**Guide to Pets in Residential Aged Care Facilities (RACF)**

**Introduction**

Residential and visiting animals are widely known to enhance the quality of life for older persons in care. A person (and animal) - centred approach is taken when enabling the continuation of residing companionship between an older person and pet when moving into residential care.

**Purpose**

The aim of this document is to provide guidance to support older persons, animals, and care providers to enable co-residence of residents and their pets. The following guide will only address dogs and cats as companion pets to the resident. The expectation is that the resident is responsible for the pets’ costs and can undertake its care with assistance from a guarantor and support from the care provider.

While pets can benefit residents, health care workers and visitors by providing comfort, therapeutic care, sense of wellbeing and entertainment, it’s important to be aware of risks associated with pets in the health care environment, including injury, allergy and infection and understand how to minimise them. Most risks can be managed.

Note: Most residents in RACF are immunocompromised, this heightens risk of acquiring zoonoses (infections from animals) if risk management strategies are not put into place.

It is acknowledged that co-residence may not be possible in all circumstances and ways for ongoing contact (e.g. visits, photographs) with the pet and resident should be discussed and established if possible.

**Consent**

Approval for animals in healthcare should be made between aged care providers, health care workers, residents and guarantor.

**Pet pre-admission considerations**

* The pet is a cat or dog breed accepted by the RACF.
* The pet has a guarantor, who alongside the resident will hold responsibility for the pet.
* The pet has a veterinarian with established relationship.
* The pet is an adult (at least 1-2 yrs of age or older).
* The pet is spayed or neutered.
* The pet has been in a home environment for the previous 6 months prior to entering the RACF – not from an animal shelter or other facility.
* The pet is assessed to tolerate the environment and the restrictions within the RACF.
* Restrictions include residing in the resident’s room, allocated area for the pet to roam, established entry and exit points to the RACF, designated areas where the pet cannot go (i.e. food storage, food preparation, cooking or serving areas), management of pet in RACF via leash/harness or carry box is established.
* The pet is well behaved and can be controlled, a household pet.
* The pet is assessed as physically healthy and any additional care needs for the pet are manageable.
* The pet is assessed to be free of fleas, ticks and mange.
* Veterinary and medication arrangements are established.
* The pet is assessed to have appropriate behaviour and temperament to reside in a RACF i.e. reactions to strangers, loud noises, groups of people and human contact.
* Dogs and owners who have attended a recognised dog obedience training program are well placed. Additional training on zoonoses, infection control practices, recognising parasitic infection and reading an animal’s body language for signs of stress, fear, aggression are recommended.
* Feeding arrangements.
* Grooming arrangements.
* Cleaning/disposal of excrement arrangements.
* Equipment – purchase and cleaning responsibilities.

**Pet pre-admission considerations for the RACF**

* The resident is assessed to be able to physically and mentally (physiotherapist and GP) manage the pet.
* The RACF can accommodate an outdoor area and requirements for the animal.
* Review of any residents with allergies or objections to the pet is undertaken.
* Review of any healthcare workers with allergies or who are pregnant – can staffing be managed/accommodate?
* Consideration for any assistance expected of carers – if so what and is this achievable?
* Additional fee supplement agreement is made.

**Pet Care**

* Pets are treated with respect and consideration. This reduces risk of injury and disease through accidental scratching or biting. A calm, quiet environment is well suited to animals.
* The environment protects the pet from the elements, is clean and hygienic, free from disease, ventilated, has space move around, stretch and rest.
* Minimise overcrowding that may cause stress to the pet – i.e. residents all suddenly gathering around.
* People attending pets should be trained in correct animal handling techniques to avoid injury to the pet, resident and other people.
* Pets are screened by veterinary practitioner prior to RACF admission (and as required) – consideration to behaviour, physical wellbeing - including grooming, flea/worm management and vaccination.
* Pets are checked yearly (and as required) by a veterinary practitioner.
* Pets are vaccinated by the veterinary in accordance with species requirement, they must remain up to date.
* Pets are regularly wormed by resident and/or guarantor according to species requirement.
* Pet flea treatments are scheduled and administered by resident and/or guarantor, and a pest/rodent program is in place for the RACF environment – specific attention to pet residing rooms.
* Resident and/or guarantor ensure records of all vaccinations, treatments and veterinary visits are attended and provided to the RACF.
* Veterinary advice is sought immediately if animal is unwell or distressed and kept isolated away from other people and animals.
* People who are unwell (respiratory, gastroenteritis, other) should not be within the facility.

**Grooming**

* Grooming is the responsibility of the resident and/or guarantor.
* Pets are groomed regularly, including coat cutting/washing and regular outdoor brushing. The pet can be taken offsite to a pet grooming saloon or be attended by a mobile grooming service.
* Pet claws/nails are regularly reviewed and scheduled appointments for clipping with veterinary or animal grooming services are in place.

**Food and feeding**

* Human food and beverages are consumed away from pets – pets are not to be in dining areas or near kitchens/kitchenettes.
* Hygienic practices must always be undertaken – i.e. environment cleaning/disinfection, cleaning of pet bowl/plate, hand hygiene.
* Hand hygiene stations (and laminated signage) are in/near facility dining and communal areas for health care workers, residents and visitors.
* Fresh drinking water is always available for the pet and over seen by the resident and /or guarantor.
* Pet feeding areas are designated, clean and pest free within the resident’s room or dedicated enclosed outdoor pet area. Pets can not be fed in any other location in the RACF.
* Pet food is stored in designated area – not in residents’ fridge or near other human consumption items or utensils.
* Pet feeding is the responsibility of the resident and/or guarantor. Only commercial pet food is given. No raw meat or dehydrated chews or treats of animal origin are given.
* Moist pet food is single serve and opened pet food not used is discarded immediately. Moist meals not eaten within 4hrs are discarded. Left over or discarded animal feed is disposed in general waste.
* Feeding dishes/bowls are washed after every feed. Water bowls are washed daily. Cleaning cannot be attended at hand washing sinks or where food is prepared for human consumption – an alternate area and sink (with cleaning equipment and detergent) must be allocated.
* Dried food is stored in a sealed labelled plastic container. Storage is not near human food storage or preparation areas. The container is cleaned regularly and used only for this purpose.
* People cannot come between a pet and its food. A pet is not to be touched while eating.
* Hand hygiene is performed after handling pet food, feeding animals and cleaning bowls/plates and utensils.

**Waste and litter**

* Litter trays are not kept near food storage or animal feeding area. Litter trays are placed in residents’ room or in designated enclosed outdoor area.
* Litter trays are lined for easy cleaning and litter disposal. Cages, carry containers should be lined for easy cleaning.
* PPE (gloves and aprons) are worn when cleaning, emptying litter trays, managing cages/carry containers, or handling animal faeces or urine. When task is complete dispose of gloves and apron in general waste and attend hand hygiene.
* Litter tray or enclosed litter boxes are attended at least daily (more if required) for the removal of urine and faeces. Pets are often habitual with waste and management time can be around the pet’s routine.
* Litter trays and boxes are cleaned and disinfected weekly (or as required if visibly soiled) with clean litter change. Where automatic self-cleaning litter boxes are used the manufacturer instructions for cleaning and management are followed.
* Care is taken with animal waste (urine, faeces, vomit). A scoop and disposable waste bag are used to collect/remove matter. Bagged waste is disposed in an external (labelled) general waste bin.
* Note: Pregnant women or those with allergies, do not undertake any of the above tasks due to risk of toxoplasmosis. Staff allocation is managed.

**Staff and visitor care**

* All healthcare and visitors are made aware of pets onsite – resident admission and staff orientation booklets, newsletters, signage (entrance and residents room door).
* RACF provide health care workers with general education / training on animal care, feeding, animal veterinary and health requirements, waste management, cleaning/disinfection of environment -including pest control and equipment, standard precautions such as hand hygiene, PPE.
* Skin lesions/cuts on healthcare workers, visitors and residents are covered with a waterproof dressing.
* Food, treatments or care outside of the pet care plan is not provided. Where changes are required a re-assessment via veterinary and RACF is undertaken, and care plan amended.
* If a person comes into direct contact or indirect (i.e. on equipment/bedding) with animal faeces, urine, vomit or saliva, remove soiled clothing as soon as practical and wash the area of body/hands with soap and water. Soiled items are washed or discarded.
* If a person’s eye is scratched or contaminated with faeces, urine, vomit or saliva, they eye is wash with large amounts of water or eye wash solution. Seek medical assistance as required.
* Some people are allergic to animals or their products (i.e. saliva, sweat, fur, urine) and exposure can trigger an allergic reaction or asthma. RACF identify staff with allergies and inform health care workers of pet residing locations in the RACF. Health care workers with allergies to pets are allocated to alternate residents without pets in their care.
* Pregnant women are informed of risks and allocated alternate resident without pets in their care.
* Health care workers should ensure they are up to date with routine recommended vaccines, especially tetanus.
* RACF have a first aid kit in the event of injury or illness to resident, health care worker, animal or visitors. Veterinary advice for additional items to a general first aid kit can be sort. Referral to medical assistance as required.

**Assistance dogs**

* Assistance dogs are working animals and not pets, and they must be treated accordingly.
* Animal care plans ensure no discrimination against people with disabilities. The Disability Discrimination Act 1992 (Cth) prevents a person refusing a person entry to premises because the person has an assistance animal.
* When on duty the dog should not be petted or distracted. The dog owner is always asked whether the dog can be spoken to or touched, and response respected.

**General precautions**

* Pets are discouraged from licking residents, health care workers or visitors. Pets are not kissed or brought close to a person’s face.
* Hand hygiene (wash with liquid soap and water or alcohol-based hand rub (ABHR)) is performed after contact with a pet or pet items and before preparing or eating food, drinking or any other hand to mouth activities. Washed hands are dried with disposable paper towel and where ABHR is used the hands are rubbed completely dry. Residents are assisted where required. Signage (laminated) is available at the point of hand hygiene to instruct in the correct steps to wash or ABHR.

Cleaning schedules and processes are the responsibility of the resident and/or guarantor and are established for:

* Eating and drinking items: plates/bowls and utensils - a wash area (not resident’s bathroom or in main kitchen or kitchenettes) is designated and includes running water, detergent and paper towels and general waste bin. Matting/lining under plates/bowls and surrounding the feeding area is cleaned with detergent and disinfectant wipes or solutions and single use cloths.
* Animal bedding or clothing: items are regularly checked for cleanliness and insect infestation. Monthly machine wash (separate) with detergent and hot water or ozone is attended – items can be taken offsite to laundromat, domestic machine or place in dissolvable washbag for laundering at RACF.
* Animal carry boxes: are regularly checked for cleanliness and insect infestation. Monthly machine wash for all container bedding.
* Faeces and urine: litter trays, allocated synthetic grass, and external toileting areas – follow information above.
* Environmental controls: vermin/pest control, environment cleaning/disinfection of resident room and where animal is taken - routine (frequency consideration to fur/hair), high touch points and spill management.
* Insect infestation: The insect is identified for correct management by the veterinarian. Management will involve treatment of the pet with a suitable veterinary insecticide and insecticidal treatment of bedding/container lining materials or disposal. Environment may require assistance from licensed pest control operator.
* Note: All animal equipment, feeding and toileting items etc should be washed separate to residents’ items.

**Bites and scratches**

* Pet claws/nails are clipped to reduce scratches.
* Persons are to avoid placing hands near pets’ mouth, especially while eating.
* If a bite or scratch occurs it is to be washed with liquid soap and running warm water, dried with paper towel and covered with a waterproof dressing. Review by Registered Nurse. Incident reporting (including documentation) should occur immediately as per aged care provider processes.
* Medical assistance is sort as required. Consideration for antibiotics and tetanus vaccination for flesh penetrated wounds. Animal bites can sometimes cause serious infection, particularly in immunosuppressed persons.
* Re-assessment of pet physical wellbeing, behaviour and temperament is required by veterinarian and RACF.

**Deceased Animals:**

* The resident and/or guarantor is responsible for removal of the pet body.
* Arrangements established with veterinarian for provision of advice and the correct course of action at the time of passing.
* The RACF has access to bereavement support teams. The RACF arranges onsite bereavement response encompassing resident, other residents, guarantor and health care worker (as needed) through counselling services.

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