

Dog therapy

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If review of existing guideline what has been changed:

- This is new guidance

What National Guidance has been incorporated:

- RCN working with dogs in health care
- Pets as therapy UK

Scope (who does the guidelines apply to or not apply to):

- The guidance **does not apply** to theatres and areas where immunocompromised patients are cared for.

DOCUMENT CONTROL AND HISTORY

| Version No | Date Approved | Date of implementation | Next Review Date | Reason for change (e.g. full rewrite, amendment to reflect new legislation, updated flowchart, etc.) |
|------------|-------------------------------|------------------------|------------------|--|
| 1 | 15 th October 2024 | | | New guidance |
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CLINICAL GUIDELINE

Working with dogs in health care settings

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1. INTRODUCTION

The recognition that dogs, and other animals, can provide support to people in many 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 several 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 aim of this guideline 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 patients, visitors, and staff. This guideline covers the role of both the dog and the owner/handler and includes information that should be considered before allowing a dog to access the premises other than a personal assistance dog such as a guide dog.

When we have a patient in hospital who is coming to the end of their life and cannot go home then they can often achieve comfort from having their loved ones with them, this will often include pets. We could achieve spiritual peace for these patients by allowing pets into the hospital at the end of their lives.

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

2. GLOSSARY AND DEFINITIONS

| | |
|------------|------------------------------|
| AAI | Animal assisted intervention |
| AAA | animal assisted activity |
| AAT | Animal assisted therapy |
| AD | Assistance dogs |

3. Types of Dogs in healthcare settings

Dogs will visit health care settings for several 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 several 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. Confirmation that the dog meets the criteria to be classed as a bona fide assistance dog should be made.

(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 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 (e.g., 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.

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

(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 for end of life and some care settings where it is both appropriate and desirable for someone to see their pet dog.

As part of the Supportive care plan (SCP) we plan what good end of life care includes and for many patients this includes having their pets with them at the end of their lives. As part of their holistic assessment this should be identified and facilitated to ensure that goodbyes can be said and memories built.

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

(a) Assistance dogs

it is 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 (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 guideline will be updated at that point. There are four key questions that health care professionals should they ask when deciding if an assistance dog can enter a health care setting.

Requirements

The dog should be a registered assistance dog with AD(UK) or the owner can 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
- 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.
- 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.

Most 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. 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.

What role does the dog fulfil for that person?

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 to monitor the patient's health status as this reduces the impact upon staff to continuously monitor vulnerable individuals.

What is the reason for the patient 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.

Who will be supporting the dog when it is in the medical environment.

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.

Areas where it would not be appropriate for the dog to be present.

- 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 high-risk areas.

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, e.g., 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.

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.

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 is minimised. There is no published data suggesting outbreaks or incidences of infection occur because 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 always observed.

- 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 as to whether the owner/handler and dog should visit
- The dog 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, not near a person's face.
- If the dog is putting their feet on a bed, then a protective pad (e.g., 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.

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.

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 always be observed.

- Before an assistance or AAI dog is brought into a health care setting, the nurse in charge should be consulted about 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.

Health and safety

The policies of both the health care establishment visited and the provider the owner/handler represents should be followed.

Care should be taken to reduce any risk of harm to the dog and its owner/handler, patients, and visitors, as well as staff. To ensure this, the following should be always observed.

All dogs:

- all visits must be agreed in advance
- should be always on a lead and under control
 - 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.

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 always remains comfortable 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

Consent to visit form

The consent form below must always be signed by the patient and a member of ward staff prior to the patient being visited.

| | |
|---|--|
| Date/time of Pets in Hospital visit | |
| Name of Pet therapy volunteer and dog: | |
| | |
| Patient's name | |
| Ward/Department | |
| Name of Nurse in Charge: | |
| Name of consenting parent/guardian (if patient is under 16 or unable to independently consent): | |

I give permission to be visited by a Pets therapy dog and their volunteer owner.

I understand that Pet therapy volunteers comply with the Sandwell and West Birmingham NHS Trust Volunteers Policy and their dogs are fully vaccinated and have passed health, temperament and suitability assessments carried out by a recognised animal-assisted therapy organisation.

I have read this consent, understand the contents, and have had any questions regarding the pet therapy answered to my satisfaction.

Signature _____

Date _____

6. OTHER GUIDELINES TO WHICH THIS GUIDELINE RELATES

Infection Control Policy
Patient visitor policy

7. ROLES AND RESPONSIBILITIES

Ward Managers/Nurse in charge: To ensure the guidance is followed and to agree the entrance of a therapy or assistance dog for individual patients. Ensuring the consent form is completed and any therapy is documented within Unity.

8. AUDITABLE STANDARDS/PROCESS FOR MONITORING EFFECTIVENESS

Impact of assistance and therapy dogs will be monitored via incident reporting. Complaints, compliments and patient experience feedback.

9. TRAINING AND AWARENESS

Guidance will be communicated via the communication bulletin and be included within education and teaching sessions surrounding the personalisation of care.

9. EQUALITY IMPACT ASSESSMENT (EIA)

In alignment with the SWB “Quality and Equity Impact Assessment (QEqIA) Policy (incorporating Health Equalities Assessment Tool (HEAT))”, all new guidelines and guidelines that go through significant changes in the course of the review process, have considered their impact on our Patients, People and Population.

Following completion of Stage 1 of the QEqIA, which includes consideration of Patient Safety, Clinical Effectiveness, Patient Experience, Staff Wellbeing and other factors.

- There have been no quality or equity concerns identified with this guidance

10. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

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