



Pets in Hospital

Policy for the Management of Animals Visiting Trust Premises

Version Number	1.7	Version Date	June 2017
Policy Owner	Director of Infection Prevention and Control		
Author	Nurse Consultant Infection Control		
First approval or date last reviewed	2008		
Staff/Groups Consulted	Director for Infection Prevention & Control Associate Directors of Nursing Matrons Infection Prevention Control Team		
Approved by IPCC	June 2017		
Next Review Due	June 2019		

TABLE OF CONTENTS

1. RATIONALE.....	3
2. AIM	3
3. DEFINITIONS	3
4. ROLES AND RESPONSIBILITIES.....	3
5. STIPULATIONS ON ASSISTANCE DOGS	4
6. LIMITATIONS	5
7. SOURCE REFERENCES AND ACKNOWLEDGEMENTS.....	5

1. RATIONALE

- 1.1. Pets can enhance the quality of life for many people. However, animals can carry infections which can occasionally be transmitted to humans, particularly those people who are very vulnerable to infection.
- 1.2. To minimise the risk to patients in hospital, animals are not allowed on Trust premises. The definition of animals includes all pets, including insects, snakes, fish and birds.
- 1.3. The only exceptions to this rule are assistance dogs for the blind and/or deaf, therapy animals, or Police sniffer dogs.
- 1.4. Domestic pets may be permitted for a short visit in **very** exceptional circumstances and on the authority of Infection Prevention & Control Team (IPCT) during office hours or Clinical Site Manager (CSM) out of hours.
- 1.5. These guidelines have been laid down to set out the arrangements the organisation in place to manage the risks posed by animals on Trust premises.

2. AIM

- 2.1. The aim of this policy is to protect the patient environment from the risk of infection from animals.

3. DEFINITIONS

3.1. Assistance Dogs for the blind

- An assistance dog for the blind has been specially trained to aid or assist a person who is blind or partially sighted.

3.2. Assistance dogs for the deaf

- An assistance dog for the deaf has been specially trained to aid a person who has hearing impairment.

3.3. Police sniffer dogs

- A police sniffer dog has been specially trained to assist a member of the police force in undertaking their duties.

3.4. Therapy animals

- Therapy animals – provide therapeutic visits to hospitals, hospices, nursing and care homes, special needs schools and a variety of other venues by volunteers with their own friendly, temperament tested and vaccinated animals.

4. ROLES AND RESPONSIBILITIES

4.1. Person on duty in charge of ward /department

- The senior person in charge of the ward /department will take responsibility for making sure that the recommendations set out in these guidelines are followed.

4.2. Matron/Associate Director of Nursing /Clinical Site Manager

- In the event that a visitor will not comply with these recommendations the Matron / Associate Director of Nursing or Clinical Site manager will be responsible for
- Managing the situation and explaining the rationale for excluding animals from Trust premises.
- Has responsibility for deciding on permitting animals to visit in very special circumstances. These may include a long stay patient who is missing a dog or cat.
- Special circumstances may be extended to permit regular visiting of a animals and apply only to well behaved, healthy animals.

4.3. Infection Prevention & Control Team

- Have responsibility for making a risk assessment for individual circumstances.

4.4. Responsibility of Staff

- All YDH staff must adhere to these guidelines.

5. GUIDANCE ON ASSISTANCE DOGS

5.1. Assistance dogs and police dogs are specially trained and taught how to behave in public places. However, when an assistance dog or police dog visits, the following guidelines apply:

- They are not allowed in if they are unwell in any way. This may be difficult to establish and if the animal is visiting a ward the person responsible for the dog must be asked if the dog is healthy.
- They are allowed into all areas accessible to the general public, including the restaurant and the ward nurses station.
- If visiting a ward, the owner must first contact the Sister or Nurse in Charge about the possibility of visiting a patient.

5.2. Visiting must be pre-arranged and risk assessed in the following circumstances:

- Visiting ICU, CCU. 6A and Special Care Baby Unit
- Isolated patients (both barrier nursing or protective isolation)
- Respiratory ward 9B – staff to check before visit if patients in area are allergic to dogs.
- Immunocompromised patients or a patient in the immediate location who is immunocompromised.

5.3. Visiting confused patients who may be distressed. The patient(s) in the location is/are psychotic, hallucinating or confused, or has/have an altered perception of reality and is/are not amenable to rational explanation.

5.4. The dog must be kept on a lead and must not be allowed to wander freely around Trust premises.

- Petting and playing with the dog by hospital personnel or patients must be prohibited.
- After settling their dog, the owner must gel their hands before coming into direct contact with patients.

6. LIMITATIONS

6.1. This protocol applies to YDH premises

7. SOURCE REFERENCES AND ACKNOWLEDGEMENTS

7.1. Adapted from "Hospital Epidemiology and Infection Control" (ED: Glen Mayhall; Publisher Williams & Williams Page 1114).



Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of Document: Pets in Hospital

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, together with any suggestions as to the action required to avoid/reduce this impact.

Signed : **Rachael Grey, IPC & TV Nurse Consultant**

Date: June 2016