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1	July 2021	General review and update of the policy. New sections on Autism Assistance and Seizure alert dogs.
2	December 2018	General Review and update of the policy, Appendices removed and new section on Law added
3	January 2016	Inclusion of procedures for dealing with Pets as Therapy (PAT) animals in the Trust's Community Hospitals (Section 9)

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1 Introduction

Shropshire Community Health NHS Trust (SCHT) is committed to ensuring all equality issues are addressed and actively promotes equality and sensitive practice in all of its services.

This policy sets out requirements under disability legislation relating to access to services by disabled people who have specially trained dogs to assist with day-to-day activities.

It also highlights the requirements for such dogs entering Trust premises and offers examples of good practice. It is anticipated that this policy will minimise the restrictions of access to assistance dogs thus reducing stress to the person, assistance dog, staff and other patients.

The policy also highlights measures to be taken regarding Pets as Therapy (PAT) animals – see Section 8.

2 Purpose

This policy is intended to provide guidance on the requirements of the Community Trust to support access for patients and visitors with assistance dogs or PAT animals. The policy applies to all employees of the Community Trust in all locations.

The policy also applies to individuals employed by agencies and other contractors.

3 Definitions

Term / Abbreviation	Explanation / Definition
Assistance dog	An assistance dog is specially trained to assist a person with a specific impairment, and has been qualified by one of the organisations registered as a member of Assistance Dogs (UK). These are:- <ul style="list-style-type: none"> • Guide Dogs UK • Hearing Dogs for Deaf People • Dogs for the Disabled • Canine Partners • Support Dogs
CCR	Clinical Case Review
DIPC	Director of Infection Prevention and Control
HCAI	Healthcare Associated Infection
IPC	Infection Prevention and Control
Pets as Therapy (PAT) animals	Provide an animal visiting service in hospitals, hospices, nursing and care homes, special needs schools and a variety of other venues all across the UK.
PIR	Post Infection Review
RCA	Root Cause Analysis
SaTH	Shrewsbury and Telford Hospitals
SCHT	Shropshire Community Health (NHS) Trust
SIP	Service Improvement Plan

4 Duties

4.1 The Chief Executive

The Chief Executive has overall responsibility for ensuring infection prevention and control is a core part of Trust governance and patient safety programmes.

4.2 Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) is responsible for overseeing the implementation and impact of this policy, make recommendations for change and challenge inappropriate infection prevention and control practice.

4.3 Infection Prevention and Control Team

The Infection Prevention and Control (IPC) team is responsible for providing specialist advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

The IPC team will ensure this policy remains consistent with the evidence-base for safe practice, and review in line with the review date or prior to this in light of new developments.

4.4 Managers and Service Leads

Managers and Service Leads have the responsibility to ensure that their staff including bank and locum staff etc. are aware of this policy, adhere to it at all times and have access to the appropriate resources in order to carry out the necessary procedures.

Managers and Service Leads will ensure compliance with this policy is monitored locally and ensure their staff fulfil their IPC mandatory training requirements in accordance with the Trust Training Needs Analysis.

4.5 Staff

All staff have a personal and corporate responsibility for ensuring their practice and that of staff they manage or supervise comply with this policy.

4.6 Committees and Groups

4.6.1 Board

The Board has collective responsibility for ensuring assurance that appropriate and effective policies are in place to minimise the risks of healthcare associated infections.

4.6.2 Quality and Safety Committee

Is notified of all IPC incidents.

4.6.3 Infection Prevention and Control Governance Meeting

Is responsible for:

- Advising and supporting the IPC team
- Reviewing and monitoring individual serious incidents, claims, complaints, reports, trends and audit programmes
- Sharing learning and lessons learnt from infection incidents and audit findings
- Agreeing and escalating key risks/items of concern to the appropriate Directors and/or the Quality and Safety Committee
- Approval of IPC related policies and guidelines

5 Risk

Organisational risk associated with assistance dogs or PAT animals can be broken into three areas with associated controls:-

Risk	Control
Reduced patient access and non-compliance with legislation	Compliance with content of policy and reasonable adjustment
Infection prevention and control concerns and potential animal fouling	Compliance with existing infection prevention and control procedures, including hand washing to support best practice
Inappropriate impact of animal presence or behaviour to others, e.g. allergies, bites or injuries	Safe and considered conduct by staff and animal owners as set out within this policy

6 Pet Animals

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

Shropshire Community Health NHS Trust (SCHT) is committed to ensuring that its services and facilities are open and accessible to all. It takes its responsibilities under the Equalities Act (2010) seriously and recognises that unnecessary restrictions of access to guide and assistance dogs and other animals could prevent some service users from having appropriate access to the hospital.

Pet animals can enhance the quality of life for many people. However, animals can carry infections which can occasionally be transmitted to humans, particularly people who are immuno-suppressed or who have other health problems. Patients and staff may be allergic to some animals, have a phobia, or just not like to be in contact with them; some may have religious or cultural beliefs making contact with an animal unacceptable. Some animals may be difficult to control and may pose risks to patients and staff due to their behaviour.

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. Assistance dogs are used by people who have certain disabilities in order to retain a level of independence. These dogs have been thoroughly trained and assessed by specialist organisations to allow them to safely carry out their important role. In addition, employees with a disability rely on their service animal.

SCHT is required under the Equality Act 2010 to ensure every effort is made to accommodate people's needs, as long as patient.

To minimise the risk, animals are generally not allowed on Trust premises.

The only exceptions are Assistance Dogs, Guide Dogs for the Blind, Hearing Dogs for the Deaf, or similar, and animals which belong to the Pets as Therapy (PAT) scheme.

When assistance dogs and PAT animals are allowed onto Trust premises the animal's owner and the health care workers must ensure that the animal is not a nuisance to other patients and that it does not interfere with patient care. Patient's consent should be obtained and if any patients object to the animal's presence, arrangements must be made to ensure that the animal is kept away from them.

The animal may need exclusion from specific clinical areas.

7 Assistance Dogs

An assistance dog is specially trained to assist a person with a specific impairment, and has been qualified by one of the organisations registered as a member of Assistance Dogs (UK). These are:-

- Guide Dogs UK
- Hearing Dogs for Deaf People
- Dogs for the Disabled
- Canine Partners

- Support Dogs

7.1 Role of an Assistance Dog

Canine Partners aim to help improve access, mobility, independence and quality of life. Many disabled people rely on an assistance dog as an aid to their mobility and would find day-to-day living extremely difficult without this help.

A guide dog is highly trained, and its owner will have had specialised training in the safe and effective use of their dog. Assistance dogs are taught how to be well-behaved. They sit or lie next to their owners and they are trained to go to the toilet on demand.

(The assistance dogs are toileted prior to leaving home and again before entering any buildings.)

As members of the Assistance Dogs UK, guide dog owners carry a card advising that guide dogs should not be a risk to hygiene. The dogs are groomed daily and they also have regular check-ups at the vets. They comply with strict guidelines and there is therefore no need for staff to ask for vaccination certificates.

7.2 Recognising an Assistance Dog

7.2.1 Guide Dogs

Guide dogs assist people who are blind or visually-impaired. They usually wear a white working harness with yellow reflectors and tags on their collar.

7.2.2 Deaf/Blind Guide Dogs

These dogs wear a red and white harness.

7.2.3 Hearing Dogs

These dogs assist people who are deaf or hearing-impaired. They wear a burgundy coat with "Hearing Dog" written on the coat.

7.2.4 Autism Assistance Dogs

Autism assistance dogs are trained to provide safety and to facilitate a more independent and socially inclusive life for both the child with autism and their family.

7.2.5 Seizure alert dogs for people with epilepsy.

Seizure alert dogs for people with epilepsy are trained to provide a 100% reliable, up to 50 minute warning prior to the onset of an epileptic seizure. This enables the client to find safety and be in control over their seizure, allowing a much more independent life.

7.2.6 Assistance Dogs, Support Dogs, Dogs for the Disabled,

The range of services provided by assistance and therapy dogs has steadily increased over the past few decades and it now appears that these canine service providers can add Alzheimer's and dementia assistance to their resumé. These dogs assist people with many different tasks. This can range from alerting people when their owner has a seizure, to carrying items, to loading/unloading washing machines, etc.

These dogs wear a purple coat.

Assistance dogs trained by member organisations of Assistance Dogs UK will have formal identification in the form of a white harness, organisation specific branded dog jackets, lead slips or ID tags on the dog's collar.

7.3 Responsibility of the Dog Owner

Accredited Guide dogs and assistance dogs are highly trained, and their owners will have had specialised training in the safe and effective use of their dog. The dog's behaviour is a

key part of this training – it will have been trained to lie quietly under tables or in the footwell of vehicles, and it should not cause any disruption.

The dog is the owner's responsibility. In the rare event that an assistance dog misbehaves, please inform the owner who will be keen to control their dog.

7.4 Access to Community Trust Premises

7.4.1 The Law

It is against the law for service providers to treat people with disabilities less favourably because of their disability, or because they have a guide or assistance dog with them.

Making "reasonable adjustments" might mean giving extra help, such as guiding someone to a restaurant table, or making some changes to the way you provide your services to make it easier for blind and partially-sighted people to use them. It certainly includes allowing guide dogs and assistance dogs into all public places with their owners.

Guide dog and assistance dog owners have important rights under the Equality Act 2010. The Equality Act 2010 provides for disabled people to have the same right to services supplied by shops, banks, hotels, libraries, pubs, taxis and restaurants as everyone else.

7.4.2 Religious objections

The Trust does not consider religious objections as reasonable objections, as the Trust does not consider that an objection on religious grounds would justify its failure to comply with its duty to make reasonable adjustments, in accordance with the limited justification defence set out in the Disability Discrimination Act 1995.

7.4.3 Inpatient Services

Restricted Areas

Assistance dog handlers are taught about dog-hygiene and how to groom and manage their dogs thoroughly to ensure that health risks are minimized. Assistance dogs are therefore welcome in most areas of the community hospitals and other trust premises.

There are occasions where it is not appropriate for assistance dogs to enter an area and as such a senior manager and/or HR lead for equality and diversity with advice from IPCT will liaise with the owner where the trust genuinely believes that there is a threat of endangering the disable person or others (infection prevention and control risk or if other patients have an allergy to dogs).

On this basis assistance dogs or other animals **will not be permitted** into the following areas under any circumstance:

- COVID -19 Red/Amber areas
- Day surgery Unit
- Any clinical procedure rooms
- Maternity
- Children's areas without prior consent of consultant paediatrician or person in charge
- Outbreaks of infection
- Any area used for cooking or food preparation or eating
- No other area that is kept sterile or clinically clean by default.

In addition, if sterile or invasive procedures e.g. minor operations or day surgery procedures are to be carried out; it may be precautionary to exclude assistance dogs as there may be slight shedding of hair.

However, if separation causes undue stress the assistance dog could be allowed into such areas, on the proviso that appropriate steps are taken to clean the area after the procedure.

It is not customary for assistance dogs to stay in hospitals with their owner. However, the care of assistance dogs should be discussed with the patient, where possible, prior to hospital admission, and alternative arrangements for care of the dog should be considered.

In cases of unplanned admission, where family or friends are unable to look after the dog, the appropriate assistance dog organisation can normally make arrangements for care of the dog during this time.

7.4.4 **Outpatient Services**

Assistance dogs can generally accompany the patient to outpatient or clinic visits.

However, if the patient requires tests or treatment, the patient may prefer that the dog is left in a suitable area. The assistance dog can be kept in a quiet area (e.g. office or duty room) while the patient is undergoing treatment.

If the patient is being transferred for a test, e.g. X-Ray, in a chair or trolley, the assistance dog can be led by its owner or a member of staff, and should be able to accompany the patient.

7.4.5 **Visitors with Assistance Dogs**

Any visitor with an assistance dog should be greeted on arrival to the clinical area and the person in charge will communicate any limitations to the visitor.

7.4.6 **Access for Assistance Dogs**

It is the decision of the person in charge as to whether it is appropriate for the dog to be allowed into a particular area.

The person in charge should consider the guidance set out below when making a decision in relation to access. High risk areas where access will not be permitted are detailed in section 7.4.6 below.

Whenever it is not possible to allow the dog into a particular area, the person in charge needs justifiable grounds for making this decision.

The person in charge should consider whether the care needs of other patients present a reasonable objection to an assistance dog being present in the area.

Reasonable objections include:-

- Medical conditions or allergies associated with dogs
- Mental health issues with dogs, including reasonable fear of dogs

Objections under religious beliefs are not generally considered reasonable. In particular it should be recognised that Muslim patients may have concerns, as dogs are generally seen in a negative context. However, in 2003 the Sharia Council based in the UK, ruled that a ban on dogs does not apply to guide dogs.

Where reasonable objections exist, staff should try and make adjustments, such as moving the patient to another ward or into a side room if feasible.

7.4.7 **Justifiable Separation**

Infection prevention and control, and patient safety remain paramount.

Assistance dogs will normally be permitted access into wards and other hospital areas, clinics, GP surgeries etc. However, this does not apply to high risk areas as follows:-

- High dependency areas including Diagnostic Assessment and Access to Rehabilitation and Treatment (DAART) and Advanced Primary Care Service (APCS)
- Day surgery units, including recovery rooms

The care of assistance dogs should be discussed with the patient, and where patients will use high risk services, alternative arrangements for the care of the dog should be considered.

This can include keeping the dog in a quiet area such as an office or duty room. The dog can be left alone but regular checks should be made to check on its welfare.

8 Pets as Therapy (PAT) Dogs and Animals

All assistance dogs and animals used by the PAT organisation will have a record detailing their vaccinations, visits to the vet and state of health. A copy of the animal's health record should be available on request. Evidence of the animal's health status should be provided to the person in charge of the area, **preferably prior to the visit.**

PAT animals will be temperament assessed, fully wormed and covered by an insurance scheme. All PAT dogs shall wear a special identity disc on their collar. Their owners shall also wear ID badges whilst on visits.

Any PAT dog or animal visiting a clinical area must be accompanied at all times by its registered owner.

All visits must be pre-arranged.

The nurse in charge of the clinical area will determine whether the PAT animal can be allowed into the area and whether any conditions or restrictions are necessary.

When a PAT dog or animal visits Trust premises the following procedures must be adhered to:

- Staff and patients must wash their hands with soap and water after handling the animal.
- The animal must be properly supervised by its owner or by a staff member at all times.
- Staff must identify immune-compromised or otherwise vulnerable patients who may be put at risk from contact with the animal. If such a risk is identified the animal must be kept away from the patients at risk or excluded from the clinical area.
- Scratches and bites caused by animals should be immediately washed with soap and water, be observed for signs of infection, and the injury reported and documented and a DATIX completed
- The dog/animal must be kept on a lead or otherwise suitably restrained and must not be allowed to wander freely around clinical areas or elsewhere on Trust premises.
- Staff and patients with any wounds, sores or broken skin must ensure the area is covered with a suitable dressing before having contact with the animal.
- The animals must be kept out of the kitchens, all food preparation areas, dining rooms and clinical rooms.
- If the animal shows any sign of illness the ward staff must request that the owner removes it immediately, and is seen by a vet. Authorisation from the vet will be required before it will be allowed to return.

9 Hygiene and Infection Prevention and Control

All staff, patients and visitors who have contact with animals must ensure they follow hand hygiene and standard precautions at all times. The assistance dog or PAT animal owner should also be given access to alcohol hand gel for use on visible clean hands, access to hand washing facilities and/or detergent hand wipes.

Areas where assistance dogs or PAT animals have visited should be cleaned on a daily basis as part of the usual cleaning schedule.

Clearing up of animal fouling will be the responsibility of the dog or animal handler. However, it is recognised that this may not always be possible (e.g. a guide dog with a visually impaired owner), and in these instances staff should assist the owner where necessary. Owners clearing up animal excreta should be supported by domestic or nursing staff to ensure the correct procedures are followed as detailed below:-

- Occurrences of animal fouling within Trust premises should be disposed of into a yellow clinical waste bag. The floor must be cleaned with detergent and water, followed by disinfection with a chlorine-releasing agent.

- Disposable single-use gloves and plastic aprons must be worn during all episodes of the cleaning process.
- If the animal vomits undigested food, this should be handled with the same care as if it were excreta.

For further information please refer to Trust's

- Cleaning and Disinfection policy
- Community Hospital Cleaning policy
- Standard Infection Control Precautions: Hand Hygiene and Personal Protective Equipment Policy
- Waste Management policy

The Infection Prevention and Control Team, Locality Clinical Managers, Ward/Department Manager, Ward Sister/Charge Nurse, or other person in charge of the area will exclude the animal from clinical areas and/or from Trust premises if it is suspected to be a source or vector of infection.

10 Responsibilities

10.1 Staff Responsibilities

All staff should have a clear understanding of this Assistance Dog/PAT Animal policy. They should be aware of the different types of support provided by assistance dogs and PAT animals, and the support needs of patients when the patient or visitor has been separated from their assistance dog.

The best way to identify the needs of patients and visitors is to ask!

It is important that staff recognise the assistance dog is a working dog and should minimise distractions where possible.

Staff are responsible for implementing existing infection prevention and control and cleaning procedures as appropriate.

Staff having contact with the animal, or clearing up after the animal, must wash their hands with soap and water, or use alcohol hand gel on visibly clean hands.

Staff should consider the care needs of patients, visitors and their assistance dogs as outlined in this policy, and as appropriate to the situation.

The person in charge is asked to consider this policy when deciding whether there is reasonable justification to deny access to an assistance dog or PAT animal.

10.2 Dog or PAT Animal Owner Responsibilities

The responsibility for, and the care of, the assistance dog or PAT animal is its owner at all times.

The owner should check with the hospital ward area or clinic to be visited prior to the visit.

On arrival the patient or visitor should report to the reception or ward reception.

The owner should ensure the dog is fit and well, and that care regimes provided by Assistance Dogs UK are followed. PAT owners should also ensure their animal is fit and well.

The owner should follow the infection prevention and control procedures of the area to be visited, including the use of alcohol hand gel.

11 Conclusion

The Trust is committed to ensuring equal access to services provided to everyone.

The Trust promotes equality and sensitive practice to patients accessing its services, regardless of race, disability, gender, sexual orientation, religion and age. However, the Trust also recognises the therapeutic benefits of PAT animals for patients.

The Trust is committed to minimising the restrictions of access to assistance dogs, thus reducing stress to the person, the assistance dog, staff and other patients.

12 Consultation

This policy has been developed by the IPC team in consultation with appropriate clinical services managers, link staff, advisors/specialists (e.g., Medical Advisor, Specialist Nurses, Medicine Management), PHE and IPC Governance Meeting members.

A total of three weeks consultation period was allowed and comments incorporated as appropriate.

12.1 Approval Process

The Infection Prevention and Control Governance Meeting members will approve this policy and its approval will be notified to the Quality and Safety Committee.

13 Dissemination and Implementation

This policy will be disseminated by the following methods:

- Managers informed via Datix who then confirm they have disseminated to staff as appropriate
- Staff - via Team Brief and Inform
- Awareness raising by the IPC team
- Published to the Staff Zone of the Trust website

The web version of this policy is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

13.1 Advice

Individual Services' IPC Link staff act as a resource, role model and are a link between the IPC team and their own clinical area and should be contacted in the first instance if appropriate.

Further advice is readily available from the IPC team or the Consultant Microbiologist.

13.2 Training

Managers and service leads must ensure that all staff are familiar with this policy through IPC induction and update undertaken in their area of practice.

In accordance with the Trust's mandatory training policy and procedure the IPC team will support/deliver training associated with this policy. IPC training detailed in the core mandatory training programme includes Standard Infection Control Precautions and details regarding key IPC policies. Other staff may require additional role specific essential IPC training, as identified between staff, their managers and / or the IPC team as appropriate. The systems for planning, advertising and ensuring staff undertake training are detailed in the Mandatory Training Policy and procedure. Staff who fail to undertake training will be followed up according to the policy.

Further training needs may be identified through other management routes, including Clinical Case Review (CCR), Root Cause Analysis (RCA) and Post Infection review (PIR), following an incident/infection outbreak or following audit findings. Additional ad hoc targeted training sessions may be provided by the IPC team.

14 Monitoring Compliance

Compliance with this policy will be monitored as follows:

- Hand hygiene will be audited in accordance with the Hand Hygiene Policy and via peer Hand Washing Assessments

- Cleaning standards within Community Hospitals will be monitored in accordance with the Publicly Available Specification (PAS) 5748 framework
- Environmental and patient equipment cleaning will be monitored as part of local routine cleanliness audits
- Audited locally using the HCAI Prevention audits undertaken by the IPC team and by staff as Self- audits as part of the IPC audit programme
- Additional periodic auditing and self-audits by clinical teams
- The IPC Governance Meeting will monitor compliance of the cleanliness audit scores and the IPC team audit programme

Numbers of staff undertaking IPC training, which includes Standard Precautions, will be monitored by the Organisational Development and Workforce Department

As appropriate the IPC team will support Services' Leads to undertake IPC RCAs/PIRs. Managers and Services' Leads will monitor subsequent service improvement plans and report to the IPC Governance Meeting.

Knowledge gained from RCA/PIR and IPC audits will be shared with relevant staff groups using a variety of methods such as reports, posters, group sessions and individual feedback.

The IPC team will monitor IPC related incidents reported on the Trust incident reporting system and, liaising with the Risk Manager, advise on appropriate remedial actions to be taken.

15 References

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16 Associated Documents

This policy should be read in conjunction with the Trust's:

- Cleaning and Disinfection policy
- Community Hospital Cleaning policy

- Standard Infection Control Precautions: Hand Hygiene and Personal Protective Equipment Policy
- Waste Management policy

17 Appendices

Appendix A – Good Practice for Dealing with Assistance Dogs

Approaching the Patient and the Dog

If a guide dog harness is down, this means the owner may like your help or that the dog is “off duty”. If the owner requires assistance, you should approach him/her from the opposite side to where the dog is. Do not take the harness handle or the lead as these are what the owner uses to control the dog.

When being guided, some people may like to walk by your side, others may ask you to walk in front of the dog and they will follow. It is important that you always ask the owner’s preference. Always remember to offer clear directions when guiding a disabled person who has asked for assistance.

If the person is deafblind, approach them face on but speak to them first. If there is no response, gently tap the person on the shoulder or arm, and try speech again.

If the person uses a deafblind manual, a hand may be raised by the person to indicate that you should use the manual or the block alphabet. If staff are unaware of how to use the deafblind manual, the block alphabet can be easily used by tracing each letter onto the palm of the deafblind person’s hand.

Appendix B – Care of the Dog on Separation from its Owner

The dog may show signs of distress if its owner is unwell, and if it needs to be removed from the owner's side. It may be necessary to house the dog in an office or duty room etc., for a short period of time.

It is important to remember that the dog should be kept as close to the owner as possible, and for the shortest time possible.

If separation of the dog from its owner is likely to be for a long period of time, contact should be made with the appropriate assistance dog organisation.

The dog should not be tied up, placed in direct sunlight or near electrical plugs. Drinking water should be provided, but feeding arrangements will be carried out by the appropriate dog assistance organisation.

Assistance dogs are normally toileted by their owners prior to leaving home and again before entering buildings. In the case of an emergency admission, it may be necessary to take the dog outside for toileting at least once after arrival. If this exceeds a three-hour period, the dog should be taken outside again. Dog faeces should be double-bagged, and disposed of into a clinical waste bin.

It is the owner's responsibility to ensure the dog is toileted before entering the building. If the dog fouls inside premises, the owner is responsible for clearing up. However, if the patient is unable to do this due to their disability, this should be reported to a member of staff to ensure arrangements are made to clear the area immediately. It should however be noted that incidents of this happening will be rare.

Any staff caring for the dog should follow the Trust's Hand Hygiene and Standard Precautions policies.