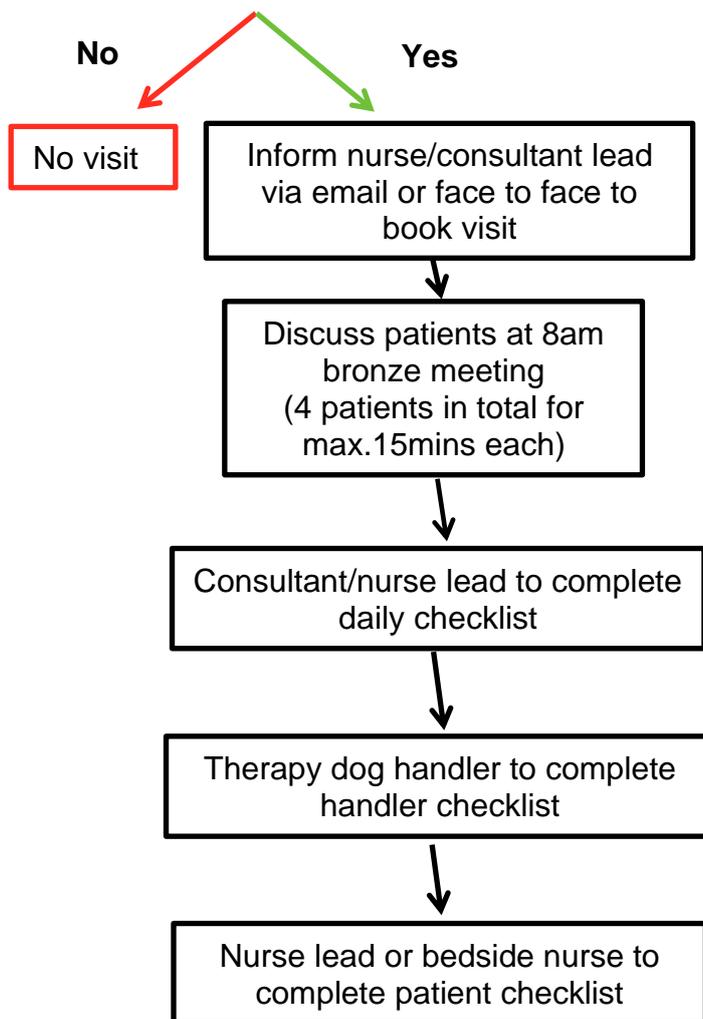


## Guidelines for Animal Assisted Interventions in the ICU

AIM: To provide guidance on the management of AAI in the ICU  
SCOPE: All adult ICUs within Royal Sussex County Hospital and Princess Royal Hospital

### Animal assisted intervention in patient's interest (rehab, anxiety etc)?



Consultant Lead – Becky Gray  
Nurse Lead – Jess Kirkdale

In the case of any adverse events, please immediately inform the nurse co-ordinator and the on-call consultant and complete datix. Please also inform Becky Gray and Jess Kirkdale.

A paper copy of the guidelines along with copies of the checklists are kept in a labeled folder behind the main desk on Intensive Care Level 7.

## 1. 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). 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.

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.

Patients who survive their critical care admission (75% approximately) are left with a collection of symptoms known as Post Intensive Care Syndrome (PICS). PICS is not a diagnosis but the beginning of a common language 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. 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. Hosey et al (2018) found in their research that animals assisting in rehabilitation decreases the symptoms of depression and anxiety and eases physiological symptoms.(2) It is also noted that a number of studies have seen the effectiveness of using AAI to support symptoms of depression, anxiety and loneliness. 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. When AAI has been used in critical care it has been shown to increase distance walked, motivation and mood.

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. 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.

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.

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.

Uglow (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.

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. 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).

## 2. PROCESS

Recommendation (Action)	Justification (Rationale)
Clinical Responsibilities	<ul style="list-style-type: none"> <li>• Patient consent.</li> <li>• Check for allergies (see appendix 1) and phobias with patients, staff and visitors.</li> <li>• Check the visit is appropriate for the patient (not for hyperactive delirium, violent etc).</li> <li>• Invasive lines, devices and wounds dressed and covered.</li> <li>• Immunocompromised and/or isolated patients are not to be visited.</li> <li>• Hand hygiene for patient, handler and staff.</li> <li>• The patient must not be left unattended with the handler and therapy dog.</li> <li>• Reflective practice meetings to support handler.</li> <li>• Records kept of all patients that have interacted with the AAI team.</li> <li>• Informing AAI team within 72hrs if any positive micro-biological screens.</li> <li>• Ensure the visit has been pre-arranged.</li> <li>• Arrange simulation exercise to ensure handler and therapy dog are suitable.</li> <li>• If the therapy dog has any paws on the bedding, a single use protective barrier should be placed under their paws and discarded after the visit.</li> <li>• Any area that the dog has visited should be cleaned once it has left.</li> <li>• If a patient has a positive culture that could have been transmitted to the therapy dog or handler this must be communicated directly to the handler so they can take the necessary measures to protect their own health and that of their dog.</li> <li>• If a patient is thought to have contracted an infection from the therapy dog this must be managed as per the guidelines from HM Government 'Guidelines for the Investigation of Zoonotic diseases (non-foodborne) in England and Wales.</li> <li>• All Covid-19 positive patients or Covid-19 exposed patients are excluded from AAI.</li> <li>• Healthcare staff present that are trained to deal with allergic reactions.</li> <li>• All safety incidents related to AAI to be datixed and audited.</li> <li>• Yearly audit.</li> </ul>

Recommendation (Action)	Justification (Rationale)
Handler Responsibilities	<ul style="list-style-type: none"> <li>• Visiting therapy dog should be washed and groomed before each visit.</li> <li>• The therapy dog must not be fed on raw food.</li> <li>• If the handler and/or therapy dog is unwell, they must not visit for 48hrs after the last episode of vomiting or diarrhoea.</li> <li>• Advice must be sought for the development of any skin condition to handler or therapy dog regarding continuing visits.</li> <li>• All parasite prevention treatments should be up to date for the therapy dog and the dog should not visit for 48hrs following topical administration of parasite prevention treatment.</li> <li>• All vaccinations for the therapy dog must be up to date and no visits for 1 week after a live vaccination.</li> <li>• The therapy dog must be free of communicable diseases, parasites, infestations, ringworm, skin disorders and open wounds.</li> <li>• Must be a registered member of the volunteering team.</li> <li>• To remain with the therapy dog at all times, keeping the dog under control and on a lead at all times.</li> <li>• Be able to remove the therapy dog from any situation if deemed appropriate.</li> <li>• Ensure patient confidentiality is maintained.</li> <li>• The handler should wear ID compliant with the local trust policy.</li> <li>• Follow current guidance on Covid-19 precautions, including lateral flow testing where mandated.</li> <li>• To have completed a learning module on Covid-19 awareness for UHSussex volunteers.</li> <li>• Handler to follow the PAT volunteer handbook and the trusts full registration and induction process for volunteers.</li> <li>• If the therapy dog soils on the floor it must be cleaned up immediately by the handler.</li> <li>• The therapy animal must be regularly vet checked.</li> <li>• Checklists to be completed for every visit and every patient visit.</li> </ul>

Recommendation (Action)	Justification (Rationale)
Shared Responsibilities	<ul style="list-style-type: none"> <li>• Simulation training prior to commencement of visits.</li> <li>• All visits must be pre-arranged.</li> <li>• Ensure bedside nurse and NIC happy for the visit.</li> <li>• Ensure the therapy dog does not enter any areas where the patient is in isolation.</li> <li>• Ensure any equipment touched by the therapy dog is cleaned.</li> <li>• The therapy dog's mouth and saliva must not be in direct contact to patient skin or devices.</li> <li>• Any wounds must be covered.</li> <li>• Handler and therapy dog must have all vaccinations up to date.</li> <li>• Ensure hand hygiene is maintained.</li> <li>• Raise any concerns that may arise from clinical interactions.</li> <li>• No food should be in the area that the therapy dog is visiting.</li> <li>• Visits to individual patients to be no longer than 15mins.</li> <li>• Correct PPE to be worn.</li> <li>• Check the ward status prior to visit – green/red.</li> <li>• Confirm where the therapy animal can be taken.</li> <li>• Therapy dogs to be kept away from any staff, patients and visitors with allergies and phobias.</li> </ul>

**Daily Checklist** - no visit if any red box ticked  
(to be completed prior to arrival of handler and therapy dog)

Date:

Time:

**Pre visit** - no visit if any red box ticked

	Yes	No
ICU consultant agreement (+ name)		
ICU co-ordinator agreement (+ name)		
Nurse in charge agreement (+ name)		
Staff allergies checked		
Staff phobias checked		
Ward status checked and ok to continue		
Visible posters on entrances for visitors		

Agreed patient visits	Bed numbers:
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**Post visit**

	Yes	No
Areas cleaned		
Concerns raised		

Completed by (name/signature):

**Handler checklist** - no visit if any red box ticked  
(to be completed by handler on arrival before every visit)

Date:

Time:

Handler name		
	Yes	No
Registered volunteer		
Vaccinations up to date		
Vet checked		
Parasite prevention treatment		
48hrs free from topical treatment		
Dog washed and groomed		
Any communicable diseases		
Negative lateral flow test		
Covid symptoms		

Handler name/signature:

**Patient Checklist** - no visit if any red box ticked  
(to be completed prior to individual patient visit)

Date:

Time:

Patient name		
Hospital number		
	Yes	No
Patient/NOK consent gained		
Allergic to dogs		
Phobia to dogs		
Visit appropriate		
Lines, invasive devices and wounds covered		
Immunocompromised		
Isolation		
Covid positive or exposed		
Appropriate arrangement of bedside equipment and devices		
Food removed from area		

Completed by (name/signature):

### 3. REFERENCES

- Intensive Care Society. 2020. *Guidance For: Animal Assisted Intervention (AAI) in a critical care setting*. London: Intensive Care Society.

( references quoted in this guideline are all found within the ICS guidance 2020 )

### 4. ONLINE RESOURCES

- [Animal Assisted Intervention Guidance \(ics.ac.uk\)](https://www.ics.ac.uk)

The use of this guideline is subject to professional judgement and accountability. This guideline has been prepared carefully and in good faith for use within the Departments of Critical Care at Royal Sussex County Hospital and Princess Royal Hospital. The decision to implement this guideline is at the discretion of the on-call critical care consultant in conjunction with appropriate critical care medical / nursing staff.