

## **Guidance For:**

Animal Assisted Intervention (AAI)  
in a critical care setting



# Endorsing organisations



## Guidance For: Animal Assisted Intervention (AAI) in a critical care setting

Introduction	3
Standards	5
Recommendations	7
Background	8
References	10
Research in progress to inform practice	11
Appendices	12

Published date: October 2020

Review date: October 2023

### Authors

Sarah Anderson - Pets as Therapy volunteer in Adult Critical Care, Leeds Teaching Hospital NHS Trust

James Evans - Matron, Adult Critical Care, Leeds Teaching Hospital NHS Trust

Emma Jackson - Trainee, Intensive Care Medicine

Simon Riley-Fuller - Deputy Chief Nurse, Harrogate & District NHS Foundation Trust

Kate Tantam - Specialist Senior Sister, Intensive Care Rehabilitation Team, Plymouth Hospitals NHS Trust

Lyndsey Uglow - Animal Assisted Intervention lead, University Hospital Southampton NHS Foundation Trust

With thanks to the collective Animal Assisted Therapy Group for Intensive Care for all their input in the standards and guidelines.

## Introduction

This guideline aims to minimise the restriction of access to Animal Assisted Interventions (AAI). It also aims to inform staff, visitors and other patients on the requirements of AAI, and reduce the potential for distress to the therapy dog and its handler.

Florence Nightingale in the 1800s stated that a small animal is often an excellent companion for the sick. Animals have been visiting hospitals since the early 20th century to support patients and relatives whilst they are in hospital. Awareness regarding the benefits of the human-animal bond is increasing due to its implication on the positive health of the human. The number of healthcare settings where AAI are being used is increasing and research has shown that therapy animal visits to hospitals have a positive impact on the patients physically and psychologically.

Evidence suggests patients discharged from a critical care setting have higher levels of depression, anxiety and Post-traumatic Stress Disorder (PTSD).<sup>(1)</sup> Hosey et al (2018) describe pet therapy as a method of non-pharmacologic intervention which creates a more humanised environment for patients and families. They found that AAI reduced the symptoms of depression and anxiety and promoted patient engagement in rehabilitation sessions. It also eased physiological symptoms.<sup>(2)</sup>

The increasing use of social media platforms has allowed the positive experiences of AAI for patients and relatives to be shared widely. This has facilitated the introduction of AAI into critical care, with increasingly positive benefits. The Care Quality Commission (CQC) has in recent years observed, as part of their inspections, the positive impact that AAI can have on critically ill patients and their relatives and also the boost in morale it provides to staff. Additionally, both reports on Leeds Teaching Hospitals NHS Trust (2019) and Sheffield Teaching Hospitals NHS Foundation Trust (2018) had critical care services rated as 'Outstanding' and refer specifically to the AAI therapies in place.

# Standards

## 1. Therapy pet handler responsibilities

- The handler must be registered with the host NHS Trust volunteering team and have had appropriate security checks.
- The handler must provide assurance that the therapy animal will be supervised at all times.
- The handler and therapy animal must have been assessed and indemnified by an appropriate AAI organisation. The therapy animal must not be fed on raw animal protein.<sup>(3)</sup> The therapy animal must be washed and well-groomed prior to any visit.<sup>(4)</sup>
- The therapy animal must be up to date with all relevant vaccinations including distemper, parvovirus and hepatitis and certificates held and recorded. An annual vaccine for Leptospirosis is also required. The therapy animal must be wormed, have oral flea protection, tick protection and Kennel cough vaccination.<sup>(5)</sup> The therapy animal must not visit if they have any wounds.<sup>(6)</sup>
- If the handler or therapy animal falls ill they must not visit. Usually requiring 48 hours free of symptoms before visiting can resume.
- It is the handler's responsibility to ensure the therapy animal's toileting and feeding requirements are met.
- If the therapy animal fouls inside the hospital building, this must be reported to a member of staff so cleaning arrangements can be made to clean and sanitize the area using a cleaning solution containing at least 1000ppm chlorine or equivalent e.g. Clinell wipes. Animal faeces must be disposed of in accordance with the hospital's policy for assistance dogs.

## 2. Critical Care staff responsibilities

- Units that allow therapy animal visits must display information for patients and relatives – see appendix 2 for example.
- Units must provide induction to the unit for both the handler and the therapy animal to ensure suitability for visitation to Critical Care.
- Prior to the visit, patients must have all invasive lines checked and dressed.
- Prior to the visit, clinical staff must check that patients, relatives and staff have no allergies/phobia to the therapy animal.
- Members of staff are not responsible for the general care of the therapy animal.
- Clinical staff must check that there are no notifiable diseases or infection control issues with the patient, the patient has no open wounds on their hands, and that there is no food in the bed space.
- During the visit, the therapy animal must not be allowed to lick anyone.<sup>(7)</sup>
- The handler and anyone who has contact with the therapy animal must decontaminate their hands with soap and water, sanitiser or alcohol rub in line with the trust's local hand hygiene policy.<sup>(4)</sup>
- In all cases clinical staff must ensure that any publicity broadcast in relation to AAI (including handlers, staff and patients) have their explicit permission first, this will be based on the trusts own local policy and procedures.
- The patient must have their hands decontaminated before and after interaction.

### 3. Documentation

- A record of which patients the therapy animal has visited must be kept securely and confidentially.
- This as a minimum must include the name and hospital number of the patient and the date and time of the visit, documented in the patient's notes. It must also document the name of the therapy animal and handler. This is to help identify risks to the therapy animal (i.e. a patient is found to have been infectious subsequent to the visit) or as part of an outbreak investigation. The visit must also be recorded on local patient records.
- AAI should be goal-directed with outcomes documented and evaluated as part of an individualised plan of care (RCN 2019).

### 4. Infection Control

- The policy for the use of AAI and bringing a therapy animal into a critical care unit must initially be discussed and agreed with the infection prevention and control team, this will include plans for further visits and the review process
- Patients who are isolated due to either infection or are immunocompromised must not be visited by the therapy animal.<sup>(8)</sup>
- Throughout the visit, hand hygiene must be maintained as per local trust policy.<sup>(4)</sup>
- Once the visit with the therapy animal has concluded, all areas where the therapy animal has been should be cleaned daily with detergent as well as appropriate hand hygiene. If the animal comes into contact with any equipment this must also be appropriately decontaminated.
- Food must not be in the bed area during the visit.<sup>(4)</sup>
- If the patient has a positive culture which could be transmitted to the therapy animal or handler this must be communicated directly, whilst maintaining patient confidentiality so that the handler can wash the animal and take measures to protect their own health. The same therapy animal should then not visit them for seven days.
- If a patient is thought to have contracted an infection from the therapy animal this must be managed as per the guidelines from HM Government 'Guidelines for the Investigation of Zoonotic diseases (Non-foodborne) in England and Wales.
- If the handler or therapy animal is unwell with diarrhoea and/or vomiting in the last 48 hours, they should not visit. This also applies to respiratory symptoms such as cough or cold.<sup>(22)</sup>

## Recommendations

### 1. Therapy Animal Handler responsibilities

- The handler should be responsible for ensuring the ethical treatment of the animal at all times, be able to remove the therapy animal from any stressful/risky situation and be able to read the therapy animal's body language to understand when the therapy animal is comfortable.<sup>(9)</sup>
- The time a therapy animal is working should be limited to one hour, with a max of three hours working a day as per the Royal College of Nursing 'Working with Dogs in Health Care settings'. Therapy animal handlers should ensure that the time spent visiting critical care does not exceed the period that the AAI organisation's indemnity will cover. It is the handler's responsibility to recognise and respond to the animal's needs and hydration requirements.<sup>(9)(22)</sup>
- Following administration of live vaccines to the therapy animal, they should not visit clinical areas for one week. Following administration of topical parasite prevention treatment, the therapy animal should not visit for 48 hours after application.
- During the visit, the therapy animal should always be on a lead and under control. The therapy animal should wear an AAI organisation ID tag (NHS ID tag is optional) and an item that recognises the therapy animal as a therapy pet (e.g printed lead). The only form of clothing the therapy animal should wear is that which denotes it as a therapy animal.
- The handler should wear ID compliant with the local trust policy and their AAI organisation ID.
- The handler should avoid the therapy animal having their paws on the bed. If this is unavoidable then paws should be on a single-use protective barrier which can be removed and disposed of.<sup>(4)</sup>

### 2. Critical Care responsibilities

- Critical care staff should obtain verbal consent from either the patient or the family for the visit from the therapy animal.
- Therapy animals should only visit patients with surgical wounds if the patient's wounds are covered.
- If the therapy animal has their paws on any part of the patients bedding, a single-use protective barrier should be placed under their paws and discarded after the visit.<sup>(4)</sup>
- The visit should be pre-arranged between the handler and the venue so risk assessments and appropriate arrangements can be made to ensure the wellbeing of all concerned.
- The therapy animal and their handler should not be left unsupervised with a patient.
- There should be appropriate support available for the psychological wellbeing of the therapy animal handler.
- Units should do their own checks on therapy animals and their handlers over and above relying on the AAI organisation's assessments. This may involve providing a simulation exercise to ensure handler and therapy animal suitability.

### 3. Other animals

- The guidelines cannot recommend the use of other animals such as cats, lizards, rabbits, farm animals in critical care due to the high risk of cross infection and the lack of reliability in training to provide safe interactions with patients.<sup>(6) (8)</sup>
- The use of the patient's own pet should only be used in special circumstances at the trust discretion for example – end of life care.<sup>(22)</sup> (RCN checklist appendix 1)

## Background

Patients who survive their critical care admission (75% approximately) are left with a collection of symptoms known as Post Intensive Care Syndrome (PICS)<sup>(10)</sup>. PICS is not a diagnosis but the beginning of a common language<sup>(11)</sup> describing 3 domains of impairment (physical impairment, cognitive impairment and psychological health problems) seen after critical illness.

Globally as medical care advances, mortality rates in ICU areas are reducing. This is leaving a growing population with a new burden of chronic ill health (NICE, 2009). Over 50% of ICU survivors report impairment in two domains of PICS and a third in three.<sup>(12)</sup> The use of AAI has steadily been increasing in use across the UK. There has been research to suggest it is highly beneficial to patients.<sup>(2)</sup> Hosey et al (2018) found in their research that animals assisting in rehabilitation decreases the symptoms of depression and anxiety and eases physiological symptoms.<sup>(2)</sup> It is also noted that a number of studies have seen the effectiveness of using AAI to support symptoms of depression, anxiety and loneliness.<sup>(13) (14)</sup> AAI has been found to increase trauma patient satisfaction and may contribute to enabling patients to meet their goals faster. For example, being able to stand longer whilst petting the dog.<sup>(15)</sup> When AAI has been used in critical care it has been shown to increase distance walked, motivation and mood.<sup>(16) (17)</sup>

Gocheva, Hund-Georgiadis and Hediger (2018) investigated the effect of AAI on concentration and attention span in patients with acquired brain injuries. They worked with a number of rehabilitation clinics that offer AAI to help address cognitive impairments that patients may suffer from after an acquired brain injury. They found that patient attention span wasn't affected by whether an animal was present or not, but that patients were more distracted when an animal was present. However, they found that patients rated themselves as more alert during AAI sessions and the therapists running the sessions reported that the patients felt able to concentrate more with an animal.<sup>(18)</sup> This could be applied to ICU as it has been found that 40% of survivors experience cognitive impairment, and of that 40%, 30% experience them in a severity similar to Alzheimer's and traumatic brain injuries.<sup>(11)</sup>

Coakley and Mahoney evaluated the efficacy of AAI to improve stress levels in patients. It was found that patients reported improved levels of pain, mood and energy after a pet visit. They measured the vital signs of patients and although they didn't change, the interviews they conducted with patients indicated that the patients felt more engaged, relaxed and happier.<sup>(19)</sup>

There is plenty of evidence highlighting the positives of AAI, however, one of the biggest concerns around allowing animals into a hospital is safe infection control. Gutzeit, Steffen, Gutzeit et al in 2018 compared the bacterial contamination in an MRI scanner that was shared by dogs and humans with an MRI scanner used exclusively by humans. They found that bearded men harbour more bacteria than dogs and that the MRI scanner that was used by both humans and dogs was cleaned more regularly and therefore found a lower bacterial content on it, compared to the MRI scanner used exclusively for patients.<sup>(20)</sup>

Uglov (2019) conducted a study that looked at the benefits of AAI to patients and staff in a children's hospital. Those visits involved walking around the unit providing casual animal assisted activity. The interventions they used ranged from 'meet and greets', to assisting nursing care, physiotherapy and occupational therapy. They also used AAI to provide distractions during procedures such as blood taking and other testing, such as radiology for example.<sup>(21)</sup>

AAI is not just beneficial for the patients, several small projects have shown that it is beneficial to staff and family members as well; staff feel that it is beneficial to patients and a positive experience, it allows them to communicate more effectively with their patients and is good for their own mental well being. It also has a positive impact on staff morale. An indirect way to improve patient care is to



improve the mood of staff.<sup>(23)</sup> The benefits that dogs bring into an environment are not limited to the people receiving care; they also extend to the people providing care.

There is an expanding role for AAI by incorporating it into the long term follow up of critical care patients and as part of their rehabilitation for instance; exercise by walking with the therapy animal, throwing a ball for the therapy animal and improving fine motor control by grooming the therapy animal. These measures would move the use of therapy animals to an animal assisted therapy role. This intervention is goal orientated and provides structured therapeutic intervention which is directed and/or delivered by health education or human services professionals (e.g psychologists and social workers).

## References

- (1) Wade D, Hardy RF, Howell DF, Mythen M. Identifying clinical and acute psychological risk factors for PTSD after critical care: a systematic review. *Minerva anestesiologica* JID - 0375272 .
- (2) Hosey MM, Jaskulski J, Wegener ST, Chlan LL, Needham DM. Animal-assisted intervention in the ICU: a tool for humanization. *Critical Care* 2018 02/12;22(1):22.
- (3) Lefebvre SL, Reid-Smith R, Boerlin P, Weese JS. Evaluation of the Risks of Shedding Salmonellae and Other Potential Pathogens by Therapy Dogs Fed Raw Diets in Ontario and Alberta. *Zoonoses and Public Health* 2008 10/01; 2019/11;55(8):470-480.
- (4) Boyle SF, Corrigan VK, Buechner-Maxwell V, Pierce BJ. Evaluation of Risk of Zoonotic Pathogen Transmission in a University-Based Animal Assisted Intervention (AAI) Program. *Frontiers in Veterinary Science* 2019;6:167.
- (5) Strausbaugh LJ, Berkelman RL. Human Illness Associated with Use of Veterinary Vaccines. *cid* 2003;37(3):407-414.
- (6) Murthy R, Bearman G, Brown S, Bryant K, Chinn R, Hewlett A, et al. Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks. *Infection Control & Hospital Epidemiology* 2015;36(5):495-516.
- (7) Lefebvre SL, Reid-Smith R, Waltner-Toews D, Weese JS. Incidence of acquisition of methicillin-resistant *Staphylococcus aureus*, *Clostridium difficile*, and other health-care-associated pathogens by dogs that participate in animal-assisted interventions. *J Am Vet Med Assoc* 2009 06/01; 2019/11;234(11):1404-1417.
- (8) Stull JW, Brophy J, Weese JS. Reducing the risk of pet-associated zoonotic infections. *Can Med Assoc J* 2015 07/14;187(10):736.
- (9) Glenk LM. Current Perspectives on Therapy Dog Welfare in Animal-Assisted Interventions. *Animals : an open access journal from MDPI* 2017 02/01;7(2):7.
- (10) Needham DM, Davidson JF, Cohen H FAU - Hopkins, Ramona,O., FAU HR, Weinert CF, Wunsch HF, et al. Improving long-term outcomes after discharge from intensive care unit: report from a stakeholders' conference. *Critical care medicine* JID - 0355501 .
- (11) Jackson JC, Jutte JE. Rehabilitating a missed opportunity: Integration of rehabilitation psychology into the care of critically ill patients, survivors, and caregivers. *Rehabilitation Psychology* 2016;61(2):115-119.
- (12) Maley JH, Brewster I, Mayoral I, Siruckova R, Adams S, McGraw KA, et al. Resilience in Survivors of Critical Illness in the Context of the Survivors' Experience and Recovery. *Annals of the American Thoracic Society* JID - 101600811 .
- (13) Barker SB, Pandurangi AK, Best AM. Effects of Animal-Assisted Therapy on Patients' Anxiety, Fear, and Depression Before ECT. *J ECT* 2003;19(1).
- (14) Hoffmann AOM, Lee AH, Wertenuer F, Ricken R, Jansen JJ, Gallinat J, et al. Dog-assisted intervention significantly reduces anxiety in hospitalized patients with major depression. *European Journal of Integrative Medicine* 2009 October 2009;1(3):145-148.
- (15) Hosey, M. M., Jaskulski, J. J., Monthery, E. C., Kudchadkar, S. R., Wegener, S. T., and Needham, D. M. Animal-assisted activity in the intensive care unit. *ICU Management and practice* 2017;17:193-195.

- (16) Cole KM, Gawlinski A, Steers N, Kotlerman J. Animal-Assisted Therapy in Patients Hospitalized With Heart Failure. *American Journal of Critical Care* 2007 November 01;16(6):575-585.
- (17) Holleman K, Holland T, West L, Snyder LD. The Positive Outcomes for Patients Receiving Animal Assisted Therapy after Lung Transplantation. *The Journal of Heart and Lung Transplantation* 2017/12;35(4):S342.
- (18) Gocheva V, Hund-Georgiadis M, Hediger K. Effects of animal-assisted therapy on concentration and attention span in patients with acquired brain injury: A randomized controlled trial. *Neuropsychology* 2018;32(1):54-64.
- (19) Coakley AB, Mahoney EK. Creating a therapeutic and healing environment with a pet therapy program. *Complementary therapies in clinical practice* 2009 08;15(3):141-146.
- (20) Gutzeit A, Steffen F, Gutzeit J, Gutzeit J, Kos S, Pfister S, et al. Would it be safe to have a dog in the MRI scanner before your own examination? A multicenter study to establish hygiene facts related to dogs and men. *European radiology* 2018 JID - 9114774 .
- (21) Uglow LS. The benefits of an animal-assisted intervention service to patients and staff at a children's hospital. *Br J Nurs* 2019 04;28(8):509-515.
- (22) Royal College of Nursing (2019) Working with Dogs in Health Care Settings. A protocol to support organisations considering working with dogs in health care settings and allied health environments (Revision) Clinical Professional Resource. RCN:London
- (23) Butler, K (2004) Therapy Dogs Today: Their Gifts, Our Obligation. Funpuddle Publishing Associates

## Research in progress to inform practice

Ongoing work is required to show specific areas of critical care that would benefit from AAI.

- Southampton PICU – currently undertaking feasibility study to look at physiological measures before during and after AAI as well as comfort and anxiety scores.

## Appendix 1 – Template for pet dogs visiting health care settings<sup>(22)</sup>

Source: Royal College of Nursing (2019)

### Own Pet Visit Plan

Patient name:	ID Number (NHS, HOSPITAL):
Date of visit:	Ward:
Reason for visit:	Where the visit will take place:

Approval obtained	Name and signature	Date
Consultant		
Nurse in charge		
Infection control, if necessary		
Patient family agreement	Name and signature	Date
Patient, if relevant and possible		
Person responsible for the animal		

### Checklist

Instructions	Name	Initials
You take full responsibility for your animal		
You will ensure the animal will be bathed and brushed		
You will prevent interaction with anyone other than the person you are visiting		
You will go directly to the place agreed and leave the premises immediately after the visit. A maximum period of time must be agreed with staff as well as the time of arrival and departure		
Your dog/animal will be on a lead and under control or in a pet carrier		
If the animal becomes distressed, disruptive or causes a nuisance you will remove it immediately		
if your pet urinates, defecates or vomits you must let the staff know - you are responsible for cleaning it up. Staff will provide gloves and disinfectant		

## Appendix 2 – Example of Poster informing patients and relatives of the use of AAI

(Units may customise this to insert a photo of their own therapy animal)

### Animal Assisted Intervention

Please note on this Critical Care Unit we use Animal Assisted Interventions on a regular basis as per the National Guidelines.



Please inform a member of staff if this is something that you do not want, or you feel your relative would not want a visit from the therapy animal.





**Intensive Care Society** | Churchill House | 35 Red Lion Square | London | WC1R 4SG  
T: +44 (0)20 7280 4350 E: [info@ics.ac.uk](mailto:info@ics.ac.uk) W: [www.ics.ac.uk](http://www.ics.ac.uk)

Registered as a Company limited by Guarantee  
Registered No: 2940178 (England) Registered Office as above  
Registered as a Charity in England and Wales No: 1039236 and in Scotland No: SC040052

© Intensive Care Society