **must not** be accommodated in patient's sleeping areas.

3.6 Fish

- ✓ Aquariums must be of a design that prevents patients touching the water;
- Aquarium water changing and cleaning equipment **must** be kept separate from all other ward use items;
- ✓ Aquarium fittings and plastic decorations **must** be cleaned weekly in the sluice area;
- ✓ Aquarium water must be disposed of into sluice bedpan macerator or slop hopper;
- * Aquarium water **must not** be disposed of in hand washing basins or kitchen sinks.

4 Feeding pets

- **Do not** feed pets in the kitchen, dining rooms or patient areas;
- Pets **must** have their own feeding dishes and utensils, these **must not** be cleaned or stored in the kitchen (sluice area is acceptable in a closed cupboard);
- Only use recognised commercial brands of pet food;
- Do not feed raw meat or fish, scraps or meal leftovers to the pet;
- Store pet food away from patient's food and not in the kitchen;
- Dried pet foods must be stored in covered vermin proof containers and separate from patient's food;
- After feeding, pet food that has not been consumed after 20 minutes must be disposed of;
- Patients **must** be discouraged from feeding the animal(s) or allowing the pet to lick them.

5 Dealing with pet waste

- Wash hands and apply PPE
- All pet waste **must** be disposed into clinical waste bag;
- Litter trays **must** be fitted with disposable plastic liners;
- Litter trays **must** be emptied daily (or more frequently if there is an odour problem);
- Litter trays **must** be washed out with hot water and detergent at least daily
- Birdcages **must** have disposable litter sheets on the bottom, and ideally have a sliding tray mechanism for ease or removal of litter sheets;
- Daily changing of birdcages **must** take place unless there is a need for more frequent changing dependent upon the size of the bird;
- Aquarium water must have faecal matter and surplus food removed daily;
- Staff must take care to not contaminate their skin or surrounding environment.
- Following handling of pet waste, dispose waste into clinical waste bin, remove PPE, wash and dry hands.

6 Staff hygiene

- You must thoroughly wash and dry your hands before and after handling pets (Hand hygiene);
- ✓ You must ensure any skin lesions / cuts / abrasions are covered with a dressing prior to handling pets;
- ✗ You must not allow animals to lick you.

NB. If bites or scratches occur please see the Accidental Inoculation Procedure.

7 Patient hygiene after animal contact

- ✓ You (the patient) **must** wash your hands after physical contact with animal(s);
- ✓ You (the patient) **must** take care when stroking the animal(s) if the skin has had flea contact treatments applied;
- ✓ You (the patient) **must** wash scratches with soap and water then periodically observe for signs of infection;
- You (the employee) **must not** allow the animal(s) to lick a patient's skin, wound or open lesion;

8 Deceased animals

 Make all arrangements with the veterinary practitioner who is responsible and they will advise the correct course of action.

9 Wild animals

- ✓ Refers to animals that live in the wild e.g. cats and pigeons;
- Care **must** be exercised when dealing with a stray or wild animal, as they may have contacted disease from another wild animal;
- Stray or wild animals **must not** be fed or attracted to TEWV premises as they could become a nuisance or risk to health.

10 Farm visits by patients

Farm visits can be fun and also a useful aid to stimulation, but sensible precautions are recommended and include:

- ✓ You **must** wash and dry hands thoroughly after touching the animal(s);
- ✓ You **must** clean shoes when leaving the farm;
- ✓ You **must** thoroughly wash hands on arriving home;
- ★ You **must not** eat or drink whilst going round the farm;
- ★ You **must not** put your face against the animal(s);
- ★ You **must not** put your hands in your mouth after touching the animal(s);
- ★ You **must not** touch any animal droppings.

11 Bites/scratches

- ✓ You must, if bitten or scratched by an animal, wash it with soap and water, dry and cover with a dressing;
- ✓ You **must** complete a datix incident form and consult the accidental inoculation policy

12 References

Lawrence J & May D (2003) Infection Control in the Community. Churchill Livingstone. London

DoH (2006). Essential steps to safe, clean care. Reducing healthcare-associated infections in Primary Care Trusts; Mental Health Trusts; Learning disability organizations; Independent healthcare; Care Homes; Hospices; GP practices and Ambulance Services.

13 Equality Analysis Screening Form

Please note; The Equality Analysis Policy an	d Equality Analysis	Gu	idance can be found on I	nTo	uch on the policies page	
Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Nursing and Governance/IPC and Physical Healthcare					
Name of responsible person and job title	Elizabeth Moody, Director of Nursing and Governance					
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Elizabeth Mood Control Commi			eam	and the Infection Preventio	on and
Policy (document/service) name	Pets and Anima	als	in Healthcare			
Is the area being assessed a;	Policy/Strategy		Service/Business plan		Project	
	Procedure/Guidanc	e		\checkmark	Code of practice	7
	Other – Please stat	te			·	
Geographical area	Trustwide					
Aims and objectives					batient care is carried out safely and Code of Practice of the Health and	
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	12 th December	20 ⁻	18			
End date of Equality Analysis Screening (This is when you have completed the analysis and it is ready to go to EMT to be approved)	18 th January 2	019				
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You must contact the EDHR team as soon as possible where you identify a negative impact. Please ring Sarah Jay or Tracey Marston on 0191 3336267/3542

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

Trust staff and patients

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Race (including Gypsy and Traveller)	Yes/No No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	Yes/No No	Gender (Men, women and gender neutral etc.)	Yes/No No
Gender reassignment (Transgender and gender identity)	Yes/No No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	Yes/No No	Age (includes, young people, older people – people of all ages)	Yes/No No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	Yes/No No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	Yes/No No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	Yes/No No



Yes – Please describe anticipated negative impact/s **No** – Please describe positive impacts/s

No barriers to access or implementing this procedure



 Have you considered other sources of information such as; le nice guidelines, CQC reports or feedback etc.? If 'No', why not? 	Yes		No				
If 'No', why not? Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports							
 4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership Yes – Please describe the engagement and involvement that has taken place 							
No – Please describe future plans that you may have to engage Not relevant to this procedure	nd involve people f	rom different groups					

Yes/No	Please describe the identified training needs/service needs below							
No	Not relevant to this procedure							
A trainin	ng need has been identified for;							
Trust sta	aff	Yes/No No			Contractors or other outside agencies	Yes/No No		
	ure that you have checked th ed to do so	e informat	ion and that you are co	nfortable that addit	ional evidence can provided if	you are		
	npleted EA has been signed off	f by:				oto.		
You the	Policy owner/manager: Type name: Eliz	zabeth Moo	dy			ate: 3/1/19		
Your re	porting (line) manager:							
1001 10	Type name: An	gela Ridley				ate: 3/1/19		



14 Document control

Next review date:	18 July 2022				
This document replaces:	IPC-0001-013 v2 Pets and Animals in Healthcare				
Lead:	Name	Title			
	Angela Ridley	Head of IPC and Physical Health and Back Care (Nursing)			
Members of working party:	Name	Title			
	Angela Ridley	Senior Nurse IPC and Physical Health and Back Care			
This document has been	Name	Title			
agreed and accepted by: (Director)	Elizabeth Moody	Director of Nursing and Governance			
This document was approved	Date	Name of committee/group			
by:	18/1/2019	Infection Prevention and Control Committee			
An equality analysis was completed on this document on:	18/01/2019				

Change record

Version	Date	Amendment details	Status
1	7 Mar 2013		Withdrawn
2	26 July 2016	Full revision	Withdrawn
2.1	19 January 2019	Improved Readability Updated IPC Measures and Hand Hygiene Cats & Dogs and General Precautions Sections are now covered under section 3.2 – Visiting Animals	Published
	July 2020	Review date extended 6 months	