

ANIMAL ASSISTED THERAPY (AAT)/ACTIVITY (AAA)

Working with therapy animals, assistance animals & pet animals in hospitals, residencies, community venues and healthcare premises

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CONSULTATION AND DISTRIBUTION RECORD

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Consultation Process / Stakeholders:	<ul style="list-style-type: none"> • NHSL Infection Control Team • NHS Lanarkshire Carstairs State Hospital • NHS Forth Valley • Myerscough College, Prof Cert AAT course • Society for Companion Animal Studies
Distribution:	<ul style="list-style-type: none"> • All staff involved in AAT interventions

CHANGE RECORD

Date	Author	Change	Version No.
01/02/13	B Bryant/J Evans		1
24/01/17	C. Stewart	Reviewed and updated	2
01/05/18	C.Stewart	GDPR statement added into section 3 and updated name of Data Protection Act	3
30/08/18	C. Stewart	Reviewed – no changes	4
17/08/21	C.Stewart	Section “staff member working with an assistance dog” has been removed as this is covered by the Assistance Dog Policy.	5
		Further information added to Resource Implications section about qualifications and training (pg.15)	
		Added reference to Assistance Dog Policy (pg 17)	
20/04/22	C.Stewart	Reviewed and no changes needed	6

1. INTRODUCTION

- Animal Assisted Therapy (AAT) is an evidence based, goal directed intervention in which an animal that meets a specific criteria is an integral part of the treatment process. AAT is designed to promote improvement in human physical, social, emotional, sensory and cognitive functioning.

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- To provide opportunities for OT assessment and/or intervention with clients who have previously been reluctant to engage in purposeful activity.
 - To provide opportunities for indirect experience of every day health needs through observation and participation in animal welfare and behaviour.
 - To meet psychological needs for comfort, occupation and social interaction.

2. **AIM, PURPOSE AND OUTCOMES**

1. **AIM**

- To prevent transmission of disease from animals to humans i.e. zoonotic infections.
- To prevent transmission of disease from humans to animals
- To ensure any risks posed by animals to humans are reduced.
- To ensure any risks posed by humans to animals are reduced.
- To ensure working environments facilitate safe AAA/AAT practice
- To increase staff knowledge of the legislation that supports (AAA/AAT) in healthcare settings.

2. **OBJECTIVES/OUTCOMES**

- To ensure that staff are fully aware of the policy content and control measures required to minimise cross-infection from animals to humans/humans to animals.
- To ensure that staff are fully aware of the policy content and operational measures required to eliminate discrimination.

3. **SCOPE**

3.1 **Who is the Policy intended to Benefit or Affect?**

- The benefit of staff, patients, support provider staff, family members, visitors and other relevant individuals
- The benefit of protecting therapy animals and ensuring working conditions comply with Animal Welfare legislation
- To minimise risk in terms of cross contamination, infection control and animal stress

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3.2 Who are the Stakeholders

- Staff
- Patients
- NHSL AAT group

4. PRINCIPAL CONTENT

4.1

- NHS Lanarkshire acknowledges the contribution that therapy animals may provide to the quality of life experienced by patients and community clients. NHS Lanarkshire is concerned that all animals involved in AAT programmes should be well treated. NHS Lanarkshire should be satisfied that the therapy animal handlers take overall responsibility for the animal. It would be the individuals responsibility to ensure regular cleaning and grooming to minimise the risk of pests e.g. ticks and flees. Vaccinations where appropriate, should be up to date. Therapy animals must be sociable and suitable and able to be introduced to patients, staff, hospital and community environments.

4.2

- It is well documented that diseases can be acquired from a variety of animals. However, providing reasonable care is taken, psychological and physical benefits of therapeutic interactions outweigh the risk of infection in certain situations.

4.3

- The holistic benefits of animals can apply to everyone working in both hospital and community settings. It is possible that their presence can improve wellbeing by making environments happier, more enjoyable and less stressful for patients and clients.

LEGISLATIVE FRAMEWORK

4.4

- This policy informs staff of their legislative requirements relating to Disability Discrimination Act (2005 amended).

4.5

- 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 persons disability. It also encourages services to be proactive in creating an

inclusive approach and where appropriate in 'more favourable treatment' can be provided to a disabled person.

4.6

- The policy informs staff of their legislative requirements relating to their Health and Safety at Work Act (1974); Public Health (Infectious Diseases) regulations (1998); Management of Health and Safety at Work Regulations (1992) and Control of Substances Hazardous to Health (2002) which requires the provision of a safe environment for services users and staff.

4.7

- There is a balance to be struck in complying with all legislation and therefore each situation will require to be risk assessed by taking into consideration many and variable factors by the person in charge of each clinical area and intervention type. Each clinical area should ensure that local guidelines are available to manage the presence of an assistance or therapy animal.

4.8

- Further advice may be obtained by contacting the Infection Control Team.

THERAPY ANIMALS

4.9

- Consideration should be given to the type of appointment, length of visit, environment and transport services when arranging clinical AAT sessions. If there are delays staff will require considering provision of water and toilet relief for the animal. It is also important to inform the patient/client of any delays and keep them apprised of the situation.

4.10

- It is important to give some orientation to the animal handler in relation to the service environment e.g. verbal explanation, description of layout in particular information regarding fire exits/toilets. Any activity where the patient/client would be involved in animal handling e.g. grooming, feeding, petting should be risk assessed and supervised throughout by the responsible animal handler.

DISPOSAL OF WASTE

4.11

- Attention to the disposal of any waste product will be necessary. The responsible animal handler must ensure that appropriate methods of animal waste disposal is incorporated within all clinical AAT sessions e.g. patients/clients must wear appropriate clothing when involved in animal husbandry tasks, waste bags are used and disposed of in the appropriate bins (if no bins are available on site, then waste must be securely stored and disposed of in the nearest refuse collection area as soon as possible). Good hygiene must be carried out following waste disposal e.g. hand washing, disposable gloves/aprons.

4.12

- Heavy duty household non-disposable gloves and disposable apron should be worn when cleaning duties are performed and for the removal of excreta. These gloves should be washed in hot soapy water and dried prior to re-use. Equipment should only be used for the task for which it is intended e.g. keep cleaning gloves separate from gloves used for other purposes.

4.13

- Odour neutralisers/stain remover should be used as required.

4.14

- Patients/clients with suppressed or compromised immunity who may be susceptible to zoonotic or other infections **MUST NOT** undertake any of these tasks.

ANIMAL SELECTION

4.15

- It is the responsibility of the animal handler to ensure that careful consideration is given to the type of animal during direct and indirect clinical AAT sessions e.g. natural behaviour/instincts/temperament, infection risks, environment requirements, size of animal, transport issues, climate conditions, allergies

ALLERGIES

4.16

- Some individuals may be allergic to animal fur, feathers and dander. This often manifests itself as rhinitis, wheeze or skin inflammation. Those involved in clinical AAT sessions should be mindful of this and take appropriate action if any of these symptoms present. Screening tools and risk assessments carried out prior to clinical sessions may highlight any known allergies.

ACCOMMODATION

4.17

- It is the responsibility of the animal handler to ensure environmental conditions are conducive to animal welfare guidelines e.g. appropriate housing such as bedding, cages, hutches, tanks, pens, runs **MUST** be provided. These must always be kept fresh and clean at all times.

4.18

- Any bedding or other equipment which requires washing should be systematically carried out regularly in a designated area.

4.19

- Tropical fish tanks must be regularly cleaned and maintained by an appropriate service. Small fish tanks should also be regularly cleaned and maintained and dirty water disposed of in an appropriate sluice or macerator.

4.20

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- Bird cages must be regularly cleaned and maintained by an appropriate individual. Waste should be disposed of as referred to in section 6.

GENERAL ANIMAL WELFARE INFORMATION

4.21

- All therapy animals where appropriate, should be examined and screened by a registered veterinarian prior to involvement in clinical direct AAT sessions.

4.22

- Therapy animals should have up to date vaccinations and health checked annually by a veterinarian where appropriate.

4.23

- Accurate records must be kept of any vaccinations and/or treatment received e.g. programmes of disinfection, de-worming and neutering where applicable.

4.24

- Therapy animals where applicable e.g. dogs, should be house trained.

4.25

- Cats and dogs should be fitted with an appropriate identity collar. Collars should be suitably fitted and not include choker type chains. A harness would be recommended.

4.26

- Use caution with young animals e.g. puppies and kittens which are more likely to contract or transfer diseases until they have received their full course of primary inoculations and worming. Kittens and puppies should **NOT** be introduced to immunocompromised individuals.

4.27

- Therapy animals should be well groomed and cleaned and examined regularly for fleas and ticks.

4.28

- Veterinary advice should be sought immediately if animals present as sick or injured and should be excluded from clinical AAT sessions.

4.29

- Keep any animal medicines clearly labelled and stored in a secure location. Out of date animal medicines should be returned to the prescribing veterinarian.

4.30

- Ensure animals do not have access to any hazardous substances e.g. medicines, cleaning fluids, sharps

4.31

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- Non-caged animals should have their own identified sleeping facilities e.g. baskets, enclosures and should be encouraged to use them where appropriate.

4.32

- Do not allow animals to have access to patient/clients beds or other furniture unless thoroughly risk assessed for suitability

4.33

- Therapy animal bedding and food/drink bowls should be kept scrupulously clean to avoid harbouring of parasites and cross contamination of possible infection/infestation.

4.34

- Therapy animals housing/bedding should be well maintained and located in a safe environment providing shelter from hot sun, wind, rain, extreme temperatures.

4.35

- It **MUST** be ensured that all therapy animals are kept safe from harm e.g. human and non-human risk

4.36

- Machine washable bedding such as blankets and cushions should be provided and regular laundering organised.

4.37

- Facilities for the provision of food and water should be appropriate.

4.38

- Cleaning of food and water containers should be designated to a particular area.

4.39

- Litter trays should be not be sited near food storage, preparation or eating areas.

4.40

- Regurgitated food or vomit or other bodily fluids should be promptly dealt with and disposed of appropriately.

4.41

- Hand hygiene should be performed by patients/clients, staff and others following contact with the therapy animal or animal husbandry tasks. (in accordance with NHS Lanarkshire Hand Hygiene Policy)

4.42

- Hard surfaces should be cleaned prior to and following AAT activities and at other times when necessary.

4.43

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- Any clinical AAT activity involving direct animal contact or animal husbandry task should be discussed and/or carried out by a member of staff trained in Animal Assisted Therapy practice e.g. Prof Cert AAT or SCAS trained.

CULTURAL CONSIDERATIONS

4.44

- It is important to recognise that not all patients/clients/staff will be comfortable with the presence of therapy animals therefore this needs to be considered prior to all clinical AAT sessions.

4.45

- Some individual's religious observances will influence or prevent potential interaction with animals. This needs to be considered prior to all clinical AAT sessions.

4.46

- Life experiences may influence an individual's perception of animals e.g. dog phobia, experience of animal bereavement, history of involvement with working animals such as farming, guarding or assistance.

SPECIAL PRECAUTIONS

4.47

- There are some wards, residencies and departments where special precautions will be required to be taken i.e. where there are patients or residents with suppressed or compromised immunity who may be susceptible to zoonotic or other infections or who may be receiving invasive treatment. In some situations it may be necessary to restrict or exclude an animal e.g. operating theatre. Agreements should be reached with the handler/owner particular if the handler/owner is unable to care for it during treatment or service for the facility. Handlers/owners must also be aware of the infection prevention measures contained within this policy. These issues should be discussed through line management to clarify possible liability, insurance considerations, consent, housing of the animal and other related issues. Confirmation may require to be sought to ensure that the service animal is well and has all relevant vaccinations.

PET ANIMALS

4.48

- All pet animals purchased or accepted on behalf of residents, wards or units must be agreed with the Service Manager, Care Manager, Charge Nurse and the Infection Control Team prior to their introduction to NHS Lanarkshire premises.

4.49

- Any NHS Lanarkshire premise that is considering purchase of a pet animal should be aware of potential costs associated with it e.g. vets bills, food and bedding, health insurance, etc as this is the responsibility of the service providing the pet.

4.50

- The undertaking of keeping a pet animal should not be taken lightly. The effects of keeping a pet animal should take into consideration the health and well being of patients/clients and staff. Staff, patients and visitors need to be aware of infection prevention measures in relation to keeping a pet.

4.51

- It is important to identify that not all locations in healthcare premises are suitable for pet animals. Caution must be taken where there are patients or residents with suppressed or compromised immunity who may be susceptible to zoonotic or other infections. The infection control team can advise.

GENERAL CONSIDERATIONS

4.52

- The responsibility of keeping pet animals should not be taken lightly; extra work is involved in their care as well as the cost implications. Once a decision has been made and agreed upon, one member of staff (with named deputy) should be responsible for the welfare of the pet animal. The staff nominated to look after the pet animal will also be responsible for ensuring where necessary that it has regular health checks and vaccinations administered. In the event that the pet animal develops a disease/condition, which can be transferred to a human (seek advice from a vet), the Infection Control Team should be contacted.

4.53

- In the event of terminal illness, which causes distress to the pet animal and residents or staff of the ward or residence, advice must be sought urgently from a veterinary surgeon regarding symptom control.

4.54

- It is usually not appropriate to keep sick pet animals in wards or residences and a decision must be made, in consultation between the owner, care staff and the Infection Control Team, to seek alternative accommodation and/or care arrangements.

4.55

- Where appropriate the local Veterinary Surgeon and /or Environmental Health Department must be contacted to check what regulations apply to the disposal of a deceased pet animal and what the options for disposal may be. Consultation with the named owner (if appropriate) about the preferred disposal of the deceased pet animal, explaining all the options, should be carried out.

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- Hygienic precautions should be taken i.e. use of heavy duty household type gloves and a plastic apron to be worn, when handling the deceased pet animal, cleaning the environment and disposing of any related materials of equipment.
 - Acknowledgement of the grieving process of those who were close to or cared for the pet should be recognised.

SELECTING A PET ANIMAL

4.56

- Choosing a residential pet animal involves long-term commitment to it. It must also be remembered that not all people are pet lovers, and some people may have allergies to them so their wishes must also be taken into consideration.

4.57

- Permission will not be given for exotic pet animals e.g. reptiles, snakes or fish that require specialist facilities and food, which could introduce infections into NHS Lanarkshire premises.

4.58

- Some pet animals may be refused on grounds of type of behaviour, infection risk or amount of space required for it to be treated well.

4.59

- A pet animal that is clean and healthy, has all required immunisations, is temperamentally suitable and predictable (friendly, calm, under control) should be chosen.

4.60

- Any pet animal selected should be registered with a recognised veterinarian (preferably local) and enrolled under an insurance policy scheme.

FOOD AND FEEDING OF ANIMALS

4.61

- All persons involved in food preparation for animals on NHS premises must practise high standards of hygiene.

4.62

- All animal foods must be stored in a designated area of the ward/residency/healthcare premises and not in the kitchen or fridge. Stored animal foods should be out of residents' reach at all times.

4.63

- Animals must not be allowed into the kitchen area of the ward/residency.

4.64

- Feeding areas should be kept clean.

4.65

- Fresh water should be available at all times.

4.66

- Feed animals with commercial food only. Never feed raw or uncooked meat or unpasteurised milk as animals and people can acquire disease from eating these.

4.67

- Dried animal food should be kept in closed clearly identified containers stored in a separate cupboard or utility area. Containers must be pest proof and easily cleaned. Keep stocks to a minimum and rotate them regularly.

4.68

- Animal food must not be stored within the ward/residency fridge.

4.69

- Since titbits, scraps, snack and other supplementary food can interfere with an animal's balanced diet (especially dogs), establish an identified feeding programme.

4.70

- Moist foods should be removed if not consumed within two hours. Dishes should be washed after each meal.

4.71

- The designated NHS Lanarkshire employee (s) or handler/owner is required to show an understanding of Infection Control Protocols. If in need of advice, the Infection Control Team or veterinary surgeon should be consulted.

5. ROLES AND RESPONSIBILITIES

ALL STAFF

5.1

- Must adhere to the policy
- Are responsible for minimising the potential of cross infection.
- Are responsible for adhering to the Disability Discrimination Act (2005), Animal Welfare Act (2006) and other relevant legislation

MANAGERS

5.2

- Are responsible for ensuring that staff are aware of the policy and any associated legislation and that it is adhered to.

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- Are responsible for putting in place systems of work to manage the presence of an assistance dog, pet or therapy animal in their facility to provide a safe environment for patients, staff and visitors.

INFECTION CONTROL TEAM

5.3

- Must liaise with AAT authors in order to keep policy up to date and in line with current legislative requirements.

DEFINITION

5.4

Animals that are found in environments that facilitate healthcare provision may be identified under the following categories:

1. An assistance dog is trained to support the handler (not always a patient) e.g. guide dog, hearing dog, seizure alert dog, dog for the disabled and is the responsibility of the handler or owner (see Assistance Dog Policy for more information).
2. A pet animal is an animal that is kept for patients and service users of NHS Lanarkshire for various reasons but may include social support and motivation under the responsibility of the designated NHS Lanarkshire employee.
3. A therapy animal is an animal that facilitates clinical assessment and intervention within a variety of healthcare and community settings, that is goal directed and is the responsibility of the handler.
4. All regulations contained within this documents relating to Infection Control procedures are applicable to Therapy, Assistance and Pet Animals within NHS premises.

GENERAL RESPONSIBILITY

5.6

- The health and welfare of all animals involved in healthcare provision or assistance must be ensured at all times.
- Therapy animals must have at least one designated member of staff with additional support when necessary.
- The designated staff member must ensure where necessary, health-checks, vaccinations are kept up to date.
- Accurate records must be kept of healthcare and vaccinations administered.
- In the event that an animal develops a disease/condition which can be transferred to a human, advice must be sought from a vet and simultaneously infection control team must be contacted and the animal removed from the environment.

6. RESOURCE IMPLICATIONS

6.1

- In the UK there are no National Occupational Standards and no regulated qualifications for animal-assisted therapy or practitioners (Society for Companion Studies (SCAS)). Animal-assisted therapies are interventions that are used by trained and qualified professionals in various aspects of health and social care and in conjunction with a multi-disciplinary team, which might include a person's therapist (for example a trained psychotherapist, occupational therapist, physiotherapist, etc.), an animal handler, support workers and volunteers.

6.2

- There are CPD courses, training, higher education modules and foundation degrees that focus on animal-assisted therapy as part of their content that can lead on to broader degrees or add to prior learning. These do not qualify you as an animal assisted therapist or practitioner but can certainly help towards your understanding of the field and the sort of animal-related activities that can be used as therapeutic interventions. For example:
[Animal Assisted Intervention Course \(animal-job.co.uk\)](#),
[Animal Assisted Therapy Course - BSY Group](#)

These are examples and not recommendations for training. Any decision to undergo training would need to be approved by the relevant training coordinator/line manager.

7. COMMUNICATION PLAN

7.1

- A copy of the final document will be presented at the Clinical Leadership Group
- The authors aim to forward a copy of this document to all Heads of Service within NHSL Adult Learning Disabilities Service. It will then be the responsibility of Management to ensure the document is distributed to **ALL** members of staff within their team or department.
- In addition to the policy document, a feedback questionnaire will be attached which should be returned to the authors by the completion deadline in order to assist with Quality Improvement and Monitoring
- The policy will be available on the Corporate Policies web site through Firstport
- A notification of the policy (article) will be published in the Pulse magazine

8. QUALITY IMPROVEMENT – Monitoring and Review

8.1

- The document will be reviewed after a 24 month period

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- A feedback questionnaire will be attached to the document when initially forwarded to Heads of Service/Departments

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire's EQIA

(tick box)

10. REFERENCES

- Olsen, C., Pedersen, I., Bergland, A., Enders-Slegers, M-J., Ihlebæk, C. Engagement in elderly persons with dementia attending animal-assisted group activity, *Dementia* (2016).
- Jacqueline Perkins, J., Bartlett, H., Travers, C., Rand, J. Dog-assisted therapy for older people with dementia: A review. *Australasian Journal on Aging* (2008), **27(4)**