



ACIPC

Australasian College
for Infection Prevention and Control

ACIPC Position Statement Animals in Healthcare Settings

ACIPC Guidelines for animals in healthcare settings

Executive Summary

This position statement provides direction for the management of animals in health care settings.

ACIPC recommends:

- Accredited assistance and therapy animals cannot be prohibited from entering a healthcare facility and/or settings (HCFS) but restricted from access to certain areas as outlined in the exemptions in the Commonwealth Disability Discrimination Act 1992.
- The risk and transmission of zoonotic diseases or infections can be minimised with the implementation of policies, procedures and guidelines regarding animal and human health and hygiene, oversight of veterinary expertise, practices following contact with animals, and restricted areas within the health care facility and/or setting.
- Animal-assisted interventions for patients/residents/clients, their families and healthcare workers, facility pets or domesticated livestock, and personal pet visitations in healthcare facilities/settings where this is evidence-based and appropriate.
- Health care settings maintain up-to-date knowledge regarding infection prevention and control issues relating to pet therapy, pet visitors, and residing pets and/or domesticated livestock to and within healthcare facilities and settings.
- Collaboration 'One Health' approach between veterinary and human health.

Introduction

Healthcare facilities and/or settings (HCFS) may be visited by assistance, therapeutic and companion animals. These animals provide companionship and emotional support to their owner, enhancing their health, well-being, and quality of life (18). Long term health care facilities (HCF) may have permanent residing animals. HCFS in rural and remote areas may have domesticated livestock residing on their grounds. These animals may possess zoonotic diseases, parasites, bacteria, fungi, and other pathogens which may pose a risk of pathogenic transmission via direct and indirect contact with consumers and staff. ⁽¹⁾ HCFS are required to acknowledge that these animals are important for the health and wellbeing of certain populations within communities. ^(1,2)

Zoonoses account for approximately 60% of all infectious pathogens of human beings and 70% of all emerging infectious diseases. ⁽⁵⁾ Current evidence surrounding domesticated animals and their association with the transmission of zoonoses and other pathogens to humans has highlighted a requirement for any HCFS to develop policies, procedures, and systems to address risks. Evidence has indicated that human infections constantly emerge from animal populations such as avian influenza, Q Fever (*Coxiella burnetii*), Hendra virus (*Hendra henipavirus*), Hydatid Tapeworms (*Echinococcus sp.*), and Methicillin Resistance *Staphylococcus aureus* (MRSA). ^(5,7,8,9,10,11,12,13,14) However, available evidence on pathogenic transmission between humans and companion animals is limited, particularly the transmission risks of hospital-acquired infection pathogens such as MRSA, *Clostridioides difficile* and other pathogens to consumers and staff in HCFS.

Due to the ambiguities around the health risks of animal visitations and residing pets in HCFS, ACIPC recommends that all HCFS and organisations develop policies, procedures, consumer factsheets, and systems that address the risks among their own specific facility's populations. ^(1,3)

Definitions

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:

(a) accredited under a law of a State or Territory that provides for the accreditation of animals trained to assist persons with a disability to alleviate the effect of the disability; or

(b) accredited by an animal training organisation prescribed by the regulations for the purposes of this paragraph; or

(c) trained:

(i) to assist a person with a disability to alleviate the effect of the disability; and

(ii) to meet standards of hygiene and behaviour that are appropriate for an animal in a public place.'

Animal assisted therapy – tailored individual therapy under professional supervision with an animal trained for the role.

Animal assisted activity – animals and specially trained volunteer or professional handlers visit patients and their families at the bedside or in communal areas.

Personal pet visitation – the patient's/resident's own pet visits them whilst in a healthcare or long-term care facility.

Facility pets – animals such as birds, cats, dogs, or fish in permanent residence within a healthcare or long-term care facility.

Domesticated livestock – any poultry, sheep, goat, bovine, pig, and equine residing on HCFS grounds.

Workplace animal therapy - animal assisted support program for healthcare facility employees.

Zoonoses - a zoonotic disease is an infectious disease that has jumped from a non-human animal to humans. Zoonotic pathogens may be bacterial, viral, or parasitic, or may involve unconventional agents and can spread to humans through direct contact or through food, water, or the environment. ⁽⁶⁾

Health Care setting - is a broad array of services and places where healthcare occurs, including acute care hospitals, urgent care centres, rehabilitation centres, aged and disability residential care,

specialised outpatient services (e.g., haemodialysis, dentistry, podiatry, chemotherapy, office-based services (GP, dental, consulting rooms), community care.

Health care facility - is the building and facilities in which care is provided – visit, short stay or permanent.

Legislative position

Discrimination against a person with a disability who has an accredited assistance animal is not permitted under the *Disability Discrimination Act 1992*,⁽²⁾ but the following exemptions as outlined may apply in the circumstances outlined in the *Commonwealth Disability Discrimination Act 1992* – Part 2, Division 5, 54A.

Assistance animals:

- (1) This section applies in relation to a person with a disability who has an assistance animal.
- (2) This Part does not render it unlawful for a person to request or to require that the assistance animal remain under the control of:
 - (a) the person with the disability; or
 - (b) another person on behalf of the person with the disability.
- (3) For the purposes of subsection (2), an assistance animal may be under the control of a person even if it is not under the person's direct physical control.
- (4) This Part does not render it unlawful for a person (the discriminator) to discriminate against the person with the disability on the ground of the disability, if:
 - (a) the discriminator reasonably suspects that the assistance animal has an infectious disease; and
 - (b) the discrimination is reasonably necessary to protect public health or the health of other animals.
- (5) This Part does not render it unlawful for a person to request the person with the disability to produce evidence that:
 - (a) the animal is an assistance animal; or
 - (b) the animal is trained to meet standards of hygiene and behaviour that are appropriate for an animal in a public place.
- (6) This Part does not render it unlawful for a person (the discriminator) to discriminate against the person with the disability on the ground that the person with the disability has the assistance animal, if:
 - (a) the discriminator requests or requires the person with the disability to produce evidence referred to in subsection (5); and

(b) the person with the disability neither:

(i) produces evidence that the animal is an assistance animal; nor

(ii) produces evidence that the animal is trained to meet standards of hygiene and behaviour that are appropriate for an animal in a public place.’

Recommendations

All healthcare HCFS should have documentation (procedure or protocols) that complies with Commonwealth, State, and local council requirements, ^(1,2,3) and includes information on the following:

- assistance, companion, and therapy animals.
- facility pet/s or any pet that resides in any residential HCF. ⁽²⁴⁾
- any domesticated livestock that reside on the grounds of the HCFS.
- health and welfare of animals, including ensuring their needs are met (based on the 5 Domains model of animal welfare). ⁽¹⁷⁾
- personal pet visitations. ^(1,2,3)
- HC staff have basic understanding of animal welfare.
- HC staff attend annual (and as required) hand hygiene training and competency.
- handling and storage of residing or visiting animal food and animal waste.
- specific consumer fact sheets or brochures related to the policy and procedure for assistance, companion, and therapy animals.
- visiting animal handlers for the management of animal contact with other people during their visit, including pre-visit requirements, identifying animal therapy activity areas, and reporting of incidents.

All HCFS with animal-assisted therapy programs and animal-assisted activities should develop a system to register the animal breed and numbers of animals, with current vaccination status, preventative parasitic medication and other relevant documents related to the animal’s health status. In addition, this should also include: the types of animals allowed for these activities, certification of animals and their trainers/handlers, education of HCFS staff, and education of animal trainers/handlers regarding organisational policies and procedures, animal hygiene including animal waste provisions, animal food provision, handling and storage, patient/resident/client hygiene, and animal access.

As part of animal-assisted therapy programs and animal-assisted activities, the facility/setting infection prevention and control professional/s should be notified:

- prior to consumer admittance with an accredited assistance or therapy animal to a HCFS to establish any specific care or other requirements.
- of any animal or domesticated livestock in a permanent residence within a healthcare or long-term care facility or resides within the HCFS grounds to establish any specific care or other requirements. ⁽²³⁾

- of all proposed animal visitations, assisted animal interventions or introduction of a facility pet or domesticated livestock to a HCFS to establish any specific care or other requirements.

The risks associated with animal-assisted therapy programs can be managed. Healthy, well cared for animals are at much lower risk of transmitting infectious diseases. There are numerous consumer fact sheets available for reference e.g.

- Wildlife Health Australia: <https://wildlifehealthaustralia.com.au/FactSheets.aspxworms>
- Worms and Germs blog <https://www.wormsandgermsblog.com/resourcespets/> (Canada)
- Centre for Food Security and Public Health: <https://www.cfsph.iastate.edu/> (USA)

Vaccination requirements and veterinary checks:

All animal species, e.g. dog (canine), cat (feline), cow (bovine), sheep (caprine), goat (ovine), bird, fish, horse/pony visiting or permanently residing in HCFS must follow a preventative health vaccination and parasitic treatment protocol, determined within a veterinarian-client-patient relationship.^(3,4) The requirements will differ based on the individual animal-patient, situation, and veterinarian-client-patient relationship.^(3,4)

Prior to a HCFS visit, all assistance, therapy and companion animals are required to have a veterinarian certificate of immunisation, evidence of followed preventative parasitic medication schedule, and annual health check/s and sooner if experienced signs of illness or ill thrift.⁽⁴⁾

HCFS providers with permanently (or extended stay) residing animals are required to have ongoing veterinarian oversight including annual health check/s and sooner if experiencing signs of illness or ill thrift. Screening for parasites and skin problems only as required (note: screening can deliver false positive results, hence method used dependant).⁽³⁾

Animals detected to be fearful or aggressive during examinations are not suitable.

Animal Welfare:

HCFS providers and staff should maintain up to date knowledge regarding the welfare of animals in HCFS. Awareness of the need for animals to have freedom of choice (for example, whether to impact with a resident, patient or staff or not), ability to explore/acclimate to novel environments, and the impact of both working experience, handler experience and handler skills.⁽²²⁾

All HCFS providers should have consideration and knowledge to zoonothroponotic infections (infections from humans to animals). There is a need to protect animals from human infections, including multi-resistant organisms.

Poor animal welfare can translate to poor health and increased risk of infectious disease transmission. Minimising stress by maximising choice for these animals and ensuring good husbandry is important.

Suggestion to HCFS providers to evaluate animal husbandry, consider as part of their regular veterinary evaluation. Animal husbandry should be managed by experts and reviewed in regard to dropping/transmitting pathogens. Stressed animals are more likely to shed pathogens. ^(19, 20, 21)

Note: Birds may be considered high risk and are not generally recommended inside HCFS. Consultation with an appropriate veterinarian regarding risk and context where animals are kept is recommended. ^(4, 24)

Restricted areas:

All animals are restricted from entering the operating theatre suite, including departments responsible for the reprocessing and storage of reusable medical devices, and commercial food preparation areas. ⁽¹⁶⁾

Animal visits or activities in health care HCFS must not be conducted in areas considered unsuitable due to health, safety, and infection control requirements such as food preparation areas, and a risk assessment should be conducted to help inform the risk of transmission of zoonotic diseases, parasites, bacteria, fungi other pathogens via direct and indirect contact with consumers and staff in high-risk settings and vulnerable populations e.g. immunosuppressed patients.

Other:

- Animal access for isolated and immuno-suppressed patients/residents/clients is negotiated in consultation with the settings infection control professional and is based on individual patient/resident/client requirements.
- Intensive care / high-dependency units may permit animal visitations in exceptional circumstances, however, approval and management of such is at the discretion of the site and should ensure the mitigation of infection risk to other patients.
- All patients/residents/clients, healthcare workers, volunteers and visitors who have contact with an animal must perform hand hygiene either with soap and water or an alcohol-based hand rub. ⁽³⁾
- All therapy and assistance animals should be wearing identification that recognizes them as a therapy or assistance dog (e.g. ID card or harness) ⁽¹⁵⁾

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Other Relevant Documents

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6. Queensland Animal Management (Cats and Dogs) Act 2008
7. Animal Care and Protection Act 2001
8. South Australia Dog and Cat Management Act 1995
9. Tasmania Guide Dogs and Hearing Dogs Act 1967
10. Victoria Domestic (Feral and Nuisance) Animals Act 1994
11. Western Australia Dog Act 1976

Version

Version	Date	Additions/Amendments	Author	Review By
1.0	June 2012		E. Gillespie, ACIPC Chair Policy Committee	
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