Working with Dogs in Health Care Settings

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The recognition that dogs, and other animals, can provide support to people in many different ways has led to an increase in the number of health and social care settings where dogs are present. Traditionally, many care homes have encouraged regular visits from dogs and increasingly schools and hospitals are introducing dogs into settings where they play a variety of roles.

There has been a significant growth in the number of working therapy dogs. In addition, there has been a rise in the number and type of assistance dogs, helping people with not just physical disabilities but medical coistayao me3.9 (a)-(i)-2.2 aym-5.7 (a)-16.760(r)-5.5 1.8 (p)2.-22.6 (h a)-18.3 (n)8(t j)5.5

There are two types of dogs providing AAI.

- i) Dogs that are registered with a visiting AAI dog organisation. These dogs are pet dogs which have been assessed by a visiting AAI dog organisation (eg, Pets as Therapy) and are accompanied by their owners who are registered volunteers with the organisation. Owners and their dogs volunteer their services to provide visits to groups of people or individuals in health/ social care settings and schools, to allow people to stroke the dog or interact with them to help them feel connected.
- ii) Dogs trained specifically for AAI in health care settings. These are specially-trained dogs and highly trained handlers who are part of an organisation providing AAI services. They will work alongside a nominated health professional in a goal-directed animal assisted therapy intervention as part of a patient's agreed care plan. The engagement of the dog and handler will therefore have been agreed and planned in conjunction with the relevant local health care professional.

(c) Patients' pet dogs

From time-to-time people may make a request to bring a pet dog to visit a person in a health care setting. While we understand that people may value having time with their pet dog, it is important to recognise that many health care settings are unfamiliar environments for most dogs and can be very unsettling for a dog that has not been temperamentally screened and trained to deal with a very wide range of environments. Similarly, it is difficult for hospital staff to have to deal with the requirement to assess a dog's health and vaccination history.

It is therefore recommended that, except in exceptional circumstances, pet dogs are not permitted into health care settings. Exceptions may well be in place in a hospice and some care settings where it is both appropriate and desirable for someone to see their pet dog.

In exceptional cases, where it is deemed appropriate for a pet dog to visit we propose that a request form is filled out by the person responsible for the dog – see appendix 1.

(a) Assistance dogs

As noted above, it unlawful to refuse access to a disabled person accompanied by an assistance dog except in the most exceptional circumstances. It is therefore important for the health care professional to check that the dog meets the recognised criteria to be classed as a bona fide assistance dog.

Assistance dogs may be trained by charities that specialise in this work or by the owners themselves.

Assistance dogs (UK) is the umbrella organisation for charities that train assistance dogs that have been assessed and accredited against the standards set out by the International Guide Dogs Federation (IGDF) and/or Assistance Dogs International (ADI). Some owner-trained dogs are supported by AD(UK) charities, based on the ADI standards. For these dogs, owners will carry an AD(UK) card and the AD(UK) logo will usually be visible on the jacket of the dog (see appendix 1).

Owner-trained dogs, or dogs from non Assistance Dog (UK) organisations, do not have nationally recognised standards that they work to. Many owner-trained assistance dog partnerships will follow similar guidance regarding the training required to meet the international standard and some will have been accredited by independent groups or dog trainers. However, since there are no agreed training standards for this group, it is harder to be sure of the level the dog and client are working to and that the necessary health checks and insurance are in place. There are plans in place to inha39.4 (i)-17.2 (l)-16.8 (l) 6ingnursendent OOw-5.5 (e p)1126(a)-18.2 (r)-42.hea318.1 (i)-e (d)7.3nnrhea2 nsc

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also required. The owner should be able to show signed veterinary certificates for these vaccinations (Titre testing is no substitute for vaccination).

• Parasite prevention: the owner should treat the dog to prevent fleas, ticks and worms on a regular cycle. Where a topical ectoparasite treatment (back of the neck ointment) is used, this can cause an unpleasant odour and, in some cases, a rash if someone strokes the dog after the drops have been administered into the coat. In such instances, dogs should not visit health care environments for 48 hours after product use. It should be noted that orally administered alternatives are a (e)-10.1 (d) TJOacove beO()-5.4 (e)-23.4 (t)-20.7 4 (e a)73(I)24.7 .4 (e)2 be

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the relevant identification documents with the owner/handler as part of their preparation for the visit.

These organisations will have established processes to ensure that the dog and their owner/handler work together effectively and that the dog has been assessed in relation to temperament and training. A key role of the owner/handler is to be an effective advocate for their dog.

Dogs for animal assisted therapy (AAT) will have been specially-trained for their role. Pet dogs working with approved volunteers (AAA) will also have undergone an appropriate assessment. This will typically check that the dog walks on a lead without pulling; accepts a food treat gently; is happy to be patted; and is trained not to jump up, paw or lick excessively and to respond to the owner's commands.

All AAI dogs will have been vaccinated in accordance with the policies of the organisation they represent. Evidence of vaccinations and parasite prevention should be available for inspection on request.

AAI practitioners and volunteer dog owners/ handlers working with established organisations undergo orientation, health and safety training, safeguarding training and will be briefed to check fire drill protocols at the setting they visit. All practitioners and owners/handlers must have passed a criminal records check (DBS) to be allowed to visit. There are three key areas where guidelines are important in making an appropriate risk assessment for a visit:

i) Infection prevention control

All precautions should be taken to ensure that any possible risk of infection being passed from owner or dog to patient/resident is minimised. There is no published data suggesting outbreaks or incidences of infection occur as a result of dogs but there is evidence about how to reduce risk (Murthy R, et al., (2015) and Stull J, et al., (2015)). The following should be observed at all times.

- 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.
- Dogs should only visit patients with surgical wounds providing the patient's wounds are covered.
- If the dog handler or dog develops a skin condition, advice should be sought from the local infection prevention and contrtion

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- Where a visit is to be made to a ward, it is important to establish that there is no one on the ward who might be adversely affected and that there are no contraindications to a visit taking place.
- Care must be taken to ensure that the cubicle or bed space is cleaned effectively in line with policy.
- Consideration should be given as to the appropriate place for interaction with the dog within the health care setting. For interactions with a single person, a separate room or cubicle may be appropriate. For group visits, a communal area such as a dayroom or playroom may be preferable.

iii) Health and safety

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This addendum is specifically related to animal assisted intervention in high risk clinical areas. This guidance is suitable for critical care areas, emergency departments, respiratory inpatient areas and oncology. These guidelines are to ensure appropriate visitation, appropriate patient care and facilitation and support for animal assisted intervention teams.

It is recommended that all parties involved in AAI within these areas acquaint themselves with all responsibilities as many are shared.

Clinical team responsibilities	Shared responsibilities	Animal handler responsibilities
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Appendix 1: Template for pet dogs visiting health care settings

OWN PET VISIT PLAN

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Checklist

Instructions	Name	Initials
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Appendix 2: Service providers and useful contacts

i. Assistance dogs – this logo may be on a dog's harness or one specific to the type of assistance dog it is:



Accredited members of Assistance Dogs (UK) are:

Canine Partners

Dog A.I.D.

Dogs for Good

Guide Dogs

Hearing Dogs for Deaf People

Medical Detection Dogs

Support Dogs

The Seeing Dogs Alliance

Full details of all AD(UK) members available at: www.assistancedogs.org.uk

ii. Therapy dogs

The key national organisations working in this field include:

Dogs for Good www.dogsforgood.org

Pets as Therapy www.petsastherapy.org

Therapy Dogs Nationwide http://therapydogsnationwide.org

This organisation does not currently preclude dogs fed on raw food and does not insist on routine vaccination. Organisations need to be aware of this if they accept volunteers and dogs from this organisation.

iii. Other useful contacts:

Assistance Dogs International (ADI) www.assistancedogsinternational.org

International Guide Dog Federation (IGDF) www.igdf.org.uk

Animal Assisted Intervention International (AAII)

https://aai-int.org

Pavlides M (2008) *Animal-assisted interventions for individuals with autism*, London: Jessica Kingsley.

Pichot T and Coulter M (2013) *Animal-assisted* brief therapy: a solution focused approach, Florence: Taylor and Francis.

Sing A (2014) *Zoonoses – Infections Affecting Humans and Animals: Focus on Public Health Aspects*, Dordrecht: Springer Netherlands.

Snyder M et al., (2014) *Complementary and alternative therapies in nursing*, New York: Springer Publishing Company.

Appendix 4: Understanding dog behaviour



