

Animal Visits and Interventions in Public and Private Health Services in NSW

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Summary The Guideline sets out information to guide the development, implementation and coordination of assisted animal interventions and visitation programs for individuals and organisations. Animal visitation programs must be conducted in accordance with relevant policies and legislation relating to best practice in healthcare, infection control, patient rights and animal welfare. Private health facilities and NSW Health funded NGOs are encouraged to draw on these Guidelines in developing their own local policies and protocols. Health facilities are encouraged to review local guidelines to ensure they meet relevant legislation and are consistent with this Guideline.

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Guidelines for Animal Visits and Interventions in Public and Private Health Facilities in NSW

PURPOSE

The purpose of the guideline is to outline protocols for implementing and supporting assisted animal visits and interventions for patients in NSW public and private health facilities in NSW.

KEY PRINCIPLES

Animal visits and interventions are patient-driven and implemented to create a better health experience.

All types of animal visitation programs are to be conducted in accordance with relevant NSW Health policies and legislation relating to best practice in healthcare, infection control, patients rights and animal welfare.

Health facilities and health organisations are responsible for informing all staff about the roles and responsibilities associated with managing and coordinating animal visits/intervention activities.

Health services and animal agencies have responsibilities for hosting animal visitation programs and maintaining an animal's health and well-being.

USE OF THE GUIDELINE

In support of the principles outlined above, Chief Executives and delegated officers are expected to ensure compliance with relevant legislation and government and health policies by communicating and implementing the guideline to all health service personnel and relevant non-government organisations with direct or indirect responsibilities associated with animals visiting patients in public and private health facilities in NSW.

The Guideline includes the following sections:

- Animal Visitations Programs (Which type of program/animal visitation)
- Implementing Effective Animal Visitation Programs (Identifying animals for patient interaction Consultation, Communications and Planning)
- Key Elements of Animal Visitation Programs
- Personal Pet Visitations
- Resident Animals
- Therapy Animal Organisations
- NSW Health Policies and Legislation

REVISION HISTORY

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September 2012 (GL2012_007)	Deputy Director-General, Strategy and Resources	Revised guidelines for animal visits/interventions in public and private health facilities in NSW. Replaces GL2006_012.
February 2012 (GL2006_012)	Director-General	New Guideline

ATTACHMENTS

1. Guidelines for Animal Visits and Interventions in NSW Public and Private Health Facilities in NSW

Animal Visits & Interventions in Public and Private Health Facilities

Guidelines



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Introduction

Each day in NSW, health facilities play host to therapeutic and companion animals. NSW Health facilities have a history of animals visiting patients in aged care, paediatrics, acute care, mental health and palliative care services. Animal visits provide comfort, entertainment, distraction, solace and a unique form of interaction. Animals also provide a unique source of assistance in education and supporting patients through clinical procedures. The benefits of these visits are well established and comprehensively documented.

Animal interventions produce a positive impact on patient care, the health workforce and the local health environment with minimal interruptions and risk to patient care. Animal or 'companion' therapy can be an effective tool for complementing other forms of clinical intervention, care and rehabilitation therapies.

It is important to implement protocols that support the health and welfare of animals and patients engaged in any type of animal visitation and intervention program. The effort behind program implementation should harmonise with the health services desired outcomes and organisational capacity to accommodate and manage animal programs.

'No-one who looks at the evidence can doubt that animals in hand improve the quality of modern human life'
(The Biophilia Hypotheses S.R. Kellert & E.O. Wilson).

1.1 Scope

This Guideline provides direction and information for health services considering the adoption of animal assisted intervention and animal visitation programs for their patients, where appropriate.

This Guideline refers to recognised research and best practice about animal assisted intervention and companion animal programs and advice on the relevant health policy and legislation requirements for individuals and health services to follow.

Animal interventions can involve an animal's participation in patient therapies, personal pet visits to patients and resident animals living in health facilities.

Animal interventions and visits entail health facilities hosting events in which animals perform a specific function or task, such as assisted therapy or support for patients, pet farms and Kindifarm and other accredited animal entertainment services. Animal visits also concern supporting individuals accessing health facilities with a guide or assistance dog to work, visit or attend for treatment and/or therapy.

Private health facilities and NSW Health funded non-government organisations (NGOs) are encouraged to draw on these Guidelines in the development of local policies and protocols. Health facilities are encouraged to review local Guidelines to ensure they meet relevant legislation and consistency with this Guideline.

1.2 Policy context

This Guideline includes policy and legislative information on the use of companion animals and assisted animal / pet interventions.

The *Companion Animals Act 1998* (the Act) and the *Companion Animals Regulation 2008* (the Regulations) set out mandatory provisions for the responsible care and management of companion animals. The *Companion Animals (Outdoor Dining) Act 2010 No 33* provides advice in relation to public outdoor dining and cafes.

The legislation gives specific direction for the effective control, identification and management of dogs in public places. For the purpose of this Guideline, all health related buildings (hospitals, community health centres etc) and surrounding external grounds will be treated as public places for the purposes of hosting animal visits. It is essential that all animals used in any program and their handlers comply with NSW Health policies and relevant legislation.

The Act stipulates special control requirements for restricted dogs and dangerous dogs. In order to minimise the risk of injury or damage, these animals are prohibited from visiting health facilities. Health services may contact DogsNSW online at [www.rnswcc.org.au/restricted breeds](http://www.rnswcc.org.au/restricted-breeds) and/or their local municipal or shire council to obtain additional information and ensure compliance with animal requirements about dangerous or restricted animals.

The NSW Health *Infection Control Policy (PD2007_036)* and the companion document, *Infection Control Policy – Animals as Patients in Health Organisations (PD2009_030)* outline broad principles of infection control for the development of local operational policies and procedures by health services. The latter outlines strategies to reduce risks associated with animals as patients in health services.

Reporting Incidents involving animals during visitations are reportable in accordance with the *Incident Information Management System Policy (PD2006_030)*.

The *NSW Health Patient Matters Manual and the Protecting People & Property: NSW Health Policy & Guidelines for Security Risk Management in Health Facilities* outline NSW Health policies and procedures relating to the care and treatment of patients and clients of the health system.

1.3 Terms and Definitions

There are a range of terms used in relation to human-animal interactions, which relate to the different types of activity and goals of programs. The Guidelines refers to 'animal visitation program' to describe the types of human-animal interaction health services could adopt.

Animal Agency: Describes any business, organisation or service that provides a form of companion animal, pet therapy and assistance animal service engaged by a NSW health service.

Animal Assisted

Intervention (AAI): AAI involves therapeutic processes that intentionally include or involve animals as part of the process (Krug, Serpell, 2006). Animal-Assisted Therapy, Animal-Assisted Activities, and service animals (eg Guide Dogs or Assistance Dogs) are examples of animal assisted interventions that involve animals with specific characteristics and become fundamental to a person's treatment.

Animal Assisted Activity (AAA) refers to casual activities of the 'meet and greet' kind that involves animals and handlers visiting patients and their families at the bedside or in common areas. Specially trained volunteers or professionals with animals that meet specific criteria deliver AAA in programs designed to reduce anxiety, increase tactile contact, improve self-esteem and stimulate interaction. AAA is also attributed to improving staff morale and assisting staff during some procedures, especially with children, by providing a welcome distraction.

Animal Assisted Therapy (AAT) is a structured mode of tailored individual therapy run under professional supervision, with animals trained for the role. AAT is designed to improve the physical, social, emotional, and/or cognitive functioning of the patient, as well as providing educational and motivational effectiveness for participants. AAT can be delivered to individuals or groups undertaking structured rehabilitation and recovery programs to improve strength, range of motions, balance, memory, speech and interaction.

Animal Visitation

Program: Describes the types of human-animal interactions health services could adopt.

Companion

Animal: A Companion Animal refers to a dog, cat or any other animal prescribed in the *Companion Animal Regulations 2008*. Companion animals are usually domesticated animals who have some training and acceptable behaviour for human/animal interaction.

Using the definition in the *Companion Animals Act 1998*, all dogs are companion animals. This includes working dogs on rural properties, guard dogs, police dogs and corrective services dogs.

"Corrective services dog" means a dog that is being used on official duty by a correctional officer (within the meaning of the *Crimes Administration of Sentences Act 1999*).

A "police dog" means a dog that is being used by a police officer on official duty. The Companion Act 1998 provides special exemptions for police dogs when the dog is "on duty" – the definition requires that a police officer on official duty and is using the dog whilst on duty for the exemptions to apply.

Facility: Facility refers to a NSW public or private hospital or health care setting and includes the buildings and grounds accessible by patients and staff.

Volunteer or Handler: This term covers those individuals who as pet owners or trained personnel, bring animals into a health facility, and have full control and responsibility for handling the animal and the animal's behaviour and well-being during visitations, including personal pet visits.

Human-Animal Interaction (HAI): HAI is the relationship between humans and animals and brings about a significant and positive influence on the social, emotional and physical well-being of people.

Service Dogs: Service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler's disability. Examples of work or tasks include, but are not limited to:

- assisting people with impaired vision and impaired hearing
- providing non-violent protection or rescue work
- assistance dogs to pull a wheelchair
- assisting an individual during a seizure
- alerting individuals to the presence of allergens
- retrieving items such as medicine or the telephone
- providing physical support and assistance with balance and stability to individuals with mobility disabilities
- helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviours

Zoonosis: An infectious disease that can be transmitted from animal to humans under normal circumstances (DiSalva, 2005). The natural carrier for the infectious agent is an animal.

Animal Visitations Programs

2.1 Which type of program suits

Introducing and managing an animal visitation program raises many practical issues to consider and address to ensure the program is safe and effective.

Determining the types of animal therapy deemed suitable for some patients may not be suitable for others, for either personal or clinical reasons. Physical surroundings should also be assessed to determine suitability for animal interventions. For example, cats might be viewed as unsuitable for oncology patients because of infection risks; however, the use of cats in animal therapy in palliative care service is an accepted practice (Fine 2009).

Program implementation requires careful planning, management and a professional approach to ensure potential problems are avoided.

2.2 Types of animal visitation

Animal Assisted Intervention (AAI) including Animal-Assisted Therapy, Animal-Assisted Activities, and service animals (e.g. Guide Dogs or Assistance Dogs).

Other types of animal visitation may include:

- *Personal Pet Visitation* enables inpatients to have personal visits from their pets whilst in a health facility. Personal pet visits are not routine and approved after consultation with the patients, clinical teams and family.
- *Resident animals* relates to animals that reside in health facilities and are cared for by staff, volunteers, and residents. Resident animals generally interact with patients on an informal basis and act as a panacea for formal animal therapy activities - others may participate in spontaneous or planned interactions with facility residents and staff.
- *Service Dogs* relates to the presence of service and assistance dogs belonging to patients with visual or physical impairments to have their animal with them during therapy. For example, patients may be attending daily haemodialysis, chemotherapy, physiotherapy etc.



Implementing Effective Animal Visitation Programs

3.1 Identifying animals for patient interaction

Prior to establishing an Animal Visitation Program, decisions about the type of animal/s are to be considered. The proposed animals need to be acceptable to the patient's situation, taking into account patients' and staffs' own immunity for allergies and infection. Consulting clinical and infection control services will assist health facilities in identifying animals that are appropriate for the patients and the facility.

- **Dogs** are the most commonly used in animal interventions due to their ease of training and generally even temperament.
- **Cats** must meet the same criteria as dogs and need to be comfortable when being handled by strangers. Generally, cats are caged and trained to remain in baskets during visitations.
- **Puppies** are generally excluded from visitations until they have completed the mandatory vaccination regime and are trained.
- **Farm animals** (e.g. piglets, goats, calves, horses and rabbits) may visit some health facilities because the facility has the capacity to adopt a more integrated approach to animals.

Appendix 1 includes a list of NSW based animal services health facilities might engage for animal visitations.

When identifying animals for patient interaction, health facilities should also consider identifying areas where animal visitations can and cannot take place. Less conventional areas where animal interventions would be mutually beneficial for patients' health and wellbeing should also be explored. While it is implicit that animal visits would be very challenging to coordinate in some clinical areas, many facilities have other locations and courtyards or garden areas to designate as 'animal friendly' areas for animal therapy and pet visitations outside the traditional ward area.

Examples of areas involved with animal visitation include:

- medical-surgical units
- paediatric services
- oncology services
- hospice/palliative care services
- rehabilitation services
- mental health units
- long-term acute care units
- diversional therapy services

Areas where animal visits or animal activities might be considered unsuitable, difficult to accommodate for patients' clinical health and safety and infection control requirements or strictly considered **out of bounds** for animal visits could include:

- sterile areas
- patient treatment rooms
- rooms where patients or wards are in isolation
- kitchens and food preparation areas
- intensive care and high-dependency areas
- immunosuppressed patients

Children's play areas and dining areas are areas that could be considered and where possible, approved for animal visitation on a case by case basis at the local level after consultation with clinical team and services managers, Infection Control Team, the patients and/or the patients' family or guardian/carer.

Local protocols should specify areas as 'out-of-bounds' for animal visitations for safety, infection control or hygiene reasons. The health service's Infection Control Team and the *NSW Health Infection Control policy (PD2007_036)* will provide further advice.

3.2 Consultation, Communications and Planning

Consultation and planning are essential for gaining support for these types of patient driven programs. A

willingness and commitment by the health service reinforces the stakeholder involvement and successful program implementation.

Consultation provides important information on the scope of the program, its limitations and shapes the type of program to satisfy stakeholder requirements. Facilities are then able to set goals that are more realistic and fulfil stakeholders' expectations. Similarly, consultation is essential for anticipating and understanding potential problems and developing suitable solutions to avoid conflicts or program failure prior to implementation.

The key stakeholders involved in successful program development and implementation include the following:

- human resources
- clinical directors
- allied health
- volunteers
- infection control
- service planning
- clinical governance
- patients and health consumers

Health workforce groups often play an active role in animal assisted intervention and visitation programs because they support patients, clinicians and families.

3.3 Communications

It is important for health services to develop appropriate communications to inform and educate patients, staff and visitors about the animal visitation program operations. For example, local policies, patients' handbooks and signage in corridors and ward areas will convey as much detail as necessary to ensure all stakeholders know about animal visitations and contact details of relevant program coordinator/s.

3.4 Governance

Program coordination is essential to ensuring program success. Programs are likely to succeed and be more effective where there is management and clinical support. Health Services should consider identifying management positions from within their organisation that would be responsible for the coordination of Animal Visitation programs.

This role will facilitate appropriate communications and implement strategies for close and regular liaison between stakeholders participating in animal visitation program/s, including health services, animal agencies, patients, visitors and staff.

A key element of effective program coordination is the level of authorisation and support a program receives. Management should be cognisant with the type of activity proposed, the facility's capacity, financial and operational delegations and selection of animal agencies and patient groups for visitation. For example approval required to permit the visitation of a family pet is different to the required approvals for sourcing an Animal Agency in an ongoing program.

Key characteristics of effective program coordination include:

- designated program manager to coordinate animal visitation programs
- governance measures to provide management support and program sponsorship eg program direction, resources, evaluation and reporting matters
- compliance with relevant legislation and existing NSW health policies and procedures on infection control, animal health checks, employment screening and volunteer management
- stakeholder consultation and monitoring to ensure patients needs are being met
- local protocols for engaging accredited animal agencies and suitable animals
- appropriate on-site familiarisation sessions for volunteer and animal handlers
- communications and in-house training for health employees involved in animal visitation eg vetting and referring requests for visitation, infection control, indications for therapy animal use and patient safety
- stakeholder feedback and annual evaluation

3.5 Patient Consent

Before patients become involved in a program, they (or their family) need to give their consent to do so. Consent needs to be informed, that is, patients should be well informed and made aware of the highly professional and ethical standards required of animal assisted interventions. Consequently, the patient's consent to participate becomes part of the screening process. All patients, staff and

visitors must be asked if they are comfortable with either participating or being involved or in close proximity to an animal visitation if other patients within that room wish to have the animal visit. This consent should be sought privately to avoid people feeling pressured to agree to such visits and their confidentiality maintained.

Decisions about which patients would most benefit from an animal intervention and for whom risk is low, sits with the patient's clinical team and a patient's carer.

Patients, health personnel and visitors need to respect the reasons why some patients may not support or give their consent to participating in an animal visitation program because:

- the patient may have phobias, a past trauma such as dog bites or has animal allergies
- the beliefs in certain cultures and religions must be respected where certain animals are considered unclean or offensive
- patients are critically ill and located in areas where animals are not permitted
- patient is immune-suppressed and clinically vulnerable to infections



Key Elements of Animal Visitation Programs

There are a number of prerequisites health services and animal agencies must follow in regards to animal visitation implementation and service provision.

4.1 Animal Welfare

Health services and animal agencies both have responsibilities for hosting animal visitations and maintaining an animal's health and well-being.

Animal agencies must:

- provide animals with fresh food, drink and shelter when needed and ensure animals are transported safely and lawfully to and from facilities
- keep and maintain separate animal records

Health services must:

- provide access for animals to the hospital buildings and outdoor areas i.e. designating specific areas to safely tether animals as required, appropriate parking areas for volunteers and their animals to access health buildings during inclement weather to avoid animals becoming muddy or dirty as wet dogs will not be allowed in wards
- designate areas on health facility premises where volunteer handlers can toilet animals in a safe and clean manner and clean up after their animal
- implement contingencies for cleaning designated toilet areas on health facility grounds and toilet accidents of nervous or younger animals

Some animals could be nervous when visiting hospitals and health care facilities (particularly for the first time) and encountering unfamiliar smells and noises. It is important that the animal's handler is confident in their ability to manage the animal. Animals inside a ward or facility must always remain on a lead or in a cage or basket and never left alone with a patient, even if the animal is the patient's own pet. Where possible, visitations should be conducted in outdoor areas, courtyards or in areas suitable for both the

patient and the animal. Tethered animals should not be left alone at any time.

Veterinary screening for animals

Veterinary screening, vaccinations and health checks for all animals involved in patient related visits is fundamental to maintaining infection control.

Animal agencies are responsible for ensuring all animals meet veterinary, cleanliness, and vaccination and health check requirements and for providing current certifications. This includes circumstances where contagion viruses such as avian flu, swine flu and Hendra virus are endemic. Health services must verify these requirements with the animal agencies prior to permitting animals from entering health facilities or the grounds of health facilities. Animal visitation is also subject to quarantine alerts for transmissible diseases and bans involving transport of animals.

Veterinary Associations have detailed protocols for animal agencies and health services to consult before implementing an animal visit program. Local veterinary associations and the local Public Health Unit also provide advice about vaccinations required by animals involved in visitations.

The same veterinary, infection control and hygiene protocols apply for patients, visitors and animals for all kinds of animal visitation program activities. This includes circumstances where health facilities allow patients to have personal pet visitations and where health facilities have resident animals interacting with patients.

4.2 Screening Requirements

Employment screening for animal handlers

Anyone engaged as a volunteer or seeking work as a volunteer within NSW Health or is a volunteer or employed by another agency providing services within NSW Health facilities must undergo criminal record screening.

Animal agencies are responsible for conducting criminal history record checks on their animal handlers and must verify their eligibility to visit health facilities before accepting them into their program.

It is recommended that all animal agency handlers have a National Criminal Record Check (NCRC), the Working With Children Check (WWCC) and where appropriate, an Aged Care Check completed and verified because of the likelihood that animal agency volunteers and staff could access different areas and patients across health facilities.

Health screening and vaccinations for animal handlers

Animal handlers engaged by animal agencies to visit NSW Health facilities need to be of good health and comply with the standards health services require for hospital volunteers, staff and visitors. The NSW Health Framework for Engaging, Supporting and Managing Volunteers and NSW Health policy (PD2011_005) Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (Section 1.2) outlines these prerequisites. Both publications are available online at www.health.nsw.gov.au/publications.

Orientation for health and agency animal handlers

Animal agencies are responsible for training their handlers prior to assigning them to facilities. It is essential that these animal handlers also know about NSW Health's protocols for infection control and hygiene prior to visiting a facility. Each facility will ensure that animal handlers are familiarised with the use of antibacterial hand gels, using towels on beds, turning mobile phones off, and any emergency procedures they should be aware of prior to entering patient areas.

4.3 Infection and Injury Control

Infection control issues often cause apprehension when establishing an animal assisted intervention program. All health facilities hosting animal visitation programs are responsible for ensuring that all persons involved with animal visitations are fully aware of current NSW Health policies on Infection Control (PD207_036) and Hand Hygiene (PD2010_058). Similarly animal agencies must be informed of any new policies required to inform volunteer training programs and meet local protocols.

To ensure animal visitations are implemented within a safe and supervised manner, health facilities are strongly encouraged to develop local infection control and hand hygiene protocols for volunteers/handlers with any animals visiting clinical and patient areas.

Infection and injury risk management strategies include:

- careful selection of animals,
- obtaining an accurate history from patients for phobias and allergies,
- regular grooming of the animal to reduce the risk of allergic reaction,
- selecting well-trained and well-behaved animals to minimise the risk of animal bites or injuries

Hygiene

Hygiene is essential for all participants:

- handlers must wash their hands and use alcohol based hand rub (ABHR) before and after entering patients areas and between patient visits
- animals must be cleaned and checked for parasites and general health prior to each visit
- animals should not be allowed near patients with open wounds or burns
- tracheostomies must be covered
- patients and visitors must wash their hands or use alcohol based hand rub before and after handling an animal
- animal handlers should wash their hands with soap and warm water after toileting animals and after disposing of soiled or dirty towels, using alcohol based hand rub if necessary
- a new towel must be placed under the animal where an animal is placed on a bed to interact with a patient
- visits by an animal that is unwell or shedding a lot of hair should be postponed until the animal is well again

In the event of an incident occurring while an animal is visiting (for example, a bite), facilities are required to record the incident in accordance with the Incident Information Management System Policy (PD2006_030) in the same way that any patient related incident is reported.

Selecting an Animal agency

Most agencies involved in assisted animal interventions provide their services with assistance of volunteers who, with their own pets, volunteer to become part of an organisation's program. Some agencies have a mix of volunteers and professional staff and veterinary expertise. It is important that health services assess potential agencies because not all organisations operate in the same way.

Generally, services choose animals according to type, breed, size, age, sex and natural behaviour suited to the intended use, surroundings and patient group. It is also essential that health facilities review and understand the protocols outlined in the following steps, and involve relevant staff before implementing the program so that they know the issues, and understand the procedures for animal visiting their facilities.

NSW Health facilities have been involved with animal therapy programs and working with agencies involved in assisted animal activities in NSW. A number of health facilities have implemented successive animal visitations programs to augment patients' services. The following services currently operate in paediatric, palliative care, mental health and rehabilitation services:

- Australia Reptile Park monthly visits
- Kindifarm (farm animal) monthly visits
- Delta Society Australia Pet Therapy Team visits
- Delta Society Australia AAT - adhoc
- Adhoc – Assistance Dogs/Police Dogs/Guide Dogs/Pony rides/Puppies
- Residential Dog from Assistance Dogs at Bear Cottage, Manly

When selecting agencies, health services should adhere to standard procurement requirements.

5.1 Steps to selecting an appropriate animal agency

Step 1: Animal testing and screening process

NSW Health requires all animals participating in animal visitation programs to **meet standard assessment protocols set by veterinary and registered animal therapy associations**. Before an animal agency accepts an animal into its program, the animal must undergo specialist screening to verify annual vaccination and health checks and assess an animal's temperament, aptitude and behaviour. Behaviour can include an animal's stress responses, displays of aggression (eg growling), distractedness and nervousness, and temperament of both the animal and their volunteer/handler and the quality of the interaction between them. Interaction involves:

- an evaluation of the animal's ability to obey basic commands
- the demonstration of a confident and gentle relationship
- the ability of an animal to cope with unexpected or stressful situations such as the animal being grabbed from behind, being in the presence of many strangers and dealing with the many distractions (e.g. noises, people, moving equipment and smells) of a health facility

Step 2: Volunteer/Handler training and veterinary management processes

Animal agencies are responsible for managing the recruitment, annual vaccinations and veterinary health checks, behavioural assessments and training of animals and their handlers/volunteers. Agencies like Delta Pets engage volunteers who own and handle the animal during visits to health services. Veterinary Associations have prepared detailed protocols for vaccination requirements and requirements for regular laboratory evaluations for the animals involved in animal visitations.

Step 3: The animal agency's level of professionalism

All animal agencies should have extensive experience in conducting and operating animal assisted activities. Health facilities should ensure that the selected agency has:

- relevant and up to date policies and procedures in place to guide the recruitment and training of animals and volunteers
- comprehensive policies on requirements for veterinary and animal health checks

- skills in animal first aide and access to emergency veterinary services for animals sustaining injuries during visitations
- a solid and professionally implemented program for the assessment of animals
- the requisite public liability insurance and indemnity coverage

Step 4: Agency's record of visiting health facilities

The following checklist summarises requirements to support animal visitation programs:

Requirements	Service dogs*	Therapy dogs*	Personal pet visitation
Commonwealth/State law	Yes	No	Yes – restricted animals
Hospital policy	Yes	Yes	Yes
Trained handler	Yes	Yes	Animal knows handler
Required specialised training	Yes	Yes	Must answer simple standard commands
Standard commands	Yes	Yes	Yes
House trained	Yes	Yes	Yes
Annual veterinary health check including disease free stool culture	Yes	Yes	Yes - recent vet check prior to visit
Vaccination	Yes	Yes	Yes
Hospital access	Yes	Restrictions, see policy	Subject to local approval
Assurance of social ability	Yes	Yes	Yes
Verification requirements	Cannot require	Yes	Yes
Handler hygiene protocols	Yes	Yes	Yes
Specific department coordination	Risk Management & Disaster Coordination	Yes	Yes

*Health services should note that Service Dogs may access health facilities in the course of their duties which can involve escorting patients and visitors in public and private health facilities, accessing health services located within NSW Department of Corrective Services facilities or Police dogs accessing health facilities in case of a major incident etc.

Personal Pet Visitations

Often patients need to see their own animals, in much the same way, as they need to see other loved ones. The goals of allowing personal pet visitation include reducing anxiety, stimulating memory, communication and interaction. Visits from much-loved pets offer patients similar health and wellbeing benefits as other animal assisted activities. In addition, personal pet visits benefit both patient and pet – animals can also become distressed or withdrawn during long periods of absence and contact with their owners who are hospitalised for long periods.

Because the procedures for pet visits can differ from organised animal visits, it is important that program coordinators confer with ward managers about specific procedures for pets visiting outside normal visitation times and arranging additional pet visits for patients requiring additional emotional support and attention.

If, for therapeutic reasons, a facility allows a patient's pet to visit more frequently, the program coordinator will discuss with the animal's handler how frequently to bath the animal for visits.

6.1 Arranging pet visits

Visits from personal pets should be booked in advance, with a time and date allocated by the program coordinator and supported by the relevant ward manager. Health facilities have a variety of areas to enable patients to enjoy personal pet visits, be that indoors or within the facility's grounds.

6.2 Animals that will be allowed to visit

- In the case of personal pet visits, some facilities may restrict the types of animal allowed; others may be able to accommodate visits by larger and more unusual pets.
- Any animals legislated as restricted or dangerous animals or animals subject to special safety precautions are prohibited.

- Animals, other than cats or dogs, must be assessed for personal pet visits, on a case-by-case basis following consultation with the Infection Control Team about the suitability of the animal for visitations.

6.3 Consent for pets visiting shared patient wards/areas

- For patients occupying shared wards consent for the visit from the other patients present will need to be obtained.
- Pets should only visit with their owner, even if other patients request a visit since the pet's behaviour and temperament is not professionally assessed prior to visiting the patient.
- It is important to be respectful of other patient's wishes - if another patient in the room does not wish to have the animal visit, an alternative location for the visit might be found for ambulatory patients and where possible, for patients whose beds could be moved for short periods. The chosen site must still comply with other patient's wishes for pet visits.

6.4 Additional information for handlers

It is important that pet visits follow the ward protocols implemented for animal visitations since people bringing personal pets to visit a patient will not have the same level of training or experience as those who work with an accredited animal agency. Patients and their families wanting to arrange personal pet visits require the following information:

- Provide a current vaccination and veterinary health certification prior to visit
- Bath and check animals for fleas, lice, ticks or other parasites within 24-hours preceding the visit
- Agree to the suitable areas designated for animal access by health facility for infection, injury control,

- animal hygiene and animal welfare purposes
- Animal cleanliness
- Toileting and welfare arrangements (it should be specified that animals are to be toileted before entering the facility)
- Animal control and safety requirements (reminding that animals are to remain leashed or caged at all times)
- Respect ward visiting times and locations (and noting that occasionally, for patient care reasons or in an emergency, a visit may need to be cut short)
- Observe information about where to obtain a towel if the animal is to be placed on a bed and where to dispose of any used towels
- Ensure that pets only interact with the patient they are visiting, and not with any other patient or visitor
- Comply with hand washing and use of alcohol based hand rub (ABHR) before and after the visit
- Notify ward or nursing staff of any accident or injury that occurs during a personal pet visitation



Resident Animals

It is common for some health facilities to have animals or pets that live on site for the benefit of patients, employees and visitors. More often than not, animals, such as dogs, cats or birds, and fish have been taken in and eventually accepted as part of the health setting and become the 'pet' visiting patients. Unofficially, the animals imbue a form of assisted therapy and personal pet visitation.

Any health facility caring for resident pets or animals are responsible for ensuring an animal's health and welfare according to the standards for implementing animal visitation programs or animal intervention outlined in this guideline. All resident animals must undergo annual veterinary and health checks to satisfy standard infection control, and health and hygiene protocols for the protection of staff, visitors and patients and the resident animal/s.

Health facility management and staff will have additional responsibilities for resident pets, simply because the animal resides on site. Like a personal pet, health facilities must provide their animals with permanent and safe forms of housing and shelter, access to water around the facility, regular exercise and access to veterinary services for standard veterinary and annual health checks and palliative care for ill or older animals. In some cases, health facilities will need to arrange alternative housing should the facility cease to operate or is unable to care for resident animals.



Program Evaluation

It is recommended that facilities continuously monitor making adjustments and evaluate their animal visitation programs, adjusting it where needed to ensure that the activities meet expectations of patients and staff. This should also apply to resident animals particularly where resident pets provide the only type of animal visitation or where caring for a resident animal is no longer possible.

Sources of information to evaluate a program's success include patients, the patient's family and carers, clinical staff, health volunteers and animal agency volunteers/handlers attending the facility with their animal, as they witness the impact of human/animal interaction in healthcare settings. The development of outcome measures can assist in monitoring and evaluating changes on patients' status, and social and emotional well-being.

Collecting information at regular intervals will assist in managing future program requirements and resourcing, including:

- identifying new patient groups who could benefit from animal assisted intervention
- identifying the need for more animal/handler teams
- opting to increase the frequency of visits by volunteers and animals
- under or over resourcing



Therapy Animal Organisations, NSW Health Policies and Legislation

Therapy Animal Organisations

Australian Companion Animal Council Incorporated (ACAC)

The Australian Companion Animal Council Incorporated is a non-for-profit organisation and the peak body representing pet ownership and the pet industry in Australia. ACAC provides a forum for the pet care industry to promote the benefits of socially responsible companion animal ownership to the wider community and publishes the *Australian Directory of Human Animal Interaction* to provide up-to-date information on the range of human-animal bond programs that assist professionals, families and individuals. For more information, visit <http://www.anthrozoology.com.au>

Current council membership includes:

- Australian Veterinary Association Ltd (AVA)
- Australian National Kennel Council (ANKC)
- Animal Health Alliance (Australia) Ltd
- Delta Society Australia
- Pet Food Industry Association of Australia (PFIAA)
- Pet Industry Association of Australia (PIAA)
- Petcare Information & Advisory Service Australia Pty Ltd (PIAS)
- Veterinary Manufacturers & Distributors Association (VMDA)
- Veterinary Nurses Council of Australia (VNCA)

Australian Support Dogs Inc.

Australian Support Dogs Incorporated (ASDOG) is a registered charity that chooses, raises, and trains suitable dogs to provide people with people with physical disabilities greater independence and life improvement through the human and dog interaction. More information available at www.asdog.org.au

Companion Animals Services (CAS), Age Concern Albury Wodonga Inc.

In November 1987 Age Concern, Albury Wodonga Inc. launched the Companion Animal Services as the Companion Animal Program. CAS facilitates pet visiting for people with a disability, or residents in nursing homes, hostels & hospitals and sourcing of dogs & cats as resident pets for various institutions and group homes. Further information is available at www.therapydogs.org.au

NSW Assistance Dogs Australia

Assistance Dogs Australia (ADA) is a non-profit organisation that trains Labradors and Golden Retrievers to help enhance the quality of life and improve the level of independence for people with physical disabilities. The ADA program results in these highly trained dogs allowing recipients to have greater mobility, gain confidence and have higher self-esteem. More information is available at www.assisteddogs.org.au

Pets of Older Persons (POOPs)

St. Joseph's Hospital Auburn established the POOPs program in partnership with the RSPCA NSW to assist the elderly in the community to care for their pets. The POOPs program operates on donations and funds raised by pet owners who contribute a nominal amount for veterinary attention. Services include monitoring of pets by POOPs staff, support in caring for pets, treatment by RSPCA vets when required, foster accommodation and emergency boarding of pets when the owner require hospitalisation and monthly grooming.

Eligibility for POOPs services include any elderly person owning a pet who does not have relatives or friends willing to take responsibility for the pet. Fostering of pets is also available for elderly hospital inpatients and all POOPs services are available to Palliative Care patients of any age who do not have the social supports to care for their pets. More information about POOPs is available on the RSPCA website at www.rspcansw.org.au/program

The Delta Society

The Delta Society is a registered charity in New South Wales, Victoria, South Australia, Queensland and Tasmania, which caters for the therapeutic use of animals (Dogs) in health facilities in NSW. Volunteers, trained with their own dogs, make up over 200 Pet Partners teams, who visit children's and adult hospitals, children with special needs, aged care facilities, rehabilitation units, mental health facilities and community group homes across Sydney, the Hunter, New England, the Mid-North Coast, the Central Coast and the Central West regions.

More information is available at www.deltasocietyaustralia.com.au.

Velma's Pets as Therapy Program

Velma's Pets provides trained, accredited volunteers and their pets to visit people in nursing homes, retirement villages, aged care or health care facilities with the prime purpose of bringing fun, joy and physical, social and mental stimulation. Trainers are available in Sydney, Central Coast, Newcastle, Dubbo, Wollongong and the Southern Highlands. More information is available at www.velmaspetsastherapy.com.au.

NSW Health Policies

- NSW Health Complaint Management Policy (PD2006_073)
- NSW Health Employment Screening (PD2008_029)
- NSW Health Hand Hygiene (PD2010_058)
- NSW Health Incident Management (PD2007_061)
- Reportable Incident Definition under section 20L of the Health Administration Act (PD2005_634)
- NSW Health Infection Control (PD2007_036)
- NSW Health Infection Control Policy - Animals as Patients in Health Organisations (PD2009_030)
- NSW Health Public Liability Insurance – Health Related Organisations (PD2005_520)
- NSW Health Volunteers – Framework for Engaging, Supporting and Managing Volunteers (PD2011_033)

Relevant Legislation

- *Aged Care Act 1997*
- *Companion Animals Act 1998*
- *Companion Animals Regulation 2008*
- *Work Health and Safety Act 2011*

Sample Facility Record for Animal Visitation

ANIMALS AND OWNER/HANDLERS			
Date of Visit:		Animal Agency:	
Animal type		Animal's name:	
Owner/Handlers Name		Contact Details:	
Animal Health Certification		Yes	

VISITATION PROTOCOL			
	YES	NO	COMMENT
Health Service staff responsible for an Animal Visitation are to assess the following to determine whether the Visitation is to proceed.			
Have infection control and hand hygiene protocols been met			
Has the animal been washed in the last 24 hours prior to visit			
Has the animal/s health status been verified and approved for visits			
Is the animal supporting a patient during a clinical procedure			
Has the patient/s and clinician consented to the animal visit			
Are there any patients in isolation or who can't be seen?			
Have any patients been admitted due to an animal (e.g. dog) bite?			
Are any patients fearful of animals (e.g. dogs)?			
Are any patients allergic to animal fur or hair?			
Decision to postpone/cancel Visitation.			

Visiting volunteers for all animal visitations are to be reminded:

- Use of anti-bacterial hand rub and hand hygiene practices before and after animal visits
- If a procedure is taking place, or a doctor is with a patient please return later
- If the patient wishes to have the dog sit on the bed, please place a fresh towel on the bed
- Check with ward staff about where to obtain and dispose of towels used by animals
- Please be respectful of an individual's wishes where patients do not want a visit and where some cultures and religions believe dogs to be unclear or may find them offensive
- Volunteers and handlers are to stay with the visiting animal at all times
- Report any incidents (e.g. accidents, bites, scratches) immediately to health staff and register the incident on the Incident Information Management System (IIMS). The definition of a reportable incident is published in the NSW Health Policy Directive PD 2005_634, Reportable Incident according to Section 20L of the Health Administration Act

Officer Authorising Visitation

Name: Date:

Position:

Sample Checklist for Animal Visitation Programs

The following list of issues and elements has been developed for health facility personnel to follow when considering and setting up an animal visitation program:

- Identify a program coordinator as a central point of program management and coordination
- Consult different areas within the hospital: clinical, nursing, allied health, psychologists, infection control – and any others that may have an interest in the program
- Use consultation processes to plan which clinical areas and patient groups can be involved in the program and which clinical areas and patients groups would be inappropriate
- Read and communicate information about the relevant policies and legalisation to ensure full compliance
- Develop internal management protocols to engage suitable animal agencies interested in working with patients in health services (e.g. promotion, selection, volunteer and animal screening, implementation)
- Apply appropriate processes to facilitate service delivery e.g. determine fees and range of service options for patients
- Have appropriate selection processes that ensure agencies select standards to meet the needs the patients and health services' requirements
- Develop a written agreement to confirm agreed responsibilities and operational aspects of the program to include risk management protocols to cover OHS and infection control, volunteer training and screening, volunteers visits (frequency and duration)
- Undertake employment screening for volunteers who will be bringing animals into the hospital
- Inform visiting volunteers about local ward protocols for infection control and hygiene
- Publicise and communicate the program's implementation and operation to health personnel, visitors and patients



References and further information

- Brodie SJ, Biley FC., An exploration of the potential benefits of pet-facilitated therapy. *Journal of Clinical Nursing*; 1999 Jul; 8(4):329-37. (University Hospital of Wales, Cardiff, UK)
- Cole KM, Gawlinski A. Animal-assisted therapy: the human-animal bond. *AACN Clinical Issues*. 2000 Feb; 11(1):139-49. (People-Animal Connection Program, University of California Los Angeles Medical Centre, USA.)
- DiSalvo Heidi, MPH, California Copyright © 2005 - Who let the dogs out? Infection Control did; Utility of dogs in health care settings and infection control aspects, The Association for Professionals in Infection Control and Epidemiology, Inc.
- Fine, Aubrey H. (2006): Handbook on animal-assisted therapy: theoretical foundations and Guidelines for practice. Amsterdam: Elsevier/Academic Press. pp264 (hard copy not available online)
- Headey, B., Grabka, M. M. Pets and Human Health in Germany and Australia: National Longitudinal Results Social Indicators Research, 80(2) 2007 Jan:297-311- www.deltasociety.org/Document
- Johnson, K.A, Human-Animal Interactions and the Development of Empathy and Social Skills in Childhood, Marquette University
- Kruger, KA & Serpell, JA, Handbook on Animal-Therapy: Theoretical Guidelines and Foundations for Practice, P 21
- Martine, F & Farnum, J., Animal Assisted Therapy for Children with Pervasive Developmental Disorders (PDD), *Western Journal of Nursing Research* 2002,(24), 6, 657-670
- O’Haire, M., Centre for Companion Animal Health, School of Veterinary Science, University of Queensland, presentation to 2009 RSPCA Australia Scientific Seminar: ‘The benefits of companion animals for human mental and physical health’, p3
- Stanley-Hermanns M, Miller J. Animal-assisted therapy. *American Journal of Nursing*. 2002 Oct; 102(10):69-76.
- Velde, BP, Cipriani, J and Fisher G. Research Article Resident and therapist views of animal-assisted therapy: Implications for occupational therapy practice *Australian Occupational Therapy Journal* (2005) 52, 43–50 doi: 10.1111/j.1440-1630.2004.00442.x
- Virues-Ortega, J., & Buela-Casals, G. (2006), Psychophysiological effects of human-animal interaction: Theoretical issues and long-term interaction effects, *Journal of Nervous and Mental Disease*, 194 (1), 52–57
- Walsh, F, Human-Animal Bonds I: The Relational Significance of Companion Animals, *Family Process*, Vol. 48, No. 4, 2009 r FPI, Inc. Page 466 Health and Mental Health Benefits Of Companion Animals
- Wells, D.L, The Effects of Animals on Human Health and Well-Being Article first published online: 23 JUL 2009
- Wood, L (Ed.) Living Well Together: How companion animals can strengthen social fabric 2009 Petcare Information & Advisory Service Pty Ltd and the Centre for the Built Environment and Health (School of Population Health), The University of Western Australia

Other References:

- The Australian Directory of Human Animal Interaction Programs - www.humananimalinteraction.org.au/Homepage
- American Humane Association (2010) Animal-assisted therapy
- Welcome to anthrozoology.org: <http://www.anthrozoology.org>
- Delta Pets Society. www.deltapets.org.au

