



HPFT

# Animals in Healthcare Premises Guidelines

## HPFT Guidelines

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Executive Lead	Executive Director Quality and Safety
Lead Author	Head of Estates and Facilities, Health Safety and Security Manager & Consultant Nurse – Infection Prevention and Control
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Target Audience	All HPFT employees including all permanent and temporary staff, volunteers, contractors' students and learners involved with animals in healthcare premises

## Document on a Page

<b>Title of document</b>	Animals in Healthcare Premises Guidelines		
<b>Document Type</b>	Guideline		
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4	04/12/2017	04/12/2020	Head of Estates and Facilities, Health Safety and Security Manager & Consultant Nurse – Infection Prevention and Control
<b>Staff need to know about this policy because (complete in 50 words)</b>	Staff need to know about this policy as the information in the policy gives guidance and advice to staff to reduce the risks associated with animal borne and animal vector infection in service users, staff and visitors within Trust sites.		
<b>Staff are encouraged to read the whole policy but I (the Author) have chosen three key messages from the document to share:</b>	<p>Pet therapy is accepted as an aid to the quality of life especially for those with chronic diseases, elderly people and individuals with certain conditions that benefit from the stimulation enhanced by pets.</p> <p>Pets in healthcare premises may be unacceptably hazardous for individuals who are immuno-compromised, allergic, pregnant or who are physically/mentally accident prone. Also, there may be some individuals who have a phobia against a particular animal/pet.</p> <p>This guidance also provides information regarding the use of “Pets As Therapy” (PAT) which is a recognised national organisation that provides therapeutic visits to healthcare establishments.</p>		
<b>Summary of significant changes from previous version are:</b>	Policy Format Change		

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## **PART 1 – Preliminary Issues:**

### **1. Summary**

Pet therapy is accepted as an aid to the quality of life especially for those with chronic diseases, elderly people and individuals with certain conditions that benefit from the stimulation enhanced by pets.

However, disease and infection can be acquired from a variety of animals to humans. Pets in healthcare premises may be unacceptably hazardous for individuals who are immuno-compromised, allergic, pregnant or who are physically/mentally accident prone. Also, there may be some individuals who have a phobia against a particular animal/pet.

Hertfordshire Partnership University NHS Foundation Trust currently has a limited number of pets/animals living in an HPFT unit. This guidance is to help staff reduce the risks associated with animal borne and animal vector infection in service users, staff and visitors within those units. These precautions **MUST** be adhered to.

Hertfordshire Partnership University NHS Foundation Trust will **not** allow the purchasing of any new pets or other animals.

### **2. Purpose**

This guidance is to provide staff with all the necessary information to help reduce the risks associated with animal borne and animal vector infection in service users, staff and visitors, in those units that have existing pets.

This guidance also provides information regarding the use of “Pets As Therapy” (PAT) which is a recognised national organisation that provides therapeutic visits to healthcare establishments.

### **3. Duties/Responsibilities**

The HPFT Management of Infection Prevention & Control Policy sets out the organisational and individual responsibilities for infection control and ensuring compliance with Infection Control Policies.

The responsibility for ensuring this policy is implemented lies with the HPFT Trust Board and the Chief Executive Officer. This responsibility is devolved to the Director of Infection Prevention and Control (DIPC) - Executive Director for Quality and Safety, who is responsible for overseeing the policy on an operational basis.

Hertfordshire Partnership University NHS Foundation Trust will ensure that all infection risks are managed by the Infection Prevention and Control Committee, who will devolve day to day activities to the Infection Prevention and Control Nursing team and the Health Safety and Security Team. The

responsibilities of these groups are set out in the Management of Infection Prevention & Control Policy.

Line managers are responsible for ensuring this policy is accessible for all HPFT staff and that they have read and understood the content. Line managers are responsible for ensuring any changes in practice are implemented and any training needs identified and addressed.

All employees must ensure that their practice follows the current infection prevention and control policies. Failure to comply with any infection control policy must be reported to the line manager and an appropriate incident report completed.

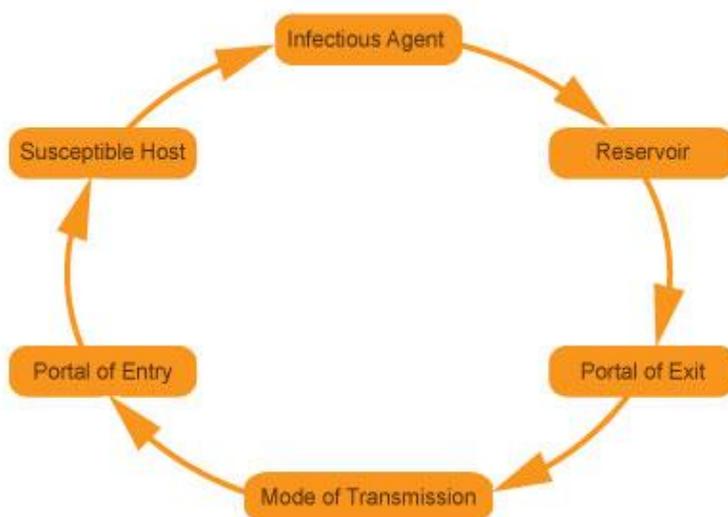
Infection Prevention & Control Nurses and Health Safety and Security Team have a responsibility to offer advice to HPFT staff on the suitability of animal access.

#### 4. Definitions

- **Chain of Infection**

The transmission of microorganisms from animals to humans is via the chain of infection, with the animal providing the reservoir and potential portal of exit and the patient providing the portal of entry and susceptible host (Wilson 2006). To minimise the risk of infection from occurring, staff can put the relevant prevention strategies in place to break the chain and stop infection from spreading. (HPA – 2013).

##### Chain of infection - HPA



<b>Infectious agent</b>	<b>Any disease causing micro-organism (pathogen): e.g. bacterial, viral, fungal, parasitic, prion.</b>
<b>Reservoir</b>	Where a micro-organism normally lives and reproduces: e.g. Humans, animals, water, food.
<b>Portal of exit</b>	The route of escape of the pathogen from the reservoir: e.g. faeces, urine, wound discharge, mucus, blood, vomit.
<b>Mode of transmission</b>	<p>The way the pathogen gets from the reservoir to the new host:</p> <ul style="list-style-type: none"> <li>• Contact <ul style="list-style-type: none"> <li>○ direct contact (actual contact with an infected person)</li> <li>○ indirect contact (contact with contaminated surfaces touched by the infected person, or where droplets of body fluid have landed; Spread on unwashed hands)</li> </ul> </li> <li>• Airborne - "aerosols" tiny infected particles from an infected person released when they cough or sneeze which can be breathed in</li> <li>• Consuming contaminated food/water or swallowing of micro-organisms carried on the hands</li> <li>• Blood exposures</li> </ul> <p>Generally outside the healthcare setting:</p> <ul style="list-style-type: none"> <li>• Vector-borne (parasite bites), or sexual contact.</li> </ul>
<b>Portal of entry</b>	Inhaling, ingestion breaks in the protective skin barrier (e.g. surgery, intravenous lines, injury), mucous membranes (mouth, eyes, nose).
<b>Susceptible host</b>	A person who can get sick when they are exposed to a disease causing micro-organism (pathogen).
<b>Zoonoses</b>	Diseases that can be transmitted from animals to humans.

### Animal and Associated Disease

There are many diseases that can be transmitted from animals to humans. The most common diseases are identified in the following table.

Animal	Associated Disease
Dogs and Cats	Salmonella Campylobacter Toxocara Toxoplasma Yersinia Clostridium difficile Giardia Pastuerella
Birds	Chlamydia psittaci
Terrapins	Salmonella
Exotic Pets Snakes Lizards Turtles Iguanas	Salmonella
Tropical Fish – (should only be done under contract)	Microbacterium Marinum (fish tank granuloma)

## **5. Guidelines for Staff regarding Animals In Healthcare Premises**

The following information provides guidance for staff that has existing pets or a visiting PAT animal, on a HPFT unit.

### **5.1 Veterinary Care**

- Animal vaccinations must be up to date
- Animals must be checked yearly by a veterinary practitioner
- Person responsible must ensure records of the pet vaccines etc., are kept up to date

### **5.2 Food and Feeding**

- Hygienic practices must be observed at all times, e.g. hand washing after every contact with pets/animals
- Fresh water available at all times
- Keep feeding areas clean and pest free
- Store food in a designated area (not in the kitchen/refrigerator with client/staff food)
- Do not use canned food if it has been opened the previous day
- Use commercial pet foods only
- Moist food should be removed after 4 hours if not eaten
- Feeding dish containers must be washed after each feed and stored separately
- Dried pet food must be clearly identified
- Do not feed animals in the kitchen, dining room bathroom, bedroom, laundry or clinical area's

### **5.3 Pet Excreta**

Pet excreta (faeces/vomit) can present an infection risk. The following procedures should be implemented:-

- Animals should be encouraged to eliminate away from the health care environment.
- Animal excreta eliminated within the health care environment should be dealt with immediately as a body fluid spill. Staff/ owner/handler/ must clean up the spillage and the area then decontaminated using a neutral detergent and hot water followed by a 1,000 p.p.m. chlorine releasing agent e.g. Chlorclean or Haztabs and disposed of as clinical waste
- Always wear rubber gloves and plastic apron
- Always wash hands when this procedure has been completed.

**PREGNANT WOMEN MUST NOT UNDERTAKE ANY OF THE TASKS LISTED ABOVE**

#### 5.4 General Precautions for Staff and Service Users

- Animals must be kept well groomed and clean
- Keep bedding and feeding equipment scrupulously clean (machine washable bedding is advised)
- Do not wash feeding or other equipment in the kitchen or the clinical area
- Do not use linen for bedding i.e. towels

#### 5.5 Staff and Service User Care

- All staff should be aware of the hygiene following the handling of animals, cleaning, feeding and / or other equipment
- Thorough handwashing techniques must be carried out
- Food must not be shared with the animals
- Do not allow the animals to lick you
- Keep any skin lesions / cuts/ abrasions adequately covered
- If bites or scratches occur please follow the **inoculation accident policy** see appendix a

#### 5.6 Deceased Animals

Make all arrangements with the veterinary practitioner who is responsible and he/she will advise the correct course of action. There may be charges involved for this service.

#### 5.7 Visiting Animals

“Pets As Therapy” (PAT) is a national charity founded in 1983. It is a community based charity providing therapeutic animal visits to hospitals, hospices, nursing and care homes, special needs schools. Volunteers bring in their friendly, temperament tested, vaccinated dogs and cats into the various organisations.

It is essential that if these pets are coming on to a HPFT, a suitable area must be identified which is preferably not on an in-patient unit. Access to rehabilitation areas may be more beneficial.

If a service user /carer requests to use an animal as part of the PAT Scheme (or other similar organisation) the unit /site staff must first contact a member of the Occupational Therapy Team

The Occupational Therapy Team will ensure that membership of the PAT Scheme is up to date and keep a copy of the PAT photo ID badge, along with contact details of the PAT member.

All visits must be pre-arranged and ward staff notified. The PAT member must produce their valid photo ID card at each visit.

On the first visit, the PAT member will have a form, PAT7. This form is included in the Volunteer handbook provided by Pets as Therapy and informs the Charity where the Volunteer is visiting. The PAT member will complete the appropriate part and ask the authorised contact (this could be nurse in charge of ward or Occupational Therapy Advisor) to complete the rest and sign the reverse. The HPFT site should keep a copy of the PAT7 – this document to be held by the Occupational Therapy Team.

The nurse in charge of the clinical area will determine whether the PAT animal will be allowed into the area and whether any conditions or restrictions are necessary.

Any PAT animal visiting a clinical area should be accompanied at all times by its registered owner.

If there are patients, members of staff or other visitors with allergies to animals this must be taken into consideration and may prevent the visit of the animal.

The animals used are usually dogs and the following guidance should apply:

- The dog must be an adult (over 9 months)
- Must be house trained
- Must have been regularly de-wormed
- Must have been regularly treated against fleas
- Must have their vaccinations up to date
- Must not have access to any kitchen, food preparation area.
- Visits not to take place if the dog is unwell
- Visit to not take place if any of the service users have an infection as this infection may be passed to the animal
- The dog to be restrained when moving within the unit/site
- Staff, service users, volunteers to wash their hands after all contact with the dog
- The animal must not be allowed on to the patient's bed or chair
- The animal can visit more than one patient but the patient (and staff) must decontaminate their hands before and after touching the animal
- PAT animals should not visit patients who are in isolation for an infectious reason

## **5.8 Feral Animals**

This refers to a domestic animal that lives in the wild and the most common is a cat.

Other feral animals include fox, squirrel, birds.

These animals should not be fed or attracted to Trust premises as they can become a nuisance or risk to health.

Care must be exercised when dealing with any stray or wild animal, as they may have contracted a disease from another wild animal.

## **5.9 Exotic / Tropical Pets**

Many of these animals require very different care to dogs or cats. They can suffer from stress and this damages their immune system, which increases the risk of transmitting opportunistic infections to humans.

These exotic pets are not recommended for purchase within the Trust.

## **5.10 Fish**

Staff must:-

- Consider any risk posed to the fish by the service user group
- Determine the safest position for the tank, including access to an electrical supply
- Keep fish foods and aquarium treatments in a safe and secure location
- Ensure that where contractual arrangements are in place for the management of

Aquariums, the cleaning of the aquarium will be undertaken by the contractor. A record of the cleaning procedure to be kept on the site/unit

- For services where there are no contractual arrangements for the management of the aquarium, the following advice should be followed:
  - Equipment used must be for the sole use of cleaning the aquarium and cleaned thoroughly after use; water should be disposed of via the sluice.
  - Replacement water must be from a clean water supply. This should be done regularly in accordance with advice from aquatic supplier
  - A risk assessment is needed to identify hazards in connection with the moving and handling of water

## **5.11 Farm Visits by Service Users**

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

- Wash and dry hands thoroughly after touching the animals
- Do not eat or drink while going round the farm
- Do not put your face against the animal
- Do not put your hands in your mouth after touching the animal
- Do not touch any animal droppings
- Clean shoes when leaving the farm or when you get home and wash hands thoroughly

## **5.12 Bites / Scratches**

Animal bites /scratches can occasionally cause serious infections, particularly in immuno-suppressed persons.

If a bite or scratch from an animal occurs, the area should be washed with soap and water, dried and covered with a dressing. The accidental inoculation injury procedure must be followed – this includes seeking medical assistance. Please refer to appendix a

### **5.13 Cleaning / Cleaning Frequencies**

- Cleaning frequencies for carpets and furniture where animals are present will need to be at least two times per day.

## **6. Training and Awareness**

No specific training implications identified, however each ward area should be aware of the procedure and policy regarding animals in healthcare. Staff should routinely be implementing standard infection control precautions and should be up-to date with their infection control mandatory training.

## **7. Embedding a culture of equality and respect**

The Trust promotes fairness and RESPECT in relation to the treatment, care & support of service users, carers and staff.

RESPECT means ensuring that the particular needs of ‘protected groups’ are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

## 12. Version Control

Version	Date of Issue	Author	Status	Comment
V2	November 2009	Health, Safety and Security Officer	Superseded	Agreed Infection Control Team 22.4.09
V3	27 <sup>th</sup> May 2014	Health, Safety and Security Officer	Superseded	Agreed Infection Control Team 22.4.09
V4	4 <sup>th</sup> December 2017	Head of Estates and Facilities, Health Safety and Security Manager & Consultant Nurse – Infection Prevention and Control	Current	Full review

## 13. Archiving Arrangements

All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet

A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

## 14. Associated Documents

- Hand Hygiene
- Learning from Adverse Events
- Management of Infection Prevention & Control
- A-Z of infection policy
- Infection prevention and control – HPFT Patient Leaflet

## 15. Supporting References

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

Department of Health (2006) *The Health Act 2006: Code of Practice for the Prevention and Control of Health Care Associated Infections*. London. Department of Health

Health Protection Agency (HPA) website: [www.hpa.org.uk](http://www.hpa.org.uk) accessed 28/01/14

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: <http://www.petsastherapy.org> accessed 28/01/14

Wilson J (2006) *Infection Control in Clinical Practice*. London: Balliere Tindall.  
Website references as appropriate.

## 16. Consultation

The Consultation section of the Policy Management System advises on the types of people to invite to express their views and give constructive suggestions to improve the draft policy being worked on.

In the case of the Procedural Document Management System, the following have been consulted so far.

<b>Job Title of person consulted</b>
Head of Nursing and Patient Safety
Executive Director Quality & Safety
Health, Safety and Security Officer
Health, Safety and Security Committee
Senior Nurse Business Meeting
Equalities Manager
Head of Facilities & Maintenance
Infection Control Committee

## Appendix 1 - Accidental Inoculation Injury Procedure



# Accidental Inoculation Injury Procedure

### Immediate action to be taken by the person who has sustained an accidental inoculation injury

Should an accidental inoculation injury occur, the following procedure **MUST** be followed so that you can be protected as far as possible.

#### Percutaneous Injury

1. Encourage bleeding, preferably under running warm water, but **not** by sucking.
2. Wash the site immediately with copious soap and warm water, **without** scrubbing for a minimum of 5 minutes. Antiseptics and skin washes should not be used.
3. Dry and cover wound with a sterile waterproof dressing.
4. Inform your Line Manager/Supervisor whenever possible.
5. Complete an **incident form (datix)**, including the name and hospital number of the source patient, if known.
6. A member of the clinical team should complete the risk assessment form
7. Contact **PAM 24/7 Needlestick Line Tel: 0330 660 0365 immediately. If this is not available, attend A&E immediately (you should be seen as high priority in A&E, usually within 45 minutes)**

The OHD/A&E Department will assess the significance and risks of the exposure **and arrange for further action** if required. All employees attending A and E should have blood taken to be saved.

**Immediate reporting** to A&E is very important because if there is a high risk of HIV transmission, the HIV post-exposure prophylactic agents (PEP) need to be taken **ideally within an hour** of the injury.

8. The OHD to be up-dated of any further action taken at the A&E department and/or informed of any blood results taken following exposure.

#### Mouth and eye contamination

1. Irrigate thoroughly with water. Use eyewash, if available, for eye contamination, removing contact lenses first.
2. Follow instructions 4 – 8 as above.

	<i>we are...</i>	<i>you feel...</i>
<b>Our Values</b>	<b>Welcoming</b>	✔ Valued as an individual
	<b>Kind</b>	✔ Cared for
	<b>Positive</b>	✔ Supported and included
	<b>Respectful</b>	✔ Listened to and heard
	<b>Professional</b>	✔ Safe and confident