

Assistance Dog Policy

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Lead Executive/ Senior Manager	Chief People Officer		
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Consultation	HR Policy Group	Applicable to:	All staff All Sites
Equality, Diversity And Human Right Statement	The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This procedure should be implemented with due regard to this commitment.		
To be read In conjunction with / Associated Documents:	<ul style="list-style-type: none"> Equality and Diversity Policy Infection Prevention and Control Policy 	Information Classification Label	<input type="checkbox"/> Unclassified
Access to Information	To access this document in another language or format please contact the policy author.		

Document Change History (changes from previous issues of policy (if appropriate):

Version number	Page	Changes made with rationale and impact on practice	Date
3			

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1. Policy on a page

Liverpool University Hospitals (LUHFT) is committed to providing equal access to all those working within and using its services and to making reasonable adjustments as required under the Equality Act 2010 for disabled people as required. Assistance dogs are specifically trained to support disabled people and are qualified by one of the organisations registered as a member of Assistance Dogs (UK). Assistance dogs support the mobility and independence of disabled people who have sight loss, hearing loss or epilepsy and patients may be required to bring Assistance dogs on to hospital premises.

The dogs are vaccinated, checked by vets and groomed daily and are generally in excellent health, because of these precautions and the vital role they play in supporting disabled people they are exempt from health and safety regulations and there should be no restrictions on the movement of Assistance dogs around hospital sites.

2. Purpose

To provide clear guidance on appropriate safe access for Assistance dogs in accordance with the Equality Act 2010, to prevent discrimination and unjustifiable restrictions to access, reduce stress to the dog, staff and other patients where necessary

3. Scope

This policy applies to all staff and patients and across all LUHFT sites.

4. Policy Content

The content of the policy should indicate what the Trust policy is. This should be as simple as possible to promote knowledge management.

4.1 Legal Background

Disabled people including assistance dog owners have important rights under the Equality Act 2010, the Act provides for disabled people to have the rights to access and have the same quality of service as others. This also includes the requirement to make reasonable adjustments to prevent disabled people being discriminated against or treated less favourably this includes allowing entry to Assistance guide dogs.

The Equality Act permits Assistance dogs to accompany their owners into most areas of the hospital. It is the responsibility of managers and staff to welcome them and

facilitate the patients care journey. When considering reasonable adjustments staff should ask Assistance dog users what assistance they require.

4.2 Different types of Assistance Dogs

- **Assistance Dog** – An Assistance dog is one which has been specifically trained to assist a person with a specific disability and which has been qualified by one of the organisations registered as a member of the Assistance Dog UK
- **Guide dog** – a dog that assists people who are blind or are visually impaired. All guide dogs should be easily recognisable by the flash on their lead or branding on their coat/harness. A guide dog wearing a red and white flash on their harness indicates that the guide dog owner is deafblind
- **Hearing dogs** – dogs that assist deaf people and people who are hard of hearing
- **Support dogs** – are dogs that can be trained to do many tasks which the owner may find difficult or impossible e.g. opening and closing doors, calling an ambulance, picking up objects, acting as physical support, assisting with dressing and undressing, carrying items, raising an alarm
- **Seizure alert dogs** – are dogs that are trained to behave differently when they detect a potential seizure

4.3 Recognising an assistance dog

- **Guide dog** – a dog that assists people who are blind or are visually impaired. All guide dogs should be easily recognisable by the flash on their lead or branding on their coat/harness. A guide dog wearing a red and white flash on their harness indicates that the guide dog owner is **deafblind**.
- **Hearing dog** – Assist people who are deaf or hearing impaired they wear a burgundy coloured coat with “hearing dog” written on the coat.
- **Assistance dogs, support dogs or dogs for the disabled** – Wear a purple coloured coat

4.4 Appointments

Patients with Assistance dogs should report to reception on arrival. Each department has a responsibility to all patients in the department and should take pro-active action to identify if any other patients have an allergy or medical phobia. In these instances a practical decision should be made about managing this e.g. identifying a suitable side room for one of the patients or for a patient to be cared for on another area.

4.5 Separating the dog from the owner

The best place for an Assistance dog is with the owner who will have both the skills and the relationship with their dog that ensures a high level of control. The dog should be able to accompany them and be in the room with the owner during consultations and treatment. In limited circumstances this may not be permitted e.g. high risk areas due to infection control and in these instances a suitable area should be identified where the dog can be left, this should be for as short a period as possible and should be in a room away from general patients with a member of staff in or near the room to ensure the safety of the dog (this should be agreed with the dog owner) and where they can lie gently. Areas of extreme temperature variation should be avoided e.g. direct sunlight, radiators, power cables, heating vents.

4.6 Moving around the hospital

There may be occasions when the dog is not needed to support mobility but they still need to accompany their owner e.g. if they are being transported in a wheelchair or on a trolley. When the dog is not working the harness should be removed as this will indicate to the dog that it isn't being worked.

4.7 Planned admissions

In general Assistance dog owners do not expect their dog to stay with them in the restricted environment of the hospital. For planned admissions patients should make prior arrangements for the dogs care during their hospital stay, this should be discussed with the patient prior to hospital admission.

4.8 Unplanned admissions and emergencies

If an Assistance dog owner is admitted to a ward as an emergency and they are suffering from shock or are unconscious it is likely that the dog will be showing signs of distress. In these circumstances staff should contact the relevant dog organisation who will arrange to collect and care for the dog.

4.9 Visitors

An Assistance dog owner who visits a hospital with their guide dog should be permitted entry.

4.10 Employment

Staff may require a reasonable adjustment to have an Assistance dog support them in the workplace, in this instance advice should be sought from human resources and the equality and diversity team. Staff must follow the guidance provided by the training organization for the assistance dog and comply with infection prevention and control advice.

4.11 When is it not appropriate for a dog to be permitted

There are very limited occasions where it would not be appropriate for a dog to be permitted e.g. infection control risk or risk of endangering patients, any restrictions to access or “less favourable” treatment must be objectively justified as necessary, legitimate and proportionate to be permissible under the Equality Act 2010. In these circumstances all reasonable adjustments must be explored and advice should be taken from the Equality and Diversity team.

However, there are specific exclusions to which assistance dogs will have prohibited access:

- Operating theatres
- Intensive Therapy Unit
- Wards containing high dependency units
- Cardiac Care Units
- Resuscitation rooms

4.12 Religious and Cultural Considerations

The Trust does not consider religious objections as reasonable objections, as the Trust does not consider that an objection on religious grounds would justify its failure to comply with its duty to make religious adjustments, in accordance with the limited justification defence set out in the Equality Act 2010.

4.12 Allergies and Phobias

Consideration must be given to the sensitivity some patients may have to dogs, including allergies and any personal anxieties. Actions should be taken to minimize the risk to all patients in the vicinity.

4.14 Infection control

All staff must ensure good hand washing practice prior to and after contact with an Assistance dog. All patients who come in to contact with an Assistance dog should be encouraged to wash their hands.

Dog owners should be provided with hand gel. Areas where Assistance dogs have visited should be cleaned on a daily basis as part of standard cleaning procedures.

Dog owners are responsible for toileting their dogs, however staff should support Assistance dog users where required with guiding to outside. If a dog soils in the hospital this should be cleaned by the Trust Cleaning Contractor in line with infection control disinfection policy for faeces.

4.15 Important information for Assistance dogs and dog owners

- Never distract or harass the dog.
- Check with the owner before any contact is made.
- Never feed the dog, assistance dogs are working dogs and are fed a strict diet at regular times, any additional food may cause the dog to be sick or adversely affect its health and behaviour in other ways.
- In seating areas ensure there is sufficient space for an Assistance dog so that it can remain with its owner.

4.16 Welfare of the animal

- Should the animal be visibly ill e.g. suffering from diarrhoea and vomiting, it should not be permitted to attend the Trust.
- Animals should be provided with clean drinking water. Owners should be encouraged to bring a drinking bowl with them. Food should not be given to visiting animals.
- Should any animal be showing signs of stress and agitation, it should be removed from the environment and taken to a safe place to calm down.
- Should there be any concerns about the conduct of behaviour of the animal owner this will be escalated to the Patient Experience team.

5 Exceptions

No exceptions

6 Training

This policy will be available on the Trusts intranet. It is the responsibility of all managers/departmental heads to ensure that their staff are made aware of this.

7 Monitoring of compliance

Minimum requirement to be monitored	Process for monitoring e.g. audit/ review of incidents/ performance management	Job title of individual(s) responsible for monitoring and developing action plan	Minimum frequency of monitoring	Name of committee responsible for review of results and action plan	Job title of individual/ committee responsible for monitoring implementation of action plan
Restrictions	Datix	Equality and	Bi annually		

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implemented to the access of Assistance Dogs		Diversity Lead			

8 Relevant regulations, standards and references

Equality Act 2010

<https://www.gov.uk/guidance/equality-act-2010-guidance>

9 Equality, diversity and human right statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This SOP should be implemented with due regard to this commitment.

10 Legal requirements

This document meets legal and statutory requirements of the EU General Data Protection Regulation (EU 2016/679) and all subsequent and prevailing legislation. It is consistent with the requirements of the NHS Executive set out in Information Security Management: NHS Code of Practice (2007) and builds upon the general requirements published by NHS Digital/Connecting for Health (CfH).

Appendix 1: Equality impact assessment

Title	
Strategy/Policy/Standard Operating Procedure	
Service change (Inc. organisational change/QEP/ Business case/project)	
Completed by	
Date Completed	

Description *(provide a short overview of the principle aims/objectives of what is being proposed/changed/introduced and the impact of this to the organisation)*

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Who will be affected *(Staff, patients, visitors, wider community including numbers?)*

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The Equality Analysis template should be completed in the following circumstances:

- **Considering developing a new policy, strategy, function/service or project**(Inc. organisational change/Business case/ QEP Scheme);
- **Reviewing or changing an existing policy, strategy, function/service or project** (Inc. organisational change/Business case/ QEP Scheme):
 - If no or minor changes are made to any of the above and an EIA has already been completed then a further EIA is not required and the EIA review date should be set at the date for the next policy review;
 - If no or minor changes are made to any of the above and an EIA has NOT previously been completed then a new EIA is required;
 - Where significant changes have been made that do affect the implementation or process then a new EIA is required.

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations.

Section 1 should be completed to analyse whether any aspect of your paper/policy has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed below.

When considering any potential impact you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, staff numbers and demographics, local consultations or direct engagement activity. You should also consult available published research to support your analysis.

Section 1 – Initial analysis

Equality Group	Any potential impact? Positive, negative or neutral	Evidence <i>(For any positive or negative impact please provide a short commentary on how you have reached this conclusion)</i>
Age <i>(Consider any benefits or opportunities to advance equality as well as barriers across age ranges. This can include safeguarding consent, care of the elderly and child welfare)</i>		
Disability <i>(Consider any benefits or opportunities to advance equality as well as impact on attitudinal, physical and social barriers)</i>		
Gender Reassignment <i>(Consider any benefits or opportunities to advance equality as well as any impact on transgender or transsexual people. This can include issues relating to privacy of data)</i>		
Marriage & Civil Partnership <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on same sex couples)</i>		
Pregnancy & Maternity <i>(Consider any benefits or opportunities to advance equality as well as impact on working arrangements, part time or flexible working)</i>		
Race <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on ethnic groups including language)</i>		
Religion or belief <i>(Consider any benefits or opportunities to advance equality as well as any barriers affecting people of different religions, belief or no belief)</i>		
Sex <i>(Consider any benefits or opportunities to advance equality as well as any barriers relating to men)</i>		

<i>and women eg: same sex accommodation)</i>		
Sexual Orientation <i>(Consider any benefits or opportunities to advance equality as well as barriers affecting heterosexual people as well as Lesbian, Gay or Bisexual)</i>		

If you have identified any **positive** or **neutral** impact then no further action is required, you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address.

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/Project Initiation Documents/Business case/policy document detailing what the negative impact is and what changes have been or can be made.

If you have identified any negative impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.

Section 2 – Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

<u>Is what you are proposing subject to the requirements of the Code of Practice on Consultation?</u>	Y/N
Is what you are proposing subject to the requirements of the Trust's Workforce Change Policy?	Y/N
Who and how have you engaged to gather evidence to complete your full analysis? (List)	
What are the main outcomes of your engagement activity?	
What is your overall analysis based on your engagement activity?	

Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table; all actions should be added to the Risk Register for monitoring.

Action required	Lead name	Target date for completion	How will you measure outcomes

Following completion of the full analysis you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address

Section 4 – Organisation Sign Off

Name and Designation	Signature	Date
Individual who reviewed the Analysis		
Chair of Board/Group approving/rejecting proposal		
Individual recording EA on central record		

Appendix 2: Roles and responsibilities

Role	Responsibility
Ward Managers/Heads of Departments	It is the responsibility if the Ward Manager or Head of Department to ensure that animal owners are made welcome within their area. They also have a responsibility to ensure that any patients or visitors who may have an allergy or dislike or phobia of specific animals are informed if there is an expected visit of an animal within their ward or department.
Dog Owners	The responsibility and care of the assistance dog is at all times that of its owner. The owner is responsible for reporting to reception on arrival and ensuring that the dog is fit and well and care regimes of assistance dogs UK are followed. The owner should follow the infection control policy of the area they are visiting
All staff	To act in accordance with policy in ensuring that assistance dog users are welcomed in their area of work and that they are not unjustifiably discriminated against. They also have a responsibility to ensure that any patients or visitors who may have an allergy or dislike or phobia of specific animals are informed if there is an expected visit of an animal within their ward or department.