



Animals in the Health Care Setting Guideline

1. Purpose

The Animals in the Health Care Setting Guideline aims to detail the considerations when approving access by an animal to WA Country Health Service (WACHS) healthcare facilities. This guideline is to be read in conjunction with the WACHS [Animals in Health Care Setting Policy](#) and the WACHS [Infection Prevention and Control Policy](#).

Requirements vary depending on the function of the animal. Animals that require access will be either an Assistance Animal, Therapy Animal or Companion Animals. WACHS maintains a duty of care to clients, patients, residents, staff and others; their safety must always be paramount along with ensuring any animal accessing a WACHS Site has its needs met.

2. Guideline

All requests for the following must be approved by the Health Service Manager (HSM) or their delegate and approved in consultation with the Regional Infection Prevention and Control (IPC) Clinical Nurse Specialist (CNS). In the residential aged care setting the facility Aged Care IPC lead must be notified also:

- an Assistance Animal to access an excluded area
- a Therapy Animal or Companion Animal to visit a WACHS facility
- an Assistance Animal or Companion Animal to reside in a WACHS facility.



ATTENTION

An Assistance Animal is legally defined in the *Commonwealth Disability Discrimination Act 1992* and is entitled to full public access rights (except for food preparation area, sterile environments and quarantine areas).

When an Assistance Animal is to enter a WACHS facility and when assessing access for Therapy and Companion Animals:

- the health, safety, and comfort of other clients, patients and or residents including infection prevention and control.
- the ability to meet the behavioural, physiological and social needs of the particular animal by providing a clean, comfortable, sheltered and safe environment
- the benefit to the client(s), patient(s) or resident(s) of being able to access the therapy or companion animal
- the selection, screening and training of any volunteer involved in bringing animals into a WACHS site (refer to WACHS [Volunteer Policy](#)).

The [Australasian College for Infection Prevention and Control \(ACIPC\)](#) have developed some useful resources including risk assessments and care plans regarding companion animals in aged care that can be adapted for use in WACHS.

2.1 Infection Prevention and Control

Consider the impact of the animal on clients, patient, residents, visitors, and staff:

- allergies
- phobias
- religious and cultural reasons for not being near specific animals
- immunosuppression
- contact precautions.

Where Therapy or Companion Animal visits are approved it is essential to ensure that staff and patients in the nearby beds or their carers are aware of the pet visitation. Before approving a Companion Animal resident pet in an aged care facility, formal advice of this is to be communicated to all potential residents prior to the arrival of the animals all residents must be comfortable with the pet and/or satisfied that the pet will not have a significant impact on them.

Ensure the principles of infection prevention and control can be followed and that all people involved with the animal are thoroughly educated on the requirement of and how to:

- perform hand hygiene either with soap and water or, an alcohol-based hand sanitiser before and after handling the animal
- use appropriate personal protective equipment (PPE) to prevent contamination of clothing and staff uniforms
- use PPE and hand hygiene practices when handling animal excrement. 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 [Environmental Cleaning Policy](#). All waste material should be disposed of immediately in a sealed clinical waste bag
- follow the WACHS [Waste Management Policy](#) and WACHS [Environmental Cleaning Policy](#) where relevant
- Routine environmental cleaning or disinfection is to be performed after the animal visits and/or in the event of any contamination with biological material. 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 required 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.

Ensure the animal is of good health as visiting animals with any signs of illness (e.g. diarrhoea, vomiting, runny nose or eyes, skin lesions (as they can be associated with bacterial, fungal, viral or parasitic infestations), excessive scratching or chewing) are prohibited from entering the health care site.

The animal should be treated and must be cleared of conditions before being allowed to return to the WACHS facility. Individual facilities should have a local plan in place in the case of transmissible diseases e.g. ringworm, Kennel Cough, or Feline Upper Respiratory Infection (Cat Flu). 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 clients, patients or residents, where the incident meets the definition of a clinical incident, through the clinical incident reporting process using the Datix Clinical Incident Management System ([Datix CIMS](#)) and as appropriate using the [Serious Incident Response Scheme](#) (SIRS).

A resident Companion Animal 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. Behavioural assessments of animals should also be undertaken as part of the health screen which can be done by the veterinary practitioner or by a qualified behavioural trainer. 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.

Ensure the facility able to meet the needs of the animal relative to the duration of the visit. An animal care plan) outlining details of the animal, nutritional and care needs must be developed for any animals staying over an extended period of time, overnight or residing at a facility and take into consideration:

- where will the animal toilet?
 - who will take it?
- when will the animal eat?
 - who will feed it?
- how will it access water?
 - who will refresh the water?
- where will the animal sleep?
 - will it cause a trip hazard?
- how often does the cage need to be cleaned out?
 - who will do this?
- is the environment of suitable size and quality for the animal?
 - is outdoor access required?
 - is there suitable light/shade?
 - are there any potential hazards for the animal e.g. toxic plants?
 - The [ACIPC](#) Cat Care Plan and Dog Care Plan are available and are recommended for use. The can also be adapted for use with other animals.

For further information refer to the RSPCA resources including:

- [RSPCA Policy A7 Companion animal management](#)
- [RSPCA Policy A8 Housing and environmental needs of companion animals](#)
- [RSPCA Policy A9 Surgical modification of companion animals](#)

Therapy Animals must be registered in a recognised therapy program consideration should be given to what this program offers. The handler or owner of the Therapy animal is responsible for the needs of the animal at all times. In the event that the pet or any other person becomes distressed whilst the animal is visiting the health site, staff are to ask for it to be removed immediately.

A resident Companion Animal is to have its care needs met by its owner this includes any costs associated with caring for the animal. In most cases this will be the resident themselves however in certain circumstances the animal may belong to the facility in which case. In both cases a WACHS staff member is to be nominated to ensure the Animal Care plan is up to date and followed, the staff member should also be encouraged to be up to date with Covid-19 and influenza vaccination.

3. Roles and Responsibilities

Directors of Nursing Health Service Managers are responsible for:

- staff awareness of the guideline
- implementation of the guideline
- monitoring compliance with this guideline.

All staff are responsible for:

- being aware of the guideline
- to follow the guideline
- escalate issues, incidents relating to this guideline.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Monitoring of compliance with this guideline is to be carried out by individual sites using the following means or tools:

- records of consumer feedback/complaints.
- data obtained from SIRS, Datix CIMS, SRR or WHS data.

Evaluation of this guideline is to be carried out by the Aged Care Directorate every three (3) years, or as required.

5. References

[Animal Contact Guidelines Reducing the Risk of Illness Associated with Animal Contact.](#)
Government of South Australia.

[Australian Guidelines for the Prevention and Control of Infections in Healthcare](#) (Cth).
Accessed 18 November 2024.

[Companion Animals in Aged Care \(ACIPC\)](#)
Accessed January 2025

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

6. Definitions

Term	Definition
Assistance animal	Assistance animal – is defined as follows under the 'Commonwealth Disability Discrimination Act 1992 – Part 1 Subsection 9 (2).' 'For the purposes of this Act, an assistance animal is a dog or other animal:

	<p>(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</p> <p>(b) accredited by an animal training organisation prescribed by the regulations for the purposes of this paragraph; or</p> <p>(c) trained:</p> <p>(i) to assist a person with a disability to alleviate the effect of the disability; and</p> <p>(ii) to meet standards of hygiene and behaviour that are appropriate for an animal in a public place.’</p> <p>An assistance animal is legally defined under the Disability Discrimination Act 1992 as “a dog or other animal that is:</p> <p>(a) is accredited under a State or Territory law to assist a person with a disability to alleviate the effects of disability; or</p> <p>(b) is accredited by an animal training organisation prescribed in the regulations; or</p> <p>(c) is trained to assist a person with a disability to alleviate the effect of the disability and meets standards of hygiene and behaviour that are appropriate for an animal in a public place.”</p>
Carer	<p>A carer is someone who provides unpaid care and support to family members and friends who have disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue, or who are frail aged. Extract: Carers Australia</p> <p>In the context of Aboriginal communities and kinship systems, caring is a collaborative act with many people helping care for a single person.</p>
Client	<p>A person who is receiving services from WA Country Health Services.</p>
Companion Animal	<p>A companion animal or pet are all other animals that are not accredited assistance animals or therapy animals registered as part of a recognised therapy program.</p>
Patient	<p>A person who has been admitted to a bed within a WA Country Health Service.</p>
Resident	<p>A resident is a person who has been admitted to a bed within a WA Country Health Service facility as a permanent or respite care resident.</p>
Residential care	<p>Part 3.1 Division 41-3 Meaning of residential care</p> <p>(1) Residential care is personal care or nursing care, or both personal care and nursing care, that:</p> <p>(a) is provided to a person in a residential facility in which the person is also provided with accommodation that includes:</p>

	<p>(i) appropriate staffing to meet the nursing and personal care needs of the person; and</p> <p>(ii) meals and cleaning services; and</p> <p>(iii) furnishings, furniture and equipment for the provision of that care and accommodation; and</p> <p>(b) meets any other requirements specified in the Subsidy Principles.</p>
Therapy Animal	<p>A therapy animal is an animal registered in a recognised therapy program that usually belong to the therapist or therapy organisation. Therapy animals generally only have contact with the client during the therapy session and don't stay with the client after the session is finished.</p>
Representative	<p>(1) Representative, of a consumer, means:</p> <p>(a) a person nominated by the consumer as a person to be told about matters affecting the consumer; or</p> <p>(b) a person:</p> <p>(i) who nominates themselves as a person to be told about matters affecting a consumer; and</p> <p>(ii) who the relevant organisation is satisfied has a connection with the consumer and is concerned for the safety, health and well-being of the consumer.</p>
Resident	<p>A person who has been admitted to a bed within a WA Country Health Service facility as a permanent or respite care resident.</p>
Staff	<p>Staff member, of a health service provider, means:</p> <p>(a) an employee in the health service provider</p> <p>(b) a person engaged under a contract for services by the health service provider;(section 6, <i>Health Services Act 2016</i>)</p>
Zoonotic disease/Zoonosis	<p>Zoonotic diseases are infections that are passed from animals to humans.</p>

7. Document Summary

Coverage	WACHS
Audience	Regional Executive Directors MPS Operations Managers Director of Nursing/Health Service Managers All staff working in WACHS Service sites
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy
Related Legislation	Aged Care Act 1997 (Cth) Aged Care Quality and Safety Commission Act 2018 (Cth) Aged Care Quality and Safety Commission Rules 2018 Animal Welfare Act 2002 (WA) Carers Recognition Act 2004 (WA) Charter of Aged Care Rights 2019 (WA) Dog Act 1976 (WA) Dog Amendment Act 2013 (WA) Disability Discrimination Act 1992 (Cth) Disability Services Act 1986 (Cth) Health Services Act 2016 (WA) National Insurance Disability Scheme Act 2013 (Cth) Work Health and Safety Act 2020 (WA)
Related Mandatory Policies/Frameworks	<ul style="list-style-type: none"> • Clinical Governance Safety and Quality
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Animals in the Health Care Setting Policy • Environmental Cleaning Policy • Infection Prevention and Control Policy • Work Health and Safety Policy • Waste Management Policy • Volunteer Policy
Other Related Documents	<ul style="list-style-type: none"> • Hazard/Incident Management Procedure
Related Forms	<ul style="list-style-type: none"> • Safety Risk Report Form
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3831
National Safety and Quality Health Service (NSQHS) 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)
Other Standards	National Disability Insurance Scheme Practice Standards : 1.3; 1.4; 2.1; 2.3; 3.2; 4.1

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	20 January 2025	20 January 2025	<ul style="list-style-type: none"> new guideline

10. Approval

Policy Owner	Chief Operating Officer
Co-approver	Director Aged Care
Contact	Safety and Quality Coordinator
Business Unit	Aged Care Directorate
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