

**ANIMALS IN CLINICAL AREAS POLICY
 (INCLUDING THERAPY PETS)**

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DOCUMENT CONTROL

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Document objectives: To minimise the risk of infection associated with animals visiting wards			
Intended recipients: All clinical staff whatever their grade, role or status, permanent, temporary, full-time, part-time staff including locums, bank staff, volunteers, trainees and students. This Policy will be available to the general public on the Trust Internet			
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1. INTRODUCTION

- 1.1 This policy provides advice on minimising the risk of infection associated with therapeutic pets and other visiting animals.
- 1.2 Animals can enhance the quality of life for many individuals, however they can carry infections which can occasionally be transmitted to humans, particularly those people that are very vulnerable to infection, as well as provoke an allergic reaction in some patients.
- 1.3 Domestic pets may be permitted for short visits in exceptional circumstances. The Infection Prevention and Control Team and the Ward Manager/Hospital Matron must be in agreement, and the pet must be up to date with all relevant vaccinations/treatments including parasite control.
- 1.4 Working animals are permitted on the ward with the agreement of the Ward Manager/Hospital Matron

2. PURPOSE & SCOPE

- 2.1 The purpose of this policy is to protect the patient environment from the risk of infection from animals.
- 2.2 To promote the use of animal therapy, where appropriate, as the value of animal therapy is widely accepted as a powerful aid to stimulation and communication. Studies have shown that the presence of companion animals can improve the well being of patients and lower the rate of anxiety, simply by making the hospital environment happier, more enjoyable and less forbidding.
- 2.3 This policy informs staff of their legislative requirements relating to the Disability Discrimination Act (2015 amended). The Act states that anyone who provides services, goods or facilities to the public cannot refuse to provide their service to a disabled person for a reason relating to that person's disability. It also encourages services to be proactive in creating an inclusive approach and where appropriate "more favourable treatment" can be provided to a disabled person.
- 2.4 In line with our statutory obligations, the protected characteristics of age, disability, gender reassignment, marital status/civil partnership, pregnancy and maternity, race, religion or belief, sex/gender and sexual orientation under the Equality Act 2010 are recognised by the Trust and in addition, the Trust has recognised Learning Disability as a further protected characteristic. This Policy must be implemented in line with the Trust Equality and Diversity Policy.
- 2.5 There is a balance to be struck in complying with all legislation and therefore each situation will need to be risk assessed, taking into consideration many and variable factors by the person in charge of each clinical area with assistance from the Infection Prevention and Control Team.

3. DUTIES AND RESPONSIBILITIES

3.1 The Trust Board, via the Chief Executive will:

- ensure there are effective and adequately resourced arrangements for the safe provision of animal therapy within the Trust;
- identify a board level lead for infection prevention and control;
- ensure that the role and functions of the Director of Infection Prevention and Control are satisfactorily fulfilled by appropriate and competent persons as defined by DH, (2008, revised 2015).

3.2 Director of Infection Prevention and Control (DIPC) will:

- oversee the local implementation of the Animals in Clinical Areas Policy (including therapy pets).

3.3 The Infection Prevention and Control Assurance Group will:

- ensure that, from infection prevention and control perspective, the procedures for the provision of animal therapy are continually reviewed and improved within the Trust.

3.4 The Infection Prevention and Control Team will:

- provide advice and support in relation to the provision of a safe animal therapy service.

3.5 Ward and Team Managers/Hospital Matrons will:

- ensure infection control precautions are carried out as detailed in all infection prevention and control policies;
- ensure that staff are aware of the policy and requirements for attending training as identified in the Training Needs Analysis. Managers will ensure that staff have attended all relevant training and have current updates;
- ensure that staff are released to attend relevant Training and record attendance at training in local training records. All non-attendance at training will be followed up by managers;
- ensure individual staff and team's training needs are met through appraisal and in line with the Training Needs Analysis. Training information should be passed to the Learning and Development Department who will update the electronic staff record.

3.6 All Clinical staff will:

- adhere to the policies, guidelines and procedures pertaining to Infection Prevention and Control which provide a framework for safe and best practice.

3.7 The Learning and Development Department will:

- enter all data relating to Mandatory and Non-Mandatory training attendance onto the Electronic Staff Record (ESR) system and report non-attendance to Ward and Team Managers.

4. EXPLANATION OF TERMS USED

4.1 Animals that are found in health care premises may be identified under the following categories:

- an assistance dog is trained for the benefit of the handler (not always a patient) e.g. guide, hearing, seizure or signal dog and is the responsibility of the handler or owner;
- a therapy animal is an animal that visits hospital wards and premises for reasons of goal directed interventions and is the responsibility of the handler or external organisation e.g. Pets As Therapy Scheme (see Appendix A);
- ward/unit based pets reside within Trust premises and are the responsibility of that team. As a rule, the Trust does not support or encourage resident pets.

Visiting Animals

4.2 **Assistance dogs for the blind** - An assistance dog for the blind has to be specially trained to aid or assist a person who is blind or partially sighted. Further details are available via the Royal National Institute of Blind People. Further information may be accessed via:

www.rnib.org.uk

4.3 **Assistance dogs for the deaf** - An assistance dog for the deaf has been specially trained to aid a person who has a hearing impairment. Further details are available via Action Hearing Loss via:

<http://www.actiononhearingloss.org.uk/?gclid=CJzmt-a-pLcCFYHHtAodCQsAvQ>

4.4 **Police sniffer dogs** - A police sniffer dog has been specially trained to assist a member of the police force with their duties.

4.5 **Therapy dogs** - Therapy dogs are permitted to enter community hospitals to visit patients who do not have allergies to animal hair. The dogs are carefully selected and are fit, healthy and well cared for.

Therapy dogs must be approved under the Pets as Therapy Scheme with insurance cover stating that it covers third party eventualities related to the animal i.e. a bite. Further details are available via:

<http://www.petsastherapy.org/>

5. RISK REDUCTION CONSIDERATIONS

- 5.1 The definition of animals relates to all pets including insects, reptiles, fish and birds.
- 5.2 Animals must not be allowed on a ward without the prior agreement of the Ward Manager/Deputy or a member of the Infection Prevention and Control Team.
- 5.3 An increased risk of infection is associated with the following types of animals and should be deemed as unsuitable/unsafe for health care environments:
- kittens/puppies (these should not be introduced to patients prior to primary inoculations, worming and infestation treatments);
 - cats and dogs that are not house trained;
 - long haired cats (can be particularly susceptible to ring worm);
 - sick caged birds;
 - stray/sick/feral animals;
 - exotic pets/reptiles.
- 5.4 Visiting animals must not be fed on hospital premises – by staff, patients or visitors.
- 5.5 The Infection Prevention and Control Team may exclude the animal from clinical areas and/or from Trust premises if it is suspected to be a source or vector of infection. The registered owner may be requested to have the animal examined by a vet before being allowed onto the hospital premises.
- 5.6 When police sniffer dogs are required to be active in an area, the police dog handler is responsible for maintaining control of the animal and ensuring that it is not a nuisance to other patients. In this instance the dog will have full access to all areas that require searching; this will include the patient's bedroom and personal belongings and may include access to other more clinical areas. These dogs are also permitted to climb onto beds or other furniture as required to complete a full search.

Visiting Pets

- 5.7 The animal must be capable of confinement to designated areas of the hospital environment. Pets must be excluded from kitchens, clinical environments and patient bed areas at all times.
- 5.8 The animal must be healthy. A veterinary surgeon should initially assess the pet for freedom from disease and infestation followed by routine periodic health assessment and treatment programmes. Evidence may be requested from the owner to support this.
- 5.9 Hand washing following contact with the animal or its environment is the most important aspect of minimising infection risk. As well as the wearing of personal protective equipment (such as gloves and apron) when clearing up animal urine/faeces.

- 5.10 After settling their animal, the owner should wash their hands before coming into direct contact with the patient they are visiting.
- 5.11 Animals are not allowed to get onto chairs or beds. In exceptional circumstances (e.g. end of life patients) advice should be sought from the Infection Prevention and Control Team
- 5.12 Visiting should be restricted in the following circumstances:-
- isolated patients;
 - immune-compromised patients or a patient in the immediate location who is immune-compromised;
 - if a patient poses a significant risk to the visiting animal.
- 5.13 Animals should be kept on a lead or otherwise suitably restrained and must not be allowed to wander freely around the clinical area or elsewhere within Trust premises.
- 5.14 If any patients object to the animal's presence, then arrangements must be made to ensure that the animal is kept away from them. It may be necessary to exclude the animal from specific clinical areas.
- 5.15 The implementation of standard infection prevention and control precautions including hand hygiene is essential for risk reduction. By ensuring that all the above advice is followed, the physical and psychological benefits of having pets should continue to improve the quality of life of the patient.

Therapy Pets

- 5.16 All dogs must be trained and capable of following commands. Free roaming of certain types of pets must be avoided to minimise risk of accident or injury to patients or visitors.
- 5.17 The animal must be capable of confinement to designated areas of the hospital environment. Pets must be excluded from kitchens, clinical environments and patient bed areas at all times.
- 5.18 The animal must be healthy. A veterinary surgeon should initially assess the pet for freedom from disease and infestation followed by routine periodic health assessment and treatment programmes.
- 5.19 Hand washing following contact with the animal or its environment is the most important aspect of minimising infection risk. As well as the wearing of personal protective equipment (such as gloves and apron) when clearing up animal urine/faeces.
- 5.20 Animals are not allowed to get onto chairs or beds.
- 5.21 Visiting should be restricted in the following circumstances:-
- isolated patients;
 - immune-compromised patients or a patient in the immediate location who is immune-compromised;

- if a patient poses a significant risk to the visiting animal.
- 5.22 When assistance dogs for the blind/deaf or Pet Therapy dogs are permitted to visit hospital premises, the animal's owner and healthcare workers must ensure that the animal is not a nuisance to other patients and that it does not interfere with patient care.
- 5.23 If any patients object to the animal's presence, then arrangements must be made to ensure that the animal is kept away from them. It may be necessary to exclude the animal from specific clinical areas.
- 5.24 The implementation of standard infection prevention and control precautions including hand hygiene is essential for risk reduction. By ensuring that all the above advice is followed, the physical and psychological benefits of having pets should continue to improve the quality of life of the patient.

Ward/Unit based pets

- 5.25 Ward/Unit based pets are not generally encouraged within Somerset Partnership and no resident animal should be purchased or adopted without prior discussion with the Infection Control Team.
- 5.26 A full risk assessment is required not only to highlight potential risks from the animal but also to the animal's wellbeing. Infection Control, safeguarding, allergy, phobia, environmental, animal husbandry and financial issues (including third party insurance in case of injury) should all be considered.
- 5.27 A full plan of care is required for any ward/unit based pet and should consist of general care of the animal and its living environment (include rotas, responsibilities and contingencies), veterinary arrangements including out of hours and contacts and financial arrangements (especially important for out of hours/emergency requirements)
- 5.28 The animal must have a living environment which is appropriate for the animal and also provide security/protection.
- 5.29 The animal must have access to clean, fresh water, provided in a suitable receptacle at all times.
- 5.30 Food, manufactured for the specific type of animal, must be provided in line with recommended quantities and feeding regimes, additional foodstuffs such as fruit, vegetables and treats should be in line with veterinary best practice guidance. A suitable feeder, designed for the specific animal type, should be used.
- 5.31 The animal must be healthy. A veterinary surgeon should initially assess the pet for freedom from disease and infestation followed by routine periodic health assessment and treatment programmes.
- 5.32 Regular cleaning of the living environment, including food and water feeders must be carried out in line with veterinary best practice guidance or occasionally, more frequently due to increased risk of being in a clinical environment, if advised by the Infection Control Team.

- 5.33 Daily cleaning around the living environment must be carried out using Tristel and regular checks made throughout the day to remove any debris produced by the animal post cleaning.
- 5.34 Hand washing following contact with the animal or its environment is the most important aspect of minimising infection risk. As well as the wearing of personal protective equipment (such as gloves and apron) when clearing up animal urine/faeces.
- 5.35 Animals are not allowed to get onto chairs or beds and in the case of birds, should not be allowed to fly freely outside of the cage.

6. TRAINING REQUIREMENTS

- 6.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis) All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

7. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

8. MONITORING COMPLIANCE AND EFFECTIVENESS

8.1 Process for Monitoring Compliance

- Compliance will be monitored by the Infection Prevention and Control Implementation Group.

8.2 Responsibilities for conducting the monitoring

- The Infection Prevention and Control Implementation Group will monitor procedural document compliance and effectiveness where they relate to clinical areas.

8.3 Methodology to be used for monitoring

- Incident reporting

8.4 Frequency of monitoring

- The Infection Prevention and Control Assurance Group reports to the Clinical Governance Group every quarter.

8.5 **Process for reviewing results and ensuring improvements in performance occur.**

The Infection Prevention and Control Assurance Group will be responsible for ensuring improvements, where necessary, are implemented based on relevant incident reports.

9. **COUNTER FRAUD**

9.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

10. **RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

10.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9: Person-centred care
Regulation 15: Premises and equipment

10.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 11: General

10.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

11. **REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

11.1 **References**

Khan MA, Farrag N. Animal-assisted activity and infection control implications in a healthcare setting. *Journal of Hospital Infection* 2000; 46: 4-11

Guay DRP. Pet-assisted therapy in the Nursing Home Setting: Potential for zoonosis. *American Journal of Infection Control* 2001; 29: 178-86

DiSalvo, H (2006) Who let the dogs out? Infection control did: Utility of dogs in healthcare settings. *AJIC* 34(5): 301 – 307

Lefebvre, S L. et al (2008) Guidelines for animal assisted interventions in healthcare facilities *AJIC* 36(2): 78 - 85

Pets as Therapy Charity available at: - <http://www.petsastherapy.org/>
(Site accessed May 2016)

Department of Health (2008) The Health and Social Care Act 2008, Code of Practice for health and social care on the prevention and control of infections and related guidance (revised 2015).

DoH (2006) Essential Steps to Safe, Clean Care. Reducing Healthcare Associated Infections in Primary Care Trusts, Mental Health Trusts, Learning Disability Organisations, Independent Healthcare, Care Homes, Hospices, GP Practices and Ambulance Services.

www.rnib.org.uk

<http://www.actiononhearingloss.org.uk/?gclid=CJzmt-a-pLcCFYHHtAodCQsAvQ>

<http://www.petsastherapy.org/>

The Equality Act, 2010

Cross reference to other procedural documents

Infection Prevention and Control Policy
Infection Prevention and Control Standard Precautions Policy including Blood and Body Fluids Spillage Policy
Cleaning of Equipment and Decontamination Policy; to be read in conjunction with the Medical Devices Policy;
Hand Hygiene Policy
Mandatory Training Policy
MRSA Policy
Risk Management Policy
Staff Training Matrix (Training Needs Analysis)
Training Prospectus
Untoward Event Reporting Policy
Equality and Diversity Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

12. APPENDICES

- 12.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A Pets as Therapy Charity Leaflets.

Fact sheet 19

PETS AS THERAPY

The Care and Welfare of Your PAT Dog and PAT Cat – MRSA

Facts about MRSA

- MRSA stands for Methicillin Resistant Staphylococcus Aureus.
- MRSA is often referred to as a hospital "super-bug" and is responsible for 5,000 patient deaths a year in UK hospitals.
- MRSA is a bacterium that many of us carry around harmlessly on our skin.
- MRSA only causes problems when it gets into the blood stream, particularly in those with weakened immune systems and can be fatal.
- The super-bug has developed resistance to modern antibiotics and so is very difficult to treat.
- It can survive for up to 12 months in hospital dust, bedding and clothing.

How is MRSA spread?

- By direct contact or through the air, such as by sneezing or coughing.
- Carried by people on their clothes and other objects from one environment to another.
- People working in healthcare settings (medical and veterinary) may have a higher risk of being carriers than the general population.

What does the British Medical Association say?

- Compliance with hand hygiene protocols limits the spread of pathogens such as MRSA.
- Hand washing with a non-medicated liquid soap and water are effective for soiled skin.
- Alcohol hand-wipes are recommended for routine use if the skin is not soiled.
- Wear clothes that minimise spread of infection: cuffs, collars and ties are associated with increased transmission and where possible change clothes when leaving the clinical setting.
- Always wash clothes between uses even if they appear to be clean.

What are the risks to my PAT Dog or PAT Cat?

- Unfortunately, there is no research investigating the spread of MRSA in therapy animals.
- Pets are most likely to become infected during surgery at a veterinary practice where the bacterium can infect open wounds via contaminated instruments or hands, or from droplets from the nose or mouth of a veterinary surgeon.
- The risks to your animal of contracting MRSA whilst on a routine Pets As Therapy visit can be minimised by following the following precautions.
- Never take your animal on a Pets As Therapy visit if it is unwell, or has any open wounds or cuts.
- Always check with the establishment whether they have any notifiable diseases on the ward.
- Never take your PAT dog or cat to visit a patient who is known to have MRSA or has uncovered wounds or lesions.
- Always wash your hands after a Pets As Therapy visit and use alcohol hand wipes between patients.
- Wear your Pets As Therapy top on visits and keep it clean.
- Make sure your PAT Dog or PAT Cat's uniform is clean.

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PETS AS THERAPY

The Care and Welfare of PAT Dogs and PAT Cats

- Pre-visit Considerations

Please don't take me on a Pets As Therapy visit if I am unwell – I might behave differently if I don't feel well



Don't take me when I am in season.

Make sure my vaccinations, worming and flea treatments are up to date.



Please make sure I'm clean before I go on a visit. Please make



sure my Pets As Therapy ID Jacket, collar (or PAT Cat harness) and lead are clean too

Remember to take a towel for me if I'm one of the drooly breeds!



Don't leave me in the car, especially when it's hot!

"The Five Freedoms"

The rights of all domestic animals in the service of man

- Freedom from hunger & thirst.
- Freedom from discomfort.
- Freedom from pain, injury and disease.
- Freedom to express normal patterns of behaviour.
- Freedom from fear & distress.

Animals participating in therapeutic programmes for the benefit of people should also be given these freedoms.

Please exercise me before I go on a Pets As Therapy visit.



Check with the establishment that they don't have any notifiable diseases on the wards before I visit.

Pets As Therapy Head Office Tel: 01494 569130

Email reception@petsastherapy.org or visit www.petsastherapy.org

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The Welfare of Your PAT Dog or PAT Cat

– General Guidelines

Possible Risks to Welfare Arise From:

- The environment – for example, excessive heat, noise or activity; dropped medication, slippery floors etc.
- The people – for example, unpredictable or aggressive behaviours from clients.
- The tasks that the animal is asked to do – for example, repeated interactions with lots of people; being held or restrained.

Minimising Risk

- Ensure your PAT Dog or PAT Cat only visits when they are happy and healthy.
- Ask the establishment to explain any particular risks from their patients or clients, what to look out for and how to respond safely.
- If you are in doubt, make sure a staff member accompanies you on your visits.
- If you are not happy with an interaction, politely and calmly withdraw your PAT Dog or PAT Cat from the visit.

Understanding Your PAT Dog or PAT Cat 's Behaviour – Signs of Stress

- Even a routine, well-planned Pets As Therapy visit can cause your pet mild levels of stress, especially if they are new to visiting.
- Individual animals respond to and cope with stressful situations differently.
- However, repeatedly putting any animal in a stressful situation or exposing them to excessive levels of stress is unkind and potentially unsafe as an animal's behaviour becomes less predictable when it is under stress.
- Chronic stress leads to ill-health and therapy animal "burn-out".
- There are some simple signs to watch out for that may suggest that your PAT Dog or PAT Cat is becoming stressed.

Signs of stress in PAT Dog or PAT Cat

- Obvious signs such as reluctance to go on Pets As Therapy visits.
- More subtle signs on visits, such as yawning, head turning and lip licking.
- Behavioural signs of withdrawal such as pulling away or sitting or lying down in an attempt to avoid an interaction. Other animals may show signs of irritability or aggression when stressed.
- Any change in behaviour that is not "normal" for your animal.
- Health may suffer if an animal is under chronic stress – for example, increased gastro-intestinal disturbances and minor skin complaints.

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Email reception@petsastherapy.org or visit www.petsastherapy.org

PETS AS THERAPY

The Care and Welfare of PAT Dogs and PAT Cats

- During Pets As Therapy Visits

Check with the staff if any patients, clients present any particular risks to me.



Some volunteers take hand wipes with them on visits – so that they can offer them to people to wipe their hands after patting me.

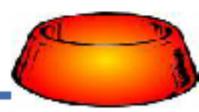
Please find out where I can go to the toilet at the establishment and ask where hand-washing facilities are located for you.



or dropped tablets or other on the floor. It is useful to teach me a "leave" command.



Make sure I've got access to water to drink – it is thirsty work being a PAT dog or cat and these establishments are so hot!!



Check whether anyone in the establishment has any fears, phobias or allergies of dogs

PAT Dogs and PAT Cats should enjoy and not just tolerate their visits. Be alert for signs of stress and finish the visit if your animal is showing these signs.



Keep hold of me on my lead during the visit and keep me with you at all times – it's for my own safety!



Take some of my usual treats on visits so that you can give them to people who wish to feed me. No biscuits, sweets or chocolate please!



Pets As Therapy visiting can be very tiring for me. Please finish the visit if you can see I am getting tired and make sure I have time to rest.



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