Ranger, the cardiac Pet Therapy standard poodle, was called upon by a family member to visit Mrs. M, a patient hospitalized for worsening heart failure. Although short of breath, Mrs. M started talking to Ranger as he rested quietly on the bed beside her. She told him in a soft voice that she knew she was sick but “you, my friend, give me strength and courage.” Mrs. M died 1 week later. Soon after, the family stated in a survey that the interaction between Mrs. M and Ranger was very important to Mrs. M and that she had looked forward to her visits with Ranger. Mrs. M indicated to her family that Ranger made her feel calm and protected as she faced her illness.
For many people, interacting with a pet brings a sense of constant love and affection. Some say that animals give them a feeling of calm and joy. Studies have shown that the presence of and interaction with animals can lower heart rate and BP because animal interaction promotes positive emotions. An animal’s presence can reduce anxiety and lower human neurohormone levels, enhancing healing and recovery.

This article takes a look at how animal-assisted therapy (AAT) is used in an acute care setting and provides guidelines for starting an AAT program in your facility.

**Comfort and support**

AAT is defined as a goal-oriented, scheduled patient intervention that can be conducted as a one-on-one session in individual patient rooms, or as a group session in a common area. Patients’ positive response to interactions with a domestic animal is the basis for AAT.

AAT became a therapeutic intervention as mental healthcare developed. In 1792, a healthcare worker at an experimental Quaker institution used small rabbits to promote a sense of calm in patients. In 1867, hospital staff in Germany used animals to promote comfort and relaxation in patients with epilepsy.

The use of animals for healing continues to evolve. In one survey of psychiatrists and psychologists, almost 50% reported that they’ve “prescribed” a pet for their patients. Many long-term-care facilities and rehabilitation centers incorporate AAT as part of their services, as do physical therapy agencies, hospitals, and correctional facilities.

**Relieving stress**

In the acute care setting, it’s been well documented that stress can inhibit healing. Patients who participate in a visit with a therapy animal show a reduction in both
the negative mental and physical effects of sympathetic nervous system stimulation. Zoonotic infections—diseases that can be transmitted from animals to humans—are thought to be a risk factor in AAT, but no evidence exists that infections have been transmitted in any significant numbers during AAT visits. The APIC recommends that the patient, family, and staff practice optimal hand hygiene before and after a visit from the AAT team.

Education on infection control is an important part of any successful AAT program. Training agencies provide general education on infection control activities, and each facility will have its own policies that need to be taught to all the participants. In many facilities, this information is provided during the AAT team’s initial orientation.

### Safe visits

According to the APIC, any healthcare facility that wants to engage in AAT should require completion of a formal training and testing program for the handler and the animal. Most AAT training agencies have similar criteria for certification. Usually, therapy animals are the handler’s pet, and the team is created by both the animal and the handler working together. In some instances, the animal can be a friend’s or a relative’s pet, but the handler and the one animal make up the team.

Each team is evaluated on key components. The animal must have a known healthy medical and behavioral history, general good disposition, and be trained using positive reinforcement. The handler must be able to identify and intervene by removing the animal if signs of stress occur such as panting or a slowed gait with the head down.

For certification, the animal is usually 1 year or older, able to sit for long periods of time, and responds reliably to voice commands. The visits to a facility are organized by the hospital and usually aren’t more than 1 hour per week.

Therapy animals must have basic obedience skills such as appropriate responses to voice commands such as “sit” and “stay.” They must behave in a predictable way and like being around people. Training classes may include teaching therapy animals to sit for petting and practice accepting a stranger or another animal. Potential therapy animals are exposed to medical equipment and loud noises and are observed walking in a crowd with wheelchairs and walkers. Each animal must be regularly bathed and have their nails trimmed, and be free from ticks and fleas. Although routine screening for potential zoonotic microorganisms isn’t recommended, the health of all therapy animals should be closely monitored.

Infection control processes to keep risks low include verification of regular veterinary checkups, monitoring proper vaccination schedules, and assessing heartworm preventive therapy.

### Developing a program

Therapy animals are pets and participate in an AAT program certification first. To begin an AAT program in your facility, review any applicable current policies and procedures. Reach out to other departments within the facility or sister facilities to see what they’ve accomplished. Contact formal AAT education providers or agencies to obtain details on training. This will standardize the process and ensure safety for your patients.

The evaluation of potential AAT teams includes processes that assess behaviors and activities specific to acute care settings. Suitability of animals by temperament is important and should be included in the evaluation. The AAT program also must
consider designating an “animal visit liaison” to monitor the flow of AAT throughout the facility.6

Begin the process of developing an AAT program by taking the following steps:
• Assess the need for an AAT program.
• Establish realistic and measurable goals and objectives.
• Gain knowledge about program protocols by visiting other healthcare facilities that use AAT and learn how they work.
• Determine what animals will best serve the needs of patients.
• Gain the interest and support of staff members.
• Develop training programs for staff, volunteers, and animals if you decide to create your own program.
• Assess zoonotic disease risks and develop appropriate procedures for minimizing those risks.2

Therapet (www.therapet.org) is a national agency that provides educational resources, seminars, and training for healthcare professionals seeking to learn more about AAT and obtain guidance to help set up their own programs.

Improving communication
By reducing the stress response in hospitalized patients, AAT can create a bridge for patients to connect with their healthcare providers while feeling safe and protected. Interactions with AAT animals act as a catalyst for communication and provide support for healing and recovery. NM

REFERENCES

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