UNIVERSITY of Prince Edward ISLAND

THE OHIO STATE UNIVERSITY
COLLEGE OF VETERINARY MEDICINE

Building (Enhancing) Evidence-Based Animal-Assisted Therapy Programs in Human Healthcare

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Hosted by Paul Webber
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CONFLICT OF INTEREST DISCLOSURE

Grant/Research Support: Merck Animal Health

Speaker's Bureau: Zoetis, Merck Animal Health, Virox

Consultant: Zoetis, Merck Animal Health, Virox

2

OBJECTIVES

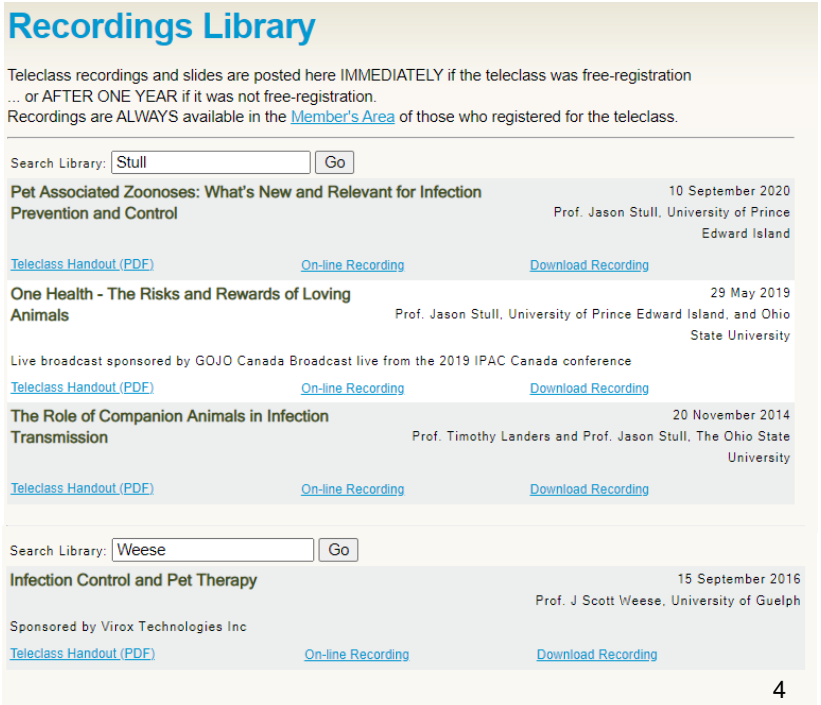
- Describe documented health benefits and risks of animal-assisted therapy (AAT) programs for patients and others involved in human healthcare
- Discuss evidence-based practices and protocols of an AAT program to best maximize health benefits and minimize health risks

3

RESOURCES

Webber Training 20 Years Anniversary
TELECLASS EDUCATION FOR INFECTION PREVENTION AND CONTROL

https://webbertraining.com



Recordings Library

Teleclass recordings and slides are posted here IMMEDIATELY if the teleclass was free-registration
... or AFTER ONE YEAR if it was not free-registration.
Recordings are ALWAYS available in the Member's Area of those who registered for the teleclass.

Search Library: Stull Go

Pet Associated Zoonoses: What's New and Relevant for Infection Prevention and Control — 10 September 2020, Prof. Jason Stull, University of Prince Edward Island
Teleclass Handout (PDF) | On-line Recording | Download Recording

One Health - The Risks and Rewards of Loving Animals — 29 May 2019, Prof. Jason Stull, University of Prince Edward Island, and Ohio State University
Live broadcast sponsored by GOJO Canada Broadcast live from the 2019 IPAC Canada conference
Teleclass Handout (PDF) | On-line Recording | Download Recording

The Role of Companion Animals in Infection Transmission — 20 November 2014, Prof. Timothy Landers and Prof. Jason Stull, The Ohio State University
Teleclass Handout (PDF) | On-line Recording | Download Recording

Search Library: Weese Go

Infection Control and Pet Therapy — 15 September 2016, Prof. J Scott Weese, University of Guelph
Sponsored by Virox Technologies Inc
Teleclass Handout (PDF) | On-line Recording | Download Recording

4

HUMAN-ANIMAL BOND

Often strong bonds pets and people

- ↓ stress, anxiety, loneliness, depression[1]
- ↓ risk cardiovascular disease[2]
- Children: better social skills, self-esteem, empathy[3]
- Catalyst for harm reduction (e.g., tobacco, drug use)[4]

[1] Friedmann 2009 [2] Patronek 1993 [3] Melson 1997 [4] Lem 2013

5

IMMUNOCOMPROMISED

Photo Source: Pixabay

Mental & physical isolation

HIV-infected[1]

- Pet as family member
- Source of support and affection
- Protect against loneliness
- Pet-owners with AIDS less depression than non-pet owners

Cancer patients[2]

- High level of attachment to pets
- Having a pet provided health benefits (67%)

Immunocompromised children[3]

[1] Siegel 1999 [2] Larson 2010 [3] Stull 2014

6

PETS INCORPORATED INTO HUMAN HEALTHCARE


Source: Pixabay

- Builders of social capital[1]
- Harm reduction[1]
- Motivators for healthy behavior change[1]
- Participants in treatment plans[1]
- Perceived benefits (patients/staff)[2]

[1]Hodgson et al., 2015 [2]Stull et al., 2018.

7

PET-ASSOCIATED DISEASE


Source: Pixabay

- 70+ pathogens of pets transmissible to people
- Pets often subclinical shedding
- Emerging & remerging diseases
- Animal and human reservoirs
- Dogs visiting human healthcare facilities[1]
  - *C. difficile* (OR=2.4)
  - MRSA (OR=4.7)

[1] Lefebvre 2009

8

PET-ASSOCIATED DISEASE

70+ pathogens of pets transmissible to people

Pets often subclinical shedding

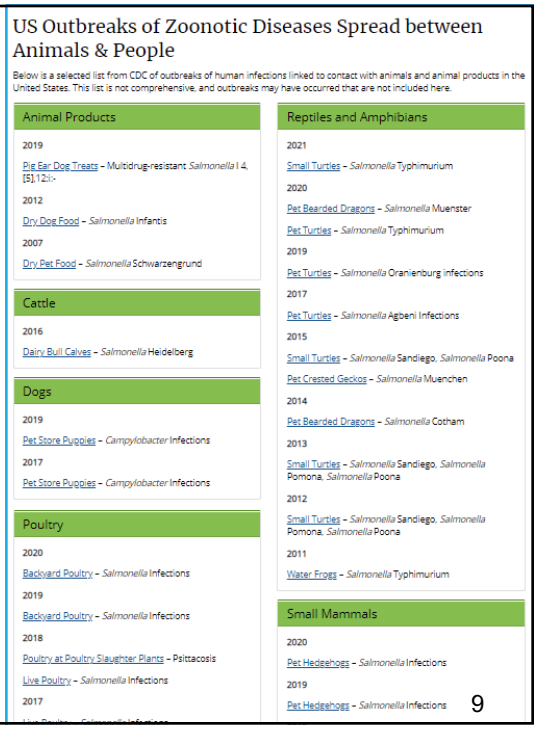
Emerging & remerging diseases

Animal and human reservoirs

Dogs visiting human healthcare facilities[1]

[1] **Lefebvre 2009**

https://www.cdc.gov/healthypets/outbreaks.html



US Outbreaks of Zoonotic Diseases Spread between Animals & People

Below is a selected list from CDC of outbreaks of human infections linked to contact with animals and animal products in the United States. This list is not comprehensive, and outbreaks may have occurred that are not included here.

Animal Products

2019
Pig Ear Dog Treats – Multidrug-resistant *Salmonella* I 4, [5],12:i:-
2012
Dry Dog Food – *Salmonella* Infantis
2007
Dry Pet Food – *Salmonella* Schwarzengrund

Cattle

2016
Dairy Bull Calves – *Salmonella* Heidelberg

Dogs

2019
Pet Store Puppies – *Campylobacter* Infections
2017
Pet Store Puppies – *Campylobacter* Infections

Poultry

2020
Backyard Poultry – *Salmonella* Infections
2019
Backyard Poultry – *Salmonella* Infections
2018
Poultry at Poultry Slaughter Plants – Psittacosis
Live Poultry – *Salmonella* Infections
2017

Reptiles and Amphibians

2021
Small Turtles – *Salmonella* Typhimurium
2020
Pet Bearded Dragons – *Salmonella* Muenster
Pet Turtles – *Salmonella* Typhimurium
2019
Pet Turtles – *Salmonella* Oranienburg infections
2017
Pet Turtles – *Salmonella* Agbeni Infections
2015
Small Turtles – *Salmonella* Sandiego, *Salmonella* Poona
Pet Crested Geckos – *Salmonella* Muenchen
2014
Pet Bearded Dragons – *Salmonella* Cotham
2013
Small Turtles – *Salmonella* Sandiego, *Salmonella* Pomona, *Salmonella* Poona
2012
Small Turtles – *Salmonella* Sandiego, *Salmonella* Pomona, *Salmonella* Poona
2011
Water Frogs – *Salmonella* Typhimurium

Small Mammals

2020
Pet Hedgehogs – *Salmonella* Infections
2019
Pet Hedgehogs – *Salmonella* Infections

9

Box 2: Pathogens of particular concern in pet-associated infections

Pathogen	Key pet sources	Disease in high-risk patients (age < 5 or ≥ 65 yr, immunocompromised or pregnant)	
		Incidence	Severity
Bacterial diseases			
Bartonella species	Cats (*B. clarridgeiae, B. henselae*); rodents, rabbits, and dogs (*B. alsatica, B. vinsonii* species)	Low (likely underdiagnosed)	Low to high
Brucella canis	Dogs	Rare	Moderate
Campylobacter jejuni	Dogs, cats (likely other species)	High	Low
Capnocytophaga canimorsus	Dogs, cats	Rare	High
Chlamydophila psittaci	Birds	Rare	Moderate
Leptospira interrogans	Dogs, cats, rodents	Low	Moderate
Multidrug-resistant bacteria (e.g., MRSA, *Clostridium difficile*, ESBL-producing organisms)	Likely all species (although data limited)	Variable	Variable
Mycobacterium marinum	Fish	Rare	Low
Pasteurella multocida	Dogs, cats	Moderate	Moderate
Salmonella species	All species; high prevalence in amphibians, reptiles, exotic animals, rodents and young poultry, in addition to certain raw pet foods (e.g., meat, eggs and animal product treats, such as pig's ears)	Moderate	Moderate (particularly in newborns and patients with sickle cell anemia)
Parasitic diseases			
Cutaneous larva migrans (hookworms; canine and feline)	Dogs, cats (particularly juvenile animals)	Low to high (depending on geography)	Low
Cryptosporidium species	Dogs, cats, possibly birds	Moderate	Moderate

Stull JW, et al. CMAJ 2015

10

ORIGINAL ARTICLE

WILEY

Dog-assisted therapy in the dental clinic: Part A—Hazards and assessment of potential risks to the health and safety of humans

Anne M. Gussgard[1] | J. Scott Weese[2] | Arne Hensten[1] | Asbjørn Jokstad[1]

11

Infective pathogen	Agent	Transmission route	Disease	Symptoms in humans	Actions to reduce risks of transmission
Brucella canis	bacterium	direct contact (urine, blood, other secretions)	Brucellosis	Fever, headache, pain in joints	Hand hygiene, avoid blood or urine contact
Campylobacter	bacterium	fecal-oral	Campylobacteriosis	Diarrhea	Hand hygiene
E.granulosus, E.multilocularis	parasite	fecal-oral	Echinococcosis	Cysts, mainly liver, brain	Hand hygiene, anti-parasitic treatment
Extended-spectrum beta-lactamases	bacterium	direct contact (respiratory secretions, skin, feces)	ESBL-infections	Asymptomatic, serious infections that lead to sepsis or death	Hand hygiene
Giardia	parasite	fecal-oral	Giardiasis	Diarrhea, abdominal cramps, bloating, weight loss and malabsorption	Hand hygiene
Methicillin-resistant Staphylococcus aureus	bacterium	direct contact (respiratory secretions, skin, feces)	MRSA-infections	Asymptomatic, skin infections, serious infections that lead to sepsis or death	Hand hygiene
Salmonella	bacterium	fecal-oral	Salmonellosis	Diarrhea, abdominal pain, fever	Hand hygiene
Capnocytophaga canimorsus	bacterium	direct contact (saliva)	Wound infection, sepsis	Wound infection, sepsis	Animal behaviour control
Francisella tularensis	bacterium	direct contact (saliva)	Tularemia	Fever	Animal behaviour control
Pasteurella multocida	bacterium	direct contact (saliva)	Wound infection, sepsis	Wound infection, osteomyelitis, endocarditis, sepsis	Animal behaviour control
Leishmania	parasite	vector (sand flies)	Leishmaniosis	Visceral L.: internal organs; Cutaneous L.: ulcers of the skin, mouth, nose	Canine vaccine, sand fly repellents for dogs
Leptospira spp	bacterium	direct contact (urine, potentially other secretions)	Leptospirosis	Fever, headache, chills, pain, (meningitis, liver- and kidney failure)	Canine vaccine, avoid urine contact
Lyssa-virus	virus	direct contact (saliva)	Rabies	Encephalitis	Canine vaccine, animal behaviour control
Ctenocephalides canis	parasite	direct contact (skin)	Fleas	Itchy, red swollen skin wheals	Regular inspection and treatment if needed
Cheyletiella	parasite	direct contact (skin)	Cheyletiella	Skin itching	Regular inspection and treatment if needed
Microsporum canis	fungi	direct contact (skin)	Dermatophytosis (ring worm)	Skin lesions	Regular inspection and treatment if needed

Gussgard, et al. 2019

12

AMR….ESBL INFECTIONS

Healthy and sick dogs

Same strains as people[1]

Pet contact associated with increased risk ESBL colonization[2]

Antimicrobials RF for ESBL acquisition[3]

[1] Damborg P, 2015 [2]Meyer, 2012 [3]Wedley AL, 2017

13

ANTIMICROBIAL RESISTANCE

Community-acquired ESBL & AmpC attributed to…

- Other people: 60% (40–74)
- Food: 19% (7–38)
- Dogs: 5% (0.2–16)
- Cats: 2% (0.1–8)

Intracommunity spread alone unlikely to be self-maintaining without transmission to and from non-human sources

Mughini-Gras, 2019

14

PET-ASSOCIATED DISEASE RISKS

Disease risk greatest
- Extremes of age (<5 yrs, ≥ 65 yrs)
- Pregnant
- Immunocompromised

Higher risk groups
- Particular pathogens
- Longer duration
- More severe/unexpected complications

Pet factors

Photo Source: Pixabay

15

RAW MEAT-BASED DIETS AND PETS

ESBL infections

Bacterial and protozoal contamination
- *Salmonella*, *Listeria*, *E. coli*
- *T. gondii* and *Cryptosporidium*
- Exotic agents (e.g., *Brucella suis*)[1]
- Asymptomatic shedding

Photo Source: Pixabay

Outbreaks of human salmonellosis associated with animal-derived pet treats (pig ears)[2]

Recent pig ears outbreak[3]

[1] van Dijk, 2018 [2] Clark, 2001 [3]CDC, 2019

16

FED RAW AT HIGHER RISK

Dogs ate raw 11X as likely to shed 3rd generation cephalosporin-resistant *E. coli* [1]

Dogs ate raw poultry 48X as likely to shed ESBL *E. coli* [2]

Dogs ate raw poultry 104X as likely to shed *E. coli* resistant to fluoroquinolones [2]

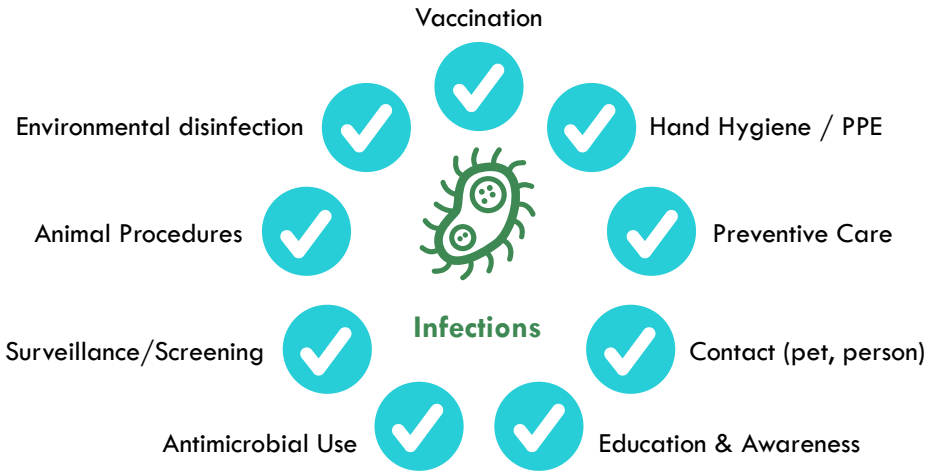
Dogs ate raw meat 2X as likely to shed ESBL producing *E. coli* [3]

Cats ate raw 32X as likely to shed ESBL-producing bacteria[4]

[1]Schmidt, 2015 [2]Wedley, 2017 [3] Baede, 2015 [4]Baede 2017

17

FACTORS INFLUENCING PET-ASSOCIATED INFECTIONS



18

AAT – ARE THERE BENEFITS?

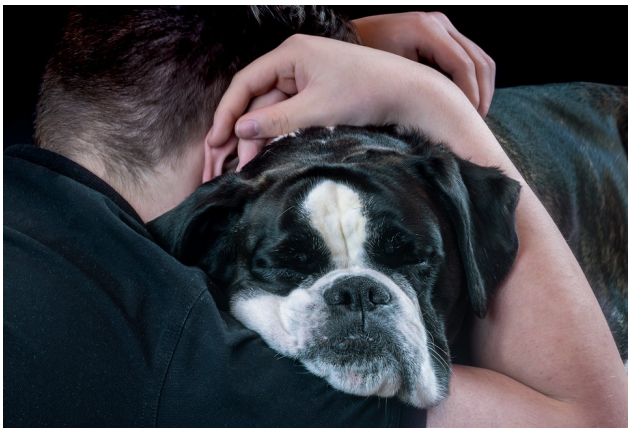


Photo Source: Pixabay

19

International Journal of
Environmental Research and Public Health

MDPI

Systematic Review

Evidence of Animal-Assisted Therapy in Neurological Diseases in Adults: A Systematic Review

María del Carmen Rodríguez-Martínez [1], Alba De la Plana Maestre [2], Juan Antonio Armenta-Peinado [1,*], Miguel Ángel Barbancho [3,4,5,*] and Natalia García-Casares [4,5,6]

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20

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European Journal of Integrative Medicine

journal homepage: www.elsevier.com/eujim

Review article

Animal assisted intervention: A systematic review of benefits and risks

Fabrizio Bert, Maria Rosaria Gualano, Elisa Camussi*, Giulio Pieve, Gianluca Voglino, Roberta Siliquini

Department of Public Health, University of Torino, Italy

ARTICLE INFO

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Keywords:
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Risks & benefits
Benefits
Clinical guidelines

ABSTRACT

Introduction: The therapeutic use of animals has been debated for decades, and its use explored in a variety of settings and populations. However, there is no uniformity on naming these interventions. Evidence based knowledge is essential to implement effective strategies in hospital. This review focused on the use of animal programs for hospitalized patients, and considered the potential risks.
Methods: The following databases were searched: PubMed, Scopus, PsychInfo, Ebsco Animals, PROQUEST, Web of Science, CINAHL, and MEDLINE, and PRISMA guidelines were adhered to.
Results: Out of 432 articles were identified 36 articles suitable for inclusion into the review. Data was heterogeneous in terms of age of patient, health issue, animals used and the length of interactions, which made comparison problematic. Studies on children, psychiatric and elderly patients were the most common. The animal-intervention programs suggested various benefits such as reducing stress, pain and anxiety. Other outcomes considered were changes in vital signs, and nutritional intake. Most studies used dogs, but other animals were effectively employed. The major risks outlined were allergies, infections and animal-related accidents. Zoonosis was a possible risk, as well as common infections as Methicillin-resistant Staphylococcus Aureus. The implementation of simple hygiene protocols was effective at minimizing risk. The literature suggested that the benefits outweighed by far the risks.
Conclusion: The human relationship with animals can be useful and relatively safe for inpatients with various problems. Moreover, the implementation of security precautions and the careful selection of patients should minimize the risks, particularly those infection-related. Many aspects remain unclear, further studies are required.

21

SUMMARY

High heterogeneity (species, type interaction, outcome measured)

Observed benefits of AAT

Many methodology issues in studies make it difficult to fully assess impact

Review

Methodological and Terminological Issues in Animal-Assisted Interventions: An Umbrella Review of Systematic Reviews

Antonio Santaniello [1,*], Francesca Dicé [2], Roberta Claudia Carratú [2], Alessia Amato [1], Alessandro Fioretti [1] and Lucia Francesca Menna [1]

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[2] University Centre SinAPSi, Federico II University of Naples, via G.C. Cortese, 29-80133 Naples, Italy; francesca.dice@unina.it (F.D.); carraturobertaclaudia@gmail.com (R.C.C.)
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Simple Summary: Animal-assisted interventions (AAIs) include a wide range of activities aimed at improving the health and well-being of people with the help of pets. Although there have been many studies on the effects of these interventions on animal and human wellbeing and health, univocal data on the methodological aspects, regarding type and duration of intervention, operators, involved animal species, and so on, are still lacking. In this regard, several systematic reviews in the scientific literature have already explored and outlined some methodological aspects of animal-assisted interventions. Therefore, we developed an umbrella review (UR) which summarizes the data of a set of suitable systematic reviews (SRs), in order to clarify how these Interventions are carried out. From our results, it is shown that there is a widespread heterogeneity in the scientific literature concerning the study and implementation of these interventions. These results highlight the need for the development and, consequently, the diffusion of protocols (not only operational, but also research approaches) providing for a univocal use of globally recognized terminologies and facilitating comparison between the numerous experiences carried out and reported in the field.

22

AAT – ARE THERE RISKS?

Photo Source: Pixabay

23

PET-ASSOCIATED DISEASE

190 animals involved in AAI

Endoparasites in 60 (62%)

13/60 (22%) zoonotic

International Journal of *Environmental Research and Public Health*

MDPI

Article

Surveillance of Zoonotic Parasites in Animals Involved in Animal-Assisted Interventions (AAIs)

Giulia Simonato [1,*], Patrizia Danesi [2], Antonio Frangipane di Regalbono [1], Giorgia Dotto [1], Cinzia Tessarin [1], Mario Pietrobelli [1] and Daniela Pasotto [1]

[1] Department of Animal Medicine Production and Health, University of Padova, viale dell'Università 16, Legnaro, 35020 Padova, Italy; antonio.frangipane@unipd.it (A.F.d.R.); giorgia.dotto@unipd.it (G.D.); cinzia.tessarin@unipd.it (C.T.); mario.pietrobelli@unipd.it (M.P.); daniela.pasotto@unipd.it (D.P.)

[2] Istituto Zooprofilattico Sperimentale delle Venezie, viale dell'Università 10, Legnaro, 35020 Padova, Italy; pdanesi@izsvenezie.it

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Received: 11 August 2020; Accepted: 25 October 2020; Published: 28 October 2020

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Abstract: Animal-assisted interventions (AAIs) are based on the establishment of a therapeutic relationship between animals and beneficiaries that is certain to provide positive effects, while currently, it reads as if AAIs aim at exposing stakeholders to potential risk of infection. The surveillance of zoonotic pathogens is necessary for guaranteeing common health. This study investigated the presence of potentially zoonotic parasites, including dermatophytes, in animals involved in AAIs. Between 2015 and 2017, 190 animals (equids, dogs, cats, birds, rabbits, rodents, and goats) were investigated. Anamnestic and management data were recorded. Individual faecal samples were analysed using a copromicroscopic procedure. Fur and skin were examined for ectoparasites during clinical examinations, and samples for mycological investigation were collected by brushing. Parasites were described in 60 (31.6%) investigated animals. Thirteen out of the 60 (21.7%) animals harboured potentially zoonotic parasites, mainly recovered in dogs (Ancylostomatidae, *Eucoleus aerophilus*, *Toxocara canis*, and *Giardia duodenalis*) and a cat (*G. duodenalis*). *Nannizzia gypsea* and *Paraphyton mirabile*, potential agents of cutaneous mycosis, were isolated in a dog and a horse, respectively. No ectoparasites were found. AAIs might represent a source of infections either directly or via environmental contamination. Thus, active surveillance is necessary and animal screenings should be planned and scheduled according to the risk of exposure.

24

- Screening tests: 22 dogs, 2 cats
- 17 positive results (of 118 infectious disease screenings); 14 zoonotic
- Poor adherence to infection control practices

- 16-year program with no documented pet-associated infections
- Averaging 20,000 pet therapy interactions per year

Evaluation of Risk of Zoonotic Pathogen Transmission in a University-Based Animal Assisted Intervention (AAI) Program

Sara F. Boyle[1*], Virginia K. Corrigan[1], Virginia Buechner-Maxwell[1] and Bess J. Pierce[2]

[1] Virginia-Maryland College of Veterinary Medicine, Virginia Polytechnic Institute and State University, Blacksburg, VA, United States, [2] LMU College of Veterinary Medicine, Lincoln Memorial University, Harrogate, TN, United States

American Journal of Infection Control 44 (2016) 846-50

Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org

Brief Report

Prevention of transmitted infections in a pet therapy program: An exemplar

Pam Hardin ME, BS, RPP, Janice Brown MA, CIC, Mary Ellen Wright PhD, APRN, CPNP *

Mission Health, Asheville, NC

Key Words:
Pet therapy
infection prevention

The focus of the patient experience in health care delivery has afforded the opportunity to integrate pet therapy as a part of patient care. The purpose of this article is to present the implementation of a pet therapy program that includes guidelines for the prevention of transmitted infections. Consideration of infection prevention strategies has resulted in a 16-year program with no documented incidences of transmitted infections, averaging 20,000 pet therapy interactions per year.

25

BOTTOM LINE

- 29 studies
- High heterogeneity infection control practices
- Few data confirmed pathogen transmission between therapy animals and patients
- Risks exist; challenges in documenting transmission and evaluating effectiveness in prevention

Complementary Therapies in Clinical Practice 39 (2020) 101145

Contents lists available at ScienceDirect

Complementary Therapies in Clinical Practice

journal homepage: http://www.elsevier.com/locate/ctcp

Risks associated with animal-assisted intervention programs: A literature review

Kathryn R. Dalton[a,*], Kaitlin B. Waite[a], Kathy Ruble[b], Karen C. Carroll[c], Alexandra DeLone[b], Pam Frankenfield[b], James A. Serpell[d], Roland J. Thorpe Jr.[e], Daniel O. Morris[d], Jacqueline Agnew[a], Ronald C. Rubenstein[f,g], Meghan F. Davis[a,h]

26

OPTIMIZE BENEFITS.....MINIMIZE RISKS

27

RESOURCES

INFECTION CONTROL & HOSPITAL EPIDEMIOLOGY

SHEA EXPERT GUIDANCE

Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks

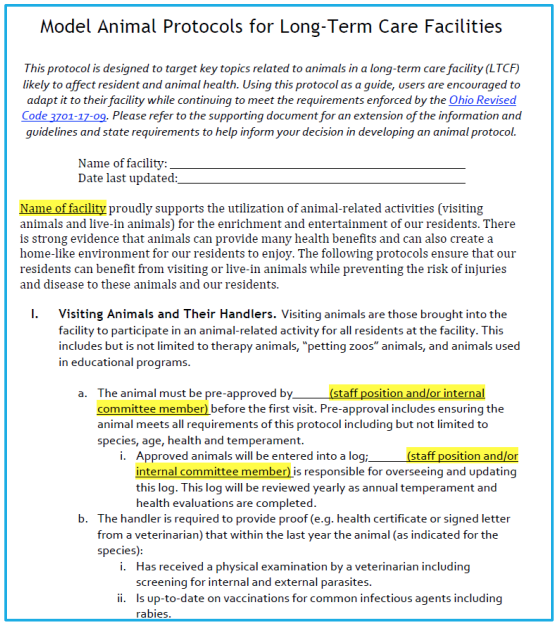
Rekha Murthy, MD;[1] Gonzalo Bearman, MD, MPH;[2] Sherrill Brown, MD;[3] Kristina Bryant, MD;[4] Raymond Chinn, MD;[5] Angela Hewlett, MD, MS;[6] B. Glenn George, JD;[7] Ellie J.C. Goldstein, MD;[8] Galit Holzmann-Pazgal, MD;[9] Mark E. Rupp, MD;[10] Timothy Wiemken, PhD, CIC, MPH;[4] J. Scott Weese, DVM, DVSc, DACVIM;[11] David J. Weber, MD, MPH[12]

PURPOSE

Animals may be present in healthcare facilities for multiple reasons. Although specific laws regarding the use of service animals in public facilities were established in the United States in 1990, the widespread presence of animals in hospitals, including service animals to assist in patient therapy and research, has resulted in the increased presence of animals in acute care hospitals and ambulatory medical settings. The role

guidance on the management of AHC in four categories: animal-assisted activities, service animals, research animals, and personal pet visitation. Institutions considering these programs should have policies that include well-organized communication and education directed at healthcare personnel (HCP), patients, and visitors. Appropriately designed studies are needed to better define the risks and benefits of allowing animals in the healthcare setting for specific purposes.

28



Model Animal Protocols for Long-Term Care Facilities

This protocol is designed to target key topics related to animals in a long-term care facility (LTCF) likely to affect resident and animal health. Using this protocol as a guide, users are encouraged to adapt it to their facility while continuing to meet the requirements enforced by the Ohio Revised Code 3701-17-09. Please refer to the supporting document for an extension of the information and guidelines and state requirements to help inform your decision in developing an animal protocol.

Name of facility: _____
Date last updated: _____

Name of facility proudly supports the utilization of animal-related activities (visiting animals and live-in animals) for the enrichment and entertainment of our residents. There is strong evidence that animals can provide many health benefits and can also create a home-like environment for our residents to enjoy. The following protocols ensure that our residents can benefit from visiting or live-in animals while preventing the risk of injuries and disease to these animals and our residents.

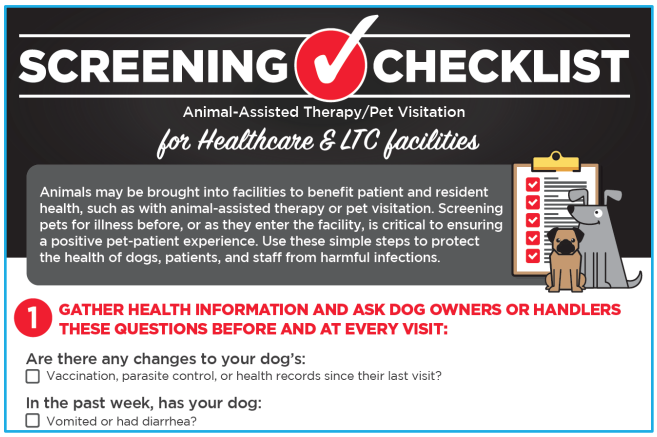
I. **Visiting Animals and Their Handlers.** Visiting animals are those brought into the facility to participate in an animal-related activity for all residents at the facility. This includes but is not limited to therapy animals, "petting zoos" animals, and animals used in educational programs.

a. The animal must be pre-approved by_____(staff position and/or internal committee member) before the first visit. Pre-approval includes ensuring the animal meets all requirements of this protocol including but not limited to species, age, health and temperament.
   i. Approved animals will be entered into a log;_____(staff position and/or internal committee member) is responsible for overseeing and updating this log. This log will be reviewed yearly as annual temperament and health evaluations are completed.
b. The handler is required to provide proof (e.g. health certificate or signed letter from a veterinarian) that within the last year the animal (as indicated for the species):
   i. Has received a physical examination by a veterinarian including screening for internal and external parasites.
   ii. Is up-to-date on vaccinations for common infectious agents including rabies.

http://www.go.osu.edu/nhpets

29

RESOURCES



30

2021 AAHA Working, Assistance, and Therapy Dog Guidelines

Cynthia M. Otto, DVM, PhD[†]; Julie A. Cohen, DVM; Tracy Darling, RVT, VTS (SAIM), CCRP; Lisa Murphy, VMD, DABT; Zenithson Ng, DVM, MS, DABVP[§]; Bess Pierce, MZS, DVM, DABVP, DACVIM, DACVSMR; Melissa Singletary, DVM, PhD, DACVPM; Debra Zoran, DVM, PhD, DACVIM-SAIM

ABSTRACT

The guidelines are the first comprehensive consensus report on veterinary healthcare recommendations for working, assistance, and therapy dogs. This category of canine patients includes a broad assortment of animals, some with well-defined functions and others that provide a more generalized support role. The guidelines discuss recommendations for dogs trained for protection, odor/scent detection, service functions for people with diagnosed disabilities or physical limitations, emotional support, and therapeutic intervention. Although the term is often used to describe dogs providing animal-assisted activities, true therapy dogs provide goal-directed therapy, often under the supervision of a healthcare professional such as an occupational therapist or psychologist. Many working dogs undergo extensive training and have rigorous physical demands placed upon them. These factors make working, assistance, and therapy dogs inherently valuable and impose a need for a high level of primary veterinary care as described in the guidelines. Because working dogs have a particularly close relationship with their handlers, a trust relationship between the practice team and the working-dog client is imperative.
(*J Am Anim Hosp Assoc* 2021; 57:253–277. DOI 10.5326/JAAHA-MS-7250)

https://www.aaha.org/aaha-guidelines/2021-aaha-working-assistance-and-therapy-dog-guidelines/home/

31

BEST PRACTICES (SEE RESOURCES FOR SPECIFIC SETTINGS)

Well managed AAT program
- Written and updated policy
- Liaison/coordinator
- Log (date, patient, animal, specifics)

Formal training
- Handlers, facility representative

Formal audits and adjustments
- Following protocols
- Effectiveness of protocols
- Adverse events (e.g., infections, bites/scratches)

32

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Certification Benefits and Fee Schedule

Benefits of Certification

Earning the C-AAIS credential distinguishes you as a professional who is qualified to integrate therapy animals into practice, positioning you as an advocate for the welfare of both the humans and the animals involved in AAI. Investing in certification is an investment in yourself and your long-term career.

The AAI Specialist certification can help you do the following:

- Demonstrate your credibility to clients, employers, and other key stakeholders.
- Be seen as a leader in the field.
- Advance the standardization and professionalization of the intervention.
- Provide a foundational understanding of the many aspects of successful AAI.

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AAI participants benefit from these elements of certification:

- Objective, independent, third-party evaluation and assessment of professional competence.
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https://www.aaaiponline.org/

33

BEST PRACTICES

Recent…..

- ⊘ Signs of GI, respiratory, skin disease
- ⊘ Antimicrobials
- ⊘ Diagnosed with an infectious disease
- ⊘ Raw meat/egg diet or treat
- ☑ Evaluated by veterinarian
- ☑ Preventive care

34

BEST PRACTICES

Right pet…right patient…right context and location

- Screening

Reduce contamination

- Disposable, impermeable barrier if animal placed on bed (single patient and immediately launder)
- Areas not amenable to effective disinfection

Source: Pixabay

35

BEST PRACTICES

Hand hygiene before and after pet interaction

Consider animal contact surfaces contaminated

- Routine cleaning and disinfection
- Predominately bacteria; some concern for more difficult organisms (e.g., *Cryptosporidium*, *C. difficile*)
- SOPs to ensure compliance

36

EXAMPLE: AAT AT HOSPITAL[1]

Requirements/screening

- Dog at least 1 year of age
- Formal evaluation; re-evaluation every 3 years
- Permanent home at least 6 months

Health and safety

- Health evaluation by veterinarian annually
- Vaccines, internal/external parasite control
- No known or suspected communicable diseases
- Exclude if on immunosuppressants, antimicrobials, fed raw food
- Bathing/grooming/hair/skin maintenance
- Leashed at all times
- Handlers: formally evaluated and trained, healthy, reporting injuries/events

Murthy, et al. 2015

37

CONSEQUENCES OF SOLELY RELYING ON OTHERS

38

Current Standards and Practices Within the Therapy Dog Industry: Results of a Representative Survey of United States Therapy Dog Organizations

James A. Serpell[1], Katherine A. Kruger[1], Lisa M. Freeman[2], James A. Griffin[3] and Zenithson Y. Ng[4]*

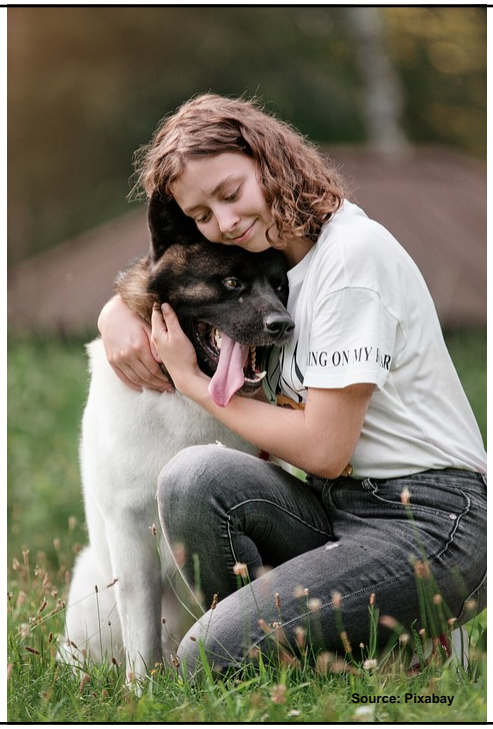
39

- **Group 1 (n=4): prominent national or multiregional therapy animal certification organizations in U.S.**
- **Group 2 (n=24): representative national sample of U.S. therapy dog organizations**
- **Many gaps in AAT infection control best practices**
  - **Vaccination against zoonoses**
  - **Ectoparasite control**
  - **Raw meat diets and treats**

Serpell, et al. 2020

Dog health and safety standards	Group 2 Yes (%)	Group 2 No (%)	Group 2 Other (%)	Group 1 Yes/no
Health clearance from a veterinarian (with documentation)	21 (88)	3 (13)	0	3/1
Physical health re-evaluated by a veterinarian on a regular basis	21 (88)	2 (8)	1 (4)	3/1
Rabies vaccinations (with documentation)	21 (88)	2 (8)	1 (4)	4/0
Distemper/adenovirus/parvovirus vaccinations (with documentation)	15 (63)	8 (33)	1 (4)	1/3
Leptospirosis vaccinations (with documentation)	7 (29)	14 (58)	3 (13)	1/3
Bordetella vaccinations (with documentation)	7 (29)	15 (63)	2 (8)	1/3
Canine influenza vaccinations (with documentation)	5 (21)	17 (71)	2 (8)	0/4
Other vaccinations (not specified above)	3 (13)	15 (63)	6 (25)	0/4
Negative fecal parasite results	18 (75)	3 (13)	3 (13)	3/1
Negative heartworm results	9 (38)	12 (50)	3 (13)	1/3
Continuous flea/tick preventative	13 (54)	10 (42)	1 (4)	0/4
Not currently taking immunosuppressive medications or antibiotics	8 (33)	12 (50)	4 (17)	3/1
Avoid AAAs if showing signs of poor health (e.g., lethargy, diarrhea, vomiting)	22 (92)	0 (0)	2 (8)	4/0
Avoid raw meat diets and treats	3 (13)	18 (75)	3 (13)	1/3

40



41

QUESTIONS

42

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November 10, 2022	*(FREE Teleclass)* SHARING KNOWLEDGE: LEARNING FROM THOSE WHO HAVE CHALLENGED THE CIC Speaker: **Sam MacFarlane**, Public Health Ontario, **Sandra Petersen**, Ottawa Public Health, and **Jeff Lee**, Canadian Armed Forces Health Services Headquarters
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