

GIP01

Animals & Pets in Healthcare and Community Settings Policy

Contents

Sections	Page
1.0 Policy Statement	2
2.0 Definitions	2
3.0 Accountabilities	2
4.0 Policy Detail	3
5.0 Financial Risk Assessment	6
6.0 Equality Impact Assessment	7
7.0 Maintenance	7
8.0 Communication and Training	7
9.0 Audit Process	8
10.0 References	8

Appendices

Appendix 1: Therapy Pet Documents\Generic Risk Assessment

Appendix 2: Therapy Pet Documents\ Visit Agreement

1.0 Policy Statement (Purpose / Objectives of the policy)

The policy covers all staff employed within the Royal Wolverhampton and Walsall Healthcare NHS Group and all others undertaking work (clinical and non-clinical) whilst on Trust premises, such as volunteers and external contractors.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Pet	A domestic or tamed animal kept for companionship.
Assistance dog	Dogs that are highly trained to carry out a range of tasks and alert to support a person with a long-term medical condition.
Guide dog	Dogs that are highly trained to support the visually impaired.
Therapy Pet	Specifically trained animal who make therapeutic visits to healthcare settings.
Zoonosis	A disease which can be transmitted to humans from animals

3.0 Accountabilities

3.1 Trust Board.

The Group Trust Board fully acknowledges its collective responsibility in respect to minimising the risk of infection to all patients, staff and others using its sites or services. The Board will continue to monitor all necessary systems and processes to minimise Healthcare Associated Infection and risk from communicable disease.

3.2 Chief Executive.

The Chief executive is ultimately accountable for ensuring compliance with legislation and requirements of this policy, and all other compliance relating to the prevention of Healthcare Associated Infection and/or communicable disease.

3.3 Director of Infection Prevention & Control.

The Director Infection Prevention & Control is responsible for:

- Ensuring this policy meets trust and statutory requirements
- Ensuring Trust wide implementation, monitoring and compliance
- Ensuring the policy is reviewed and revised considering new national guidance
- Report outbreaks to Infection Prevention & Control Committee with exceptions to Quality and Safety committees.

3.4 Divisional Directors (or equivalent).

Divisional Directors or equivalent will instigate action to ensure the successful implementation of the policy within their areas of control.

3.5 Clinical Directors/Divisional Directors of Nursing / Divisional Matrons, including other managers/team leaders (senior sister, department managers or equivalent).

Are Responsible for:

- Day to day implementation of the policy.
- Ensuring all staff are aware of their role under the policy.
- Ensuring all staff have received sufficient training and/or are competent to implement the policy.

3.6 Infection Prevention & Control Team (IPCT).

Are responsible for:

- Providing guidance and advice as required.
- Medical Microbiologists will advise regarding any related clinical management.

4.0 Policy Detail

4.1 Introduction

It is widely recognised that animals can provide support to service users during a stay in hospital. Animals/pets can enhance a person's quality of life and have positive benefits to mental health. The trust will ensure to support the assessment of each individual circumstance.

4.2 Standards when animals attend clinical areas.

- Staff must have minimal contact with the animal.
- Staff and patients must wash their hands before and after contact with the animal.
- A dedicated staff member must check that patients/staff with phobias or allergies to the animal are not put at risk.
- A dedicated staff member must check that, if patients are immune-suppressed or otherwise vulnerable, the risk is identified, and the animal must not encounter the patient.
- If staff or patients who encounter the animal have any wounds, sores, or broken areas of skin, these must be protected.
- Any indwelling devices must be protected and secured following trust guidelines.
- The animal handler can assure staff that the animal is up to date with its vaccinations and disclose if the animal has any current obvious infections (fleas etc.)
- The temperament of the animal needs to be disclosed.
- The behaviour of the animal should be monitored for any stress behaviour, overheating, dehydration.

- The animal must be properly supervised by its handler and provided with regular comfort breaks.
- The animal must be kept on a lead or otherwise suitably restrained and not allowed to wander freely around clinical areas or elsewhere on Trust premises.
- The animal must be kept out of all food preparation areas.
- No animal food is to be consumed in clinical areas unless otherwise agreed.
- It is recommended that animals do not go onto the trust furniture; however, it is recognised that there may be circumstances when this can occur. In this situation, linen must be changed as soon as reasonably possible.
- If the animal urinates or defecates on Trust premises, it is the animal handler responsibility to ensure that the faeces and/or urinary contamination are cleaned up immediately.
- The area must then be cleaned with trust approved products; these can be provided by the hosting area. Waste should be disposed of in the appropriate waste stream. Facilities will provide a secondary, sanitary clean.

Areas that would be inappropriate for an animal to visit.

- Theatres
- Clinical procedure rooms
- Sterile areas
- Food preparation areas. (Royal College of Nursing, 2019)

4.3 Patients own pets.

There may be circumstances which arise where a visit from a patient's own pet is suitable for example when a patient is receiving end of life care. Visits must always be pre-agreed by the clinical area.

Consideration needs to be given regarding how the animal will react in the hospital environment.

Please follow standards noted in 4.2. Furthermore, the following points must be assessed and followed:

- Pets to only have contact with the person they are visiting.
- It is preferable for a side room to be used for this visit, if not available the environment must be assessed to see if it is appropriate for the visit. Consider supporting a visit outside of the clinical area if appropriate.

4.4 Therapy Pets

Pet therapy organisations are registered charity/volunteer led groups used to improve the health and well-being of patients within the hospital setting. Pets used for therapeutic use are specially trained and screened animals deemed suitable to visit healthcare settings.

- A nominated member of staff must accompany the pet therapy volunteer during their visit. The pet therapy volunteer must receive a local induction and ensure safe systems of work have been explained.
- Each visit must be no longer than 2 hours.

- The pet therapy volunteer and their pet will display the correct photographic ID badges which are issued by the registered charity they are representing.
- When visiting a ward environment, the nurse in charge must ensure that the pet therapy volunteer and the accompanying staff member are informed of patients under Infection Control management to prevent any infection risk.
- The volunteer will be DBS checked before visiting the trusts and have a set of visiting guidelines to adhere to when visiting the sites.
- A risk assessment is completed before the visit to work alongside the pet therapy volunteers and their pet whilst visiting.
- When the pet therapy volunteer visits the trust, they must adhere to Infection Prevention and Control precautions and be advised by the accompanying staff member.

4.5 Guide dogs/Assistance Dogs

Guide dogs/Assistance dogs are dogs which are trained to work with a specific person to support them in their daily living.

Under the Equality Act 2010, guide/assistance dog owners have the same rights to access services such as healthcare premises and the trust is committed to making reasonable adjustments to ensure to adhere to this. (UK Government, 2010)

Guide/Assistance dogs are trained, have formal identification, and are legally allowed to stay with their owners and attend all places within the UK. They are identifiable by their jacket or harness.

Each dog will have a record outlining their vaccinations and state of health.

Guide/Assistance dogs have been highly trained. Staff need to establish if any special requirements are required. If necessary, guide/assistance dogs may need to be excluded from specific areas, for example where there are immunosuppressed patients, critical care and operating theatres. The decision to exclude a guide/assistance dog is made on an individual basis.

In the event an owner is admitted to hospital and the guide dog has been permitted to stay with its owner, the owner is responsible for supply of any food and other equipment that may be required by the dog.

In the event an owner is admitted to hospital and a guide/assistance dog requires caring for the owner will have likely made their own arrangements for emergency boarding. For guide dogs' staff can contact information@guidedogs.org.uk or call **08007811444** for support. For assistance dogs please contact the pet's registered charity for further guidance.

When planning for a guide/assistance dog to enter a healthcare setting, staff should question the following:

- **Is the dog a registered guide/assistance dog or can the owner provide assurance that the dog is appropriately trained.**
If yes, this would mean the dog is highly trained for different situations.
- **Who will be supporting the dog when in the hospital environment.**
Healthcare staff are not expected to care for the guide/assistance dog, and the

dog is the responsibility of the person or their nominated representative.

- **What role does the dog fulfil for the person**

Healthcare staff should determine the assistance dog's role and what additional support may be needed if the guide/assistance dog is not present.

4.6 Restrictions on animals within an inpatient setting

All patients and staff members who encounter an animal are to be consulted beforehand; and if for any reason this could cause direct harm to a service user or a staff member then the visit needs to be reconsidered.

A visit would not be recommended to go ahead if there was a current Infectious outbreak on the ward or any bay closures. Please ensure to discuss this with the Infection Prevention and Control Team.

4.7 Incidents involving animals

- If an animal injures a person during a visit the trusts process for a sharp's injury needs to be followed.
- If any incidents do occur, please ensure this is reported and recorded accordingly.

These steps must be followed:

- Encourage the area to free bleed.
- Wash the area using running water and soap.
- Dress the area appropriately.
- Report the incident.
- If a patient is injured, ensure they are reviewed by the medical team.
- If a staff member or visitor is injured, ensure they visit A&E. If a staff member is injured occupational health should be made aware.

4.8 Zoonosis

Diseases from animals in the United Kingdom are uncommon however when entering a healthcare facility, the risk is greater. The diseases that could be contracted are:

- Salmonella
- Campylobacter
- Giardia and Cryptosporidium
- Ringworm

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional capital resources	No

3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

6.0 Equality Impact Assessment*

An equality analysis has been carried out and it indicates that:

Tick	Options
√	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include:

7.0 Maintenance

The policy will be reviewed, by the Head of Infection Prevention and Control as well as the Lead Infection Prevention & Control Nurse, every three years or earlier if any changes in local or national guidelines are available.

8.0 Communication and Training

Training needs on a Trust wide basis are identified in the Training Need Analysis. Responsibility for training records for mandatory training rest with the Learning and Development Department. Additional training session can be provided directly by the Infection Prevention & Control Team as required.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
4.1 to 5.0	Infection Prevention & Control Team	Case review/Audit/Surveillance	On a case-by- case basis.	Infection Prevention & Control Committee

10.0 References

Pets As Therapy. "Pets as Therapy | Home." *Pets as Therapy | Home*, 2017, petsastherapy.org/.

RCN Working with Dogs in Health Care Settings

Supporting organisations working with dogs in health care settings and allied health environments 2025

UK Government. Equality Act 2010. *Legislation.gov.uk*, Gov.uk, 1 Oct. 2010, www.legislation.gov.uk/ukpga/2010/15/contents.

Part A - Document Control

Policy number and Policy version: GIP01 V1.0	Policy Title ANIMALS AND PETS IN HEALTHCARE AND COMMUNITY SETTINGS POLICY	Status: Final		Author: Lead IPC Nurse Amended to group policy – Nursing Quality team. Chief Officer Sponsor: Chief Nursing Officers and Director of Infection
Version / Amendment History	Version	Date	Author	Reason
	1.0	March 2026	Lead IPC Nurse	Implementation of Group policy
Intended Recipients: All staff working within Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust.				
Consultation Group / Role Titles and Date: Chief Nursing Officers, Infection Prevention and Control Team, Medical Microbiologist and Infection Control Doctor, Infection Prevention and Control Committee, Divisional Quality Teams. Hotel Services team. Heads of Nursing, Patient voice, Matrons and Senior leaders.				
Name and date of Trust level group where reviewed		Group Policy Meeting – Chair’s Approval March 2026		
Name and date of final approval committee		Group Policy Meeting – Chair’s Approval March 2026		
Date of Policy issue		March 2026		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		March 2029		
Training and Dissemination: Dissemination of the policy to Trust members will be via staff communications: targeted emails and various group to which the IPC team attends.				
To be read in conjunction with: Decontamination of Medical Device Policy Isolation Policy Outbreak Policy Statutory and Mandatory Training Policy The Safe Management of Linen The Safe Handling and Disposal of Sharps The Safe Management of Blood and Body Fluid Spillages The Safe Handling and Disposal of Clinical and General Waste Surveillance Policy				
Initial Equality Impact Assessment (all policies): Completed Yes Impact assessment (as required): The screening checklist has been completed. Reasonable efforts have been made to eliminate any possible Equality and Diversity discrimination occurring.				

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

GIP_01 / Version 1.0 / Policy Approved – Group Policy Meeting Chair’s approval March.2026

Monitoring arrangements and Committee	Infection Prevention & Control Committee
Document summary/key issues covered. National guidance. Promote a high standard of care for individual patients and their significant others. Ensure interventions to reduce the risk of transmission of infections to others.	
Key words for intranet searching purposes	GIP01, Pets, Pet Therapy, Animal Visiting, Assistance Dogs, Guidance Dogs, PAT

Appendix 1 - Potential Risk Form

Potential Risk	Who is at Risk	Level of Risk	Control Measures	Responsibility
Trip Hazard	All people	Low	Ensure animals are suitably restrained at all times and under control. Animals are not to settle in places where an obstruction could be caused.	Staff and service user
Animal welfare	Animals	Low	Only animals who have a good temperament and will manage a visit into a busy hospital should visit. Animals are to be given regular comfort breaks. The behaviour of the animal should be monitored for any stress behaviour, overheating, dehydration.	Service user, owner
Injuries to humans	All people	Low	Only animals who have a good temperament and will manage a visit into a busy hospital should visit. Staff should ensure contact with the animal should be limited. If patients own pet, then contact should not be given to other patients. In the event of an injury the trusts sharp's injury process must be followed.	Staff and service user and owner
Infections	All people	Low	The owner must be able to provide evidence/ assure staff that the animal is up to date with its vaccinations and disclose if the animal has any current obvious infections. A visit would not be recommended if there was a closure due to infection in an area.	Owner
Infection control precautions	All people	Medium	A PAT volunteer must not visit areas which are restricted for infection control reasons. Areas must inform of restrictions. Hand hygiene and bare below the elbow must be adhered to when visiting areas.	Owner and trust

Appendix 2 - Template for pets visiting a healthcare setting

Patient name: NHS/Hospital number:
 Date of visit: Ward:
 Reason for visit: Where will visit take place:

Approval obtained	Name and signature	Date
Consultant		
Nurse in charge		
Infection Control		
Patient/Family agreement		
Patient or Patient Representative		
Pet handler		

Instructions	Name and signature	Date
The handler takes full responsibility for the animal		
The handler ensures interaction with anyone other than the person/ persons they are visiting is prevented		
The handler will report directly to the agreed place for the visit.		
The handler will ensure the animal is suitably restrained during the visit.		
The animal must be monitored for any signs of distress.		