Royal College of Nursing

Working with Dogs in Health Care Settings

A protocol to support organisations considering working with dogs in health care settings and allied health environments

2019 revision

CLINICAL PROFESSIONAL RESOURCE

Royal College of Nursing

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2019 review

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This review has been undertaken specifically to reflect comments received since the original document was published and to provide clarification for organisations wishing to offer animal assisted interventions (AAI) in high risk areas such as intensive care.

This publication is due for review in May 2021. To provide feedback on its contents or on your experience of using the publication, please email **publications.feedback@rcn.org.uk**

Publication

This is an RCN clinical professional resource.

Publication date: December 2019. Review date: May 2021.

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Evaluation

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Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

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1. Background to protocol

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 conditions and mental health issues as well. Given that we know dogs can make a significant difference to the lives of people with a range of disabilities and conditions, this is a positive move. However, there are rightly a number of concerns being raised about bringing a dog into a clinical environment and these need to be addressed.

Many organisations have developed their own guidance, policies and protocols to ensure that there are robust safeguards in place which address infection prevention and control as well as health and safety concerns. The Royal College of Nursing and a number of the charities that provide animal therapy or train assistance dogs as well as the owners of personal assistance dogs, believe that it would be helpful to develop a universal protocol setting out clear guidelines that all health care settings can follow.

2. Purpose of protocol

The aim of this protocol is to highlight the precautions that should be taken when dogs are brought into various health care settings and to provide clear guidance on all reasonable safeguards that should be put in place to protect residents, patients, visitors and staff. This protocol covers the role of both the dog and the owner/handler, and includes information that all organisations should take into account before allowing a dog to access their premises other than a personal assistance dog such as a guide dog.

Ultimately, each organisation is responsible for developing their own policy but it is hoped this protocol will aid that process and lead to greater consistency of practice and build credibility for animal assisted intervention work. It will also increase the public's understanding of the vital role that assistance dogs play.

In proposing this protocol, the working group recognises that there are many stakeholders to satisfy, including people who are concerned about the increase in the use of pet therapy interventions because they are living with extreme allergies to animal hair, have a phobia or are fearful of dogs. While acknowledging that this is a risk for these individuals and that particular care should be taken to ameliorate risks, it is recognised that it is not possible to completely eradicate risks to these groups.

In developing this protocol, the working group consulted widely to ensure that recommendations meet the health and wellbeing needs of both animals and people.

This protocol covers all dogs that may have a reason to visit a health care setting.

3. Understanding the types of dogs that may visit health care settings

Dogs will visit health care settings for a number of reasons. The types of dogs that will be involved are:

(a) Assistance dogs

Assistance dogs are specially trained dogs working with an individual person to support them in a number of ways. These include:

- Guide dogs: supporting people with visual impairment or sight loss with guiding.
- Hearing dogs: supporting people with hearing loss or impairment.
- Assistance dogs: aiding mobility and support daily living such as undressing and picking dropped items up off the floor, opening and closing doors etc.
- Medical alert dogs: trained to constantly monitor their partner's health condition and alert to impending episodes where their health would acutely deteriorate. The alert allows the person to take preventative action to avoid/limit the episode, or to make themselves safe, thus reducing the risk of injury during the episode. For example: Type 1 diabetes, Addison's disease, Postural Orthostatic Tachycardia Syndrome (POTs), seizures, and severe allergies.
- Autism assistance dogs: supporting people with autism.
- Dogs supporting people who have mental health issues.

By and large, assistance dogs are with their owners 24 hours a day and play a number of different, but important roles in their life including practical support, companionship and help in dealing with anxieties.

The Equality Act 2010 makes it unlawful to refuse access to a disabled person accompanied by an assistance dog except in the most exceptional circumstances.

Assistance dogs may be trained by charities that specialise in this work or by the owners themselves. Health care establishments should satisfy themselves that the dog meets the criteria to be classed as a bona fide assistance dog (see 4a).

(b) Animal assisted intervention and visiting dogs

Animal assisted intervention (AAI) is performed on several different levels. AAI in health care incorporates many fields including animal assisted therapy (AAT) and the most common modality practised by many therapy dog volunteers, animal assisted activity (AAA).

Animal assisted therapy (AAT) is delivered in conjunction with other health care professionals and should be goal directed with outcomes documented and evaluated. The field is advancing in line with practices worldwide to include involvement in many health care settings, including intensive care units and treatment rooms. These types of interventions are directed in conjunction with health care professionals and delivered alongside a handler and dog with specialised training and expertise. They form part of an individual plan of care for a patient. Dogs working in this type of environment should always have a handler in addition to the care giver, so that one person can advocate for the patient whilst the other advocates for the dog.

Animal Assisted Activity (AAA) is the term used where a handler brings a dog to the patient/resident for general interaction. These dogs are usually owned by the person who is their handler. Owners volunteer their services to provide visits to groups of people or individuals in health and social care settings and schools, to allow people to stroke the dog or interact with them to help them feel connected. This is the most common form of animal assisted intervention.

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.

4. Guidance for health care professionals in deciding which dogs may visit health care settings

(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 introduce an independent assessment process for owner-trained and non-AD(UK) trained dogs in the future and this protocol will be updated at that point.

There are four key questions that health care professionals should they ask when making arrangements for an assistance dog to enter a health care setting:

i. Is the dog a registered assistance dog with AD(UK) or can the owner provide assurance that the dog is suitably trained?

If so, you can expect that the dog:

- is highly trained
- will not wander freely around the premises
- will sit or lie quietly on the floor next to their owner
- will not display reactive behaviours towards humans or other animals such as growling, snarling, lunging or biting
- will not show continuous signs of fear such as crouched body, tail tucked under, ears flat back, jumping up or constant soliciting of attention from members of the public
- is trained to go to the toilet on command and so is unlikely to foul in a public place
- is vaccinated in line with current recognised international standards of best practice (Titre testing is no substitute for vaccination)
- has a comprehensive routine parasite prevention to protect against fleas, worms and other transferable organisms
- is not fed on raw food
- is covered by specific assistance dog insurance for public liability cover.

If the dog is not a registered assistance dog with an AD(UK) organisation, the health care provider should ask for evidence of the following.

- The training and temperament/behaviour testing that the dog has been through.
- Vaccinations: dogs must be vaccinated against distemper, parvovirus, and hepatitis, according to the manufacturer's guidelines. An annual vaccination for leptospirosis is

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 available. Owners should be able to provide evidence of parasite prevention in the form of a written record.
- Owners should be aware that if visiting health care settings dogs should not be fed on raw animal protein although raw vegetables are acceptable.
- Public liability insurance which is suitable for health care settings.

The majority of owner-trained assistance dogs will be happy to show you evidence that they have met the standards above, thereby ensuring that the dog is suitable to be working safely in a wide range of environments. This may include evidence of dog training sessions undertaken over a significant period of time.

The health care provider should also feel comfortable to ask for any dog to be removed from the setting if it does not meet the expectations listed above for dogs trained by Assistance Dogs (UK) members.

ii. What role does the dog fulfil for that person (i.e. what needs does the dog meet)?

The health care professional should understand the person's individual needs and the role the dog plays in meeting those needs. If the dog is not able to be present, these are needs for which they are likely to require some support. For example, where the dog is a medical alert assistance dog, it may be prudent to allow the assistance dog prolonged access in order to monitor the patient's health status as this reduces the impact upon staff to continuously monitor vulnerable individuals.

iii. What is the reason for the client being in the hospital/medical environment and how does the presence of a dog impact on this and others present?

The health care professional should satisfy themselves that the health care environment and activities to be undertaken by the dog do not pose an unacceptable level of risk to the person, others present, or the dog.

iv. Who will be supporting the dog when it is in the medical environment (particularly if this cannot be the client themselves)?

The health care professional should understand who has responsibility for the dog when it is in the medical environment. In all cases, health care staff are not expected to care for the assistance dog and it is the responsibility of the person (or their nominated representative) to ensure that the assistance dog is exercised, fed, toileted and cared for.

In some cases, it may be prudent to provide a side room for an individual who is accompanied by their assistance dog, to accommodate both the needs of the person requiring the assistance dog (especially if the dog is constantly monitoring their partner's health) and to alleviate any fears of health and safety risk, fear of dogs, etc.

There are some areas where it would not be appropriate for the dog to be present. These include:

- areas with high risk of infection
- high radiation areas (such as x-ray) and operating theatres.

An individual risk assessment must be put in place if, to meet exceptional circumstances, a dog is required to access to high risk areas.

(b) Animal assisted intervention dogs

In all cases, the dog and owner/handler must be approved by a recognised and reputable charity or organisation. These organisations will provide clear identification for both the owner/handler and their dog, eg, photo ID card, uniform and dog jacket. Health care providers should check

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.

AAI dog provider organisations arrange appropriate insurance cover for the teams they assess. Health care providers should ensure that they are satisfied by the cover offered by the charity/provider.

5. Guidelines for managing key areas of risk

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 control team or GP as to whether the owner/handler and dog should visit.
- Both the dog and their owner/handler should have all their routine vaccinations and these must be up to date.
- 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 (eg, 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. Hand hygiene between patients must take place if multiple patient contact occurs.
- The dog should be cleaned and well-groomed before any visit.
- The dog should not be fed on raw animal protein although raw vegetables are acceptable.

There may be instances where it is not appropriate for a dog to visit, but these will be rare. Examples may include immediately following a bone marrow transplant or when severely neutropenic.

ii) Allergy management

Allergy to dogs is relatively common and dog allergen can be found in public places, being carried on the clothing of pet owners and pet contacts. The dog dander is present in the fur, skin and saliva. As dogs groom themselves the saliva remains on the fur until it dries and becomes aerosolized into a powder, which can then become airborne and inhaled. Concentrations of dog allergen have been demonstrated to be significantly higher in upholstered seats and carpets in public buildings, and on public transport, than in homes without a dog (Custovic A et al., (1996)).

As it is not easily possible to identify people with a dog allergy who are sitting in hospital outpatient waiting areas, it would seem reasonable to exclude therapy dogs from outpatient areas. If it is essential that a dog should be with an individual, then a risk assessment should be undertaken. The following should be observed at all times.

- Before an assistance or AAI dog is brought into a health care setting, the nurse in charge should be consulted with regard to whether there are patients, visitors or staff present with a significant dog allergy. There are some hospital inpatient situations when a dog entering the ward will need careful handling or where the visit may be deemed to be inappropriate. This may occasionally prevent dog visiting.

- 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

The policies of both the health care establishment visited and the provider the owner/handler represents should be followed. Particular care should be taken to reduce any risk of harm to the dog and its owner/handler, residents, patients and visitors, as well as staff. To ensure this, the following should be observed at all times.

All dogs:

- all visits must be agreed in advance
- should be on a lead and under control at all times
- should be wearing its ID tag, a recognised jacket, or other identification, to show that it is working as either an assistance or 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. The owner/handler and staff must be able to stop any interaction immediately if they think there are any risks to anyone, including the dog
- consideration should also be given to cultural and religious beliefs and people who are frightened of dogs or do not wish to interact with a dog. These situations must be ascertained before a dog is permitted to visit an area and any unplanned interactions prevented.

Animal assisted intervention dogs:

- it is of paramount importance that the dog must never be left alone with anyone other than their owner/handler. In addition, the owner/handler and dog must always be supported by a member of staff and not be left on their own
- the owner/handler must remove a dog from any situation where they consider the dog to be at risk and be able to read their own dog's body language, to ensure that the dog remains comfortable at all times during a visit
- AAI dog visits should be prearranged so that the appropriate arrangements and risk assessments can be made, thus ensuring the wellbeing of all concerned, including the dog
- time spent in the health care setting and the number of people the dog interacts with should be limited, in line with the organisation's operational guidelines. 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. Dogs that are new to the role will visit for shorter periods. It is also important to understand that the intensity of a visit will affect the length of time the dog should be expected to be in the health care setting and to engage. This is particularly relevant when patients are very unwell. It is the responsibility of the owner/handler to recognise and respond to their dog's needs and be an effective advocate for them
- if there is any doubt about the health of either the dog or their owner/handler, they should not visit
- the owner/handler should have had a criminal records check (DBS) at a suitable level for the visits they are undertaking.

6. Addendum: Animal assisted intervention (AAI) in high risk clinical areas

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
• Gaining consent from the patient. Before the visit, the facilitator of the visit goes to each bed space and asks the patient if they would like a visit from the therapy dog. The dog will be brought around. Before the pet enters the bed space, always repeat consent. • Patients must have all invasive lines and devices checked and dressed appropriately prior to visit. • Patients who are immunocompromised or nursed under protective isolation are not to be visited by the AAI team. • Patients who are being nursed in isolation with an infection should not be visited by the AAI team without express advice from the lead clinician and infection control team. The handler and the dog must also be protected from infection risk. • Ensure there are no open wounds that may come into contact with the pet, all wounds must be dressed appropriately. Many patients have cannulas inserted into their hands and arms so if it is possible, avoid the side that the cannula is placed on. However, if the site is exposed to the pet, clean it after the visit has ended.	• Prior to commencement of ICU visiting, simulation training is recommended to ensure both handler and dog are suited to the environment. • The visit must be pre-arranged between the handler and the venue so risk assessments and appropriate arrangements can be made to ensure the wellbeing of all concerned. • Ensure the bed side nurse and nurse in charge are happy for the therapy dog to visit. i.e. the nurses are happy for the pet to enter the bed space and is happy for their patient to interact with the pet and that there are no known allergies to dogs. • Ensure that the therapy dog doesn't enter any bed spaces or side rooms where the patient is in isolation for infection prevention and control reasons. To make sure they don't enter any isolated bed spaces dedicated to isolation nursing, before each visit commences check with the nurse in charge that they are happy for the dog to enter. • Ensure any equipment touched by the therapy dog is cleaned after the visit and that the therapy dog does not touch the bedding of the patient.	• The dog should be washed and well-groomed before any visit. • The dog must not be fed on raw animal protein: fish, meat or eggs. • If the owner/handler or animal are unwell with diarrhoea and vomiting or have had diarrhoea and vomiting in the last 48 hours, they must not visit. This also applies to respiratory symptoms such as a cough and cold. Any change in stool habit for the therapy dog should be considered and an appropriate time frame of 48 hours after any episode prior to returning to a clinical area. • If the AAI team handler or animal develops a skin condition, advice must be sought from the local infection prevention and control team or GP as to whether the owner/handler and dog should visit. • 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 this type of product is used. It should be noted that orally administered alternatives are available. Owners should be able to provide evidence of parasite prevention in the form of a written record. • The therapy dog must be up to date with all relevant vaccinations including DHP, leptospirosis and kennel cough with certificates held and recorded. Clinical visits must be limited for one week after the administration of any live vaccines and this includes the kennel cough vaccine which is live. • The dog must be free of communicable diseases, parasites and external infestations, ringworm or skin disorders, eg mange.

Clinical team responsibilities	Shared responsibilities	Animal handler responsibilities
• Clean the patient's hands before and after interaction, and ensure that the handler performs hand hygiene. • The clinical team is responsible for the clinical care of the patient at all times and the patient must not be left unattended with the AAI team. • The clinical team will support and facilitate regular reflective practice meetings to support the psychological needs of the handler. • The clinical team will keep records of the patients who have interacted with the AAI team and ensure that this information is available for infection control teams and clinical teams. • If positive micro biological screens are received within 72 hours of AAI patient visit the animal team need to be informed of the potential contact and appropriate veterinary advice taken.	• The therapy dog must not be allowed to lick anyone. They must not be allowed to sit on the bed nor near a person's face. • AAI teams must only visit patients with surgical wounds if the patient's wounds are covered or healed. • Both the animal and their owner/handler must have all their routine vaccinations and these must be up to date in accordance with the manufacturer's guidelines. • Hand hygiene is to 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 in line with local policy. • It is a shared responsibility that the AAI Team will raise any concerns and issues that arise from Clinical Interactions.	• The therapy dog must have no open wounds. • Check if there are any relevant clinical notices up at the bed space that might impact the visit. • Check before a visit to ensure the patient has no known allergies that the therapy dog could trigger or a history of asthma. If a patient has an allergy to either the hair, skin or dander of a dog a visit would not be appropriate. • The handler must be registered with the host NHS trust volunteering team and have had local security checks and a DBS check based on the areas they are visiting. • During the visit, the therapy dog should be on a lead and under control at all times. • The therapy dog should wear ID tag and some kind of item that recognises them as a therapy pet (eg, jacket, harness, etc.). • The dog should never be left alone with anyone other than the handler and the handler should always be supported by a member of staff appropriate to the clinical area. • The handler must be able to remove a dog from any stressful/risky situation and be able to read the dog's body language to understand when the dog is comfortable. The handler must be able to terminate a visit (and without question) immediately should he/she indicate that the dog needs removing. • The time a therapy dog is working should be limited to one hour, with a max of three hours working a day, with breaks between for rest and recuperation. It is the handler's responsibility to recognise and respond to the dog's needs and hydration requirements. • The AAI team must ensure that patient confidentiality and anonymity is maintained at all times.

7. Appendices

Appendix 1: Template for pet dogs visiting health care settings

OWN PET VISIT PLAN

Patient name:	ID Number (NHS, HOSPITAL):
Date of visit:	Ward:
Reason for visit:	Where visit will take place:

Approval obtained	Name and signature	Date
Consultant		
Nurse in charge		
Infection control, if necessary		
Patient family agreement		
Patient, if relevant and possible		
Person responsible for the animal		

Checklist

Instructions	Name	Initials
You take full responsibility for your animal		
You will ensure the animal will be bathed and brushed		
You will prevent interaction with anyone other than the person you are visiting		
You will go directly to the place agreed and leave the premises immediately after the visit. A maximum period of time must be agreed with staff as well as the time of arrival and departure		
Your dog/animal will be on a lead and under control or in a pet carrier		
If the animal becomes distressed, disruptive or causes a nuisance you will remove it immediately		
If your pet urinates, defecates or vomits you must let the staff know – you are responsible for cleaning it up. Staff will provide gloves and disinfectant		

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

Appendix 3: Useful references and books

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Appendix 4: Understanding dog behaviour

RSPCA

Understanding dog behaviour

YOUR DOG'S BODY LANGUAGE CAN HELP YOU TO UNDERSTAND HOW THEY ARE FEELING

A happy dog

A dog who is happy will be relaxed.

1

Dog has a relaxed body posture, smooth hair, mouth open and relaxed, ears in natural position, wagging tail, eyes normal shape.

2

Dog is inviting play with bottom raised, smooth hair, high wagging tail, eyes normal shape, ears in natural position, may be barking excitedly.

3

Dog's weight is distributed across all four paws, smooth hair, tail wagging, face is interested and alert, relaxed and mouth open.

A worried dog

These dogs are telling you that they are uncomfortable and don't want you to go near them.

1

Dog is standing but body posture and head position is low. Tail is tucked under, ears are back and dog is yawning.

2

Dog is lying down and avoiding eye contact or turning head away from you and lip licking and ears are back.

3

Dog is sitting with head lowered, ears are back, tail tucked away, not making eye contact, yawning, raising a front paw.

An angry or very unhappy dog

These dogs are not happy and want you to stay away or go away.

1

Dog is standing with a stiffened body posture, weight forward, ears are up, hair raised, eyes looking at you – pupils dark and enlarged, tail is up and stiff, wrinkled nose.

2

Dog is lying down cowering, ears flat, teeth showing, tail down between legs.

3

Dog is standing with body down and weight towards the back, head is tilted upwards, mouth tight, lips drawn back, teeth exposed, eyes staring, ears back and down, snarling.

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The RSPCA helps animals in England and Wales. Registered charity no. 219099. The RSPCA only exists with the support of public donations.
 With thanks to Julie Gedford, certified clinical animal behaviourist

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Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

December 2019
Review Date: May 2021
Publication code: 007 925

Royal College of Nursing