

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Animals on Hospital Premises Policy

Effective: June 2009

Review: June 2012

1. Background

Traditionally, the presence of animals in health care facilities has been discouraged on the basis of Control of Infection and Health and Safety issues.

Although infections acquired from animals (zoonoses) are well described there is, However, very little evidence to suggest that this risk is significant in a controlled setting.

Over the last few years certain groups of patients (the elderly, children and the terminally ill) have been shown to benefit from contact with specially trained animals. In addition, employees with a disability rely on their service animal.

The purpose of this policy is to set out the Control of Infection parameters under which animals may be permitted on Trust premises.

2. Purpose Trained Assistance Dogs (Guide dogs, hearing dogs, assistance dogs)

Assistance dogs are usually allowed on hospital premises for short visits for example outpatients, with the exception of the restricted areas listed in the Appendix 1

If a patient who relies on their Assistance Dog is admitted to hospital, it is not usually appropriate for their dog to accompany them. However alternative means of support will need to be provide and this will need to be clearly explained to the patient. Support will need to be put in place before a patient is asked to come to the hospital. Discharge will need to be coordinated to make sure the assistance dog is available on the arrival home. In very exceptional circumstances this may be permitted following consultation with Infection control.

3. Ward Pets (caged birds, rodents, fish, etc.)

These types of pets are inappropriate in acute healthcare settings, owing to the potential risks associated with microbiological contamination from bedding etc. and difficulties associated with the continuity of their care.

In certain areas, for example in long stay units physically separated from the acute hospital sites; ward pets may be permitted following consultation with Infection Control. In practice however, considerations such as cost, responsibility for pet care, visits to veterinary surgeries, etc., will probably preclude their purchase.

4. Other Visiting Animals

Organised visits from agencies such as PAT Dogs, etc., should be discussed with Infection Control in advance. These animals must be fully immunised and be healthy on the day of the visit which should take place in a non-clinical areas such as a day room. Visits to restricted areas (Appendix) may only take place following consultation with Infection Control and senior nursing staff for that area. Patients and staff must be instructed to wash their hands following any contact with the animals. Any urine or faeces should be decontaminated in accordance with the Trust Spillage Policy.

There may be occasions when a long stay or terminally ill patient would gain benefit from a visit from their own pet. If appropriate, this visit should take place outside, but if this is not possible it can be arranged in the day room or patient cubicles. As household pets are not trained to cope with the noise, sights (and smells!) of a hospital, the visit should be arranged at a quiet time and if small enough, the animal should be carried in a purpose built carrier and always accompanied by a friend or relative of the patient who is familiar with the animal. All such visits must be agreed with Infection Control in advance, and advice given regarding handwashing etc.

5. Monitoring

Compliance with this Policy will be monitored by the Infection Prevention and Control Team in conjunction with the Infection Prevention and Control Committee

6. References

Duncan SL APIC State-of-the-art Report: The implications of service animals in health care settings. American Journal of Infection Control. 2000, 28:2; 170-80

Khan MA and Farrag N. Animal-assisted activity and infection control implications in the healthcare setting. Journal of Hospital Infection. 2000, 46: 4-11

Author: Nurse Consultant Infection Prevention and Control

Restricted Areas/Patients

- 1 Intensive Care and High Dependency Units
- 2 Special Care Nurseries
- 3 Areas in which food preparation takes place
- 4 Patients being barrier nursed*
- 5 Patients in protective isolation
- 6 Patients who are neutropaenic or who are receiving augmented Immunosuppression

* There is a small risk that the animal could become colonised/infected with a communicable human pathogen. Please discuss with Infection Control.

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

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

Policy Title:	Animals on Hospital Premises	Policy Author:	Sheila Morgan
		Yes/No?	You must provide evidence to support your response:
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 – learning difficulties, physical disability, sensory impairment and mental health problems.	Yes	
2.	Is there any evidence that some groups are affected differently?	Yes	Sensory impairment – registered blind
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	Yes	Usually inappropriate to keep Assistance Dogs on wards hours a day if owner an in-patient
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?	Yes	Explanation and support to patient needs to be provided Support will be put in place prior to patient’s admission and discharge will be co-ordinated to ensure Assistance Dog available upon discharge of the patient
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		See above
4(d).	Can we reduce the impact by taking different action?	Yes	See above

Comments:	Action Plan due (or Not Applicable): Not Applicable X
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Name and Designation of Person responsible for completion of this form: Sheila Morgan, Nurse Consultant Infection Prevention & Control Date: July 2009
Names & Designations of those involved in the impact assessment screening process: Prof FK Gould, Consultant Microbiologist; S Morgan, Nurse Consultant Infection Prevention & Control

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.