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Purpose

To provide clear guidance to staff/visitors and patients regarding the infection prevention and control considerations for the use of animals in healthcare facilities.

Policy

CDHB facility staff will be aware of the risks associated with animals in healthcare facilities, take the necessary precautions and implement

any required restrictions, to ensure patients do not acquire infections from visiting animals.

Scope

All CDHB employees, contractors, visitors and patients.

Definitions

Zoonotic Disease

An infectious disease transmitted to humans from animals

Special Purpose Dogs

- Disability Assist Dogs
- Police Dogs
- Custom Dogs
- Conservation Dogs

Disability Assist Dogs

These dogs are individually trained to do work or perform tasks for the benefit of a person with a disability. These dogs are not considered a pet but rather an animal trained to help its handler overcome the limitations of their disability.

Associated Documents

- CDHB Hand Hygiene Policy
- CDHB Infection Prevention & Control Policy – Standard and Transmission-based Precautions
- Procedure for Pet Therapy, volunteer dog and carer, Tupuna Villa, Hillmorton (Karen Hawkins, Occupational Therapist)
- Canine Friends Members Guide, June 2016

1 Introduction

The role of animals in providing human companionship is important for people who feel isolated through illness, disability or age. The use of animals has been shown to have beneficial outcomes for some patients' emotional, physical and social well-being. However, animals can carry microbes and parasites that can pose an infection risk within a clinical environment due to the transmission of zoonotic diseases.

This policy is to provide guidance on the suitability, or otherwise, of animal access to the clinical environment, and the infection prevention & control

measures necessary to permit such access. As this policy covers a range of healthcare settings, the risks posed vary considerably; therefore a local risk assessment agreed with IPC should always be sought.

2 Animals likely to carry diseases that can spread to humans

Animals can carry microbes and parasites which are normal flora for them but which can be transmitted to humans, leading to infectious diseases. The immunocompromised patient group in a healthcare environment may be at higher risk from these organisms, should they be transmitted. Studies have shown that even healthy dogs which visit hospitals can carry infectious diseases such as Giardia and Clostridium difficile. Animals may also carry infectious pathogens that they pick up from patients. Reptiles are also known to carry infectious pathogens such as Salmonella - transmission to humans is via direct or indirect contact with their faeces.

Although all animals have the potential to cause disease or carry potential harmful microbes, Veterinarians have identified the following animals as having a higher risk of transmission of disease. Therefore these animals should not be brought into a CDHB healthcare facility:

- Stray animals
- Wild animals/birds
- Exotic animals
- Tropical fish*
- Sick animals/birds
- Animals with diarrhoea
- Caged birds*

*Tropical Fish and caged birds may be allowed in some areas - refer 4.8 Resident animals (ward pets).

3 Mode of transmission

Transmission of microorganisms from animals to humans is via direct or indirect contact from the animals to the patient.

General IPC measures include:

- Advise patients and visitors to always wash their hands after handling or touching the animal
- Staff must always wash their hands after touching the animal
- If the animal litters, the area must be cleaned and disinfected promptly
- Animals are NOT allowed to board with their owners

4 Animals within the clinical environment

As a general rule animals and birds will not be allowed in clinical areas, with the exception of Disability Assist Dogs, and Therapy animals. In specialised circumstances (the dying patient) a pet may be permitted to visit if it is beneficial to the emotional and physical needs of the patient. This must be discussed with the IPC team and patient safety issues for the individual, and other patients within the area, need to be fully considered prior to permitting the visit.

Animal access to rehabilitation areas may be more permissible than to acute areas where the patient mix and level of acute ill health may render animal access less appropriate.

4.1 Prohibited clinical areas

Certain clinical rooms are designated for high-risk procedures and therefore animal access would be prohibited. Pet therapy animals and domestic pets are not allowed to enter the clinical areas listed below:

- Neonatal Intensive Care Unit
- Intensive Care Unit
- Operating Theatres
- Burns Unit
- Endoscopy Unit
- Clinical Procedure rooms
- Isolation rooms

In special circumstances pet therapy animals may be permitted to enter the following oncology areas following agreement from the patient's clinical team:

- Bone Marrow Transplant Unit (BMTU)
- Child Haematology Oncology Centre (CHOC)

Refer 4.4 for Disability Assist Dogs restrictions.

4.2 Restrictions for patients

Certain patients and patient groups, (e.g. immunocompromised, pregnant) are at greater risk of acquiring infections. Therefore the patient should:

- Not be immunocompromised (neutrophil count <1,500)
- Not be in isolation
- Not have had a surgical procedure in last 48 hours
- Have all cannula, wounds, and other devices which break the skin's integrity covered with a dressing and/or clothing

4.3 General requirements for all visiting animals

- If the animal is unwell it will not be allowed to enter the ward.
- The risk to the patient visited and other patients on the ward (e.g. their immunosuppressed status) should be assessed by medical and nursing staff in consultation with the IPC team, prior to authorisation of the visit of the animal.
- If the patient is isolated in a cubicle for infectious reasons, a visit from an animal may be prohibited, and needs to be discussed with the IPC team and animal owner. This is due to the risk of the animal contracting an infectious disease from the patient.
- If there are patients/members of staff/other visitors with allergies to animals this must be taken into consideration and may prevent the visit of the animal.
- The animal should be restrained by a lead or harness and escorted at all times when moving between areas within the hospital.
- The animal should not be allowed to wander around the ward or visit any other patient.
- The owner must take responsibility for supervising the animal at all times or provide another responsible person to do this.
- The animal must not have access to any food preparation/ kitchen or eating areas, including any public hospital cafeterias.
- Toileting must be outside the building. If the animal passes urine or defecates indoors, this must be cleaned up by the person supervising the animal. Clinical staff must be informed immediately to enable thorough cleaning and disinfection, using hypochlorite solution and wearing PPE. If additional cleaning is required, the housekeeping team need to be informed to undertake this.
- If the animal becomes distressed in any way it should be removed from the hospital.
- The animal should have no contact with open wounds and these should be covered.
- Hand hygiene is expected by staff, patient and visitors who come into contact with the animal. Following handling of the animal, hand washing with soap and water must take place.
- Following the discharge of a patient who has received daily visits by an animal, the area will require terminal cleaning. This will minimise contamination of the environment.

4.4 Disability Assist dogs

Disability Assist dogs are legally protected from discrimination by: The Human Rights Act 1993 and The Dog Control Act 1996. Because of the unique and important job performed by these dogs they are legally allowed into any public place with their handler.

Organisations currently listed in section two of the Dog Control Act 1996 that are authorised to certify dogs as Disability Assist Dogs are:

- Hearing Dogs for Deaf People New Zealand
 - Mobility Assistance Dogs Trust
 - New Zealand Epilepsy Assist Dogs Trust
 - Royal New Zealand Foundation of the Blind
 - Perfect Partners Assistance Dogs Trust
- Disability Assist Dogs will be allowed into the clinical environment to accompany the patient for short visits such as outpatient appointments.
 - Ideally the patient should be nursed in a cubicle thus allowing the animal to have no contact with other patients.
 - If the dog must be separated from its handler during the provision of outpatient health care, it is important that the animal is supervised by a responsible person, or if this is not possible, to place the animal in a crate or carrier.
 - If the dog's owner is admitted, and would not be expected to engage in activities that would involve the dog, then the dog must be returned to the owner's home or alternative care until the owner is discharged.
 - The owner or handler must provide a water bowl and drinking water must be used for the animal (not water from the cubicle basin). The animal should not be fed whilst on site and no storage of animal food can be permitted.
 - The animal should not be required to stay in the clinical area for a long period of time. It is imperative that friends and family organise people to walk the dog regularly during the day for exercise and for toileting purposes if the patient is unable to do so.
 - Should a visitor who uses an assistance dog/animal, wish to visit a relative in hospital, this should be discussed with the IPC Service. The patient's clinical status and location in the hospital will be fully considered and a risk assessment made.
 - Disability Assist Dogs are prohibited to access all areas and rooms listed in Section 4.1. unless prior arrangements are made with the clinical team in discussion with the IPC Service.

4.5 Visiting animal therapists

- All pet therapy providers must be pre-approved by the IPC Service and a CDHB agreement signed annually and returned to the IPC Service (Appendix 1).
- All visits must be planned, approved by the ward/unit nurse manager, and the visit documented.
- A trained person must be responsible for the animal during the visit.
- Only mature, house trained animals are acceptable.
- The animal must be identified as a Therapy Animal e.g. Canine Friends dogs wear an organisation scarf.
- There should be a written agreement within the facility to ensure full understanding of the following:
 - The types of animals allowed for the purpose of pet therapy
 - The control and behaviour of the animals while they are on the premises
 - The routes for entry and movement through the facility
 - The areas where pets are not allowed
 - The insurance liability of owners and handlers
 - Cleaning protocols for cleaning surfaces after therapy sessions
- Animal therapists shall be competent in hand hygiene procedures and perform hand hygiene prior to and after exiting both the ward and the patient's room.
- The animal therapist must not visit if they themselves are unwell.
- All patient care surfaces are to be cleaned and/or disinfected after visiting if in contact with the animal e.g. bed table.
- The animal should not be on the bed and the bedcover must be changed if this happens.
- The immunosuppressed status of the patient visited and other patients on the ward should be assessed by medical staff in consultation with the IPC team prior to authorisation of the visit.
- Pets as therapy dogs should not visit patients who are in isolation for an infectious reason.

4.5.1 Recognised Pet Therapy providers

The following organisations are recognised providers of pets for therapy within New Zealand:

- Canine Friends – Pet Therapy - New Zealand wide.

- Outreach Therapy Pets (St John) - Auckland, Whangerei, Kerikeri, Thames and Waihi.
- Pet Assisted Wellness Support Therapy- PAWS Therapy – Hawkes Bay.
- BARK N.Z. - Educational programmes to reduce the national dog bite stats in children 12 years and under. North Island.

4.6 Visits by domestic animals (pets)

- A patient's own domestic animal may visit in exceptional circumstances, if this is felt to be beneficial to the patient's wellbeing.
- Animals listed in section 2 are not allowed to visit – even if it is the patient's own pet.
- Prohibited areas for domestic animals are listed in section 4.1. However if it is considered beneficial for a patient in a prohibited area to receive a pet visitation, then this may occur with prior consent from the patient's clinical team. The pet shall not be allowed to visit other patients in the prohibited area at the same time.

4.7 Drug / Security dogs

- In some health care facilities, drug dogs are invited into units to search for illicit drugs. These dogs are not affected by any constraints.
- The use of a security dog on CDHB premises and grounds can only take place within the restrictions below, and in the presence of a certified dog handler.
- The security dog handler is to maintain accurate records of the dog's health status, including vaccination and veterinarian records.
- The dog may only enter general wards and clinical areas in the event of a security emergency.
- The dog is at all times restricted from entering the prohibited areas listed in 4.1.
- The dog may routinely patrol hospital grounds in the presence of the certified security dog handler.

4.8 Resident animals (ward pets)

- It is not acceptable to have caged ward pets (animals or birds) in a clinical environment. This is due to the microbiological and immunological risks of cross

contamination from bedding and excrement of the animal/bird to the potentially immunocompromised client group.

- Aquaria (fish only) may be permitted in certain areas, (i.e. outpatient facilities), following consultation with the IPC team, provided allocated persons are responsible for the maintenance and care of the tank. Cleaning of the tank should occur at times which pose minimal exposure to the environment and patient group, such as out of hours when the unit is shut.
- Reptiles will not be permitted in clinical environments.
- In some residential settings (Mental Health and Rehabilitation Units) it may be beneficial for there to be (a) resident animal(s).
 - The number of animals should be limited.
 - The animals should be carefully chosen and come from a healthy source.
 - The animals must have a full vaccination status, and/or other measures, to maintain good health for the animal.

4.9 Infection Prevention measures for resident animals in permitted areas

Caged Birds

- A nominated unit/ward based person with bird experience must take responsibility for the health and welfare of the caged bird(s).
- There should be a written record available.
- The cage must be cleaned daily.
- Water and feed containers must be washed daily and not in a kitchen or bathroom area.

Aquariums

- A nominated unit/ward based person with aquarium knowledge must take responsibility for the health and welfare of the fish.
- There should be a written record available.

Cats

- An up-to-date health record (vaccinations, flea treatments and worming) must be maintained and be available on request.
- Cats should be regularly groomed.
- All cats are to be regularly checked for signs of illness. A veterinarian should diagnose and treat any illnesses.

- Cat bedding should be washed regularly. Old towels make good bedding.
- A cat door must be installed to allow the animal immediate access to an outdoor area for toileting.
- Litter trays are not acceptable once the kitten has been trained to toilet outdoors.
- Cats should have their own feeding dishes/containers which should be washed daily. These should not be located or cleaned in a kitchen area.
- Feeding dishes/bowls should be placed on clean newspaper or plastic mats.
- Cats should not be fed in, or have access to, food preparation areas.
- Once a container of cat food has been opened it should be kept separate from food for human consumption.

Measurement or Evaluation

Ward rounds by IPC Service.

References

1. The New Zealand Human Rights Act (1993)
2. The New Zealand Dog Control Amendment Act (2006)
3. [ACIPC Position Statement - Pet Therapy in Healthcare Facilities, 2012](#). Accessed 1st September 2016
4. [New South Wales Government Guidelines - Animal Visits and Interventions in Public and Private Health Services in NSW, 2012](#). Accessed 1st September 2016

Policy Owner	Infection Prevention & Control Service
Policy Authoriser	Executive Director of Nursing
Date of Authorisation	February 2017

Appendix 1 Pet Therapy Provider Agreement

Agreement between the provider of Pet Therapy and the Canterbury District Health Board

(Name of organisation) is aware of the DHB policy, 'Animals in CDHB Healthcare Facilities' and shall abide by the restrictions and requirements outlines in the policy.

(Name of organisation) agrees to comply with the infection prevention and behavioural requirements listed below when providing pet assisted therapy in a CDHB hospital or clinical area.

Prior to each visit by an animal as part of a pet assisted therapy programme, the following criteria must be met:

1. The dog or other pet shall:

- ✓ Not belong to the group of restricted animals listed in the CDHB policy
- ✓ Be up to date with immunisations
- ✓ Be constrained or on a leash
- ✓ Not be allowed to sit on the bed or patient's clothing without a protective sheet
- ✓ Be over 12 months old and toilet trained
- ✓ Be of suitable temperament and behaviour
- ✓ Not be showing any signs of illness
- ✓ Wear an organisational scarf or other identifier as a Pet Therapy animal

2. The handler shall:

- ✓ Ensure permission is obtained from the person in charge of the area
- ✓ Be well
- ✓ Be trained in hand hygiene procedures and perform hand hygiene before and after every patient interaction and after handling the animal
- ✓ Be prepared to clean up any spills from the animal
- ✓ Conduct the pet therapy

3. The patient shall:

- ✓ not be immunocompromised (neutrophil count <1,500)
- ✓ not be in Isolation
- ✓ not have had a surgical procedure in last 48 hours
- ✓ not have a dog, cat or other animal allergy or fear (as relevant)
- ✓ have all intravenous lines, wound sites and other breaks in skin integrity well covered by dressings/ bandages and clothing
- ✓ have consented to take part in pet therapy and have had an explanation about the risks and benefits
- ✓ Have had consent for therapy from the clinical team
- ✓ Clean their hands after the pet visit

Signed: **Name:**

Organisation:

Date:

(Please send the signed form to your local infection prevention & control clinical nurse specialist either as a hard copy or scanned and emailed to the local CNS IPC)

Appendix 2 Example procedure for pet therapy

Pet Therapy, Volunteer dog and carer, Tupuna Villa, Fortnightly visits.

Visits by volunteer and her small dog began on Tupuna Villa, Hillmorton Hospital, June 2012.

- Volunteer orientated to ward environment, with visits to occur in ward foyer, main living area and outdoor courtyard, depending on presentation of patients and weather.
- Risks relating to pet therapy discussed, see below
- All visits are planned and entered into ward diary, by Occupational Therapist
- Duration of visits one hour
- Occupational Therapist or designated staff member to greet volunteer and dog on arrival on ward.
- Occupational therapist or designated person will greet volunteer and dog, however will not necessarily accompany the volunteer for the duration of the visit.
- At the end of the visit occupational therapist will check in with the volunteer how the visit went and any issues encountered.
- All visits are conducted outside of meal times
- If there is any cause for concern about the dog, visit to be terminated immediately and discussion held re feasibility of future visits.

Possible risks:

1. Unpredicted patient reaction to dog and/or volunteer
2. Unacceptable behaviour of the dog
3. Mishandling the dog by patients.

Management of Risks:

Therapeutic Intervention:

To support the volunteer and to ensure maximum therapeutic benefit for the patient, the following are suggested.

- The therapist will introduce the volunteer to any new patients and will monitor the responses of the patient to the dog.
- The therapist will suggest any activities the volunteer may carry out with specific patients, e.g. holding the dog, patting and stroking the dog, brushing the dog, walking outdoor with the dog and volunteer.
- At the end of the visit, the therapist will review any issues arising for the volunteer during the visit and provide the volunteer with feedback regarding the patient's responses.