Livewell Southwest

Pets in Hospital settings

Version No 7.4

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Asset Number: **230**

Reader Information

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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
6	New document	September 2009	Director of Infection Prevention & Control	New document
6.1	Minor amendments	October 2011	Consultant Nurse	
7	Ratified	Oct 2011.	Policy Ratification group	No Amendments.
7.1	Extended	Nov 2013	Sister, Infection Prevention & Control Team	Extended no changes
7.2	Extended	June 2014	Sister, Infection Prevention & Control Team	Extended no changes
7.3	Extended	December 2014	Infection Prevention & Control Team	Extended no changes
7.4	Reviewed	November 2015	Infection Prevention & Control Team	Reviewed minor changes

Pets in Hospital Settings.

1. Introduction

1.1 The company of a personal pet or specially trained animal companion may have a positive benefit to patients, including children, in long-term care facilities and acute hospitals. However, such animals can transmit infectious diseases (zoonoses) or provoke allergic reaction, and, as such, need careful supervision.

1.2 Certain pets should not be brought into the hospital. These include aggressive and exotic pets (including reptiles and snakes) and juvenile animals, such as puppies and kittens less than 6 months in age.

1.3 Certain groups of patients, such as those who are asplenic or immunocompromised, are particularly vulnerable to infection, and even visits by their own pets should be avoided at certain stages of treatment. Patients in source or protective isolation are not suitable candidates for pet visits, as animals may act as a source of infection or carry pathogens from areas of source isolation. For the protection of animals and to eliminate their potential role as vectors of disease, visits are generally not recommended to patients who are infected or colonised with tuberculosis, Salmonella spp., Campylobacter spp., Shigella spp., Group A streptococcus (Streptococcus pyogenes), Meticillin-Resistant Staphylococcus aureus (MRSA), ringworm, Giardia spp. or amoebiasis (see below). Pet visits should also be avoided in areas containing patients who are allergic to the animal concerned.

1.4 Residential pets are not acceptable in a healthcare environment. Facilities for a pet that may become ill during its lifetime in residence are not available; there are no isolation facilities for symptomatic animals. Staff or patients may have allergies and modifying existing behaviours in a residential animal will be challenging in attempting to stop the risk of contact.

1.5 Patients' pets may be brought into clinical areas if the following guidelines are followed:

2. Responsibility of handler of the animal

It is the responsibility of the handler of the animal to ensure that it is:

2.1. Well controlled and of a calm temperament.

2.2. Fully vaccinated and in good health.

2.3. Regularly wormed, as appropriate.

2.4 Free of communicable diseases, parasites and external infestation, ringworm or skin disorders, e.g. mange (further advice available from the animal's vet).

2.5. On a flea control programme, as appropriate.

3. Responsibility of the Ward Manager/Person in Charge

3.1 It is the responsibility of the ward manager to:

- Ensure that the patient is fit enough to meet the pet, as noted above. As a general rule, any patient in isolation or an infectious risk to others should not have pet visits.

- Ensure all open wounds and cannulae sites are covered with a dressing.

- Ensure that the presence of the animal is acceptable to all patients and staff members coming in contact with it. In general, animals should not be brought into areas around the beds.

- Organise the cleaning up of any excreta in the same manner as human waste.

- Ensure that anyone in direct contact with the animal washes their hands afterwards.

- Ensure that the animal is not allowed into areas used for cooking or eating, sterile supply, treatment areas or any other area considered inappropriate by the Infection Prevention and Control Team.

- Report any incidents, accidents or injuries in line with LSW Policy on Incident Reporting.

The final decision whether to allow a pet to be brought into a clinical area rests with the ward manager.

4. Monitoring Compliance and Effectiveness

All Infection Prevention & Control policies are reviewed bi-annually and ratified through the Infection Control Committee and signed off by the Director of Infection Prevention & Control. This information is included in the Monthly reporting structure to the provider and governance board.

5. References

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

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

Bibliography

http://www.petsastherapy.org/

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Lead Nurse, Director of Infection, Prevention and Control

Date: 20th January 2016