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## Animals in the Health Care Setting Policy

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### 1. Background

Assistance, therapeutic and companion animals are increasingly being used in health services. These animals can play a vital role in the health, wellbeing and independence of people; however these animals may also pose a risk of pathogen transmission (zoonotic disease) via direct and indirect contact, allergies or injuries.

The duty of care to patients, staff and others must always be paramount and animals must be treated and cared for appropriately.

### 2. Policy Statement

This policy identifies and reduces the risk associated with animal visits and residential pets in WACHS health services, and is to be read in conjunction with the WACHS Infection, Prevention and Control Policy and the Australasian College for Infection, Prevention and Control Position Statement on Animal Visits in Healthcare Facilities.

Mandatory reporting of zoonosis related injuries or disease is stipulated within the Western Australia *Occupational Safety and Health Act* 1984. Regional Occupational Safety and Health (OSH) departments and the Regional Infection Prevention and Control (IPC) Clinical Nurse Specialist (CNS) are to be informed immediately of zoonosis related injuries or diseases.

### 3. Scope

This policy applies to any animals visiting or resident in a WACHS health service.

Animal access to patients isolated under transmission based precautions and immune-suppressed patients is to be negotiated on a case-by-case basis according to individual patient requirements.

To minimise risk, animals are not permitted in the following areas (except as outlined in section 4):

- Intensive care areas
- Emergency Departments
- Operating Rooms
- Sterile Supply Departments
- Sterile stock storage areas
- Medication preparation areas
- Food preparation and eating areas
- Maternity Units and Special Care Nurseries.

## 4. Procedural Information

**4.1** Requests for an animal visit / residential pet must be directed to the health service manager or their delegate. The facility/regional IPC CNS or infection control representative on site must be notified when a resident is admitted with an accredited assistance animal or when there are proposed animal visits to establish any specific requirements.

Animal visits should be considered on a case-by-case basis. Consideration is to be given to other patients or residents who may have an animal phobia, have religious or cultural reasons for not being near animals, or if residents/patients are confused or hallucinating. Permission may be withdrawn at any time.

Where animal visits are organised, it is essential to ensure that staff and patients or their carers have consented to pet visitation. Where an animal is a resident pet in an aged care facility, formal advice of this is to be communicated to all potential residents prior to admission, to allow for alternative arrangements if required (for example, in the case of pet allergies or fear of animals). This also applies to birds and fish.

**4.2** A resident pet is to have an annual health screen performed by a qualified veterinary surgeon and where appropriate, a written health record showing the recommended schedule of vaccination and treatment for potential or actual health problems. All animals visiting or permanently residing in a health service are to be screened for parasites and skin problems. Assistance animals must be appropriately trained and certified and identification cards must be present with the handler. Pet visits will not be allowed if the animal is ill or has diarrhoea.

**4.3** Behavioural assessments of animals should be undertaken by a qualified behavioural trainer where possible. The behavioural assessment should include:

- Risk of injury to other animals and people
- Mental health of the animal
- Suitability of the animal to the specific environment and
- Reactivity to noises, other animals, familiar and unfamiliar people.

In the event that the pet or any other person becomes distressed whilst the animal is visiting the health service, staff are to ask for it to be removed immediately.

**4.4** Indoor and outdoor environment of the facility should be considered, including:

- Suitability and size of the animal to the specific environment
- Type, amount, quality of indoor/outdoor space for animals
- Availability of on and off-leash areas for dogs
- Private room layout
  - e.g. climbing opportunities, warm areas for cats
  - adequate space for bedding or crates
  - dog/cat door to secure outdoor space and
- Access to outdoor areas
  - Provision of safe, secure areas. Areas to have shade, shelter, access to water and non-toxic or irritating plants in or near the area.

## 5. Accredited Assistance Animals – Guide / Hearing Dogs

By law, Guide Dogs and Assistance Dogs can go anywhere their owner can. The only exceptions for guide dogs are zoos and operating theatres. However, access to high risk areas described in paragraph two above is to be granted only with the permission of the site manager and notification to the Regional IPC CNS. The exception for this is for the provision of emergency care to a patient.

Note: It is an offense to refuse entry to a person accompanied by a registered Guide or Assistance Dog under the *Disability Discrimination Act 1993*.

## 6. Preventative Health Care

Minimum standards in all health services must include:

### Dogs

- C5 vaccination for all dogs including annual booster and
- 3 monthly worming (due to zoonotic potential).

### Cats

- FIV testing for all cats to make sure they are negative
- a review of their history to establish if they would likely be a carrier of a respiratory disease
- minimum of F3 FVR vaccination
- 3 monthly worming.

### All animals

- Monthly flea control is recommended.

## 7. Infection Prevention and Control/Hand Hygiene

All patients, residents, volunteers, visitors and healthcare workers who have contact with an animal must perform hand hygiene either with soap and water or, an alcohol-based rub. All staff should refrain from holding the animal against their uniform. If this is unavoidable Personal Protective Equipment (PPE) should be worn.

Disposable gloves and plastic aprons must be worn by the pet handler when cleaning up animal urine and faeces, in line with recommendations in the WACHS Waste Management Policy and WACHS Environmental Cleaning Policy. All waste material should be disposed of immediately in a sealed clinical waste bag. Steam cleaning of soft furnishings and carpets may be required. Furniture should not be utilised following steam cleaning until dry. Depending on the size of the spill / area of carpet that has to be cleaned, it is preferable not to utilise the steam cleaned carpeted room until the carpet is dry. If the area to be cleaned is significant, consideration for moving the patient / resident until the carpet is dry should be given.

Individual facilities should have a local plan in place in the case of transmissible diseases e.g. ringworm, canine cough or cat flu.

Any injury to staff/patients or visitors involving an animal is to be addressed immediately. Any zoonotic infection or injury to a staff member, patient or visitor is to be reported to the Regional OSH department using a WACHS [Safety Risk Report form](#) and for incidents relating to patients, where the incident meets the definition of a clinical incident, through the clinical incident reporting process (Datix Clinical Incident Management System [Datix CIMS](#)).

Resident pets with signs of illness (e.g. diarrhoea, vomiting, runny nose or eyes, skin lesions, excessive scratching or chewing) require treatment and must be cleared of conditions before returning to the aged care facility.

## 8. Definitions

<b>Assistance Animal</b>	Defined under the Commonwealth disability Discrimination Act 1992 – Part 1 Subsection 9 (2). An assistance dog or other animal is: a) accredited under a law of a State or Territory that provides for the accreditation of animals trained to assist persons with a disability to alleviate the effect of the disability; or b) accredited by an animal training organisation prescribed by the regulations for the purposes of this paragraph; or c) trained: i) to assist a person with a disability to alleviate the effect of the disability; and ii) to meet standards of hygiene and behaviour that are appropriate for an animal in a public place.
<b>Hearing Dogs</b>	A dog trained to provide support to people with hearing impairment
<b>Guide Dog</b>	A dog that has been specially trained to guide a blind or visually impaired person.
<b>Resident Pets</b>	Animals in residential care. May include aquariums, aviaries or rabbits for example
<b>Zoonotic disease / Zoonosis</b>	Infections that are passed from animals to humans.

## 9. Roles and Responsibilities

### 9.1 Regional Director

Is responsible for:

- ensuring procedures are in place to support animal visits and pets in health services
- management of associated risks and
- adhering to Commonwealth and Federal legislation requirements.

## 9.2 Infection Prevention and Control Nurse

Is responsible for:

- reporting identified cases of infections including outbreaks of Salmonella, Campylobacter, Toxocariasis, Toxoplasmosis, Yersinia, Chlamydia Psittaci and adhering to legislation, national policies and guidelines
- assisting in review, on a case by case basis, of individual cases of visitations in identified restricted areas.

## 9.3 Managers

Are responsible for the monitoring, implementation and compliance with this policy;

## 9.4 WACHS Staff - Animal visits

WACHS staff involved in any animal visits are to:

- ensure regular hand hygiene is performed before and after entering a clinical area, before and after handling an animal, and after toileting an animal
- ensure routine environmental cleaning or disinfection is performed after animal visits
- ensure that all animals visiting or permanently residing in the health service have been assessed by a veterinarian, or screened for parasites and skin problems, and are fully vaccinated (a veterinary immunisation certificate should be provided)
- ensure the animal is supervised at all times
- monitor the animal's behaviour to minimise the risk of injury to patients, staff and others
- ensure that the area visited by the animal is cleaned thoroughly following the visit
- practice routine hand washing after contact with the animal and instruct or assist patients to wash their hands after contact
- ensure animals are treated appropriately.

## 9.5 WACHS Staff - Resident Pets

WACHS staff involved in caring for an animal living in a residential aged care facility are to:

- nominate a person will be responsible for the care and supervision of the pet. If the handler is a WACHS employee, they should be encouraged to receive an annual influenza vaccination; instruct or assist residents and carers to wash their hands after contact
- follow standard precautions when
  - handling pets
  - preparing pet food
  - disposal of waste and
  - cleaning pets, feeding utensils and their living spaces.
- follow best practice when caring for animals and providing them with food as recommended by a veterinary surgeon where practicable
- re-evaluate the animal after an absence of six months or longer

- establish regular cleaning schedule for any resident pet living space.

### 9.6 Animal's Owner

The owner of the animal(s) must:

- provide certification (on request) from a qualified veterinary surgeon to ensure that the animal is free from ectoparasites (fleas, ticks), has evidence that recent worm treatment has been undertaken and has evidence of current immunisation
- ensure that the animal has no obvious skin lesions that could be associated with bacterial, fungal, viral or parasitic infestations
- ensure that the animal is clean and appears to be in good health
- ensure that the animal is toileted just prior to the visit, and that they dispose of any animal waste
- ensure the animal is supervised at all times and monitor the animal's behaviour to ensure the safety of patients, staff, others and the animal and
- adhere to hand hygiene guidelines.

## 10. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (the Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

## 11. Evaluation

Incidents involving patients or staff are to be reported, investigated and monitored via the relevant incident reporting systems. (Section 7)

## 12. Standards

[National Safety and Quality Health Care Standards](#): 1.7; 1.10;1.11; 1.13; 1.14; 2.3; 3.1; 3.2; 3.3; 3.4; 3.5; 3.6; 3.7; 3.8; 3.11; 3.12; 3.13

[Aged Care Quality Standards](#): 1 (3)(a); 1(3)(b); 6 (3)(a); 6 (3)(d)

## 13. Legislation

1. [Disability Discrimination Act 1992 \(Cth\) Part 1-54](#)
2. [Disability Services Act 1986 \(Cth\)](#)
3. [Charter of Aged Care Rights 2019 \(Cth\)](#)
4. [Dog Amendment Act 2013 \(WA\)](#)
5. [Occupational Safety and Health Act 1984 \(WA\)](#)

6. [Animal Welfare Act 2002](#) (WA)- Section 40 Care of Animals
7. [Dog Act 1976](#) (WA)
8. [Health Services Act 2016](#) (WA)

## 14. References

[Animal Contact Guidelines Reducing the Risk of Illness Associated with Animal Contact](#). Government of South Australia. Accessed 11 October, 2019.

[Australian Guidelines for the Prevention and Control of Infection in Healthcare](#) (Cth). Accessed 16 October 2019.

Animals in Health Care Facilities: Recommendations to Minimise Potential Risks. [Infection Control & Hospital Epidemiology](#), vol 36, Issue 05, May 2015 pp495-516.

[Australasian College for Infection, Prevention and Control Position Statement on Animal Visits in Healthcare Facilities](#)

## 15. Related WACHS Policy Documents

[Environmental Cleaning Policy](#)

[Infection Prevention and Control Policy](#).

[Occupational Safety and Health Policy](#)

Hazard / Incident Management Procedure

[Safety Risk Report form](#)

[Waste Management Policy](#)

## 16. Related WA Health System Policies

[National Hand Hygiene Initiative in Western Australian Hospitals](#)

## 17. Policy Framework

[Clinical Governance Safety and Quality](#)

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