

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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KEY TERMS	Companion animals, Assistance dogs, Pets as Therapy, Infection Control, Facility Managers, zoonotic infections
SUMMARY	The procedure outlines the parameters around access to healthcare facilities by assistance, therapy or companion animals owned by hospital inpatients or facility residents.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
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1. POLICY STATEMENT

The NSW Health Guideline document [Animal Visits and Interventions in Public and Private Health Services in NSW \(GL2012 007\)](#) sets out the key issues that apply to the involvement of companion, assistance and therapy animals in the inpatient, outpatient, community-based and Emergency Department settings across NSW.

A key principle of the Guidelines is that there are a range of occasions when animals may intersect with the need of patients, consumers and carers utilising the services of a health District.

The needs of the patient will be considered foremost and each request for animal visitation will be assessed individually. However, the District is not unilaterally required to provide 'rooming in' or accommodation for guide dogs, companion, assistance or therapy animals.

Animal visitation programs are to be conducted in accordance with relevant NSW Health and District policies and legislation relating to best practice in healthcare, infection control, patients' rights and animal welfare.

Animal visits and interventions are patient-driven and implemented to create a better health experience.

2. AIMS

To provide a reference framework for decision making by about the provision of access by companion, assistance or therapy animals, to health care facilities across the District

3. TARGET AUDIENCE

This procedure is applicable to all public hospital and community health facilities in SESLHD and applies to all healthcare professionals, patients, carers and visitors.

4. RESPONSIBILITIES

Hospital General Managers and Directors: ensure the procedure is implemented across facilities, including relevant community services when access for animals is requested.

Community Service Managers: ensure the procedure is implemented in the facility.

Clinical staff: follow the procedure and assess infection control risk balanced against the needs of patients with assistance, therapy or companion animals.

Both District and Facility Infection Control Committees to develop protocols on the management of disease prevention controls.

**Companion and Assistance Animals in
Healthcare Facilities****SESLHDPR/590****5. DEFINITIONS****Assistance or Service Animals**

- Assistance or service animal (usually a dog) is an animal that is trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler's disability. Examples of work or tasks include, but are not limited to:
 - assisting people with impaired vision and impaired hearing
 - providing non-violent protection or rescue work
 - assistance dogs to pull a wheelchair
 - assisting an individual during a seizure
 - alerting individuals to the presence of allergens
 - retrieving items such as medicine or the telephone
 - providing physical support and assistance with balance and stability to individuals with mobility disabilities
 - helping persons with psychiatric or neurological disabilities by preventing or interrupting impulsive or destructive behaviours.

Animal Assisted Therapy

This is a structured mode of tailored individual therapy run under professional supervision with animals trained for the role. Such programs are designed to improve the physical, social, emotional and/or cognitive functioning of the patient, as well as providing educational and motivational effectiveness for participants. The therapy can be delivered to individuals or groups undertaking structured rehabilitation and recovery programs to improve strength, range of motions, balance, memory, speech and interaction.

Pets as Therapy

This category refers to more casual 'meet and greet' activities that involves animals and handlers visiting patients and their families at the bedside or in common areas. Specially trained volunteers, or professionals, with animals that meet specific criteria, deliver these more casual visitation programs designed to reduce anxiety, increase tactile contact, improve self-esteem and stimulate interaction.

Companion Animal

A Companion Animal refers to a dog, cat or any other animal prescribed in the [NSW Companion Animal Act 1998 No. 87](#). Companion animals are usually domesticated animals who have some training and acceptable behaviour for human/animal interaction.

Facility

Facility refers to a NSW public or private hospital or health care setting and includes the buildings and grounds accessible by patients and staff.

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Human-Animal Interaction (HAI)

HAI is the relationship between humans and animals and brings about a significant and positive influence on the social, emotional and physical well-being of people.

Volunteer or Handler

Individuals who as pet owners or trained personnel, bring animals into a health facility, and have full control and responsibility for handling the animal and the animal's behaviour and wellbeing during visitations, including personal pet visits.

Zoonosis

An infectious disease that can be transmitted from animal to humans under normal circumstances.

6. BACKGROUND

Public settings across New South Wales place specific restrictions on access by animals with the obvious exception of Assistance dogs used by blind people. These restrictions are based on a range of reasons that include infection control and disease prevention measures designed to protect the health and safety of the public or the effective management of a shared space.

Health care facilities have in the past been resolute in maintaining total restriction of access by animals to any part of the facility or service. However, recent evidence of the beneficial impact of animal contact on older people, children and people with mental health and other related issues has led to a change in attitude toward access by companion and assistance dogs to inpatient and community care settings. This procedure is designed to support the management of access by companion, assistance or therapy animals to SESLHD facilities.

While Assistance Animals are in the great majority restricted to one breed of pedigree dog, therapy animals and many companion animals can include cats, birds and other animal breeds which could be considered highly unsuitable to the healthcare setting. Given the nature of the range of zoonotic infections that can be transmitted by cats, and the general unsuitability of adapting to the presence of birds and other animals such as rodents in healthcare settings this policy has taken 'animals' in each of the following categories to refer only to dogs.

EXCLUSIONS

The role of animals in the transmission of zoonotic pathogens and cross-transmission of human pathogens in these settings remains poorly studied. No recent published literature exists on the impact of zoonotic infections in the health care setting, though data that does exist (Lefebvre, 2006), (Scott, 1988), (Lyons, 1980) and (Chang, 1998) provide specific evidence that the presence of animals in the health care setting can contribute to the creation of high risk environments. This procedure is not intended to override any policy, procedure, protocol or practice relating to management of disease transmission and infection control measures as these remain the first priority of facility managers.

PRINCIPLES

Key principles of the management of animal access to the healthcare setting are:

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- Compliance requirements of access by assistance animals with any relevant disabilities rights legislation
- Management of access by animals into the healthcare setting
- Criteria for safe management of animals in the healthcare setting
- Training and health requirements for animals and handlers
- Documentation and procedures for animal visits
- Preparing animals for visits
- Transportation of animals to and from the Facility or Centre and within the Facility or Centre
- Locations where animals are not permitted in the healthcare settings
- Environmental controls during and following animal visits.

PROCEDURE

Infection Control

As a general rule any visitation by animals to a health facility must be done in conjunction and consultation with the hospital or facility Infection Control Manager.

Checklists for management of the process are detailed in both Appendix 2 and 3 of the [NSW Health guidelines on Animal Visitation](#) document.

Each of these checklists may be adapted for local implementation

Additional information about the management of animal visitors to the healthcare setting is available from the [Australian College for Infection Prevention and Control \(ACIPC\) Position Statements](#).

Infection Control principles apply during any visit by an animal.

- Hand hygiene must be practised by all those involved with the transport and handling of any dog in the healthcare setting.
- If an animal is to be placed on a patient's bed for any length of time, a suitable barrier (a sheet or a towel) needs to be placed between the dog and the patient's bed.
- The main person responsible for the management of the dog will be responsible for cleaning and disinfecting any spills caused by the dog, especially urine and/or faeces. This responsibility role does not apply to the patient.

If an infection control and health and safety risk assessment determines that access by an animal is appropriate it must be on the following basis. Each Facility or service will need to have a central register to record evidence required before approval for animal visits can be provided. This register will need to contain evidence of the following:

- **Evidence that the animal is fully immunised must be sighted. A list of recommended vaccinations for domestic animals in Australia can be found here:**
- <https://www.vetvoice.com.au/ec/pet-ownership/vaccination-for-pets/>

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- **The animal must be house trained**
- **The animal must be under the control of the handler/person responsible at all times**
- **No access is to be allowed to** areas such as intensive care units, oncology and transplant units or to isolation wards.

Therapy Animals

Dogs are almost exclusively used in such programs and are accompanied by an appropriately trained handler from a registered provider. These dogs may visit a facility for a specific purpose (such as dedicated patient therapy programs) or accompany a visitor to a resident or patient in a ward/community centre.

- Evidence must be provided that the animal is registered in a recognised therapy program
- These animals may only interact with patients in non-clinical areas such as day rooms or outside areas.

Assistance Animals

Usually refers to dogs trained by the Guide Dogs Association of NSW or another community organisation specialising in this work such as Assistance Dogs Australia.

A patient admitted to hospital will generally not need their assistance dog to accompany them while an inpatient. Only in exceptional circumstances should an assistance animal be allowed to accompany a patient while in care and this can only be permitted following consultation with Infection Control.

- Alternative arrangements for support during the admission period will need to be made for the patient
- Discharge planning should include coordination of access to their assistance animal.

Patients attending outpatient procedures may need to have their assistance animal with them while receiving treatment such as haemodialysis, chemotherapy or other allied health services such as physiotherapy. Where possible, provision should be made to support patients with assistance animals. Access is to be on the basis that:

- All infection control procedures are followed
- The welfare of the animal is considered along with that of the patient, this includes issues such as providing access to water for the animal in a safe location while the patient is receiving treatment.

Companion animals

Access to healthcare facilities by personal pets of inpatients is generally not appropriate; however, should be considered on a case by case basis. These animals are often not as well trained, assessed or regulated as dogs registered by an established program of therapeutic support, e.g. pets as therapy. Though they may be well managed by their owners, these dogs may find the healthcare setting an unfamiliar and sometimes hostile environment (especially in high noise/high activity locations such as emergency departments or outpatient clinics) and behave accordingly.

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Services will need to recognise the centrality of companion animals in the lives of people experiencing homelessness. These companion animals accompany people wherever they go and have a special place in the lives of homeless people. For many people experiencing homelessness or who are sleeping rough, the animal provides constant companionship, support, and sense of purpose. The animal may well be one of the few stable things in a homeless person’s life, so it is important that any service or program the person enters acknowledges and has consideration for this. But the very thing that provides people with hope can also be a barrier in their ability to lift themselves out of homelessness.

The “no-pets-allowed” culture within many services prevents devoted animal guardians from entering places such as health care settings, shelter and housing programs. When faced with the ultimatum of choosing their animals or treatment, people may often choose to remain on the streets. Clinicians working with clients experiencing homelessness with animals may find their clinical work delayed as they face additional challenges to eating, protecting themselves from the elements, and having a safe place to sleep.

Health care providers with a high proportion of homeless people as a part of their client population will need to consider how their service responds to these needs. One option for homeless clients in need of long stay or inpatient care could be for animal care through the [RSPCA](#).

Outpatient or community-facing services will need to consider how they provide for their homeless clients to have their animals safely managed if they are going to access care in our mainstream settings.

Some patients, particularly long stay patients, may derive benefit from a visit from their companion animal. However, the impact on other patients, staff and visitors should also be considered when making a decision regarding the visit.

7. REFERENCES

- [NSW Companion Animal Act 1998 No 87](#)
- [Commonwealth Disability Antidiscrimination Act 1992](#)
- [Australian College for Infection Prevention and Control \(ACIPC\) Position Statements](#)
- [NSW Ministry of Health Guideline GL 2012 007 - Animal Visits and Interventions in Public and Private Health Services in NSW](#)

8. REVISION & APPROVAL HISTORY

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March 2019	Draft	Deputy Director Planning Population Health and Equity
March 2019	Draft	Draft for Comment period
May 2019/ June 2019	Draft	Feedback considered by Deputy Director Planning Population Health and Equity

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