

TRUST WIDE DOCUMENT

	Policy
DOCUMENT TITLE:	Therapy Dogs Policy
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DOCUMENT REPLACES	v1.0
LEAD EXECUTIVE DIRECTOR DGM	Deputy Director of Nursing
AUTHOR(S):	Chaplaincy and Spiritual Care Department

TARGET AUDIENCE:	All employees within East Lancashire Hospitals Trust
DOCUMENT PURPOSE:	This policy has been developed to provide a practical document to equip all healthcare staff at East Lancashire Hospitals Trust with the necessary information on allowing animals into the trust for the purposes of pet therapy.
To be read in conjunction with	Volunteers Policy Hand Hygiene Policy Assistance Dog Policy

SUPPORTING REFERENCES	Nursing and Midwifery Council (NMC) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates 2018.
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CONSULTATION		
	Committee/Group	Date
Consultation	Infection Prevention & Control Patient Experience Group (via Chair's action)	25/4/19 16/5/19
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Therapy Dogs Policy

1. SCOPE

- 1.1 This policy extends to cover all ELHT staff. This policy will also apply to honorary contract holders and staff employed by other organisations who work with ELHT patients and for the Trusts' other staff.
- 1.2 This policy complements professional and ethical guidelines and the Nursing and Midwifery Council (NMC) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates 2018. The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives. (NMC 2018).
- 1.3 Infection prevention and control is the responsibility of **ALL** staff associated with patient care. A high standard of infection prevention and control is required on **ALL** wards and units, although the level of risk may vary. It is an important part of total patient care.
- 1.4 It is essential that infection prevention and control is seen as an organisational responsibility and given a high priority, therefore any decisions regarding the entry of therapy dogs into the clinical area need to be fully considered.

2. ROLES AND RESPONSIBILITIES

- 2.1 The **Chief Executive (CEO)** has overall responsibility for ensuring the Trust has appropriate strategies, policies and procedures in place to ensure the Trust continues to work to best practice and complies with all legislation.
- 2.2 **Line managers and/or the Matrons/Ward Managers** are responsible for ensuring this policy is accessible for all staff and that they have read and understood the content. Line managers are responsible for ensuring any changes in practice are implemented, and any further training needs identified and addressed. The matron/ward manager in discussion with the Infection Control team will determine the appropriate length of stay for any therapy dogs visiting the clinical area.
- 2.3 **All staff** must ensure that their practice follows the current policies. Information regarding the failure to comply with the policy (e.g. lack of training, inadequate equipment) must be reported to the line manager and the incident reporting system used where appropriate.
- 2.4 **Infection Control Team (IC team)** has a responsibility to offer advice to healthcare staff on the suitability or otherwise of therapy dog access.

3. DEFINITIONS

Term	Definitions
Clinical Environment	General ward areas, corridors between wards and out patient areas.
IC	Infection control
VSM	Volunteer Services Manager
Therapy dogs	A dog trained and assessed by a qualified behaviour dog therapist and declared suitable for use with a hospital environment.
Zoonosis	An infectious disease transmitted to humans from animals

4. INTRODUCTION

- 4.1 Within the Trust, the Chaplaincy and Spiritual Care Services oversee the use of therapy dogs and manage their day-to-day activity. Any requests or advice regarding their work should be directed to therapydog@elht.nhs.uk in the first instance.
- 4.2 Evidence suggests that the use of animals can have a positive impact on patient's emotional, physical and social wellbeing (Eckersley 2016). This has resulted in there increase use in various settings, including hospitals (RCN 2018). However, animals within a clinical environment can pose an infection risk due to the potential 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 control measures necessary to permit such access.
- 4.3 Animals may 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 of a healthcare environment may be at higher risk from these organisms, should they be transmitted. Recent research (Lefebvre et al 2006) found that healthy dogs who visited hospitals were carriers of a number of pathogenic organisms including *Clostridium difficile*, *Giardia* sp and *Pastuerella* spp. It is also suggested (Khan and Farrag 2000) that animals can be carriers of infectious pathogens which they may contract from patients.
- 4.4 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). The following principles have been established to minimise/break this chain and prevent cross contamination of organisms to the environment and to the patient from a visiting animal.

5. ANIMALS WITHIN THE CLINICAL ENVIRONMENT

- 5.1 As a general rule animals will not be allowed in clinical areas within the Trust; with the exception of trained and assessed therapy dogs and assistance dogs. In specialised circumstances (the dying patient) a pet maybe permitted to visit if it is beneficial to the emotional and physical needs of the patient. This must be discussed with the IC team and patient safety issues of the individual and other patients within the area fully considered prior to permitting the visit.
- 5.2 Access to rehabilitation areas may be more permissible than to busy acute areas where the patient mix and level of acute ill health may render animal access less appropriate.

6. VOLUNTEERS

- 6.1 Volunteers wishing to assist with the work of approved therapy dogs within the Trust must first contact: The Voluntary Services Manager (VSM) on 01254 735920 who will discuss capacity with the Chaplaincy and Spiritual Care Manager.

7. THERAPY DOGS

- 7.1 All therapy dogs used within the Trust must have written confirmation from a qualified dog behaviourist (at least to diploma level), that the dog has been assessed as suitable for this work.
- 7.2 A minimum of two assessments must be undertaken by the qualified dog behaviourist: First, within the community and if successfully completed, secondly within the hospital environment. An additional assessment will be required for any therapy dog working within paediatric areas.
- 7.3 Vaccinations: dogs must be vaccinated against distemper, parvovirus, and hepatitis, according to the manufacturer's guidelines. An annual vaccination for leptospirosis is also required. The owner must show signed veterinary certificates for these vaccinations to the chaplaincy manager annually. (Titre testing is no substitute for vaccination).
- 7.4 Parasite prevention: the owner should treat the dog to prevent fleas, ticks and worms on a regular cycle. Where a topical ectoparasite treatment (back of the neck ointment) is used, this can cause an unpleasant odour and, in some cases, a rash if someone strokes the dog after the drops have been administered into the coat. In such instances, dogs should not visit health care environments for 48 hours after product use. It should be noted that orally administered alternatives are available. Handlers should be able to provide evidence of parasite prevention in the form of a written record.

- 7.5 A copy of each dogs vaccination records and flea, tick and worm prevention record will be held by the chaplaincy manager with each dog having its own file, kept by the chaplaincy manager within the department.
- 7.6 Owners should be aware that if visiting health care settings dogs should not be fed on raw food.
- 7.7 Therapy dogs may only be on site when working as therapy dogs. They will be met by the Chaplaincy Manager or the designated chaplain and provide relevant information and then attend with their handler the pre-arranged area. They will then return to the Chaplaincy Manager or designated chaplain with completed documentation and then leave the site.

8. CONDUCT

- 8.1 All visits must be pre-arranged with ward staff. The ward sister/manager of the clinical area will determine whether the therapy dog will be allowed into the area at that time and whether any conditions or restrictions are necessary. Any therapy dog visiting a clinical area should be accompanied at all times by its handler.
- 8.2 Therapy dogs visiting the ward should comply with the following:
 - Within the Trust, the Chaplaincy and Spiritual Care Services oversee the use of therapy dogs and manage their day-to-day activity. Any requests or advice regarding their work should be directed to therapydog@elht.nhs.uk in the first instance.
 - The immunosuppressed status of the patient visited and other patients on the ward should be assessed by medical staff in consultation with the IC team prior to authorisation of the visit.
 - Therapy dogs should not visit patients who are in isolation for an infectious reason.
 - 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.
 - Ideally therapy dogs should visit the designated patient in an otherwise empty day room or single cubicle. If this is not possible the conditions of the other patients within the bay should be assessed, in consultation with the ward staff.
 - The animal must be supervised by their designated handler at all times and not allowed to wander around the facility or visit other patients.

- Toileting must be outside the building. If the animal passes urine or defecates indoors this must be cleaned up by handler, using hypochlorite solution and wearing PPE. If additional cleaning is required the housekeeping team need to be informed to undertake this.
- The therapy dog must not have access to any food preparation/kitchen or eating areas.
- The therapy dog will not be fed in the healthcare facility.
- The therapy dog should have no contact with open wounds and these should be covered prior to a visit.
- 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/alcohol rub must take place in line with the Trust Hand Hygiene Policy.
- A record of the visit by the therapy dog to a patient will be made by the Chaplaincy and Spiritual Care Services on the patient's Electronic Patient Record System.
- Any untoward incidents must be reported via the Datix incident reporting system on the intranet.

9. MONITORING COMPLIANCE

	Individual responsible for the monitoring	Tool and method of monitoring	Frequency of monitoring	Responsible Group or Committee for monitoring
Dogs vaccination and worming record	Chaplaincy manager	9.0 compliance form and dogs records on file	Weekly	Patient experience group - annually
Number of visits to patients	Chaplaincy manager	9.0 compliance form	Annually	Patient experience group - annually

Appendix 1 - Therapy dog monitoring compliance A

Record of patient visited and authorisation of visits to ward/departments

Date:

Name of Ward:

Site:

Handler:

Name of Volunteer:

Name of Dog:

Date of expiry of dog's vaccination certificate:

Date of expiry of dog's worming, ticks and flea prevention:

Approval for visit given by member of ward staff (sister/manager)

Signed: _____

Name printed: _____

This form is to be completed during/following each attendance of a therapy dog within the Trust and reviewed by the chaplaincy manager following the attendance.

Ward	Bed/Bay	Patient Name	RXR	Approval signature by staff nurse if side room	Visited

Ward	Bed/Bay	Patient Name	RXR	Approval signature by staff nurse if side room	Visited

Reviewed by chaplaincy manager and vaccination certificates confirmed.

Signed and date: _____

Printed name: _____

Appendix 2 - Equality Impact Assessment Screening Form

Department/Function	Chaplaincy and Spiritual Care			
Lead Assessor	Andrew Horsfall			
What is being assessed?	C152 - Therapy Dogs Policy			
Date of assessment	11/11/2024			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Staff Inclusion Network/s	<input checked="" type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input checked="" type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?			
Positive:		Negative:	
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 		<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	
Neutral:		<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged 	
Equality Groups	Impact (Positive / Negative / Neutral)	Comments	
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal? 	
Disability (Including physical and mental impairments)	Neutral		
Sex	Neutral		
Gender reassignment	Neutral		
Religion or Belief	Neutral		
Sexual orientation	Neutral		
Age	Neutral		
Marriage and Civil Partnership	Neutral		
Pregnancy and maternity	Neutral		
Other (e.g. caring, human rights)	Neutral		
2) In what ways does any impact identified contribute to or hinder promoting equality and diversity			

across the organisation?	
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3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.

- This should include where it has been identified that further work will be undertaken to further explore
- the impact on equality groups
- This should be reviewed annually.

Action Plan Summary

Action	Lead	Timescale