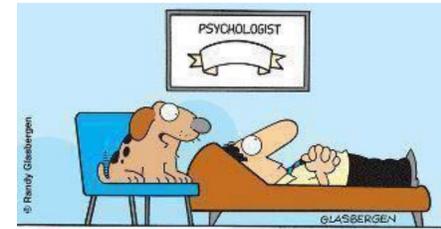


# Guidelines for dog visits in hospital settings focusing on dog welfare.

Sannen Adinda<sup>1</sup>, de Cartier Aymeline<sup>1</sup> and Vervaecke Hilde<sup>1</sup>

<sup>1</sup> Odisee University College, Agro- and Biotechnology, Ethology and Animal Welfare, Belgium



"My therapy is quite simple: I wag my tail and lick your face until you feel good about yourself again."

## Introduction



The bond between humans and companion animals seems to induce psychological as well as physiological benefits in pet owners. Inspired by these findings, therapists started using specifically trained animals, mostly dogs, to communicate via the animal during psychotherapy or to encourage patients for exercises during physiotherapy. Also in retiring homes, interactions with animals during animal visits or dogs visiting their owner, are increasingly popular.



Although the application of animal assisted interventions (AAI) surpasses the scientific confirmation of clinical effectiveness, there is an overwhelming amount of anecdotal evidence demonstrating that positive interactions with animals enhance the general wellbeing in humans. Therefore, AAI is gaining attention from hospitals as well. However, explicit hygienic protocols in hospitals on one hand and a lack of knowledge on animal welfare on the other hand, highlight the need for specific advice. The goal of this study is to develop a set of guidelines that will assist hospitals in the implementation of animals interacting with patients. These guidelines focus on the welfare of the animals involved.

## Methods

Three types of information sources are combined to develop a series of publically available practical guidelines:

- (1) an extensive literature review on dog welfare in AAI-settings and novel environments;
- (2) advisory groups of experts;
- (3) in-depth interviews with care settings that already apply AAI.

One of these guidelines is presented in this poster.



guidelines



## Guidelines for AAI-dogs visiting a hospital setting

### Before visiting sessions can start

The hospital:

- ✓ develops a plan to monitor the impact of the sessions on the dogs (e.g. Fine et al., 2013);
- ✓ considers an insurance policy covering the cost of injury or illness to the patients, staff and animals (Khan & Farrag, 2000).

The patient:

- ✓ asks a written confirmation from his physician that allows him to participate in AAI, taking into consideration the patient's physical and mental ability to use the dog appropriately (Disalvo et al., 2006);
- ✓ should have no infectious disease, open wounds, or exposed medical equipment (catheters, ostomy tubes) (Ng et al., 2015).

The handler (every dog has a human handler accompanying it):

- ✓ and his dog form a team that is selected, trained and followed by an accredited organisation (Ng et al., 2015);
- ✓ should have correctly socialised the dog and the used training method should be based on positive reinforcement (Ng et al., 2015);
- ✓ evaluates the animal's health prior to each visit (Khan & Farrag, 2000). When ill, the dog is restricted from engaging in AAI for at least 1 week beyond the resolution of clinical signs of illness such as vomiting, diarrhea, coughing, sneezing, or skin lesions (Lefebvre et al., 2008);
- ✓ keeps records of animal's health (Khan & Farrag, 2000).

The dog:

- ✓ is about 2 to 8 years (Lefebvre et al., 2008);
- ✓ his coat is clean, nails are regularly trimmed (Lefebvre et al., 2008); passes a biannual physical examination by a licensed veterinarian (Ng et al., 2015);
- ✓ receives core vaccinations in accordance with local regulations and prevalence of infectious disease (Ng et al., 2015);
- ✓ receives regularly ectoparasite prevention (Ng et al., 2015);
- ✓ has a negative fecal examination (including tests for Giardia, Coccidia, roundworm, tapeworm, whipworm, Salmonellae, Campylobacter) performed at least annually (Ng et al., 2015);
- ✓ passes a behavioral evaluation by a certified evaluator (Deltasociety, 2012; Lefebvre et al., 2008). Re-evaluations should ideally be done every 2-3 years or if any adverse behaviors are observed (Lefebvre et al., 2008).



### Just prior and during sessions:

The hospital provides a safe and dog-friendly session area. This includes:

- ✓ moderate illumination (Herron & Schreyer, 2014) and temperature;
- ✓ no loud noises (Herron & Schreyer, 2014);
- ✓ no slippery floors (Herron & Schreyer, 2014);
- ✓ a minimal use of detergents with strong odours or alcohol prior to the session (Herron & Schreyer, 2014);
- ✓ classical music, soothing feromones (Herron & Schreyer, 2014) or odours from e.g. lavender or camomille can help to establish a relaxed environment for the dog (Wells, 2006; Haverbeke et al., 2016).

The patient:

- ✓ should wash its hands with soap and water before and after each visit;
- ✓ A sheet should be placed over bed linen as a barrier for patients with wounds (Khan & Farrag, 2000), but it is recommended not to allow dogs on beds (Ng et al., 2015).

The handler is responsible for the dog's welfare. This includes he/she:

- ✓ makes sure the dog is not forced to visit if it's reluctant to perform or does not appear to enjoy sessions (Delta Society, 2012);
- ✓ provides the opportunity for the dog to urinate and defecate immediately before the start of the AAI (Disalvo et al., 2006);
- ✓ allows the dog to await the session in a calm environment like a familiar car;
- ✓ goes directly with the dog to the session area. Afterwards, they exit directly the areas in which patients are housed or circulate (Disalvo et al., 2006);
- ✓ allows the dog time to explore the environment and feel at ease (Ophorst et al., 2014);
- ✓ lets the dog take breaks during the session when needed (Disalvo et al., 2006);
- ✓ provides the dog with access to water during the session and a safe environment (IAHAIO, 2014);
- ✓ ends the session prior to the dogs exhibit signs of stress (Butler, 2004), corresponding generally to a period of 30-45 minutes (IAHAIO, 2014);
- ✓ protects the dog against any stressful situation, e.g. inappropriate handling from patients (IAHAIO, 2014).

The dog:

- ✓ carries identification, service pack, or other clearly visible sign that identifies it as a therapy animal (Disalvo et al., 2006);
- ✓ should not have oral contact with the patient (Ng et al., 2015).