



## 6. Hygiene

- General regulations:
  - All of those present must wash their hands with soap and water (or with disinfecting alcohol) before and after each dog visit or contact with the dog (Wong et al., 1999; Lefebvre et al., 2008; Ng et al., 2014).
  - Systematically clean the equipment used during the sessions with disinfectants (Kohler, 2011), depending on the vulnerability of the patient.
  - If the dog contaminates the room with urine, faeces, vomit or blood, it must be cleaned immediately with paper towels and put into a plastic bag and thrown in the bin. The contaminated area is then cleaned with a disinfectant. Disposable gloves are recommended (Wong et al., 1999; Duncan et al., 2000; Khan & Farrag, 2000; Lefebvre et al., 2008).
  - A towel can be placed on the bed sheets if the patient has any wounds on his/her body (Khan & Farrag, 2000). Depending on the type of wound or where it is located, it is advisable not to allow the dog on the bed (Ng et al., 2015).
  - If necessary, provide a towel or apron when the dog jumps onto the patient's lap to protect the patient's legs against, for example, sharp nails (Ophorst et al., 2014).
  - Change clothes after each visit if necessary. This depends on the amount of contact and patient vulnerability (Ophorst et al., 2014).
  
- Patients:
  - Screen in advance to find out if there are patients or care personnel with a fear of or allergy to dogs (Lefebvre et al., 2008).
  - Contact with animals should be kept to a minimum for patients with contagious diseases, open wounds, catheters or IVs (Ng et al., 2014; Lefebvre et al., 2008).
  - For patients who are in intensive care or quarantine, dog visits must be limited. (Lefebvre et al., 2008).
  - Ensure that all patients with a potential immune deficiency have been given permission from their attending doctor to come into contact with the dog (Lefebvre et al., 2008).
  - Patients may not interact with the dog when they are drinking or eating (Lefebvre et al., 2008).
  - It is best for patients not to have any oral contact with the dog to limit the risk of contamination via saliva (Wong et al., 1999; Ng et al., 2014; Lefebvre et al., 2008).
  
- Dogs:
  - Dogs used in AAI should not be given any raw meat (especially dogs visiting hospitals) (Wong et al., 1999; Lefebvre et al., 2008).



## Zorgbeest

- The dog's fur is clean and free of fleas or ticks (Lefebvre et al., 2008).
- In some parts of the facility you may want to consider wiping the dog's paws before entering these parts, e.g. when visiting intensive care. (Ng et al., 2014).
- If the dog urinates or defecates in an undesired place, appropriate measures must be taken to prevent this from occurring in the future (Lefebvre et al., 2008):
  - If the behaviour is the result of (possibly exaggerated) submissiveness or fear, the visits must be postponed until the handler has been able to determine the cause, address the problem and re-evaluate whether the dog is suitable to participate again (Lefebvre et al., 2008).
  - In other situations, making the handler aware of the dog's needs to relieve himself or herself can be sufficient. (Lefebvre et al., 2008).
  - In the case of repeated incidents, it is recommended that the dog be permanently removed from participation (Lefebvre et al., 2008).
- Handler:
  - The dog handler always has a plastic bag ("poop bag") in case the dog defecates (Delta Society Evaluation Procedure).
  - The handler advises the patients and the care personnel not to take hold of the dog's paw ("shake") (Lefebvre et al., 2008). The dog's paws can after all easily transfer dirt.
  - Allow the dog to approach patients on the side where there are no invasive medical devices such as catheters or IVs. (Lefebvre et al., 2008).
  - Prevent the dog from licking or knocking over medical equipment (Lefebvre et al., 2008).
- Areas:
  - Do not let the dog go in rooms that patients share with other patients who are allergic to or afraid of dogs (Lefebvre et al., 2008).
  - Make clear agreements regarding where the dogs are allowed and where not.
  - Prohibit dogs in the following areas:
    - kitchen;
    - medication preparation and storage rooms;
    - operating theatre;
    - neonatology ward;
    - dialysis units (except under special circumstances and with permission from the attending doctor) (Lefebvre et al., 2008);
    - burn wards (except under special circumstances and with permission from the attending doctor) (Lefebvre et al., 2008).
  - It is important to choose a room for the visits that can be cleaned thoroughly and relatively easily (Ophorst, 2014).