Hospice, Inc. Policy & Procedure

Title: Animal Assisted Therapy/ Pet Visitation Program	Policy Number: CS - 104 - PC
Origination Date: January 2006 Review Date: Revision Date:	Responsible Parties: Human Resources; Clinical; Volunteer Department
Approval:	

POLICY STATEMENT: Hospice Inc. is committed to providing personalized care that recognizes the benefits of integrating traditional medicine with complementary medicine as a supportive service.

RATIONAL: Therapy dogs can provide emotional support for patients in end of life care and thereby contribute toward a better quality of life.

DEFINITIONS: A therapy dog, is a dog who has been certified to be medically fit and has been trained and certified by an appropriate accrediting agency. (i.e., Therapy Dogs International; Good Dog Foundation, etc.)

PROCEDURE:

PATIENT SELECTION REQUIREMENTS:

- 1. The patients primary case manager, or other members of the clinical team identifies patients who could benefit from pet therapy. The patient may then be reviewed at the next IDT meeting for therapeutic appropriateness.
- 2. When the patient is deemed appropriate for Pet Therapy, the designated member of the clinical team asks both the patient and primary care giver if they would like a visit from the therapy dog and the volunteer dog handler.
- 3. The clinical team member submits a request for an animal assisted therapy visit to the Volunteer Department. The clinical team member must obtain a signed consent prior to the visit, which will be filed in the patient record.
- 4. The volunteer will then be contacted by a representative of the Volunteer Department. The volunteer will coordinate the visit with the patient.
- 5. Any patients with open wounds on exposed areas, must have wounds covered by a dressing when a dog visits.
- 6. Patients not eligible for pet visitation include: those patients with allergies to dogs, isolation patients and fearful patients.

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REQUIREMENTS FOR DOGS:

- 1. Only dogs, which are certified to be medically fit and are trained and certified by an appropriate accrediting agency, (ie., Therapy Dogs International, etc...) shall be allowed to visit selected patients.
- 2. Dogs must be a minimum of one-year old to visit. Non-spayed dogs are not allowed to visit when in heat.
- 3. Dogs must be certified by their own veterinarian to being in good health, including good dental health. There should be no evidence of fleas, mites, ticks, diarrhea, vomiting, occulo-nasal discharge, skin lesions, dermatitis or ringworm. If a dog requires treatment for an illness by it's veterinarian inbetween visits, a note must be obtained from the veterinarian stating the dog is healthy and cleared to resume therapy visits. Any dog that has had sarcoptic mange within the last six months must have one documented negative scraping.
- 4. All dog vaccinations, including Rabies, Distemper, Hepatits (Adenovirus), Parvovirus must be current. (Leptosrirosis and Parainfluenza at the discretion of the Veterinarian). Proof of vaccination must be submitted on an annual basis. A ten day period must have elapsed between the most recent vaccination and pet visit. Documentation will be filed in the Human Resource Department.
- 5. Prior to the start of each therapy visit, the dog handler will check the dog for signs and symptoms of health problems. The volunteer dog handler will document the dogs health status on the volunteer visit report. * If health problems are suspected, the volunteer must call to inform the volunteer department; Dogs shall be prohibited from visiting until cleared by the dog's veterinarian.
- 6. The dog handler must notify the Director of Volunteer Services of any communicable diseases or illness diagnosed in the dog. The Volunteer Department notifies the Vice President of Patient Services of any infections diagnosed in the dog for the purpose of infection control tracking.
- 7. The dog must be bathed and well groomed.
- 8. Dog's shall be walked by their owners/ handlers for the purpose of emptying their systems prior to entry into the patients home and or any Hospice Inc. office sites. The owner is responsible for disposing of the animal waste.

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- 9. The dog's fur and paws must be wiped by the handler prior to entering the patients home or any Hospice Inc. office, if soiled or muddy.
- 10. All dogs are required to wear a Hospice, Inc. badge to indicate participation within the pet therapy program @ Hospice Inc.
- 11. The owners/handlers shall be responsible for the provision of pet supplies and treats.

VOLUNTEER HANDLER REQUIREMENTS

- 1. All handlers are required to attend the volunteer training and be registered volunteers at Hospice, Inc. Volunteer dog handlers are required to submit appropriate documentation and are required to use the appropriate visit code on their time sheet. Volunteer handlers are required to wear their Hospice, Inc. identification badge and comply with the dress code.
- 2. The volunteer handler and dog must have successfully completed an evaluation and training course that meets the requirements of an appropriate accrediting agency. Documentation of successful completion must be provided to the Director of Volunteer Services and filed in their record..
- 3. All costs for pet health care, including the initial exam, will be the sole responsibility of the owner/pet handler.
- 4. The dog shall be under the direct and continuous supervision and control of the volunteer handler at all times.
- 5. The consent form shall be filed in the patients medical record.

ATTACHMENTS

1. Patient/Family Consent to Participate in Animal Assisted Therapy visits.

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Patient Consent to Participate in Animal-Assisted Therapy Visits

I.		, request that Hospice, Inc.
	ted Therapy Program. I h	ave no known allergy to dog hair or other
Risks:		
from a dog to a human except in	n neonatal units, I underst	any reports of infection transmission tand that there may be a slight risk that All dogs participating in this program
Benefits:		
The therapeutic value of the hu from a dog, will have a positive		n well established. It is hoped that visits perience.
Patient Signature	Date	Witness
Print name:		
PCP/ Relative or Guardian Sign	nature:*	
* The signature of the patient musage of 18, or is otherwise incapac	st be obtained unless the pat	ient is an un-emancipated minor under the
Relationship, if signed by perso	n other than patient:	
Reason patient was unable to si	gn:	
If required, Interpreter Signatu	ıre:	
Print Nam		

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENTS MEDICAL RECORD