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| Section: UTMB On-line Documentation | 01.35 - Policy |
| Subject: Healthcare Epidemiology Policies and Procedures | 12.03.12 - Revised |
| Topic: Animal Assisted Therapy | 2000 - Author |

01.35 Animal Assisted Therapy

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| Purpose | The purpose of this policy is to develop procedures that provide for the safety of patients, visitors and employees involved in Animal Assisted Therapy. |
| Audience | All employees of UTMB hospitals and clinics, contract workers, volunteers, and students |
| Access to Therapy | Staff nurses will schedule Animal Assisted Therapy for their patients by calling Child Life Services or Volunteer Services if the patient is an adult. |
| Policy | <ul style="list-style-type: none"> • All animals will have an initial animal behavioral evaluation in order to qualify for the program. The animal may qualify through the PAWS or the Delta Society programs or may be screened by a Healthcare Epidemiology approved Pet Therapy Veterinarian. (See attached screening forms) • In addition to the initial behavioral evaluation, the animal will have an annual medical evaluation and must always meet the following health requirements: <ul style="list-style-type: none"> – Be under a veterinarian’s care – Be parasite free – Be on a flea control program – Have immunizations current – Be free of lesions or hair loss – Be bathed and have reasonable oral hygiene – Have nails trimmed and filed – Maintain appropriate temperament (in accordance with the definition of appropriate temperament used in the initial behavioral evaluation). • Animals will be assessed each time they visit a UTMB unit. (See Animal Assisted Therapy Visitation Record). In addition, the animal will be checked for basic cleanliness. • Reptiles and birds will not be allowed to participate in this program. • A UTMB patient may only interact with their animal while hospitalized if they qualify through the guidelines outlined by the UTMB Animal Assisted Therapy Policy. • If at any time UTMB staff feels the behavior of an animal is aggressive or inappropriate, the animal and the volunteer will be asked to leave. |
| Required Documentation | <ul style="list-style-type: none"> • Volunteers who wish to bring an animal into the hospital for Animal Assisted Therapy must schedule an appointment with the UTMB liaison for the area to be visited by the animal. • Upon arrival at UTMB, the liaison will access the Animal Assisted Therapy web site and access the visitation record for the animal. |

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- The Health Certificate expiration date will be checked at the time of each visit.
- The visitation record will be completed by the UTMB liaison at each visit.
- The initial and annual evaluation forms for the animal will be kept in a file in the volunteer office. The volunteer office will change the expiration date of the Health Certificate in the database when necessary.

Visitation Protocol

- Animals must enter and exit the hospital in a carrier or on a 3-foot leash.
- Animals are to be on a leash or within arms reach of therapy personnel at all times.
- Animals will be allowed in the hospital only when accompanied by designated personnel.
- Animals will not be allowed in areas where food is being prepared.
- Animals will be checked in with the UTMB liaison prior to visiting any patient care areas. At this time, the animal's medical record will be checked to assure that it is current. At the time of entry and prior to visiting patients, each animal will be screened for:
 1. Recent history of antibiotic therapy for an infection
 2. Evidence of gum or ear infection
 3. Presence of bandages
 4. Signs of gastrointestinal disease (vomiting or diarrhea)
 5. Signs of respiratory disease (cough)
- Animal visits will take place in pre-approved areas only.
- Nursing units will be notified prior to animal visitation.

Patients Restriction

Pets will be used only with patients who have no contraindication for animal-assisted therapy (i.e., allergies, fear of animals, aggressive behavior, open sores, or exposed areas of skin, neutropenia (neutrophils < 1000), HIV infection, or immunoglobulin deficiencies). Patients with contraindications for animal-assisted therapy may have such therapy only by approval of the Healthcare Epidemiologist. The Charge Nurse will review records to assure that only patients who are able to participate are included.

Community Volunteer Requirements

- People who wish to volunteer for the animal-assisted therapy program must be approved by the UTMB volunteer office.
- Volunteers must wear nametags at all times when in the hospital.
- Volunteers must be free of contagious diseases and avoid visiting if they have been exposed to a contagious disease.
- Volunteers will check animals for cleanliness, fleas, temperament, and general health immediately prior to each visit.
- Volunteers will allow the animals to exercise and eliminate before visitations and

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provide ample water and rest before and during visitations.

- Volunteers will supervise, discipline and control animals by leash, command and/or cage at all times during visitation.
- The volunteer will provide any clean-up necessary by:
 - Picking up the feces or urine with a paper towel.
 - Placing the soiled material in a plastic bag.
 - Spraying the area with disinfectant.
 - Wiping the area with a clean paper towel.
 - Disposing of the paper towel in the plastic bag.
 - Placing secured plastic bag in designated area or container.
 - Washing hands promptly.

If an animal urinates, defecates, or vomits on a patient, or on a patient's equipment or bedding, housekeeping and staff are to be notified *immediately* and an incident report will be completed.

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Animal Assisted Therapy Visitation Record

| Name of Animal | | | | | | | | |
|--|--------------|--------------------|--------------------------------|---------------------------------|-----------------------------|------------------|-----------------------------|--------------|
| Health Certificate expiration Date: _____ | | | | | | | | |
| Date | UTMB Liaison | Unit to be Visited | Patient to be Visited and UH # | Currently on Antibiotics Y or N | Gum or Ear Infection Y or N | Bandage s Y or N | Vomiting or Diarrhea Y or N | Cough Y or N |
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PRESCRIPTION PET PROGRAM * VOLUNTEER DOG EVALUATION

Date: _____

Owner information:

Name: _____

Address: _____

Phone: _____ Work: _____

Volunteer dog information: Name: _____

Breed: _____

Date of Birth: _____

Sex: _____ Weight: _____ Coat length: _____

Date of last DASPP vaccine: _____ Regular veterinarian: _____

Date of last rabies vaccine: _____

Date of last fecal examination: _____ Results: floatation: _____

Direct smear: _____

Is dog currently on any medications: (if so, list): _____

Date of last teeth cleaning: _____

Any major medical history or illness:

I. Behavioral evaluation

| 1. Initial observations and history | Yes | No |
|---|-------|-------|
| Has the dog been around children: | _____ | _____ |
| Is the dog friendly and outgoing? | _____ | _____ |
| Is the dog aggressively friendly? | _____ | _____ |
| Is the dog responsive to you? | _____ | _____ |
| Is the dog fearful? | _____ | _____ |
| Does the dog cower/hide behind the owner? | _____ | _____ |
| Does the dog growl or curl it's lip when approached or handled? | _____ | _____ |

II. Behavioral examination – Note any adverse reaction when:

1. a door is slammed
2. someone enters the room in a loud manner
3. someone approaches the owner
4. its hair is pulled
5. its ears are pulled and fingers stuck into canals
6. its legs are pulled
7. its tail is pulled and lifted high
8. it is patted aggressively
9. it is pushed around the room
10. it is hugged tightly around the neck and body

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III. Physical evaluation – Systems Review (please note abnormalities in space below)

| | | |
|----------------------------------|---|-----|
| 1. General condition/Cleanliness | N | Abn |
| 2. Head (eyes, ears, nose, neck) | N | Abn |
| 3. Oral cavity | N | Abn |
| 4. Lymph nodes | N | Abn |
| 5. Urogenital | N | Abn |
| 6. Integument | N | Abn |
| 7. Musculoskeletal | N | Abn |
| 8. Neural System | N | Abn |
| 9. Abdominal palpation | N | Abn |
| 10. Auscultation | N | Abn |

On this date and under the circumstances of this examination, it is my opinion that this dog (should / should not) participate in the program.

Signature: _____ Date: _____

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* * **THIS IS THE BEGINNING OF THE BEHAVIORAL SCREENING EXAMINATION** * *

TEST 1: Initial Observation

A room with minimal distractions is an appropriate testing area. Allow the dog to investigate this area for several minutes without the tester present. The tester should enter the room, not speak, stand still at a discreet distance and observe the dog for about 15 seconds. Record the initial response:

| Acceptable | Questionable | Other |
|--|---|--------------------------------------|
| <input type="checkbox"/> holds ground | <input type="checkbox"/> crouches | <input type="checkbox"/> no response |
| <input type="checkbox"/> approaches tester | <input type="checkbox"/> hackles up | |
| <input type="checkbox"/> hackles normal | <input type="checkbox"/> lips puffed | |
| <input type="checkbox"/> lips normal | <input type="checkbox"/> moves stiff-legged | |
| <input type="checkbox"/> sniffs tester | <input type="checkbox"/> growls | |
| | <input type="checkbox"/> retreats | |
| | <input type="checkbox"/> barks | |
| | <input type="checkbox"/> avoids eye contact | |
| | <input type="checkbox"/> stares at you | |
| | <input type="checkbox"/> whines | |

TEST 2: Approaching the Dog

After initial, brief observations, approach the dog with hand extended at the dog's nose level, palm and fingers pointed downward. Do not "rush" in, but do not approach dog in a cautious or apprehensive manner. Walk up to the dog in a normal stride until your hand is within 6 to 12 inches of the dog's nose. Say nothing and wait for the dog to make the next move.

| Acceptable | Questionable | Other |
|--|--|--|
| <input type="checkbox"/> extends head or steps forward to sniff hand | <input type="checkbox"/> turns head away or tries to ignore hand | <input type="checkbox"/> stares at you |
| <input type="checkbox"/> seeks attention by nudging or leaning into tester | <input type="checkbox"/> pulls back or retreats | <input type="checkbox"/> no response |
| <input type="checkbox"/> acts playful by barks or actions | <input type="checkbox"/> raises hackles | |
| <input type="checkbox"/> licks hand | <input type="checkbox"/> barks (NOT to be confused with playful barking) | |
| | <input type="checkbox"/> lips puffed | |
| | <input type="checkbox"/> overly exuberant | |
| | <input type="checkbox"/> bares teeth (don't confuse with grin) | |

TEST 3: Handling the Dog

If the dog has not been eliminated by tests 1 & 2, attempt to pet the dog starting with the top of the head. Pet the dog to determine its overall response on especially sensitive areas, such as the ears and mouth.

| Acceptable | Questionable | Other |
|--|---|--|
| <input type="checkbox"/> enjoys the attention | <input type="checkbox"/> pulls back or retreats | <input type="checkbox"/> meets you, but with head lowered and eyes averted |
| <input type="checkbox"/> tries to make friends | <input type="checkbox"/> growls | <input type="checkbox"/> attempts to lick your face |
| <input type="checkbox"/> becomes playful | <input type="checkbox"/> lips puffed | |

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|--|---|
| <input type="checkbox"/> enjoys brushing | <input type="checkbox"/> raises hackles |
| | <input type="checkbox"/> quivers |
| | <input type="checkbox"/> barks |
| | <input type="checkbox"/> cowers |
| | <input type="checkbox"/> rolls over on back |
| | <input type="checkbox"/> submissively urinates |
| | <input type="checkbox"/> snaps, bites |
| | <input type="checkbox"/> overly exuberant (Jumps up; not calm by end of test) |
| | <input type="checkbox"/> shows white of eye |
| | <input type="checkbox"/> overly sensitive to grooming or certain areas |
| | <input type="checkbox"/> aloof |

TEST 4: Interacting with the Dog

- See if he/she will retrieve a ball.
- Walk away briskly, sit on floor and call dog.
- Lay the dog down, then roll him/her over, rub his/her belly. Will he/she allow this subordination?
- Have assistant place a novel stimuli such as a large stuffed animal or mirror close behind the dog when he/she is distracted. Does he/she have self-confidence to investigate?
- How does the dog react to sudden arm movement?

TEST 5: Sound Sensitivity

While casually interacting with the dog, have an assistant make a very loud noise without warning; for example, hitting a metal pan with a spoon.

| Acceptable | Questionable | Other |
|--|--|--------------------------|
| <input type="checkbox"/> Notices but continues previous activity | <input type="checkbox"/> flees | <input type="checkbox"/> |
| <input type="checkbox"/> notices, investigates | <input type="checkbox"/> cowers | <input type="checkbox"/> |
| <input type="checkbox"/> startles, but recovers quickly | <input type="checkbox"/> freezes | <input type="checkbox"/> |
| | <input type="checkbox"/> trembles | |
| | <input type="checkbox"/> urinates | |
| | <input type="checkbox"/> moves as if to attack | |

TEST 6: Pain Threshold

While playing with the dog, briefly pinch the webbing between his/her toes or pull a hair from his/her side to determine pain tolerance.

| Acceptable | Questionable | Other |
|--|---|--------------------------|
| <input type="checkbox"/> tries to pull away, but shows forgiveness | <input type="checkbox"/> growls | <input type="checkbox"/> |
| <input type="checkbox"/> yelps, but is not aggressive | <input type="checkbox"/> snaps | <input type="checkbox"/> |
| <input type="checkbox"/> trusts you, allows further petting | <input type="checkbox"/> acts fearful | <input type="checkbox"/> |
| | <input type="checkbox"/> acts distrustful | <input type="checkbox"/> |

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TEST 7: Reacting to Unexpected Events (choose A or B). Owner is to be present at all times.

- A. Have your assistant hide around a corner, out of sight, with noisy utility or shopping cart. Walk with the dog toward the intersection, as the assistant rolls the cart in front of the dog as close as possible.

Record the dog's reactions:

- B. While the dog is playing with you and distracted, have the assistant hide in a closet or behind a door. Lead the dog to within six feet of the hiding place and have the assistant suddenly jump out at the dog and open an umbrella.

Note reactions:

TEST 8: Manners

Test the dog for basic obedience commands, such as heel and sit-stay.