

## ASSISTANCE DOGS AND PETS AS THERAPY (PAT) DOGS POLICY

|                                                                 |                                                                                                                             | POLICY                                              |     |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----|
| Reference                                                       | ICP 36                                                                                                                      |                                                     |     |
| Approving Body                                                  | Infection Prevention and Control Committee                                                                                  |                                                     |     |
| Date Approved                                                   | 14/06/2024                                                                                                                  |                                                     |     |
| For publication to external SFH website                         | Positive confirmation received from the approving body that the content does not risk the safety of patients or the public: |                                                     |     |
|                                                                 | YES                                                                                                                         | NO                                                  | N/A |
|                                                                 | X                                                                                                                           |                                                     |     |
| Issue Date                                                      | 19 <sup>th</sup> July 2024                                                                                                  |                                                     |     |
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| Summary of Changes from Previous Version                        | No changes made to this policy                                                                                              |                                                     |     |
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| Date of Environmental Impact Assessment (if applicable)         | Not Applicable                                                                                                              |                                                     |     |
| Legal and/or Accreditation Implications                         | In accordance with Public Health England and NICE guidance                                                                  |                                                     |     |
| Target Audience                                                 | Trustwide                                                                                                                   |                                                     |     |
| Review Date                                                     | June 2027                                                                                                                   |                                                     |     |
| Sponsor (Position)                                              | Director of Infection Prevention and Control                                                                                |                                                     |     |
| Author (Position & Name)                                        | Wendy Bower Senior Infection Prevention and Control Nurse Specialist                                                        |                                                     |     |
| Lead Division/ Directorate                                      | Clinical Support, Therapies and Outpatients                                                                                 |                                                     |     |
| Lead Specialty/ Service/ Department                             | Infection Prevention and Control Team                                                                                       |                                                     |     |
| Position of Person able to provide Further Guidance/Information | Infection Prevention and Control Team                                                                                       |                                                     |     |
| Associated Documents/ Information                               |                                                                                                                             | Date Associated Documents/ Information was reviewed |     |
| Not Applicable                                                  |                                                                                                                             | Not Applicable                                      |     |
| Template control                                                |                                                                                                                             | June 2020                                           |     |

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## SUMMARY

### Assistance dogs and Pets As Therapy (PAT) dogs

The purpose of this policy is to minimise the restriction of access to animals such as guide dogs, hearing dogs, pets as therapy dogs (PAT dogs) and assistance dogs across Sherwood Forest Trust Hospital sites (SFTH). It is also to ensure a safe environment is provided to all patients, visitors and staff under the Equity Act 2010 whilst additionally, the Act requires that all reasonable efforts have been made to accommodate people's needs.

Dogs referred to in this policy are assistance dogs that support their disabled owners with a specific disability and dogs that provide therapy to patients within the trust PAT dogs.

Guide dogs, Hearing dogs and Assistance dogs are working dogs that have been highly trained as mobility aids for people with visual or other disabilities. PAT dogs have also been trained to provide therapy for patients recovering in hospital.

The main reason for an assistance dog to require access to the hospital is because they act as a mobility tool to support their owners to access SFTH services as a patient.

The main reason for a therapy dog to require access to the hospital is so they can act as a therapy tool to aid recovery and patient experience for patients using SFHT sites.

There will be occasions where it is not appropriate for such a dog to be permitted from entering an area within the hospital on the grounds of Health and Safety.

It is the responsibility of all staff to be aware of the guidance and to ensure where permissible, animals are made welcome in the areas. The animals should be provided with water if required.

- The pets as therapy dog must have passed a temperament evaluation/test which must be conducted by a certified evaluator and covered by a PAT insurance scheme. The dog must have up to date veterinary checks, appropriate vaccinations, a parasite (worm and flea) program in place, and the dog must be physically fit and hygienically clean i.e. not wet/muddy before visiting the Trust. This helps to minimise the risk of any animals harbouring an infection which could be transmitted to patients.
- A risk assessment must be completed for each visit and annually. All records including a copy of the dogs records must be kept in the department where the visitation is taking place
- Visits must be by prior arrangements and appointment only, it may be necessary to postpone the visit if circumstances dictate on the day, the visitation session must be conducted within the specified area only
- The dog must be accompanied by its owner/handler, who also must be a trained PAT volunteer, the dog must be kept on a fixed lead, wear its ID badge and PAT coat, and the owner/handler must remain with the dog at all times
- Handler, staff, visitors, and patients must decontaminate their hands by undertaking thorough hand washing with soap and water immediately after contact
- Staff must identify whether there are any immunosuppressed or otherwise vulnerable patients or individuals who have a dog allergy, including staff and visitors in the care environment. If such risk is identified the dog must be kept away from those at risk or even the dog excluded from the clinical area

- If patients who come into contact with the PAT animal have any peripheral devices, wounds or areas of broken skin, staff should ensure these are adequately covered with the appropriate dressings. This also includes indwelling catheters, the leg bag must be connected and placed inside the patients clothing ensuring the bag itself and the tap are covered.
- Patients consent must be obtained and documented in their care notes prior to the visit
- The dog must not be allowed access to any kitchens, food preparation areas or dining rooms, sit on beds or patients laps, and jumping, licking must be discouraged
- Any aggressive behaviour from the dog to the patient, staff, visitor or any person within the trust, the animal will no longer be used for visitation within the trust
- PAT animals should always be provided with clean drinking water. The owner is responsible for providing a clean drinking bowl. No food should be given to the PAT dogs unless they are visiting for a prolonged period of time and in this instance a clean separate feeding bowl should be provided, again by the owner.
- The PAT animal if it defecates or urinates must immediately be removed and the area should be cleaned with the appropriate detergent. The owner must provide the waste bags and if it is in a clinical area these must be disposed of in the offensive waste stream.
- A datix report is to be completed for any 'near miss' or incident involving patients, staff, visitors involving the dog(s) or failure be that of the owner/handler. Any injuries to patient, staff or visitor be that a bite or scratch, must receive prompt medical treatment

## 1.0 INTRODUCTION

Pets and animals can enhance the quality of life for many people; they can provide valuable companionship, stimulation and comfort. Traditionally allowing animals in health care settings has not been encouraged due to Infection control and Health and safety issues, as infections can be acquired through animals (zoonosis), this is despite evidence suggesting the risk is significantly minimal in a controlled environment.

## 2.0 POLICY STATEMENT

This policy has been produced in order to address concerns about the potential health risks of implementing therapeutic visits by Pets as Therapy (PAT) and Assistant dogs such as guide dogs for the blind, hearing dogs for the deaf and dogs trained to help with conditions such as epilepsy and autism. These animals are not excluded from the hospital premises due to them being recognised as providing benefits that have been substantial for patients. It sets out the control of infection parameters under which animals may be permitted within the Trust. Any area that is considering using PAT dogs **must** discuss with the Infection Prevention and Control team (IPCT) prior to implementation. The policy also provides guidance in relation to other animals entering the trust i.e. assisted trained dogs and aquariums.

This clinical document applies to:

### Staff group(s)

- All clinical staff
- All non-clinical staff
- PAT owner/handler

### Clinical area(s)

- All clinical areas

### Patient group(s)

- Adults and Children in relation to PAT

### Exclusions

- 
- Immunosuppressed patients
- Patients with allergies to dogs
- Patients with fear of dogs
- Agitated or violent patients
- Patients with a tracheotomy (unless the site is capped or the patient is receiving humidified oxygen)
- If the dog demonstrates any aggressive action toward patients, staff or visitors

### Restricted areas

- Critical Care Intensive Unit (ICCU). High dependency.
- Neonatal Critical Care Unit (NICU).
- Patients in source isolation.
- Patients in protective isolation.
- Patients with neutropenia or who are receiving immunosuppression therapy.

- Anaesthetic / theatre rooms.
- Renal Dialysis Unit.
- An area where patients are co-horted or if a ward is closed for infection control reasons.
- Any area used for cooking, preparing or eating food.

### 3.0 DEFINITIONS/ ABBREVIATIONS

#### 3.1 Definitions

|              |                                                                                            |
|--------------|--------------------------------------------------------------------------------------------|
| <b>Trust</b> | Sherwood Forest Hospitals NHS Foundation Trust                                             |
| <b>Staff</b> | All employers of the Trust including those managed by a third party on behalf of the Trust |

#### 3.2 Abbreviations

|             |                                              |
|-------------|----------------------------------------------|
| <b>HCAI</b> | Healthcare Associated Infection              |
| <b>HAI</b>  | Hospital Acquired Infections                 |
| <b>IPCT</b> | Infection Prevention and Control Team        |
| <b>DIPC</b> | Director of Infection Prevention and Control |
| <b>IPCD</b> | Infection Prevention and Control Doctor      |
| <b>IPCN</b> | Infection Prevention and Control Nurse       |
| <b>IPCC</b> | Infection Prevention and Control Committee   |
| <b>PAT</b>  | Pets as Therapy                              |

### 4.0 ROLES AND RESPONSIBILITIES

**4.1** All staff must take responsibility for the areas in which they work to ensure appropriate isolation practices are implemented when required to reduce and prevent HCAI.

- Medirest are aware of designated visiting times to ensure that appropriate environmental cleaning is performed after the visitation
- The dog(s) are not permitted on the ward/department during meal times
- The dog(s) only visits patients who have provided verbal consent, which has been documented in the patients' medical/nursing notes
- Hand washing or alcohol based hand rub must be used by staff and patients after physical contact with the pet
- No patients or staff who have been identified as potentially allergic to pets are exposed to the pet during the visitation
- Pet owner/handlers follow their responsibility requirements
- A datix report is completed for any 'near miss' or incident involving patients or staff involving the pet, or failure of the pet owner/handler
- Prompt action occurs when an incident of biting or scratching by the pet occurs during an assisted visit. The areas must be immediately washed and medical advice sought. A datix must be completed
- Employees pets are not permitted in the Trust premises unless participating in PAT, and then only for the visitation in question

## **4.2 Dog owner/handler responsibilities**

The PAT pet owner/handler is responsible to ensure that:

- The dog has completed a temperamental assessment and deemed appropriate for PAT assisted dog, and themselves completed the PAT volunteer training
- The dog is physically fit, vaccinations and parasite program are up to date, the dog is hygienically cleaned prior to entering the Trust
- The dog must be kept on a fixed short lead throughout the visit
- Stays with the dog at all times during the visitation
- That the dog is discouraged from jumping, scratching and licking, is not placed on the patient bedding or lap
- Any soiling is to be discarded by the dog owner/handler as clinical waste, and reported to clinical staff
- Even well trained PAT dogs can suffer from stress and anxiety when put into an unfamiliar environment. Should a PAT dog show signs of stress and anxiety it should be removed from the environment and taken outside to calm down and relax.

## **4.3 Fish**

Fish may be kept in restricted areas, however, infection risks are posed by aquarium water, and therefore a standard operating procedure must be in place and agreed by the Trust Water Management Group.

The fish tank must be cleaned and maintained as identified in the standard operating procedure. Hands must be washed after any activity involving the aquarium.

Any requests for new installations of aquariums must be raised with and agreed by the Trust Water Management Group.

## **4.4 Other Animals / Terminally ILL Patients Own Pets.**

There may be on occasion when a long stay or terminally ill patient would benefit from a visit from their own pet. If appropriate, the visit should take place outside. If this is not possible, arrangements should be made to ensure the patient is either in the day room or in the side room located closest to the ward entrance so as to minimise the animals contact with other patients. All such visits must be agreed by the nurse in charge and the infection prevention control team, whilst at all times taking into account the other patients.

### **4.4.1 Animals visiting for charity and organised events**

Animals may visit for charity events and organised events providing the animals are organised through an official company, who are able to provide the necessary required risk assessments. These visits must always be in agreement with the Infection control team and facilities management.

### **4.4.2 Reptiles, Rodents, Amphibians and Arachnids.**

It is not recommended that reptiles, rodents, amphibians or arachnids are brought onto hospital premises due to the interests of their welfare, infection risks and individual patient, staff and visitor phobia.



## 5.0 APPROVAL

Following appropriate consultation this policy (v4.0) has been approved by the Trust's Infection Prevention and Control Committee.

## 6.0 DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

Traditionally the presence of animals in healthcare facilities has been discouraged on the basis of control of infection and health and safety issues. Animals are colonised with microorganisms and some may also carry parasites, which can occasionally be transmitted to humans, particularly people who are immunosuppressed. However, pet animals can also enhance the quality of life for many people; and especially in certain groups of patients such as the elderly, children, and those terminally ill.

### 6.1 Relative risk factors

Potentially anyone who comes into contact with companion animals is at risk of exposure to zoonotic diseases, this is especially so for individuals who are immunosuppressed, pregnant women and young children. It is also important to note the relative risk of contracting a disease even if you were to come into contact with an infected animal, either directly or indirectly is low. For example, in order to contract toxocariasis (an infection caught from ingesting the larvae of parasitic worms released into a cat or dog's faeces), you would have to ingest the faeces of an infected dog or cat and the faeces would have to be 2-3 weeks old.

There are several simple precautions that everyone can follow to minimise the risk of contracting a zoonotic disease as the two main routes of transmission is via direct contact through animals or, indirect contact from inanimate objects in the environment. Before each visit a risk assessment must be completed for each dog. (Refer to [Appendix A](#)) An annual risk assessment must be completed and forward to the Health and Safety Manager as per trust policy. A copy of the risk assessment must be kept on the ward/unit, along with evidence of an annual vaccination and parasite control programme for each dog used to deliver PAT (this must be reviewed annually). It is imperative that a supply of appropriate hand hygiene equipment is readily available i.e. hand wipes, alcohol based hand rub. The environment should be cleaned as per Trust cleaning procedure, except in the event of soiling, refer to section 5.3

### 6.2 Standard

All PAT dogs must have completed the following steps to enable them to participate in the PAT scheme:

- Veterinary checks must be performed annually and include dates of vaccinations
- The dog(s) must be physically fit before visiting the trust
- Pass a temperament evaluation/test conducted by certified evaluators
- Evidence of recent parasite (worming and flea) treatment
- Animals must be accompanied by their owner/handler, who are trained PAT volunteers, and the owner/handler must remain with the dog at all times
- Animals must wear their ID badge, coat, and be kept on a fixed short lead while within the Trust
- Visitation sessions will be conducted in specified areas only



- A copy of all records for the animals, along with annual and per visit risk assessment. Any aggressive behaviour from the dog to the patient, staff, visitor or any person within the trust, the animal will no longer be used for visitation within the trust
- **Dog hygiene:** all dogs must be regularly groomed and checked for signs of infection or other illness, and their coats cleaned regularly. The dog must be hygienically clean i.e. not wet or muddy prior to entering the Trust
- **Dog illness:** If the dog becomes ill, diagnosis and appropriate treatment from a veterinary practice must be sought. The dog must not revisit the Trust until they are completely fit again
- **Vaccination:** regardless of the type of vaccination the owner chooses for their PAT dog, the dog **must** be protected against Leptospirosis. The dog's vaccination/health records must be provided annually and on request, a copy is to be kept with the risk assessment documentation

### 6.3 PAT visit

- **Pet handler, prior to any visit**
  - Only visit with healthy, disease and illness-free dog
  - Do not visit if your dog is or has recently been unwell
  - Dogs should be washed and groomed, ensuring nails are kept trimmed before each visit
  - Make sure the dog has been given the chance to relieve themselves prior to the visitation
- **Pet handler, during visit**
  - Always seek the advice of the Ward Leader/Nurse-in-Charge at the start of each visit and do not visit patients identified by the Ward Leader/Nursing-in-Charge as inappropriate for the visitation i.e. due to medical condition, allergic reaction. The reasons why will not be shared as this will be a breach of the data protection act and a breach in the Trust confidentiality policy
  - The visit must not take place during meal times
  - The dog must be discouraged from jumping, scratching and licking, and not be placed onto the patients bedding or laps
  - The dog must be of an acceptable hygienic standard before entering the Trust i.e. not wet, or muddy
  - The dog must only visit patients who have provided verbal consent
  - Handler must decontaminate their hands between patients and also advise patients to do the same, by offering the patient a hand wipe/alcohol based hand rub (ask the Ward Leader for supplies at the beginning or your visit)
  - Any urination/defaecation in the area, must be discarded as clinical waste, and reported to the clinical staff, who will ensure adequate cleaning is performed of the area
  - The clinical staff will complete a Datix report in the event of any 'near miss' or incident involving patients, staff, visitors, involving the dog or failure of the owner/handler
- **Pet handler : do not's**
  - Make any visits to patients who have open or uncovered sores or wounds
  - Enter any areas of food preparation or any other areas restricted by the trust
  - Wipe your hands on your clothing
  - Have the dog off the lead at any time whilst in the trust

## 6.4 Soiling

The owner/handler is responsible if their dog should urinate or defecate, this should be removed and discarded as clinical waste, then reported to clinical staff. Clinical staff are responsible for ensuring appropriate decontamination is undertaken. If further cleaning is required a request to Medirest via Helpdesk extension 3005 is required.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

| <b>Minimum Requirement to be Monitored</b><br><br>(WHAT – element of compliance or effectiveness within the document will be monitored) | <b>Responsible Individual</b><br><br>(WHO – is going to monitor this element) | <b>Process for Monitoring e.g. Audit</b><br><br>(HOW – will this element be monitored (method used)) | <b>Frequency of Monitoring</b><br><br>(WHEN – will this element be monitored (frequency/ how often)) | <b>Responsible Individual or Committee/ Group for Review of Results</b><br><br>(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who) |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Use of Standard Precautions                                                                                                             | IPCT                                                                          | Audit                                                                                                | Quarterly                                                                                            | IPCC                                                                                                                                                                                                             |
| Completion of Risk Assessment                                                                                                           | IPCT                                                                          | Audit                                                                                                | Annually                                                                                             | IPCC                                                                                                                                                                                                             |

## 8.0 TRAINING AND IMPLEMENTATION

There is no specific training requirement in relation to this policy. If required, further assistance can be sought from senior colleagues and/or the Infection Prevention and Control Team.

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix B](#)
- This document is not subject to an Environmental Impact Assessment

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### Evidence Base:

Department for Environment, Food and Rural Affairs. *Zoonotic diseases*. [www.defra.gov.uk](http://www.defra.gov.uk) accessed October 2013

Pets as Therapy. 2008. *Infection control and risk management guidelines*

Pets as Therapy. <http://www.petsastherapy.org> Accessed October 2013.

Duncan. R. 2000. *Apic state of the art report: the implications of service animals in healthcare settings*. American Journal of Infection Control. 28: 179-180

Guay. D. 2001. *Pet assisted therapy in the nursing home setting: potential for zoonosis*. American Journal of Infection Control. 29: 178-186

The Guide Dogs for the Blind Association <http://www.guidedogs.org.uk>

Hearing Dogs for Deaf People <http://www.hearing.org.uk>

Equality Act 2010 <http://homeoffice.gov.uk/equalities/act>

### Related SFHFT Documents:

- Other relevant infection, prevention and control policies/ procedures as applicable

## 11.0 KEYWORDS

Animal; animals; pet, dog

## 12.0 APPENDICES

[Appendix A](#) – Animal assisted therapy dog risk assessment

[Appendix B](#) – Equality Impact Assessment Form

## Appendix A: Animal assisted therapy dog risk assessment

Name of Ward/Department:.....

Date of pet visit:.....

Time of pet visit:.....

Name of pet owner/handler:.....

Name and breed of dog:.....

Vaccination and parasite program in place and up to date?

Yes

No

Is there evidence of annual record of vaccination and parasite program?

Yes

No

Number of patients in Ward/Department:.....

Area in Ward/Department accessible to pet visit:.....

Arrangements for patients who do not wish to be involved with pet visit:.....

Infection Prevention and Control contracted re visit:

Yes

No

Name of Ward/Deputy Manager

Signature of Ward/Deputy Manager

.....

.....

Date: .....

## APPENDIX B – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

|                                                                                                                                                                                                          |                                                                                                                                                                                                                         |                                                                                                                                                                                |                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Name of service/policy/procedure being reviewed:</b> ICP 36 – Assistance Dogs and PAT Dogs Policy                                                                                                     |                                                                                                                                                                                                                         |                                                                                                                                                                                |                                                                                                                      |
| <b>New or existing service/policy/procedure:</b> Existing                                                                                                                                                |                                                                                                                                                                                                                         |                                                                                                                                                                                |                                                                                                                      |
| <b>Date of Assessment:</b> 23/05/24                                                                                                                                                                      |                                                                                                                                                                                                                         |                                                                                                                                                                                |                                                                                                                      |
| <b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b> |                                                                                                                                                                                                                         |                                                                                                                                                                                |                                                                                                                      |
| Protected Characteristic                                                                                                                                                                                 | <b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b> | <b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b> | <b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b> |
| <b>The area of policy or its implementation being assessed:</b>                                                                                                                                          |                                                                                                                                                                                                                         |                                                                                                                                                                                |                                                                                                                      |
| <b>Race and Ethnicity:</b>                                                                                                                                                                               | None                                                                                                                                                                                                                    | None                                                                                                                                                                           | None                                                                                                                 |
| <b>Gender:</b>                                                                                                                                                                                           | None                                                                                                                                                                                                                    | None                                                                                                                                                                           | None                                                                                                                 |
| <b>Age:</b>                                                                                                                                                                                              | None                                                                                                                                                                                                                    | None                                                                                                                                                                           | None                                                                                                                 |
| <b>Religion:</b>                                                                                                                                                                                         | None                                                                                                                                                                                                                    | None                                                                                                                                                                           | None                                                                                                                 |
| <b>Disability:</b>                                                                                                                                                                                       | None                                                                                                                                                                                                                    | None                                                                                                                                                                           | None                                                                                                                 |
| <b>Sexuality:</b>                                                                                                                                                                                        | None                                                                                                                                                                                                                    | None                                                                                                                                                                           | None                                                                                                                 |
| <b>Pregnancy and Maternity:</b>                                                                                                                                                                          | None                                                                                                                                                                                                                    | None                                                                                                                                                                           | None                                                                                                                 |
| <b>Gender Reassignment:</b>                                                                                                                                                                              | None                                                                                                                                                                                                                    | None                                                                                                                                                                           | None                                                                                                                 |
| <b>Marriage and Civil Partnership:</b>                                                                                                                                                                   | None                                                                                                                                                                                                                    | None                                                                                                                                                                           | None                                                                                                                 |
| <b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation):</b>                                                                                                              | None                                                                                                                                                                                                                    | None                                                                                                                                                                           | None                                                                                                                 |

What consultation with protected characteristic groups including patient groups have you carried out?

- None

What data or information did you use in support of this?

- None

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- None

Level of impact

From the information provided above and following EqIA guidance document ([click here](#)), please indicate the perceived level of impact:

**Low Level of Impact** *(Delete as appropriate)*

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment: Wendy Bower

Signature:

Date:

25/05/24