Joint Therapeutic Animals and Pets in Hospital Policy V1.1

Document reference code: IC/027/25

This is a joint policy between Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust.

Purpose: To provide clear understanding of procedures associated with pets in hospital and actions required in the community for the protection of staff and treatment of injury.

Target audience: All staff

Document author and role: Lauren Duncanson, Senior Infection Prevention and Control (IPAC) Specialist Practitioner.

Document authors contact details: 01872 254969.

Document definition: Policy.

Audience:
☒ Cornwall Partnership NHS Foundation Trust.
☒ Royal Cornwall Hospitals NHS Trust.

Freedom of information: Can be released under the Freedom of Information Act 2000. This document will be published on the internet and intranet.

Key words: Animals, animal, pets, pet, therapy, pets as therapy, PAT, dog, cat, horse, fish.

Royal Cornwall Hospitals NHS Trust approval process

General manager confirming approval processes: Joanne Taylor.
Governance lead confirming approval process: Joanne Taylor.

Supporting committee: Infection Prevention and Control Committee
Supporting chairperson: Louise Dickinson, Director of Infection Prevention and Control (DIPC).
Executive director responsible for the policy: Chief Nursing Officer (Dual)

Approved at: Infection Prevention and Control Committee
Date approved: 26 August 2025

Executive approval: Louise Dickinson, Director of Infection Prevention and Control (DIPC).
Date approved by: 26 August 2025

Approved at: Royal Cornwall Hospitals NHS Trust Policy Ratification Group
Date approved: 3 September 2025

Document Library folder and sub-folder: Clinical / Infection Prevention and Control.

Cornwall Partnership NHS Foundation Trust approval process

Supporting committee: Infection prevention and control subcommittee
Supporting chairperson: Louise Dickinson, Director of Nursing and AHP's
Accountable Executive: Chief Nursing Officer (Dual)

Approved at (if applicable): Infection prevention and control subcommittee.
Date: 20 August 2025

Accountable Executive approved: Chief Nursing Officer (Dual)
Date: 9 September 2025

Document library section: Safety and risk, infection control.

Ratification

Start date: 9 September 2025

Review date: 1 March 2028 (6 months prior to the expiry date).

Expiry date: 1 September 2028 (3 years after ratification unless there are any changes in legislation or changes in NICE guidance or national standards).

Version control summary

Version	Date	Author / reviewer	Changes – key points
	September 2017	Not documented.	Rebranded for new organisation.
	August 2018	Not documented.	Policy extended 6 months.
	February 2019	Not documented.	Policy extended 6 months.
	September 2019	EMG.	Policy extended 3 months as agreed at EMG – expiry December 2019.
	September 2019	Sharon Linter.	Revised policy.
	September 2022	Mandy May Infection	Reformatted to latest Trust policy template. Added key words.

Version	Date	Author / reviewer	Changes – key points
		prevention and control nurse.	Section 5: Added supporting committee and chairperson. Amalgamated references. Section 7: Added training requirements. Added frequency of infection prevention and control meetings and audit of fish tanks. Section 8: Further definitions added (8.2, 8.3, 8.4). Section 9: Added roles and responsibilities. Section 10: Renumbered and added 10.7.
V1.0	October 2024	L. Duncanson, Senior IPAC Specialist Practitioner / J. Taylor, Deputy DIPC.	Full policy review: Combined to a joint RCHT and CFT policy. Added to current joint template. Removed summary flowchart as no longer applicable. 1. Slight change in wording to reflect current practices. Moved information regarding type of animals allowed into healthcare settings to section 5.1.3. 3. Further definitions included within glossary. 5.1.1. Types of assistance dogs updated to reflect guidance from Assistance dogs UK. Information from Equality Act (2010) inserted. Guidance on the classification of assistance dog inserted. 5.1.2. Description of police sniffer/ security dog and responsibilities of handler added. 5.1.3. Information updated to reflect requirements specified by Pets as Therapy Organisation. 5.2. Guidance on keeping pet food and cleaning responsibilities changed. 5.3. and 5.4. Visiting restrictions and advice regarding incidents involving animals added.

Version	Date	Author / reviewer	Changes – key points
			Clarification added around staff and visitors bring pets onto a hospital premises.
V1.1	July 2025	R. Hamdan, Senior IPAC Specialist Practitioner	Section 4.8: Added to roles and responsibility of dog handler/ volunteer PAT owner/ animal owner to ensure pet safety and they adhere to this policy and the processes and guidance of PAT organisation if they are registered to the PAT Scheme. Section 5.1.3: Updated information on section 5.1.3 about how to get set up as PAT volunteer. Section 5.1.4: Updated section 5.1.4 about patient's own pet as per Palliative and End-of life guidance on facilitating pet visit. Added Appendix 2: Pet passport.

This document replaces: IC/027/25 Therapeutic animals and pets in hospital policy. Ratified 21 January 2025.

Contents

Data Protection Act 2018 (UK General Data Protection Regulation Legislation).

The Trusts have a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out; it must be opted in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679, contact the Information Governance team.

- Cornwall Partnership NHS Foundation Trust: Email cpn-tr.infogov@nhs.net
- Royal Cornwall Hospitals NHS Trust: Email rch-tr.infogov@nhs.net

1. Introduction

1.1. Contact with animals can enhance the quality of life experienced by many individuals. However, the potential risks associated with animals mean that infection prevention and control measures are required if they are brought into a healthcare environment. Some patients may be at greater risk from animals than others, particularly those who are immunosuppressed, allergic to the animal in question, pregnant or at risk of falling. There will also be some individuals who have a phobia or fear of the animal. Additionally, some animals may be difficult to control and could pose a risk to patients and staff due to their behaviour.

1.2. This version supersedes any previous versions of this document.

2. Scope

This policy applies to all staff working for or on behalf of the Royal Cornwall Hospitals NHS Trust and Cornwall Partnership NHS Foundation Trust, including volunteer, temporary, locum, bank, agency and contracted staff.

3. Definitions and glossary

- IPAC: Infection Prevention and Control.
- DIPC: Director of Infection Prevention and Control.
- Allergic: A condition of increased sensitivity to a substance (an allergen) considered harmless to most people.
- Diarrhoea: An increase in the frequency, liquidity and weight of bowel motions.
- Immunocompromised: An immune system that is impaired by disease or treatment, where an individual's ability to fight off infection is decreased.
- Pet: A domestic animal kept for companionship.
- PPE: Personal Protective Equipment.
- Phobia: An overwhelming and debilitating fear of an object, place, situation, feeling or animal.
- Vector: Any agent (person, animal or microorganism) that can carry and transmit disease.

4. Ownership and responsibilities

4.1. Role of the Chief Executive

The Chief Executive has overall responsibility and accountability for ensuring that the Trust provides a safe environment for patients, visitors and staff.

4.2. Role of Care Group Management Team, Head of Nursing, Area Manager, Matrons, Ward Leaders and Departmental Managers

The Care Group Management Team, Head of Nursing, Area Manager, Matrons, Ward Leaders and Departmental Managers are responsible for the implementation of this policy.

4.3. Role of the Infection Prevention and Control committee

The IPAC committee are responsible for approving this policy and monitoring the compliance and implementation of this policy.

4.4. Role of the Infection Prevention and Control team

It is the responsibility of the IPAC team to support managers in the implementation of this policy.

4.5. Role of the Occupational Health department

The Occupational Health department is responsible for monitoring and advising staff members where appropriate.

4.6. Role of the Health and Safety team

The Health and Safety team are responsible for monitoring incident reports and giving expert advice where appropriate.

4.7. Role of individual staff members

Every individual staff member has a clinical and ethical responsibility to carry out effective IPAC procedures, and to act in a way which minimises risk to the patient.

4.8. Role of the dog handler/ volunteer PAT owner/ animal owner

The dog handler/ volunteer PAT owner/ animal owner must remain with their animal at all times; ensuring the pet safety within the hospital premises and that it is not a nuisance to patients/ staff members/ visiting relatives or impacting the level of care being delivered.

They must comply to the PAT organisation’s processes and procedures and adhere to this policy.

5. Standards and practice

5.1. Guidance on the types of animals that can visit healthcare settings.

To minimise the risk to patients, staff members and visitors, animals are not allowed on Trust premises. The only exceptions to this rule are:

5.1.1. **Assistance dogs**

Assistance dogs are specially trained dogs working with an individual person to support them in a number of ways. These include:

- Guide dogs: supporting people with visual impairment or sight loss with guiding.
- Hearing dogs: supporting people with hearing loss or impairment.
- Assistance dogs: aiding mobility and support daily living such as undressing and picking dropped items up off the floor, opening and closing doors etc.
- Medical alert dogs: trained to constantly monitor their partner's health condition and alert to impending episodes where their health would acutely deteriorate. The alert allows the person to take preventative action to avoid/limit the episode, or to make themselves safe, thus reducing the risk of injury during the episode. For example: Type 1 diabetes, Addison's disease, Postural Orthostatic Tachycardia Syndrome (POTs), seizures, and severe allergies.
- Autism assistance dogs: supporting people with autism.
- Dogs supporting people who have mental health issues.

Assistance dogs may be trained by charities that specialise in this work or by the owners themselves. There is no official register or certification process for assistance dogs in the UK, so there is no legal 'proof' that can be requested.
Assistance dogs UK (2025) advises that if it becomes evident that the dog is not behaving in line with the list of expected behaviours outlined by the Equality and Human Rights Commission (2017) which are listed below then refusing, or revoking access may be justifiable.

Expected behaviours:

- Be trained to behave well in public.
- Have safe and reliable temperaments.

- Be healthy and do not constitute a hygiene risk.
- Be fully toilet trained.

Under the Equality Act (2010) assistance dog owners have the same rights to services as everyone else, which includes healthcare premises. It is unlikely that the animal will be required to stay with its owner should they be an inpatient, but if this is thought to be necessary then a discussion should take place with the IPAC team to ensure that appropriate facilities and provisions can be made.

5.1.2. **Police sniffer/ security dogs**

The police have a responsibility to address crime whilst keeping the public safe, which may include within healthcare facilities. Police sniffer/ security dogs have been specially trained to assist a member of the police with their duties. If required to be active in an area, the dog handler is fully responsible for maintaining control of the police sniffer/ security dog and liaising with healthcare staff as needed.

5.1.3. **Pets as Therapy (PAT)**

Pets as Therapy (PAT) are specially trained and screened animals (usually dogs but sometimes cats) who make therapeutic visits to healthcare environments, accompanied by their owners who are registered volunteers. The PAT organisation has established processes to ensure that both the animal and its volunteer owner have undergone the appropriate assessments required to visit. PAT animals are temperament evaluated and will have been vaccinated in accordance with the policies of the organisation they represent. Evidence of vaccinations and parasite prevention should be available on request. Volunteer PAT owners working with established organisations undergo orientation, health and safety and safeguarding training and will be briefed to check fire drill protocols at the setting they visit. Additionally, they must have passed a criminal records check (DBS).

The PAT organisation will arrange the appropriate insurance cover for the animal and its volunteer owner; however, healthcare providers should ensure that they are satisfied by the level of cover offered. Clear identification for both the animal and volunteer PAT owner (i.e., photo ID card and uniform) should be worn.

PAT volunteers would need to contact volunteer services to get set up and ensure they have read and understand this policy and follow PAT’s organisation processes and policy.

PAT animals are not allowed in kitchen areas at any point during their visit and should not be allowed into the inpatient area during main mealtimes.

5.1.4. **Patient's own pet**

Pets can be extremely important to people at end of life, some of whom will consider them as their family. For those patients where a pet visit would enhance their experience in the last days of life this is supported and should be facilitated where possible (RCHT Butterfly Scheme). A visit request may be made by a patient, or by a family member on their behalf. Requests are generally restricted to patients currently receiving end of life care or rapidly deteriorating and awaiting an end-of-life discharge. Requests should be made to the nurse in charge of the ward area and, where applicable, documented in the plan of care. If the visit is to a high-risk areas, for example Critical care, a risk assessment can be made by the clinical team, and they should seek advice from IPAC.

Ahead of any visit ward staff should discuss the rules for visiting with whoever will be taking responsibility for the pet, this will usually be a family member, or carer. In addition to adhering to 'Procedure for animals on site' (5.2.), and 'Visiting restrictions' (5.3.) assurance should be sought that the pet is.

- Safe around other people
- The pet is not likely to be stressed by the visit.
- The pet should be well and not exhibiting any signs of illness or infection.
- On entering and leaving the hospital the pet should travel directly to and from the location of the named patient.
- The pet remains the responsibility of the nominated person and must be fully supervised and under their full control throughout the duration of the visit.

For patient's requesting a pet visit at RCHT the family should be supplied with a 'Pet Passport' (appendix 1.). This can be obtained from the RCHT Specialist Palliative Care team on x 8346, or bleep 3055 for urgent requests. This passport will provide the family with evidence of a pre-approved visit and prevent challenge when traveling to the ward area.

5.1.5. **Fish**

Fish tanks are generally not recommended for use in healthcare settings due to the infection risks posed by the water. However, they can be viewed as

beneficial in some settings as watching fish is purported to have a calming effect and reduce stress.

A fish tank is permitted in reception areas if cleaned and maintained by trained personnel. A contract with an aquarium maintenance specialist must be established via the procurement department. Any requests for new installations of fish tanks must be raised with the IPAC team before proceeding.

5.1.6. **Wild animals**

Wild animals should not be encouraged into healthcare facilities by feeding or hired for visits (even as a therapeutic measure).

5.1.7. **Horses/ ponies**

In exceptional circumstances (for example of the request of a palliative patient) the patient's own horse/ pony may be able to attend Trust premises. They must not enter any buildings; however alternative arrangements could be made to facilitate a visit following discussion with the IPAC team and Department Manager.

5.2. Procedure for animals on site

If an assistance dog, police sniffer/ security dog, PAT animal or patient's own pet attends Trust premises (following agreement with the Department Manager and IPAC team) then the following procedures must be adhered to:

- Hand hygiene needs to be maintained throughout. The volunteer PAT owner/ dog handler, patient and anyone who has contact with the animal must wash their hands with soap and water before and after contact with the animal.
- The animal should be cleaned and well-groomed before any visit.
- The cleaning up of animal faeces, vomit or urine is the responsibility of the dog handler/ volunteer PAT owner/ animal owner. PPE can be provided by clinical staff, and all waste material should be disposed of correctly.
- The animal should be kept on a lead (or otherwise suitably restrained) and must not be allowed to wander freely around Trust premises.
- Animals must be supervised at all times by their dog handler/ volunteer PAT owner/ animal owner; ensuring that it is not a nuisance to patients/ staff members/ visiting relatives or impacting the level of care being delivered.
- Animals should not visit patients with any open wounds, sores or broken areas of skin unless they are suitably covered with an appropriate dressing.

- The dog handler/ volunteer PAT owner/ animal owner should not be allowed to visit if they are unwell (or have had diarrhoea and/ or vomiting within the last 48 hours).
- Animals should not be placed on beds unless it is a patient's own domestic animal and there is a valid reason that can be rationalised.
- The IPAC team may exclude the animal from certain clinical areas or from the hospital premises if it is suspected to be a source or vector of infection.
- Animals owned by members of staff or visitors that are not registered as part of a PAT scheme should not be brought into a work setting, however any member of staff wishing to have a therapy animal at work would need to have a risk assessment undertaken by their manager and Human Resources.
- Pet food should not be kept on Trust premises (although in exceptional circumstances where this may be required the animal should have dry food only).
- The volunteer PAT owner/ pet handler must ensure the pet safety during the visit.

5.3. Visiting restrictions

Visits from a patient's assistance dog, police sniffer/ security dog, PAT animal or patient's own pet should be pre-arranged where possible. All patients within the particular area should be consulted prior to the animal's arrival to eliminate any anxieties that may be present. This is not limited to the patient that the animal will be in contact with directly, but others who may have indirect contact. It is not normal practice for visitors to bring pets with them, however if needed for particular reasons, this needs to be pre-discussed with the Ward Leader. If any of the following apply to the patient/s (or those in close proximity to the animal) then the visit should not occur:

- The patient has a fear or phobia of the animal.
- Contact will cause anxiety to the patient.
- The patient is allergic to the animal in question.
- The patient is receiving source isolation precautions (unless the visit is deemed to be exceptional circumstances and within the patient's best interests).
- The patient is immunosuppressed (unless the visit is for humanitarian reasons that can be rationalised as overriding the patient's condition).

5.4. Incidents involving animals.

Should an incident or near miss occur, the Nurse in Charge/ Department Manager must be informed at the time of occurrence and an incident report form completed.

6. Related legislation, national and local guidance

- Royal College of Nursing. (2019) Working with Dogs in Health Care Settings. RCN_-_Working_with_Dogs_in_Health_Care_Settings_2019.pdf (petsastherapy.org)

- National Police Chief's Council. (2024) Police Dog Standard. NPCC Police Dog Standard V.1
- Pets as Therapy ©. (2024) Pets as Therapy. Pets As Therapy
- The Equality Act. (2010) Equality Act 2010: guidance. Equality Act 2010: guidance - GOV.UK (www.gov.uk)
- Murthy, R. et al. (2015) Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks. Shea Expert Guidance. 36(5): 1-22.
- Khan, M. and Farrag. N. (2000) Animal-assisted activity and infection control implications in a healthcare setting. Journal of Hospital Infection 46: 4-11.
- Equality and Human Rights Commission. (2024) Assistance dogs: A guide for business and service provisions. Assistance dogs: a guide for all businesses| EHRC
- Assistance Dogs UK. (2025) Assistance Dog Registration and Proof. Assistance Dog Registration and Proof - ADUK

There are no links to key external standards.

7. Training requirements

Infection prevention and control is part of mandatory training provided by the Trust.

Health and safety is part of mandatory training provided by the Trust.

Occupational health is part of mandatory training provided by the Trust.

Incident report training is provided by the Trust.

8. Implementation

This policy will be implemented via the following routes:

- Information regarding the policy will be included in the IPAC newsletter.
- The policy will be included in the Trust's Document Library.
- The policy will be circulated to all Link Practitioners, Matrons, Heads of Nursing and IPAC Steering Group members.

9. Document Monitoring arrangements.

Information category	Detail of process and methodology for monitoring compliance
Element to be monitored	Absence of incident forms relating to animals and pets in hospital.

Information category	Detail of process and methodology for monitoring compliance
Lead	Monitoring compliance with this policy will be the responsibility of the IPAC team.
Tool	Incident reporting system.
Frequency	The IPAC committee meetings are held quarterly.
Reporting arrangements	This will be undertaken by monitoring of incident forms at the IPAC committee meetings.
Acting on recommendations and lead(s)	Where non-compliance is identified, support and advice will be provided by the IPAC team to Departmental Managers to improve practice.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned immediately where necessary. Lessons will be shared with all the relevant stakeholders.

Will the monitoring arrangements result in a clinical audit: No

10. Updating and review

This policy will be reviewed every 3 years at a minimum.

11. Equality and diversity

This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the RCHT Equality Diversity And Inclusion Policy and CFT Equality, Diversity and Inclusion Statement.

The initial equality impact assessment screening form is at appendix 1.

Appendix 1: Equality Impact assessment Form

Title of policy or document for assessment: Joint Therapeutic Animals and Pets in Hospital Policy V1.1.

Who is affected by the document?

☒ Staff ☒ Patients ☒ Visitors ☒ Carers ☐ Other ☐ All

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns

Are there concerns that the procedural document could have a differential impact on the following areas?

If a negative impact has been identified, please complete a full EIA by contacting the Equality, Diversity, and Inclusion Team. For RCHT please contact rcht.inclusion@nhs.net and for CFT please contact cft.inclusion@nhs.net

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	☐ Yes ☒ No	
Disability	☐ Yes ☒ No	
Sex	☐ Yes ☒ No	
Gender reassignment	☐ Yes ☒ No	
Pregnancy and maternity	☐ Yes ☒ No	
Race	☐ Yes ☒ No	
Religion and belief	☐ Yes ☒ No	
Sexual orientation	☐ Yes ☒ No	
Marriage and civil partnership	☐ Yes ☒ No	
Groups at risk of stigma or social exclusion such as offenders or homeless people	☐ Yes ☒ No	
Human rights	☐ Yes ☒ No	

Are there any associated objectives of the document? If yes, what existing evidence (either presumed or otherwise) do you have for this?

No.

Signature of person completing the equality impact assessment:

Name: Lauren Duncanson.

Date: 18 October 2024.

Appendix 2: RCHT Pet Passport