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Which Principles of the NHS Constitution Apply? Please list from principles 1-7 which apply Principles 1-7	Which Staff Pledges of the NHS Constitution Apply? Please list from staff pledges 1-7 which apply Staff Pledges 1-7
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes	
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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

The value of pet ‘therapy’ and animal visits 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 forbidding¹.

University Hospitals of Morecambe Bay (UHMBT) plan to support regular visits from registered animals with the Pets as Therapy charity², which will be managed through Volunteer Services and the play specialist.

Guide Dogs, Hearing Dogs and Assistance Dogs are working dogs that have been rigorously trained as a mobility aid for people with visual or other disabilities. The dogs are vaccinated, are checked by vets every six months, and groomed daily. Because of these precautions and the vital role they play as a mobility aid they are exempt from Health and Safety regulations.

Under the Equality Act 2010³, UHMBT is legally obliged to make reasonable adjustments to ensure equal access to services. Health and Safety Law⁴ requires that as an employer we provide a safe workplace and this is extended to patients. Additionally the Equality Act 2010³ requires that all reasonable efforts be made to accommodate people’s needs as long as patient and staff safety is not compromised.

All hospital staff shall be aware of and comply with this Policy and the Volunteer Services Operational Guidelines when organising an animal visit.

1.1 Key Points

- Only registered (through Pets As Therapy²), insured and vaccinated animals are permitted into the Trust.
- Animal visits are managed through Volunteer Services, Activity Centre and Play Services.
- Animals, handlers and wards/departments must comply with these procedures for bringing animals into the Trust in conjunction with Volunteer Services Operational Guidelines.
- Under the Equality Act 2010³, all registered assistance dogs are permitted in the Trust.

2. PURPOSE

The objective of this policy is to:

- ensure the safe use of animals in hospital
- understand the procedures for engaging animals and their handlers
- ensure that animal visits meet the appropriate infection prevention and control requirements
- describe the process to follow when requesting an animal / PAT dog visit to a ward / patients.

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3. SCOPE

Ward Staff, Play Staff and Volunteer Services Staff

3.1 Duties and Responsibilities

Chief Executive Officer

The Chief Executive is responsible for ensuring the Trust has in place an effective policy framework.

Volunteer Management Team

Volunteer Services will provide the management of all volunteers, including pre-volunteering checks, training and induction.

Play Specialist

The play specialist will manage requests for animal visits to wards, volunteers and animals on a day to day basis.

Ward Sisters

Ward Sisters are responsible for ensuring health and safety and infection control for animal visits to their wards.

Play Staff/ Ward nurses

The staff on wards that request visits for animals are responsible for overseeing the visit in the ward.

4. POLICY

4.1 Setting up Animal Visits

New referrals for animal visiting must be sign-posted to Volunteer Services for registration and pre-volunteering / pre-visiting procedures and infection prevention.

All animal owners and handlers must abide by the Volunteer Services Operational Guidelines on pre-volunteering checks, training and induction. This includes complying with criminal record checks, occupational health clearance and Trust mandatory training and induction.

Regular animal handlers will be managed by the Activity Centre in partnership with Volunteer Services and Play.

4.2 Animal Visits

No animal is to be allowed into the hospital without a current certificate showing they are registered with PAT (Pets as Therapy charity²) or similar organisations. (Copies should be filed in Volunteer Services offices, and kept for 2 years)

Regular dog visits must be registered with PAT or similar organisation and set up through Volunteer Services and the Play Service.

Animals must be insured with Public Liability Insurance. (Copies of insurance policies

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should be made and filed in Volunteer Services offices and kept for 2 years).

Notwithstanding the points above, it shall be the responsibility of each animal keeper, to check and assess the health and suitability to visit of their animal on the day in question.

Trust Guidelines must be followed to take account of health and safety, critical incident and infection prevention and control issues.

Animal owners or keepers are to remain with their animals at all times.

No family pets are permitted in the trust unless agreed with the trust Infection Prevention and Control Team (IPC team).

Animal visits will only be allowed to take place on wards with the prior agreement of Senior Ward Staff and the IPC team and agreed visits must be escorted by a healthcare professional at all times.

Minimising the risk to patients from zoonotic diseases which can be passed to humans from visiting animals is one of our highest priorities.

Zoonotic diseases in dogs include Leptospirosis; therefore all dogs visiting establishments on behalf of Pets as Therapy **must** receive an initial course of inoculations against Leptospirosis.

Dogs should also receive inoculations against Distemper, Hepatitis and Parvovirus at the frequency as recommended by your vet.

PAT pets should NOT be fed raw meat by their owners – or unpasteurised milk. This will reduce the potential risk of diseases such as E-coli, Salmonella and Listeria being transmitted to humans from our pets.

4.3 Assistance Dogs

Registered assistance dogs will accompany patients or family members wherever their guidance is needed throughout the Trust, subject to agreement by the IPC team and Ward Sisters in the relevant wards. Assistance dogs include:

- Guide Dogs for the Blind
- Hearing Dogs for the Deaf
- Dogs for the Disabled

The following principles must apply:

- The dog must be properly supervised by its owner
- Staff must wash their hands in accordance with Trust hand hygiene guidelines after handling the animal
- The dog should not come into contact with open wounds or any indwelling devices such as catheters, stomas, etc.
- The dog should not come into contact with dummies, baby bottles, toys, etc.
- The dog must be restricted to the ward bed space and communal areas
- The dog must not be allowed access to kitchens or other food preparation areas

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- If the animal urinates or defecates, it is the responsibility of the owner in the first instance to clean up and then clinical staff to ensure/oversee that contamination is cleaned up immediately, using sanitizing wipes (e.g. Clinell®) and/or Chlor-clean® solution) wearing the appropriate personal protective equipment. See section 10.

There are occasions where it is not appropriate for a dog to be permitted. The Trust can prevent an assistance dog from entering the area within the hospital on the grounds of Health and Safety by proving:

- They genuinely believe that there is a risk of endangering the disabled person or others, e.g. infection control risk, if other patients have an allergy to dogs.
- The risk cannot be overcome by a 'reasonable adjustment', which the service provider has to consider making, e.g. no side room or visitors' room for the patient or visitor to use while the dog is present and a patient on the same ward has an allergy to dogs

4.4 Animal Contact

Animals should not have contact with patients known to:

- Be immune suppressed
- Have allergies to specific animals.

(It may be possible for these patients to see the animals through a closed window.)

Permission must be gained from nursing staff, parents or persons with parental responsibility either verbal or written, which should be documented using the Animal Supervision Form in Appendix 1. Animal Supervision forms should be filed with the Activity Centre and kept for 2 years.

All animal visits are to be checked with a Senior Nurse, Doctor or the IPC team for advice regarding whether it is safe for patients to have contact with animals.

There must be stringent hand washing measures in place for anyone handling the animals before and after contact.

No animal may be taken out of sight of its owner / keeper; this would invalidate the terms of insurance.

If it is deemed necessary / beneficial for a patient to have the dog (or any other animal) on a patient bed, an individual IPC risk assessment should be undertaken. The IPC team can be contacted should that be required. In these circumstances, the animals must be placed on an inco-pad, provided at each bedside. Clean inco-pads must be used in-between each patient.

Animals should not have contact with patients who are eating.

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4.5 Infection Prevention Control⁵

- If the owner/handler or dog are unwell with diarrhoea and vomiting or have had diarrhoea and vomiting in the last 48 hours, they should not visit. This also applies to respiratory symptoms such as a cough and cold.
- No animal is to be allowed into the hospital without a current certificate showing they are registered with PAT (Pets as Therapy charity) or similar organisations. (Copies should be filed in Volunteer Services offices, and kept for 2years)
- Regular dog visits must be registered with PAT or similar organisation and set up through Volunteer Services and the Play Service.
- Animals must be insured with Public Liability Insurance. (Copies of insurance policies should be made and filed in Volunteer Services offices and kept for 2 years)
- Notwithstanding the points above, it shall be the responsibility of each animal keeper, to check and assess the health and suitability to visit of their animal on the day in question.
- Trust Guidelines must be followed to take account of health and safety, critical incident and infection prevention and control issues.
- Animal owners or keepers are to remain with their animals at all times.
- No family pets are permitted in the trust unless agreed with the trust Infection Prevention and Control Team (IPC team).
- Animal visits will only be allowed to take place on wards with the prior agreement of Senior Ward Staff and the IPC team and agreed visits must be escorted by a healthcare professional at all times.
- Minimising the risk to patients from zoonotic diseases which can be passed to humans from visiting animals is one of our highest priorities.
- Dogs should only visit patients with surgical wounds providing the patient's wounds are covered.
- The dog should not be allowed to lick anyone. They should not be allowed to sit fully on the bed and, in particular, not near a person's face.
- If the dog is putting their feet on a bed then a protective pad (e.g. incontinence pad) should be put under their paws and discarded after each individual visit to avoid contamination from one patient to the next.
- Hand hygiene should be maintained. The owner/handler, the patient and anyone who has contact with the dog must clean their hands with soap and water, sanitiser or alcohol rub.

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- The dog should be cleaned and well-groomed before any visit.

4.6 Health and Safety⁵

- The dog should be on a lead and under control at all times.
- The dog should be wearing its ID tag, a recognised jacket, or other identification to show that it is working as a therapy dog.
- People other than those the dog is visiting must be actively discouraged from talking to the dog without the express permission of the owner/handler.
- Time spent in the health care setting and the number of people the dog interacts with should be limited, it is recommended that each active session with the dog is no longer than one hour and that dogs should work for no more than three active hours a day.
- The owner/handler should have had a criminal records check (DBS) at a suitable level for the visits they are undertaking.

4.7 Referral System

The Trust has regular animal visits from the Pets as Therapy charity² and requests/referrals for a visit can be organised through the Activity Centre and Play Service by telephone or email.

Patients, parents / persons with parental responsibility can request visits which must be directed via play or ward staff on the wards.

The staff member requesting or making the referral will be the person responsible for following these policy guidelines and organising the visit.

A record of contact should be placed on the nursing notes by the healthcare professional supervising the visit.

An Animal Supervision Form in appendix 1 of this document should be completed per animal keeper visit and completed forms must be kept in the animal file in the Activity Centre.

4.8 Incidents Involving Animals

Should an incident or near miss occur, the incident must be reported on the incident reporting system and the Head of Volunteer Services, Ward Manager, Next of Kin and the IPC team must be informed.

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4.9 Cleaning up after Animals

Floors where animals have been should be cleaned by the ward domestic with Chlor-clean® solution. Any other hard surfaces, such as furniture can be cleaned with sanitising wipes (e.g. Clinell®).

Anyone cleaning up animal faeces or urine must wear gloves and wash their hands afterwards. The area must be thoroughly cleaned with Chlor-clean® solution. All waste material must be put into a yellow clinical waste bag and sealed - as per Trust waste policy.

Cleaning must be undertaken by the animal keeper, supported by play or ward staff and if appropriate, the ward domestic.

4.10 Communication and Consultation

All lead staff to be informed via weekly email newsletter.

4.11 Monitoring

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Response required on any issues / recommendations identified
Animals visiting the Trust and compliance with animal owner checks, induction etc. Infection control issues and animal behaviour issues	Head of Volunteer Services	Report on any issues. Incident reports	Quarterly	Any ward reporting to Volunteer Services	Actions will be identified when required and remedial work completed within a nominated timeframe, with on-going monitoring maintained.

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5. ATTACHMENTS	
Number	Title
1	Animal Supervision Form
2	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Pol/109	Management of Volunteers http://uhmb/cs/tpdl/Documents/CORP-POL-109.docx
Corp/Proc/022	Incident and Investigation of Incidents including Serious Incidents http://uhmb/cs/tpdl/Documents/CORP-PROC-022.docx
Corp/Pol/126	Infection Preventions Precautions http://uhmb/cs/tpdl/Documents/CORP-POL-126.docx
Corp/Pol/081	Assistance Dog Policy http://uhmb/cs/tpdl/Documents/CORP-POL-081.docx
Obs/Gynae/SOP/003	Play Equipment http://uhmb/cs/tpdl/Documents/OBS-GYNAE-SOP-003.docx
Corp/Pol/031	Waste Management http://uhmb/cs/tpdl/Documents/CORP-POL-031.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	Hall PL and Malpus Z (2000) Pets as therapy: effects on social interaction in long-stay psychiatry, British Journal of Nursing, 9(21), pp.2220-2225.
2	Pets as Therapy (website) https://petsastherapy.org/ (accessed 16.7.18)
3	Great Britain (2010). Equality Act 2010. Available at: https://www.legislation.gov.uk/ukpga/2010/15/contents (accessed 16.7.18)
4	Great Britain (1974). Health and Safety at Work etc. Act 1974. Available from: https://www.legislation.gov.uk/ukpga/1974/37 (accessed 16.7.18)
5	Royal College of Nursing (2018) Working with dogs in health care settings. Available from: https://www.rcn.org.uk/professional-development/publications/pdf-006909 (accessed 16.7.18)
Bibliography	
Murthy, R. et al (2015) Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks. Infection Control & Hospital Epidemiology, 36, pp 495-516. Available from: https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/animals-in-healthcare-facilities-recommendations-to-minimize-potential-risks/7086725BAB2AAA4C1949DA5B90F06F3B (accessed 16.7.18)	

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
IPC	Infection Prevention and Control
PAT	Pets as Therapy

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9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Kim Wilson	Associate Director of Nursing FGH / WGH and Patient Safety Unit	09/07/2018
Lynne Wyre	Director of Nursing (In Hospital)	09/07/2018
Monika Pasztor	Consultant Microbiologist	09/07/2018
Lorraine Foster	Play	09/07/2018
Amy Mbuli	Infection Prevention & Control Team	05/07/2018

10. DISTRIBUTION PLAN	
Dissemination lead:	Lorna Pritt
Previous document already being used?	Yes / No (Please delete as appropriate)
If yes, in what format and where?	
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Friday Corporate Communications Roundup or Weekly News. New documents uploaded to the Document Library.

11. TRAINING		
Is training required to be given due to the introduction of this procedural document? Yes (Please delete as required)		
Action by	Action required	Implementation Date
Adele Quinn	Completed localised training for staff	13.7.18

12. AMENDMENT HISTORY				
Version No.	Date of Issue	Section/Page Changed	Description of Change	Review Date

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Appendix 1: Animal Supervision Form

Volunteer Name and Signature:

Date:

Before entering wards please check the following:

- Are any of the children known to be immune suppressed?
- Do any of the children have an allergy to dogs/animals?
- Do staff in the relevant area have an allergy to dogs/animals?

IF THE ANSWER IS YES TO ANY QUESTIONS, PLEASE DO NOT ENTER WARD:

Wards Visited	Child's Name	Signature Supervising nurse	Time In	Time Out

Ward Staff name and signature:

Date

Time in:

Time out:

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Equality Impact Assessment Form

Department/Function	Infection Prevention & Control			
Lead Assessor	Adele Quinn			
What is being assessed?	Use of Pat therapy in hospitals			
Date of assessment	29/08/2018			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input checked="" type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input checked="" type="checkbox"/>	Staff Inclusion Network/s	<input checked="" type="checkbox"/>
	Personal Fair Diverse Champions	<input checked="" type="checkbox"/>	Other (Inc. external orgs)	<input checked="" type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Negative	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal? Some animals are unacceptable or viewed as unclean by some cultures. Care must be taken to ensure visits to individual patients are arranged.
Disability (Including physical and mental impairments)	Positive	Clinical staff may not recognise the need for assistance dogs. Assistance dogs are entitled to accompany their handlers although reasonable adjustments may need to be made to safeguard other people.
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Negative	Some animals are unacceptable or viewed as unclean by some religions. Care must be taken to ensure views are sought before visits to individual patients are arranged.
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Negative	Potential transmission of micro-organisms through animal faeces. Pregnant staff should not come in to contact with animal faeces.

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Other (e.g. caring, human rights)	Neutral	
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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
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3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.
➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
➤ This should be reviewed annually.

Action Plan Summary

Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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