



Guidelines for PAT Dogs and Assistant Dogs on Hospital Premises

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With acknowledgement to: Sherwood Forest Hospitals NHS Foundation Trust, South London NHS Healthcare Trust

Executive Lead: Amanda de Jongh, Associate Director in Infection Prevention and Control

Status: Approval date: June 2023

Ratified by: DTC and ICP

Review date: June 2026

Patients first • Personal responsibility • Passion for excellence • Pride in our team

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History

Issue	Date Issued	Brief Summary of Change	Author
1	July 2023	New policy	Emily Sturman

For more information on the status of this document, please contact:	
Policy Author	Emily Sturman
Department/Directorate	Therapies - DTC
Date of issue	June 2023
Review due	July 2026
Ratified by	DTC and ICP
Audience	ASPH Foundation Trust

Executive summary

The purpose of this policy is to minimise the restriction of access to animals such as guide dogs, hearing dogs, pets as therapy dogs (PAT dogs) and assistance dogs across Ashford and St Peter's NHS Foundation Trust sites (ASPH). It is also to ensure a safe environment is provided to all patients, visitors and staff under the Equity Act 2010 whilst additionally, the Act requires that all reasonable efforts have been made to accommodate people's needs.

Dogs referred to in this policy are assistance dogs that support their disabled owners with a specific disability and dogs that provide therapy to patients within the trust, PAT dogs.

Guide dogs and Hearing dogs are working dogs that have been highly trained as mobility aids for people with visual or other disabilities. PAT dogs have also been trained to provide therapy for patients recovering in hospital.

There will be occasions where it is not appropriate for such a dog to be permitted from entering an area within the hospital on the grounds of Health and Safety.

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See also: Any relevant trust policies/guidelines or procedures

- Hand Hygiene Policy

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1. Introduction

- 1.1. The main reason for a PAT Dog to require access to the hospital is so they can act as a therapy tool to aid recovery and patient experience for patients using ASPH sites.
- 1.2. The main reason for a Guide Dog to require access to the hospital is because they act as a mobility tool to support their owners to access ASPH services as a patient.
- 1.3. There will be occasions where it is not appropriate for such animals to be permitted to enter an area within the hospital on the grounds of Health and Safety.
- 1.4. The value of pet 'therapy' is widely accepted as a powerful aid to stimulation and communication. Studies have shown that the presence of companion animals can improve the well-being of patients and lower the rate of anxiety, simply by making the hospital environment happier, more enjoyable and less forbidding.
- 1.5. To minimise the risk to patients in hospital, animals are not allowed on the Trust's premises. The definition of animals includes all pets including insects, fish and birds. The only exceptions to this rule are guide dogs for the blind, hearing dogs for the deaf and dogs which belong to the Pets As Therapy (PAT) scheme.
- 1.6. When PAT dogs are allowed on hospital premises, the animal's owner and health care workers must ensure that the animal is not a nuisance to other patients and that it does not interfere with patient care.
- 1.7. If any patients object to the animals presence then arrangements must be made to ensure that this animal is kept away from them. If necessary, the animal may need exclusion from specific clinical areas.
- 1.8. It is required to check that all animals visiting patients within the ASPH are within the following recommended guidelines documented within this policy.

2. Scope

To This clinical document applies to:

- 2.1. Staff group(s)
 - All clinical staff
 - All non-clinical staff
 - PAT/Assistant Dog owner/handler
- 2.2. Clinical area(s)
 - All clinical areas
- 2.3. Patient group(s)

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- Adults and Children in relation to PAT and Assistant Dogs

2.4. Exclusions

- Immunosuppressed patients
- Patients with allergies to animals
- Patients with fear of animals
- Agitated or violent patients
- Patients with a tracheotomy (unless the site is capped or the patient is receiving humidified oxygen)
- If the animal demonstrates any aggressive action toward patients, staff or visitors

2.5. Restricted areas

- Critical Care Intensive Unit (ICCU). High dependency.
- Neonatal Critical Care Unit (NICU).
- Patients in source isolation.
- Patients in protective isolation.
- Patients with neutropenia or who are receiving immunosuppression therapy.
- Anaesthetic / theatre rooms.
- Renal Dialysis Unit.
- An area where patients are co-horted or if a ward is closed for infection control reasons.
- Any area used for cooking, preparing or eating food

3. Purpose

- 3.1. This policy has been produced in order to address concerns about the potential health risks of implementing therapeutic visits by PAT Dog and access to ASPH by Registered Guide Dogs. These animals are not excluded from the hospital premises due to them being recognised as providing benefits that have been substantial for patients. It sets out the control of infection parameters under which animals may be permitted within the Trust.
- 3.2. Pets As Therapy (PAT) is a national charity founded in 1983. It is unique in that it provides 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.
- 3.3. Sick patients often feel isolated and even the most withdrawn seem to open up and let the barriers down when their regular PAT Dog is around. These animals bring everyday life closer and with it all the happy association for them of home comforts.
- 3.4. The constant companionship of an undemanding animal that gives unconditional love is often one of the most missed aspects of their lives.

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- 3.5. Assistance Dogs (UK) is the umbrella organisation for the registered charities training dogs for disabled people within the UK. These include dogs registered with the following charities:
- Support Dogs
 - The Guide Dogs For The Blind Association
 - Hearing Dogs for Deaf People
 - Dogs for the Disabled
 - Canine Partners
 - Police dogs are also permitted on SLHT premises.

4. Explanation of Terms Used

4.1. Definitions

Trust	Ashford and St Peter's NHS Foundation Trust
Staff	All employers of the Trust including those managed by a third party on behalf of the Trust

4.2. Abbreviations

HCAI	Healthcare Associated Infection
HAI	Hospital Acquired Infections
IPCT	Infection Prevention and Control Team
PAT	Pets as Therapy
ASPH	Ashford and St Peter's NHS Foundation Trust
DTC	Diagnostics, Therapies and Cancer

5. Duties and responsibilities

- 5.1. All staff must take responsibility for the areas in which they work to ensure appropriate isolation practices are implemented when required to reduce and prevent HCAI.
- 5.2. For all areas implementing PAT a PAT Lead must be allocated to ensure responsibility for the specific duties outlined below.
- 5.3.

Roles	Responsibilities
PAT Lead	<p>A PAT Lead is responsible for ensuring that:</p> <ul style="list-style-type: none"> • A designated time and day are chosen for visiting times. • Direct and lead dog and owner to the designated area. • Ensure 'Pet Pass' is completed, signed and dated by owner/handle • A time restriction of 2 hours is applied to all visits. • Visits are not in clinical/bed areas and restricted to the

	<p>dayroom or other communal, non-carpeted areas.</p> <ul style="list-style-type: none"> • Any situations outside this should be discussed with the ward manager or infection prevention team. • PAT Dogs only visit patients who have provided verbal consent which has been documented in their notes. • Owners/handlers follow their responsibility requirements. • Ensuring that all staff involved in the PAT Dog visit are aware of and adhere to the below responsibilities.
ASPH Staff	<p>ASPH Staff are responsible for ensuring that:</p> <ul style="list-style-type: none"> • Staff must identify whether there are any immunosuppressed or otherwise vulnerable patients or individuals who have an allergy to the animal, including staff and visitors in the care environment. If such risk is identified the animal must be kept away from those at risk or even excluded from the clinical area. • If patients who come into contact with the PAT/Assistant Dog have any peripheral devices, wounds or areas of broken skin, staff should ensure these are adequately covered with the appropriate dressings. This also includes indwelling catheters, the leg bag must be connected and placed inside the patients clothing ensuring the bag itself and the tap are covered. • The dog must not be allowed access to any kitchens, food preparation areas or dining rooms. • ASPH Datix Report is completed for any “near miss” or incident involving patients/staff by the animal or failure by owner/handler. • Prompt actions occur when an incident of biting or scratching by an animal occurs during an assisted visit. The area should be immediately washed with soap and warm water and medical advice sought. A Datix Form must be completed. • Hand washing or alcohol hand gel must be used by staff and patients after physical contact with the Dog.
Dog Owners/Handlers Responsibilities	<p>The PAT/Assistant dog owner/handler has the responsibility to ensure that:</p> <ul style="list-style-type: none"> • The PAT Dog must have passed a temperament evaluation/test which must be conducted by a certified evaluator and covered by a PAT insurance scheme • The Assistant Dog must be registered with an appropriate charity under Assistant Dog UK • All Dogs should have received relevant inoculations. • All Dogs should be wormed regularly every six months. • Claws should be kept trimmed to reduce the risk of scratches.

	<ul style="list-style-type: none"> • Dogs are physically fit before visiting the hospital. All animals should be regularly groomed and checked for signs of infection or other illness. • Dogs that are ill should be diagnosed and treated by a vet and should not be allowed in the hospital premises until their health is restored. • The Dog is of an acceptable hygienic standard, i.e. not wet, muddy etc. All pets should have their coats cleaned regularly. • Natural relief for the Dog is taken into account prior to visiting • Dogs are kept on a lead throughout the visit • They remain with the Dog at all times • The Dog is discouraged from jumping, scratching and licking • The Dog is not placed on the patients bedding • Any soiling to be discarded by Dog handler/Owner via sluice hopper and clinical waste. • Dogs should be provided with water if required. • ASPH 'Pet Pass' is completed signed and dated
<p>Other Animals / Terminally ILL Patients Own Pets</p>	<ul style="list-style-type: none"> • There may be on occasion when a long stay or terminally ill patient would benefit from a visit from their own pet. • If appropriate, the visit should take place outside. • If this is not possible, arrangements should be made to ensure the visit takes place in dayroom or other communal, non-carpeted areas, or in the side room located closest to the ward entrance so as to minimise the animals contact/exposure with other patients. • All such visits must be agreed by the nurse in charge with staff following the responsibilities outlines under ASPH Staff, whilst at all times taking into account the other patients.

6. Policy

6.1. Traditionally the presence of animals in healthcare facilities has been discouraged on the basis of control of infection and health and safety issues. Animals are colonised with microorganisms and some may also carry parasites, which can occasionally be transmitted to humans, particularly people who are immunosuppressed. However, PAT animals can also enhance the quality of life for many people and Assistant Dogs are recognised as providing benefits that have been substantial for patients and their ability to access health services.

6.2. **Relative risk factors**

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Potentially anyone who comes into contact with companion animals is at risk of exposure to zoonotic diseases, this is especially so for individuals who are immunosuppressed, pregnant women and young children. It is also important to note the relative risk of contracting a disease even if you were to come into contact with an infected animal, either directly or indirectly is low.

There are several simple precautions that everyone can follow to minimise the risk of contracting a zoonotic disease as the two main routes of transmission is via direct contact through animals or, indirect contact from inanimate objects in the environment. A PAT/Assistant Dog must have completed a risk assessment and Pet Pass (Refer to Appendix B). An annual risk assessment/Pet Pass must be completed as per trust policy. A copy of the risk assessment/Pet Pass must be kept on the ward/unit, along with evidence of an annual vaccination and parasite control programme for each animal. It is imperative that a supply of appropriate hand hygiene equipment is readily available i.e. hand wipes, alcohol based hand rub. The environment should be cleaned as per Trust cleaning procedure, except in the event of soiling, refer to section 6.7.

6.3. **Standard**

- All PAT Dogs must have completed the following steps to enable them to participate in the PAT scheme:
- Veterinary checks must be performed annually and include dates of vaccinations
- The animal must be physically fit before visiting the trust
- Pass a temperament evaluation/test conducted by certified evaluators
- Evidence of recent parasite (worming and flea) treatment
- Animals must be accompanied by their owner/handler, who are trained PAT volunteers, and the owner/handler must remain with the dog at all times
- Animals must wear their ID badge, coat, and be kept on a fixed short lead while within the Trust
- Visitation sessions will be conducted in specified areas only
- A copy of all records for the animals, along with annual and per visit risk assessment. Any aggressive behaviour from the PAT animal to the patient, staff, visitor or any person within the trust, the animal will no longer be used for visitation within the trust

6.4. **PAT/Assistant Dog hygiene**

All PAT animals must be regularly groomed and checked for signs of infection or other illness, and their coats cleaned regularly. The animal must be hygienically clean
i.e. not wet or muddy prior to entering the Trust.

6.5. **PAT/Assistant Dog illness**

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If the Dog becomes ill, diagnosis and appropriate treatment from a veterinary practice must be sought. The Dog must not revisit the Trust until they are completely fit again.

6.6. **Vaccination**

Regardless of the type of vaccination the owner chooses for their dog, the dog **must** be protected against Leptospirosis. The animal's vaccination/health records must be provided annually and on request, a copy is to be kept with the risk assessment documentation.

6.7 **Soiling**

The owner/handler is responsible if their Dog should urinate or defecate, this should be removed and discarded as clinical waste, then reported to clinical staff. Clinical staff are responsible for ensuring appropriate decontamination is undertaken. If further cleaning is needed IPCT is required for advice.

7. Training

- 7.1. There is no specific training requirement in relation to this policy. If required, further assistance can be sought from senior colleagues and/or the Infection Prevention and Control Team.

8. Stakeholder Engagement and Communication

- 8.1. Detail the process for stakeholder consultation, and briefly summarise those involved in the development and consultation of the guideline.

9. Approval and Ratification

- 9.1. Following appropriate consultation this policy will need to be approved by the Trust's Infection Prevention and Control Committee.
- 9.2. Policy will be approved and ratified at the Documentation Standards Meeting.

10. Dissemination and Implementation

- 10.1. The policy and associated documents will be available on TrustNet.
- 10.2. Notification of any policy revision will be publicised via the Trust news network
- 10.3. The policy will be disseminated to the relevant ward managers for them to adopt if appropriate.

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11. Review and Revision Arrangements

- 11.1. This policy will be reviewed by Therapies within DTC department and ICPT every 3 years.
- 11.2. The policy will be reviewed earlier if national or local policy guidance changes are required to be considered.
- 11.3. The review will then be subject to approval and re-ratification.

12. Document Control and Archiving

- 12.1. Once ratified this policy will be made available via TrustNet.Monitoring compliance with this Policy

13. Monitoring compliance with this policy

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans
Use and standard precautions	Audit	Annually	DTC & IPCT	Management Executive
Completion of Risk Assessments	Review risk assessment for PAT animal	Annually	DTC	Management Executive

14. Supporting References / Evidence Base

- 14.1. Department for Environment, Food and Rural Affairs. Zoonotic diseases. www.defra.gov.uk accessed April 2023
- 14.2. Pets as Therapy. April 2022. PAT Volunteer Team Visits – Summary terms and conditions
- 14.3. RCN Working with Dogs in Health Care Settings, 2019
- 14.4. Pets as Therapy. <http://www.petsastherapy.org> Accessed April 2023.
- 14.5. Duncan. R. 2000. Apic state of the art report: the implications of service animals in healthcare settings. American Journal of Infection Control. 28: 179-180
- 14.6. Guay. D. 2001. Pet assisted therapy in the nursing home setting: potential for zoonosis

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- 14.7. American Journal of Infection Control. 29: 178-186
- 14.8. The Guide Dogs for the Blind Association <http://www.guidedogs.org.uk>
Hearing Dogs for Deaf People <http://www.hearing.org.uk>
- 14.9. Equality Act 2010 <http://homeoffice.gov.uk/equalities/act>

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APPENDIX 1: PET PASS

Pet Pass

1. This pet has been regularly groomed and checked for signs of infection or other illness.

Yes/No

2. This pet has not been diagnosed and/or is not being treated by a vet for any illness. Animals that are ill or have signs of infection are not allowed in the hospital premise until their health is restored.

Yes/No

3. This pet has received relevant inoculations.

Yes/No

4. This pet has been wormed regularly every six months.

Yes/No

5. This pet's claws have been kept trimmed to reduce the risk of scratches.

Yes/No

6. This pet has been exercised before this visit.

Yes/No

7. This pet's coat especially for cats and dogs, have been cleaned regularly.

Yes/No

Pet ID.....

Date & time of visit.....

Signed by owner/handler.....

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APPENDIX 2: EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Summary	
Name	Title
Policy Guidelines for PAT animals on hospital premises	

Background <ul style="list-style-type: none">Who was involved in the Equality Impact Assessment

Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

This policy/guidance does not affect one group less or more favourably than another on the basis of:

- Race
- Disability
- Gender
- Religion or belief
- Sexual orientation including lesbian, gay and bisexual people
- Age
- Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation):

There is no evidence that some groups are affected differently.
No potential discrimination has been identified.
The impact of the policy is likely to be positive.

Key Findings

- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

This policy has a low level of impact in respect to potential adverse impact to equalities groups.

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Conclusion

- Provide a summary of the overall conclusions

Recommendations

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

APPENDIX 3: CHECKLIST FOR THE REVIEW AND APPROVAL OF DOCUMENTS

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

<p>Title of the document:</p> <p style="text-align: center;">Guidelines for PAT Dogs and Assistant dogs on hospital premises</p>
<p>Policy (document) Author: Emily Sturman</p>
<p>Executive Director: Ellen Bull</p>

		Yes/No/Unsure/NA	<u>Comments</u>
1.	Title		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	Scope/Purpose		
	Is the target population clear and unambiguous?	Y	
	Is the purpose of the document clear?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
3.	Development Process		
	Is there evidence of engagement with stakeholders and users?	N/A	
	Who was engaged in a review of the document (list committees/ individuals)?	Infection Control	
	Has the policy template been followed (i.e. is the format correct)?	Y	
4.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are local/organisational supporting documents referenced?	Y	

		Yes/No/ Unsure/ NA	<u>Comments</u>
5.	Approval		
	Does the document identify which committee/group will approve/ratify it?	Y	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	N/A	
6.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary training/support to ensure compliance?	N/A	
7.	Process for Monitoring Compliance		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	N/A	
8.	Review Date		
	Is the review date identified and is this acceptable?	Y	
9.	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Y	
10.	Equality Impact Assessment (EIA)		
	Has a suitable EIA been completed?	Y	

Committee Approval

(insert name of Committee)

If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner

Name of Chair	Ellen Bull	Date	29/06/23
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Ratification by Management Executive

(if appropriate)

If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner

Date: n/a

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