

Pet Therapy

Reference Number: F4890
Date of Response: 13/09/2022

Further to your Freedom of Information Act request, please find the Trust's response, in **blue bold text** below:

Royal Devon's Eastern FOI Office Response

- 1) Has the Trust ever used any form of pet therapy or animal assisted therapy in your hospitals?. **Yes.**
- 2) If your Trust has used such services how have they been provided to the Trust i.e. Voluntary or funded by the Trust and has this remained the same or changed between voluntary and funded?. **Volunteers.**
- 3) What do you estimate the cost to be to the Trust of using animal assisted therapy by year for the last 5 years (if applicable?).
None as provided by volunteers
- 4) Who is responsible within the Trust for organising Pet Therapy Services?.
Volunteer Service & wards
- 5) What policies and procedures have been put in place as safeguards for using animals in hospitals?. **Please find attached Trust Policy.**
- 6) What qualifications / certifications does the Trust expect therapy animals to hold to guarantee patient safety?
The Trust requires verification of inoculations, worming and flea control and need to be registered with a certified pets therapy charity to ensure appropriate training has been undertaken

Animals and Pets in Healthcare Facilities Policy	
Post holder responsible for Procedural Document	Judy Potter, Lead Nurse, Infection Prevention & Control
Author of Guideline	Judy Potter, Lead Nurse, Infection Prevention & Control
Division/ Department responsible for Procedural Document	Specialist Services/ Infection Prevention & Control
Contact details	██████████
Date of original document	9/11/2006
Impact Assessment performed	<u>Yes</u> /No
Ratifying body and date ratified	Infection Control & Decontamination Assurance Group: 30 th October 2017
Review date (and frequency of further reviews)	April 2022 (every 5 years)
Expiry date	October 2022
Date document becomes live	16 November 2017

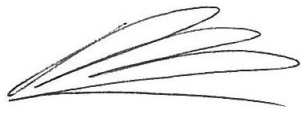
Please specify standard/criterion numbers and tick ✓ other boxes as appropriate

Monitoring Information		Strategic Directions – Key Milestones	
Patient Experience		Maintain Operational Service Delivery	
Assurance Framework		Integrated Community Pathways	
Monitor/Finance/Performance		Develop Acute services	
CQC Fundamental Standards - Regulation: 10, 12(2)(h), 15(1)(a)		Infection Control	✓
Other (please specify):			
Note: This document has been assessed for any equality, diversity or human rights implications			

Controlled document

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Full History		Status: Final	
Version	Date	Author (Title not name)	Reason
1.0	9/11/2006	Lead Nurse	<i>New Guidance</i>
2.0	13/11/2008	Lead Nurse	<i>Routine Review</i>
3.0	3/11/2010	Lead Nurse	<i>Routine Review</i>
4.0	29/11/2012	Lead Nurse	<i>Routine Review</i>
5.0	24/09/15	Lead Nurse	<i>Routine Review</i>
5.1	10/07/17	Lead Nurse	<i>Intranet Links Updated</i>
6.0	09/08/17	Lead Nurse	Routine revision harmonised with community services requirements

Associated Trust Policies/ Procedural documents:	Infection Prevention and Control Policy
Key Words	Animals, Pets, Healthcare Environments
In consultation with and date: Infection Prevention & Control Team: 29/08/2017 Consultant Microbiologists: 29//08/2017 Corporate Managers, Department Managers, Service Managers, Senior Operational Managers, Lead Nurses, Senior Nurses, Matrons, Community DD and ADN, Equality Team: 29/08/2017 Policy Expert Panel: 03/10/2017 Infection Control and Decontamination Assurance Group: 30 th October 2017	
Contact for Review:	Lead Nurse/Director of Infection Prevention & Control
Executive Lead Signature:	 Medical Director

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1. INTRODUCTION

1.1 Pet animals can enhance the quality of life for many people and have been shown to have a beneficial outcome to some patients' emotional, physical and social well-being, particularly long stay patients (), as well as during end of life care. However, animals can carry microbes and parasites, which, while normal flora for them, can be transmitted occasionally to humans, leading to infectious diseases, in particular among people who are immunosuppressed, or who have other health problems. Some animals may be difficult to control, and may pose a risk to patients or staff due to their behaviour.

1.2 **Failure to comply with this policy could result in disciplinary action.**

2. PURPOSE

2.1 This policy outlines when it is appropriate to allow animals and pets in health care settings and the control measures necessary when they are allowed.

3. DEFINITIONS

3.1 **Hearing dog for the deaf** - trained hearing dogs alert deaf people to normal sounds in their environments as well as to danger sounds (e.g., sirens, smoke alarms).

3.2 **Guide dog for the blind** –trained dog to guide a blind or visually impaired person.

3.3 **Assistance dogs** –trained dogs that aid or assist an individual with a disability.

3.4 **Pets as Therapy** (or similar schemes) are specially trained and screened animals who make therapeutic visits to hospitals and other healthcare environments.

3.5 **Pet** - a domestic or tamed animal or bird kept for companionship or pleasure.

4. DUTIES AND RESPONSIBILITIES OF STAFF

4.1 The **Board of Directors**, through the **Chief Executive** and the **Medical Director**, will delegate to the Joint Directors of Infection Prevention and Control responsibility for supporting and encouraging compliance with this policy.

4.2 The **Infection Prevention and Control Team (IPCT)** are responsible for:

- providing advice to supplement this policy for individual situations on request from ward and department managers or members of their teams.
- Reviewing this policy periodically and light of nay new national guidance

4.3 **Matrons and department managers** are responsible for ensuring that arrangements for allowing animals or pets in hospital are in accordance with this policy and for ensuring that advice (if required) is sought from the Infection Prevention and Control Team in those when it may be appropriate to allow pets in acute & community healthcare settings.

4.4 **Infection Control and Decontamination Assurance Group** is responsible for:

- ensuring that IPCT review and revise the policy in light of any new national guidance
- ratifying the policy

5. GENERAL PRINCIPLES

5.1 With the exception of guide dogs for the blind, hearing dogs for the deaf, dogs for the disabled, other assistance dogs and animals used for therapeutic purposes which belong to the Pets as Therapy (PAT) and similar type schemes, animals and birds are not usually allowed within healthcare settings, particularly into clinical areas. This principle applies to patients, visitors and carers.

5.2 However, there may be some exceptional circumstances **e.g.** on the request of a dying patient or very distressed patient, where it may be beneficial for a pet to be brought to see an individual patient. Such requests will usually be discussed with the infection prevention and control team first, and consideration given to the safety and perceptions of other patients and public. However, some teams, such as the Palliative Care Team, make decisions about such visits by patients' pets on a regular basis and consultation with the IPCT is not required.

5.3 Guide Dogs For The Blind And Deaf And Dogs For The Disabled And Other Assistance Dogs

5.3.1 Guide dogs for the blind, hearing dogs for the deaf, dogs for the disabled and other assistance dogs may accompany the patient wherever their guidance is needed throughout the care setting. However, the following principles apply:

- The dog must be properly supervised by its owner.
- Staff must wash their hands after handling the animal.
- The dog should not come into contact with open wounds.
- The animal must not be allowed access to any kitchens or other food preparation areas.
- If the animal urinates or defecates it is the responsibility of the clinical staff to ensure that the contamination is cleaned up immediately, using appropriate personal protective equipment.
- Clinical staff must inform domestic services if any further cleaning is required (e.g. if carpets need cleaning).
- It is imperative that friends and family organise people to walk the dog regularly during the day for exercise and for toileting purposes, if the patient is unable to.

5.4 PAT Scheme Animals

5.4.1 PAT and similar type scheme animals will have a record detailing their vaccinations, visits to the vet, and state of health. They will be temperament assessed, fully wormed and covered by the PAT insurance scheme. They will be well behaved and be under the control of registered owners.

5.4.2 Where PAT scheme animals are allowed in health premises, the following principles apply:

- Visits must be by prior arrangement and appointment only.
- It may be necessary to postpone visits if circumstances dictate on the day.
- The animal must be properly supervised by its registered owner.
- Wherever possible, animals should be allowed access to day rooms only
- Staff and patients must wash their hands after handling the animal.
- Staff must identify whether there are immunosuppressed or otherwise vulnerable patients. If such risk is identified the animal must be kept away from the patients at risk or even excluded from the clinical area.
- Animals should not come into contact with open wounds.

- The animal must not be allowed access to any kitchens, food preparation areas and dining rooms.
- The animal must not be fed on the premises.
- The animal must be removed if showing any signs of illness.
- If the animal urinates or defecates, it is the responsibility of the clinical staff to ensure that the contamination is cleaned up immediately as one would for any body fluid spillage, using appropriate personal protective equipment.
- Clinical staff must inform Domestic Services if any further cleaning is required e.g. if carpets need cleaning.

5.5 Fish Aquaria

- 5.5.1 An aquarium may be seen to be beneficial in some settings, such as outpatient waiting rooms and paediatric units, as watching fish is purported to have a calming effect and reduce stress. However, infection risks are posed by aquarium water. Therefore, a maintenance contract with an aquaria maintenance specialist must be established. The contract must be established via the Procurement Department.

6. ARCHIVING ARRANGEMENTS

The original of this document will remain with the author Lead Nurse, Infection Prevention & Control. An electronic copy will be maintained on the Trust intranet, (A-Z), P – Policies (Trust-wide) – A –Animals & Pets in Health Care Facilities. Archived electronic copies will be stored on the Trust's "archived policies" shared drive, and will be held indefinitely. A paper copy (where one exists) will be retained for 10 years.

7. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY

- 7.1 To monitor compliance with this guideline, the auditable standards will be monitored as follows:

No	Minimum Requirements	Evidenced by
1.	Guide dogs and assistance dogs are allowed to accompany their owners when in hospital	No complaints or concerns raised to the contrary

7.2 Frequency

In each financial year, the Lead Nurse for Infection Prevention and Control will enquire of the Complaints Team whether there have been any relevant complaints or concerns to ensure that this guidance has been adhered to and a formal report will be written and presented at the Infection Control & Decontamination Assurance Group.

7.3 Undertaken by Lead Nurse

7.4 Dissemination of Results

At the Infection Control & Decontamination Assurance Group (ICDAG) which is held quarterly

7.5 Recommendations/ Action Plans

Implementation of the recommendations and action plan will be monitored by the ICDAG, which meets quarterly.

- 7.6 Any barriers to implementation will be risk-assessed and added to the risk register.
- 7.7 Any changes in practice needed will be highlighted to Trust staff via the Governance Managers' cascade system.

8. REFERENCES

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

Pets as Therapy (2015) [Internet] www.petsastherapy.org
Accessed 10 August 2017

Pets as Therapy FAQ (2015) (Internet)
<http://petsastherapy.org/what-we-do/faqs-2/>
Accessed 10 August 2017

9. BIBLIOGRAPHY

Duncan RN and the 1997, 1998 and 1999 Guidelines Committee (2000) APIC State of the art report: The implications of service animals in health care settings. *American Journal of Infection Control* 28 170-180.

Guay DRP. Pet-assisted therapy in the nursing home setting: Potential for zoonosis. *Am J Infect Control* 2001; 29: 178-86.

Khan MA, Farrag N. Animal-assisted activity and infection control implications in a healthcare setting. *J Hosp Infect* 2000; 46: 4-11.

APPENDIX 1: COMMUNICATION PLAN

The following action plan will be enacted once the document has gone live.

Staff groups that need to have knowledge of the policy	All staff
The key changes if a revised document	Routine update - no significant changes
The key objectives	This policy outlines when it is appropriate to allow animals and pets in health care settings and the control measures necessary when they are allowed.
How new staff will be made aware of the policy and manager action	Induction process
Specific Issues to be raised with staff	Whilst there are restrictions on allowing animals and pets access to healthcare premises, there are exceptions such as assistance dogs, pets as therapy animals and in patients own pets in exceptional circumstances e.g. at end of life.
Training available to staff	N/A
Any other requirements	No
Issues following Equality Impact Assessment (if any)	Positive impacts only
Location of hard / electronic copy of the document etc.	Trust intranet

APPENDIX 2: EQUALITY IMPACT ASSESSMENT TOOL

Name of document	Policy on Animals and Pets in Healthcare Facilities
Division/Directorate and service area	Trust wide
Name, job title and contact details of person completing the assessment	Jan De'Witt Infection Prevention and Control Nurse Specialist
Date completed:	29/9/2017

The purpose of this tool is to:

- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

1. What is the main purpose of this document?

The purpose of this policy is to outline when it is appropriate to allow animals and pet in healthcare settings and the control measures necessary when they are allowed

2. Who does it mainly affect?

Carers Staff Patients Other (please specify)

3. Who might the policy have a 'differential' effect on, considering the "protected characteristics" below?

Protected characteristic	Relevant	Not relevant
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex - including: Transgender, and Pregnancy / Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion / belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual orientation – including: Marriage / Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to... (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

End of line patients, critically ill patients, long stay patients eg neuro rehabilitation

5. Do you think the document meets our human rights obligations? Yes

Feel free to expand on any human rights considerations in question 6 below.

A quick guide to human rights:

- **Fairness** – how have you made sure it treat everyone justly?
- **Respect** – how have you made sure it respects everyone as a person?
- **Equality** – how does it give everyone an equal chance to get whatever it is offering?
- **Dignity** – have you made sure it treats everyone with dignity?
- **Autonomy** – Does it enable people to make decisions for themselves?

6. Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?

This is not a new document and has been subject to a routine review and put into a new template to ensure that, whilst maintaining the infection control and cleanliness standards required in hospital and other health care settings, :

- people who rely on the support guide of assistance animals are able to continue to receive this support in hospital and
- that individuals or groups of patients who may gain therapeutic benefit from therapy animals are enabled to do so and
- in, exceptional circumstances, individual patients may be visited by their pet animals in hospital

A literature search was undertaken to identify any new evidence that suggests this approach to animals and pets in hospital should not continue. No new evidence was found.

7. If you have noted any ‘missed opportunities’, or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.

“Protected characteristic”:	None
Issue:	
How is this going to be monitored/ addressed in the future:	

Group that will be responsible for ensuring this carried out:	
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