

Working with Dogs in Health Care Settings

Supporting organisations working with dogs in health care settings and allied health environments

CLINICAL PROFESSIONAL RESOURCE



Acknowledgements

The RCN would like to thank the following for their valuable contributions in updating this guidance.

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This review has been undertaken specifically to reflect comments received since the guidance was last published in 2019 and to include guidance for staff in health care settings who require the use of an assistance dog as well as other health care areas such as ambulances.

Cover image: Magic, a medical alert assistance dog alerting his client who has type 1 diabetes and unaware of a hypoglycaemic episode following surgery.

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Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

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1. Background

The recognition that dogs, and other animals, can provide support to people in many different ways has led to an increase in the number of health and social care settings where dogs are present. Traditionally, many care homes have encouraged regular visits from dogs and increasingly schools and hospitals are introducing dogs into settings where they play a variety of roles.

There has been a significant growth in the number of working therapy dogs. In addition, there has been a rise in the number and type of assistance dogs, helping people with not just physical disabilities but medical conditions and mental health issues as well. Given that we know dogs can make a significant difference to the lives of people with a range of disabilities and conditions, this is a positive move. However, there are rightly a number of concerns being raised about bringing a dog into a clinical environment and these need to be addressed.

Many organisations have developed their own guidance, policies and protocols to ensure that there are robust safeguards in place which address infection prevention and control as well as health and safety concerns. The Royal College of Nursing and a number of the charities and organisations that provide animal therapy or train assistance dogs as well as the owners of personal assistance dogs, believe that it would be helpful to develop a universal document setting out clear guidelines that all health care settings can follow. These settings include primary care, secondary care, community facilities such as hospices, care homes, etc. as well as transport facilities such as 999 emergency services, non-emergency patient transport (NEPTS) and volunteer transport.

2. Purpose of guidance

The aim of this guidance is to highlight the precautions that should be taken when dogs are brought into various health care settings and to provide clear guidance on all reasonable safeguards that should be put in place to protect, patients or residents, visitors and staff. This protocol covers the role of both the dog and the owner/handler and includes information that all organisations should take into account before allowing a dog to access their premises. This includes staff with assistance dogs as well as patients, visitors, people and organisations who have contact or who work with assistance dogs or therapy dogs. Ultimately, each organisation is responsible for developing its own policy and undertaking an appropriate risk assessment, particularly for staff working in clinical areas who have an assistance dog. It is hoped these guidelines will aid that process and lead to greater consistency of practice and build credibility for animal assisted intervention work. It will also increase the public's understanding of the vital role that an assistance dog play.

Earlier versions of this publication have been referenced in up to 60% of all NHS hospital policies written with regard to the presence of dogs in health care settings that were made available to Medical Detection Dogs in 2024. Therefore, this publication is key to highlighting the needs of those who use dogs in health care as well as ensuring the safety of all service users who may come into contact with the dog. It should also be noted that this guidance is written specifically for dogs in health care settings and should not be applied to other animals.

In proposing this guidance, the working group recognises that there are many stakeholders to satisfy, and that some people may be concerned about the increase in the use of pet therapy interventions. This may be because they are living with extreme allergies to animal hair, have a phobia or are fearful of dogs. While acknowledging that this is a risk for these individuals and that care always should be taken to ameliorate risks, it is recognised that it is not possible to completely eradicate risks to these groups whilst meeting the statutory requirements of the Equality Act 2010.

This guidance recommends that providers should ensure they have any appropriate licensing required for their specific activity, particularly if there is a commercial element, (Department for Environment, Food and Rural Affairs, 2024)

In developing this guidance, the working group consulted widely to ensure that recommendations meet the health and wellbeing needs of both animals and people. It covers all dogs that may have a reason to visit any type of health care setting (as identified in [section 1](#)).

3. Understanding the types of dogs that may visit health care settings

Dogs will visit health care settings for a number of reasons. The types of dogs that will be involved are:

(a) Assistance dogs

Under the Equality Act (2010), assistance dogs are recognised as auxiliary aids to support access for disabled people. While health care facilities can implement reasonable adjustments to accommodate a person's impairment or health condition, they may not always be able to fully address the specific needs that an assistance dog is trained to provide. Assistance dogs are specially trained to offer unique support that can sometimes go beyond the scope of health care settings. Assistance dogs are specially trained dogs working with an individual person to support them in a number of ways. These include:

- guide dogs: supporting people with visual impairment or sight loss with guiding
- hearing dogs: supporting people with hearing loss or impairment
- assistance dogs: aiding mobility and support daily living such as undressing and picking dropped items up off the floor, opening and closing doors, etc.
- medical alert dogs: trained to constantly monitor their partner's health condition and alert to impending episodes where their health would acutely deteriorate. The alert allows the person to take preventative action to avoid/limit the episode or to make themselves safe, thus reducing the risk of injury during the episode. For example: Type 1 diabetes, Addison's disease, Postural Tachycardia Syndrome (Pots), seizures and severe allergies
- autism assistance dogs: supporting people with autism
- post traumatic stress disorder (PTSD) assistance dogs: supporting people living with PTSD.

Assistance Dogs UK (2024)

By and large, assistance dogs are with their owners 24 hours a day and play a number of different, but important roles in their life including practical support in achieving tasks, alerting to an impending medical episode, and help in dealing with anxieties.

The Equality Act 2010 makes it unlawful to refuse access to a disabled person accompanied by an assistance dog except in the most exceptional circumstances (such as an operating theatre and food preparation areas).

Assistance dogs may be trained by charities that specialise in this work or by the owners themselves. Health care establishments should satisfy themselves that the dog meets acceptable criteria (see 4a for examples) however it should be noted that there is no formal register or registration process for assistance dogs within the UK at present.

Emotional support dogs or animals (ESAs) are not a type of assistance dog because although they provide comfort and companionship, they have not been trained to complete practical assistive tasks or alert to life-threatening medical conditions for disabled people or those with long-term medical conditions (ADUK, 2024).

(b) Animal assisted intervention and visiting dogs

Animal assisted intervention (AAI) is performed on several different levels. AAI in health care incorporates many fields including animal assisted therapy (AAT) and the most common modality practiced by many therapy dog volunteers, animal assisted activity (AAA).

AAT is delivered in conjunction with other health care professionals and should be goal directed with outcomes documented and evaluated. The field is advancing in line with practices worldwide to include involvement in many health care settings, including intensive care units and treatment rooms. These types of interventions are directed in conjunction with health care professionals and delivered alongside a handler and dog with specialised training and expertise. They form part of an individual plan of care for a patient. Dogs working in this type of environment should always have a handler in addition to the care giver, so that one person can advocate for the patient whilst the other advocates for the dog.

Animal assisted activity (AAA) is the term used where a handler brings a dog to the patient/ resident for general interaction. These dogs are usually owned by the person who is their handler. Owners volunteer their services to provide visits to groups of people or individuals in health and social care settings and schools, to allow people to stroke the dog or interact with them to help them feel connected. This is the most common form of animal assisted intervention.

There are two types of dogs providing AAI.

- i) *Dogs that are registered with a visiting AAI dog organisation.* These dogs are pet dogs which have been assessed by a visiting AAI dog organisation (eg, Pets as Therapy) and are accompanied by their owners who are registered volunteers with the organisation. Owners and their dogs volunteer their services to provide visits to groups of people or individuals in health/ social care settings and schools, to allow people to stroke the dog or interact with them to help them feel connected.
- ii) *Dogs trained specifically for AAI in health care settings.* These are specially trained dogs and highly trained handlers who are part of an organisation providing AAI services. They will work alongside a nominated health professional in a goal-directed animal assisted therapy intervention as part of a patient's agreed care plan. The engagement of the dog and handler will therefore have been agreed and planned in conjunction with the relevant local health care professional.

(c) Patients' pet dogs

People may sometimes make a request to bring a pet dog to visit a person in a health care setting. While we understand that people may value having time with their pet dog, it is important to recognise that many health care settings are unfamiliar environments for most dogs and can be very unsettling for a dog that has not been temperamentally screened and trained to deal with a very wide range of environments. Similarly, it is difficult for hospital staff to deal with the requirement to assess a dog's health and vaccination history.

It is therefore recommended that, except in exceptional circumstances, pet dogs are not permitted into health care settings. Exceptions may well be in place in a hospice and some care settings where it is both appropriate and desirable for someone to see their pet dog.

In exceptional cases, where it is deemed appropriate for a pet dog to visit we propose that a request form is filled out by the person responsible for the dog – see [appendix 1](#).

4. Guidance for health care professionals in deciding which dogs may visit health care settings

Assistance dogs

As noted above, it is unlawful to refuse access to a disabled person accompanied by an assistance dog except in the most exceptional circumstances such as in high-risk clinical areas (ie, immunocompromised patient), invasive clinical procedure areas, other high risk clinical areas such as Xray/CT/MRI and food preparation areas. With regards to staff requiring an assistance dog, additional risk assessments may be required.

Assistance dogs may be trained by charities that specialise in this work or by the owners themselves.

Assistance Dogs UK (ADUK) is the umbrella organisation for some charities that train assistance dogs that have been assessed and accredited against the standards set out by the International Guide Dogs Federation (IGDF) and/or Assistance Dogs International (ADI). Some ADUK charities will work with individuals to train their pet dog to ADI/IGDF standards and will accredit them to become highly trained assistance dogs. For these dogs, owners may carry an ADUK card or booklet and the ADUK logo will usually be visible on the jacket, bandana or lead slip of the dog (see [appendix 2](#)) in order to identify it as an assistance dog from an ADUK organisation.

Owner-trained dogs, or dogs from non-Assistance Dog (UK) organisations, do not have nationally recognised standards that they work to. However, many owner-trained assistance dog partnerships will follow similar guidance regarding the training required to meet the international standard and some will have been accredited by independent groups or dog trainers. Since there are no agreed training standards for this group, it may be harder to be sure of the level the dog and client are working to and that the necessary health checks and insurance are in place.

There are 4 key questions that health care professionals should consider when making arrangements for an assistance dog to enter a health care setting.

1. Is the dog suitably trained and required?

If so, you can expect that the dog:

- is highly trained
- will not wander freely around the premises
- will sit or lie quietly on the floor next to their owner
- will not display reactive behaviours towards humans or other animals such as growling, snarling, lunging or biting (although may jump or bark at their handler as an alerting behaviour)
- will not show continuous signs of fear such as crouched body, tail tucked under, ears flat back, jumping up or constant soliciting of attention from members of the public
- is toilet-trained and so is unlikely to foul indoors

- is vaccinated in line with current recognised international standards of best practice (Titre testing is no substitute for vaccination against some diseases)
- has a comprehensive routine parasite prevention to protect against fleas, worms and other transferable organisms
- is very likely not to be fed on raw food however in particular cases this may be necessary. In these cases, additional consideration regarding infection prevention and control measures to mitigate the additional risks should be employed
- is covered by specific assistance dog insurance that includes working in a health care setting insurance for public liability cover.

If the dog is not a registered assistance dog with an ADUK organisation, the health care provider should consider the following:

- the training and temperament/behaviour testing that the dog has been through
- vaccinations: dogs must be vaccinated against distemper, parvovirus, and hepatitis, according to the manufacturer's guidelines. An annual vaccination for leptospirosis is also required. (Titre testing is no substitute for vaccination in some cases such as leptospirosis and therefore liaison with IPC where possible before)
- parasite prevention: the owner should treat the dog to prevent fleas, ticks and worms on a regular cycle. Where a topical ectoparasite treatment (back of the neck ointment) is used, this can cause an unpleasant odour and, in some cases, a rash if someone strokes the dog after the drops have been administered into the coat for 48 hours after product use. It should be noted that orally administered alternatives are available but are more expensive making them prohibitive for some
- owners should be aware that if visiting health care settings dogs should not be fed on raw animal protein although raw vegetables are acceptable
- that appropriate public liability insurance which is suitable for health care settings is in place for the assistance dog by their owner.

The majority of owner-trained assistance dog owners may be happy to show you evidence that they have met the standards above, thereby ensuring that the dog is suitable to be working safely in a wide range of environments, however this would not always be possible, particularly at short notice or in the case of emergencies and should not be a barrier to access.

No assistance dog can be perfect 100% of the time however there are some behaviours that would not be expected and the health care provider should feel comfortable to ask for any dog to be removed from the setting if it does not behave well in public (such as lunging or pulling strongly on the lead), displays signs of aggressive or fearful temperaments, appears poorly cared for.

2. What role does the dog fulfil for that person (ie, what needs does the dog meet)?

The health care professional should understand the person's individual needs and the role the dog plays in meeting those needs. If the dog is not able to be present, these are needs for which they are likely to require some support. For example, where the dog is a medical alert assistance dog, it may be prudent to allow the assistance dog prolonged

access in order to monitor the patient's health status as this reduces the impact upon staff to continuously monitor vulnerable individuals or where other monitoring is not available.

3. What is the reason for the client being in the hospital/medical environment and how does the presence of a dog impact on this and others present?

With regard to a patient or visitor, the health care professional should satisfy themselves that the health care environment and activities to be undertaken by the dog do not pose an unacceptable level of risk to the person, others present, or the dog.

Staff who require the support of an assistance dog will probably have already undergone an occupational health assessment and additional risk assessment to ensure any risk of the assistance dog being present has been identified and supported with regards to working and settling environment, toileting areas, records of regular vaccination, flea and worming prevention as well as the needs, beliefs and anxieties of other members of staff in this area. It is important to remember that the Equality Act (2010) and employment law supports the presence of an assistance dog where necessary to mitigate that staff member's disability.

4. Who will be supporting the dog when it is in the medical environment (particularly if this cannot be the client themselves)?

The health care professional should understand who has responsibility for the dog when it is in the medical environment. In all cases, health care staff are not expected to care for the patient's or visitor's assistance dog and it is the responsibility of the person (or their nominated representative) to ensure that the assistance dog is exercised, fed, toileted and cared for.

In some cases, it may be prudent to provide a side room for an individual who is accompanied by their assistance dog, to accommodate both the needs of the person requiring the assistance dog (especially if the dog is constantly monitoring their partner's health) and to alleviate any fears of health and safety risk, fear of dogs, etc.

There are some areas where it would not be appropriate for the dog to be present. These include:

- areas with high risk of infection
- high radiation areas (such as x-ray) and operating theatres.

An individual risk assessment must be put in place if, to meet exceptional circumstances, a dog is required to access to high-risk areas or in the case of a staff member requiring access for their assistance dog.

In the unique area of patient transport, and particularly that of emergency patient transport, if the patient is conscious then the assistance dog should be conveyed with them. If they are unconscious then where possible alternative arrangements should be made, however it may be necessary to transport the dog to the final destination where arrangements can be made (EMAS, 2023).

For non-emergency transport, it should be ascertained whether other patients allocated to the same vehicle are likely to be adversely affected (either due to medical condition, allergy or other reason) which may require additional arrangements to be made for the conveyance of that person and their assistance dog. The dog should sit quietly in the vehicle with their owners, secured for transportation. Consideration should be given to the receiving unit to make sure that they are aware of the assistance dog attending with the patient.

Following conveyance, the ambulance is to be decontaminated as after a patient conveyance in accordance with Trust procedures. The dog will bring in no more dirt or risk of infection than is brought in on the average outdoor shoe, however it is acknowledged that some people may be allergic to the animal therefore it is recommended that there is the requirement for wiping down surfaces and mopping the floor as an important measure to maintain patient safety.

Animal assisted intervention and visiting dogs

Dogs for animal assisted therapy (AAT) will have been specially trained for their role. Pet dogs working with approved volunteers (AAA) will also have undergone an appropriate assessment. This will typically check that the dog walks on a lead without pulling; accepts a food treat gently; is happy to be patted; and is trained not to jump up, paw or lick excessively and to respond to the owner's commands.

All AAI dogs will have been vaccinated in accordance with the policies of the organisation they represent. Evidence of vaccinations and parasite prevention should be available for inspection on request.

AAI practitioners and volunteer dog owners/ handlers working with established organisations undergo orientation, health and safety training, safeguarding training and will be briefed to check fire drill protocols at the setting they visit. All practitioners and owners/handlers must have passed a criminal records check (DBS) to be allowed to visit.

AAI dog provider organisations arrange appropriate insurance cover for the teams they assess. Health care providers should ensure that they are satisfied by the cover offered by the charity/provider.

5. Guidelines for managing key areas of risk

There are 3 key areas in making an appropriate risk assessment for a dog to be present in a health care setting:

1. Infection prevention and control

All precautions should be taken to ensure that any possible risk of infection being passed from owner or dog to patient/resident is minimised. There is no published data suggesting outbreaks or incidences of infection occur as a result of dogs but there is evidence about how to reduce risk (Murthy R, et al., (2015) and Stull J, et al., (2015)). The following should be observed at all times.

- If the owner/handler or dog are unwell with diarrhoea and vomiting or have had diarrhoea and vomiting in the last 48 hours, they should not visit. This also applies to respiratory symptoms such as a cough and cold.
- Dogs should only visit patients with surgical wounds providing the patient's wounds are covered.
- If the dog handler or dog develops a skin condition, advice should be sought from the local infection prevention and control team or GP as to whether the owner/handler and dog should visit.
- Both the dog and their owner/handler should have all their routine vaccinations (or appropriate titre-testing) and these must be up to date.
- The dog should not be allowed to lick other people however licking may be the alert that the assistance dog gives its owner.
- If the dog is putting their feet on a bed or needs to be on the bed in order to perform its role then a protective pad (eg, incontinence pad) or sheet should be put under their paws and discarded after each individual visit to avoid contamination from one patient to the next.
- Hand hygiene should be maintained. The owner/handler, the patient and anyone who has contact with the dog must clean their hands with soap and water, sanitiser or alcohol rub. Hand hygiene between patients must take place if multiple patient contact occurs.
- The dog should be cleaned and well-groomed before any visit.
- Raw feeding is generally discouraged as there is some research to support that these dogs are more likely to shed bacteria and therefore strict mitigation measures such as frequent hand washing, not feeding the dog onsite, and no dog handling by others, should be employed. However, some dogs may require raw feeding due to medical issues and therefore an additional risk assessment should be undertaken in these circumstances.
- Should the dog urinate or defaecate indoors this should be cleaned up immediately (ideally by the owner/handler) and reported to ensure the area is cleaned in accordance with local policy.

There may be instances or environments where it is not appropriate for a dog to visit, but these will be rare. Examples may include immediately following a bone marrow transplant or when severely neutropenic. Discussion with the Infection Prevention and Control (IPC) Team should be undertaken to determine these scenarios.

2. Allergy management

Allergy to dogs is relatively common and dog allergen can be found in public places, being carried on the clothing of pet owners and pet contacts. The dog dander is present in the fur, skin and saliva. As dogs groom themselves the saliva remains on the fur until it dries and becomes aerosolised into a powder, which can then become airborne and inhaled. Concentrations of dog allergen have been demonstrated to be significantly higher in upholstered seats and carpets in public buildings, and on public transport, than in homes without a dog (Murthy, et al., 2015)

As it is not easily possible to identify people with a dog allergy who are sitting in hospital outpatient waiting areas, it would seem reasonable for facilities to undertake a specific risk assessment and measures to mitigate the risks. Different considerations may be required for assistance dogs compared to therapy dogs. The following should be observed at all times.

- Before an assistance or AAI dog is brought into a health care setting, the nurse in charge should be consulted where possible with regard to whether there are patients, visitors or staff present with a significant dog allergy. There are some hospital inpatient situations when a dog entering the ward will need careful handling or where the visit may be deemed to be inappropriate. This may occasionally prevent a dog visiting however all reasonable adjustments must be undertaken in the case of an assistance dog.
- Where a visit is to be made to a ward, it is important to establish that there is no one on the ward who might be adversely affected and that there are no contraindications to a visit taking place.
- Care must be taken to ensure that the cubicle or bed space is cleaned effectively in line with policy.
- Consideration should be given as to the appropriate place for interaction with the dog within the health care setting. For interactions with a single person, a separate room or cubicle may be appropriate. For group visits, a communal area such as a dayroom or playroom may be preferable.
- For members of staff with an assistance dog, where allergy remains a concern, appropriate risk assessments and considerations should be undertaken however it is important to remember that the assistance dog is classed as an auxiliary aid in order to mitigate a disability.

3. Health and safety

The policies of both the health care establishment visited and the provider the owner/handler represents should be followed. Particular care should be taken to reduce any risk of harm to the dog and its owner/handler, residents, patients and visitors, as well as staff. To ensure this, the following should be observed at all times.

All dogs:

- in some health care facilities, visits may need to be agreed in advance however in the case of emergency (such as attendance at ED or urgent care) this would not be possible
- should be on a lead and under control at all times
- should be wearing its ID tag, a recognised jacket, or other identification such as a lead slip or bandana, to show that it is working as either an assistance or therapy dog (in the case of an assistance dog, this is not required by law and there may be some circumstances where the handler will not have the livery on the dog)
- in waiting areas, care should be taken when positioning a person with an assistance dog so they do not cause a blockage or trip hazard in walkways
- people other than those the dog is visiting must be actively discouraged from talking to the dog without the express permission of the owner/handler. The owner/handler and staff must be able to stop any interaction immediately if they think there are any risks to anyone, including the dog
- consideration should also be given to cultural and religious beliefs and people who are frightened of dogs or do not wish to interact with a dog. These situations should be ascertained ideally before a dog is permitted to visit an area and any unplanned interactions prevented where possible.

Staff with an assistance dog should have a risk assessment to ensure that:

- the workspace and environment is suitable and safe for an assistance dog to be present (including space for the dog to move around)
- whether current evacuation procedures need to be adjusted to accommodate the presence of an assistance dog
- whether any training is required for staff nearby regarding their behaviour in proximity to the assistance dog.

Animal assisted intervention dogs

- It is of paramount importance that the dog must never be left alone with anyone other than their owner/handler. In addition, the owner/handler and dog must always be supported by a member of staff and not be left on their own.
- The owner/handler must remove a dog from any situation where they consider the dog to be at risk and be able to read their own dog's body language, to ensure that the dog remains comfortable at all times during a visit.
- AAI dog visits should be prearranged so that the appropriate arrangements and risk assessments can be made, thus ensuring the wellbeing of all concerned, including the dog time spent in the health care setting and the number of people the dog interacts with should be limited, in line with the organisation's operational guidelines. It is recommended that each active session with the dog is no longer than one hour and that dogs should work for no more than three active hours a day. Dogs that are new to the role will visit for shorter periods. It is also important to understand that the intensity of a visit will affect the length of time the dog should be expected to be in the health care setting and to engage. This is particularly relevant when patients are very unwell. It is the responsibility of the owner/handler to recognise and respond to their dog's needs and be an effective advocate for them.

- If there is any doubt about the health of either the dog or their owner/handler, they should not visit.
- The owner/handler should have had a criminal records check (DBS) at a suitable level for the visits they are undertaking (which may be undertaken either by the therapy dog organisation or the health care facility).

Any incidents involving assistance dogs or AAI dogs should be reported and monitored regularly.

6. Animal assisted intervention (AAI) in high-risk clinical areas

This section is specifically related to animal assisted intervention in high risk clinical areas. This guidance is suitable for critical care areas, emergency departments, respiratory inpatient areas and oncology. These guidelines are to ensure appropriate visitation, appropriate patient care and facilitation and support for animal assisted intervention teams.

It is recommended that all parties involved in AAI within these areas acquaint themselves with all responsibilities as many are shared.

Clinical team responsibilities	Shared responsibilities	Animal handler responsibilities
<ul style="list-style-type: none"> • Gaining consent from the patient. Before the visit, the facilitator of the visit goes to each bed space and asks the patient if they would like a visit from the dog. The dog will be brought around to them. Before the dog enters the bed space, always repeat consent. • Patients must have all invasive lines and devices checked and dressed appropriately prior to visit. • Patients who are immunocompromised or nursed under protective isolation are not to be visited by the AAI team and dog. • Patients who are being nursed in isolation with an infection should not be visited by the AAI team and dog without express advice from the lead clinician and infection control team. The handler and the dog must also be protected from infection risk. 	<ul style="list-style-type: none"> • Prior to commencement of ICU visiting, simulation training is recommended to ensure both handler and dog are suited to the environment. • Guidance should be sought from the Infection Prevention and Control Team if an outbreak of infection is present on the ward (e.g. MRSA, PVL-SA as dogs can acquire this). • The visit must 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. • Ensure the bed side nurse and nurse in charge are happy for the AAI team and dog to visit. i.e. the nurses are happy for the dog to enter the bed space and is happy for their patient to interact with the dog and that there are no known allergies to dogs. 	<ul style="list-style-type: none"> • The dog should be washed and well-groomed before any visit. • The dog must not be fed on raw animal protein, fish, meat or eggs. • If the owner/handler or dog are unwell with diarrhoea and vomiting or have had diarrhoea and vomiting in the last 48 hours, they must not visit. This also applies to respiratory symptoms such as a cough and cold. Any change in stool habit for the dog should be considered and an appropriate time frame of 48 hours after any episode prior to returning to a clinical area. • If the AAI team handler or dog develops a skin condition, advice must be sought from the local infection prevention and control team or GP as to whether the owner/handler and dog should visit.

Clinical team responsibilities	Shared responsibilities	Animal handler responsibilities
<ul style="list-style-type: none"> • Ensure there are no open wounds that may come into contact with the dog, all wounds must be dressed appropriately. Many patients have cannulas inserted into their hands and arms so if it is possible, avoid the side that the cannula is placed on. However, if the site is exposed to the dog, clean it after the visit has ended. • Clean the patient’s hands before and after interaction, and ensure that the handler performs hand hygiene. • The clinical team is responsible for the clinical care of the patient at all times and the patient must not be left unattended with the AAI team. • The clinical team will support and facilitate regular reflective practice meetings to support the psychological needs of the handler. • The clinical team will keep records of the patients who have interacted with the AAI team and ensure that this information is available for infection control teams and clinical teams. • If positive micro biological screens are received within 72 hours of AAI patient visit the animal team need to be informed of the potential contact and appropriate veterinary advice taken. 	<ul style="list-style-type: none"> • Ensure that the dog doesn’t enter any bed spaces or side rooms where the patient is in isolation for infection prevention and control reasons. To make sure they don’t enter any isolated bed spaces dedicated to isolation nursing, before each visit commences check with the nurse in charge that they are happy for the dog to enter. • Ensure any equipment touched by the dog is cleaned after the visit and that the dog does not touch the bedding of the patient. • The therapy dog must not be allowed to lick anyone. They must not be allowed to sit on the bed nor near a person’s face. • AAI teams must only visit patients with surgical wounds if the patient’s wounds are covered or healed. • Both the dog and their owner/ handler must have all their routine vaccinations and these must be up to date in accordance with the manufacturer’s guidelines. • Hand hygiene is to be maintained. The owner/ handler, the patient and anyone who has contact with the dog must clean their hands with soap and water, sanitiser or alcohol rub in line with local policy. • It is a shared responsibility that the AAI Team will raise any concerns and issues that arise from Clinical Interactions. • The handler should always be supported by a member of staff appropriate to the clinical area. 	<ul style="list-style-type: none"> • Parasite prevention: the owner should treat the dog to prevent fleas, ticks and worms on a regular cycle. Where a topical ectoparasite treatment (back of the neck ointment) is used, this can cause an unpleasant odour and, in some cases, a rash if someone strokes the dog after the drops have been administered into the coat. In such instances, dogs should not visit health care environments for 48 hours after this type of product is used. It should be noted that orally administered alternatives are available. Owners should be able to provide evidence of parasite prevention in the form of a written record. • The dog must be up to date with all relevant vaccinations including DHP, leptospirosis and kennel cough with certificates held and recorded. Clinical visits must be limited for one week after the administration of any live vaccines and this includes the kennel cough vaccine which is live. • The dog must be free of communicable diseases, parasites and external infestations, ringworm or skin disorders, eg mange. • The dog must have no open wounds. • Check if there are any relevant clinical notices up at the bed space that might impact the visit.

Clinical team responsibilities	Shared responsibilities	Animal handler responsibilities
		<ul style="list-style-type: none"> • Check before a visit to ensure the patient has no known allergies that the dog could trigger or a history of asthma. If a patient has an allergy to either the hair, skin or dander of a dog a visit would not be appropriate. • The handler must be registered with the host NHS trust volunteering team and have had local security checks and a DBS check based on the areas they are visiting. • During the visit, the dog should be on a lead and under control at all times. • The dog should ideally wear some form of identification such as a tag or jacket, identifying it as a therapy dog. • The dog should never be left alone with anyone other than the handler. • The handler must be able to remove a dog from any stressful/risky situation and be able to read the dog's body language to understand when the dog is comfortable. The handler must be able to terminate a visit (and without question) immediately should he/she indicate that the dog needs removing. • The time a dog is working should be limited to one hour, with a max of three hours working a day, with breaks between for rest and recuperation. It is the handler's responsibility to recognise and respond to the dog's needs and hydration requirements. • The AAI team must ensure that patient confidentiality and anonymity is maintained at all times.

7. Appendices

Appendix 1a: Template for pet dogs visiting health care settings

OWN PET VISIT PLAN

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

Approval obtained	Name and signature	Date
Consultant		
Nurse in charge		
Infection control, if necessary		
Patient family agreement		
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 1b: Template for managers to assess staff with an assistance dog working in a health care setting

Discussion point	Additional notes	Date agreed and signed
Is the dog suitable trained and required? i.e. trained to a high level of obedience and mitigates a disability (including owner trained dogs)?		
Has occupational health any current involvement?		
Is the workplace suitable for staff and an assistance dog? Such as: <ul style="list-style-type: none"> • Adequate space for staff/dog and equipment such as dog bed, water bowl, etc. • Support from other staff who may need to provide care for dog in event if individual unavailable • Records of infection and prevention control measures related to the assistance dog including vaccinations, flea and worming • Have religious and cultural beliefs been taken into account with staff working with alongside an assistance dog? • Do any other staff members have noted allergies to dogs that need to be taken into consideration? • Is further training required across the staff department for awareness and understanding? 		
Are evacuation measures in place that are considerate of staff working with assistance dogs (ie, stairs)? Does a personal evacuation plan need to be completed?		
Is it safe for dogs to be in certain clinical areas or with specific patient groups? <i>Discussion with IPC lead may be required*</i>		
Are designated spaces available for assistance dog toileting? Ie, urinating, defecation, poo bin location, etc.		
Does the individual have appropriate level of liability insurance which covers working in a health care setting? Is documented proof of insurance required?		
<i>*Does not mean exclusion from all clinical areas, this is dependent on an individual assessed basis using IPC guidance</i>		

Appendix 2: Service providers and useful contacts

Assistance dogs

Assistance Dogs UK (ADUK)

Assistance Dogs UK is a voluntary coalition of assistance dog charities that have been accredited by Assistance Dogs International (ADI) and/or The International Guide Dog Federation (IGDF). They are available to review and advise on policies pertaining to assistance dogs.

Current accredited members:

- Autism Dogs Charity
- Bravehounds
- Canine Partners
- Darwin Dogs
- Dog A.I.D.
- Dogs for Autism
- Dogs for Good
- Guide Dogs
- Hearing Dogs for Deaf People
- Medical Detection Dogs
- Service Dogs UK
- Support Dogs
- The Seeing Dogs Alliance

Full details of all ADUK members available at: [assistedogs.org.uk](https://www.assistedogs.org.uk)

Assistance Dog Assessment Association (the ADAA)

The ADAA provide an independent public access assessment and help with access issues for owner trained assistance dog partnerships. theadaa.org

Animal Assisted Intervention dogs

The key national organisations working in this field include:

Dogs for Good
[dogsforgood.org](https://www.dogsforgood.org)

Pets as Therapy
[petsastherapy.org](https://www.petsastherapy.org)

Therapy Dogs Nationwide
[tdn.org.uk](https://www.tdn.org.uk)

This organisation does not currently preclude dogs fed on raw food and does not insist on routine vaccination. Organisations need to be aware of this if they accept volunteers and dogs from this organisation.

Other useful contacts

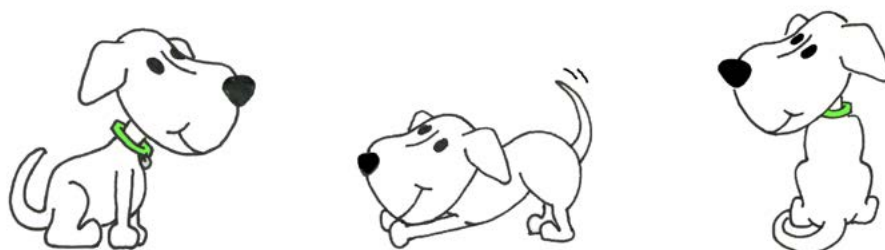
Assistance Dogs International (ADI)
assistancedogsinternational.org

International Guide Dog Federation (IGDF)
igdf.org.uk

Animal Assisted Intervention International (AAIL)
aai-int.org

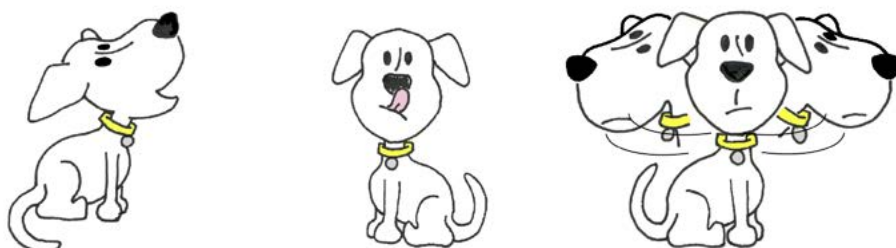
Appendix 3: Understanding dog behaviour

A happy or settled dog's body language



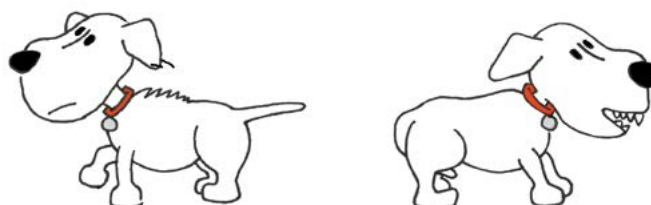
A relaxed dog who is happy to be there and do their job well. They have a relaxed posture, tail wagging and ears in natural position. They are happy to look away, offer you their back or bow down over their front legs inviting you to play.

An anxious or unsettled dog's body language



An uncomfortable dog and they don't really want you to interact with them. Their body posture is low with their tail tucked under and ears back. They may be yawning, licking their lips or panting excessively. They may be hypervigilant, constantly looking around and unable to settle.

A fearful or angry dog's body language



An unhappy or stressed dog who wants you to move away from them and leave them alone. They may be cowering, tail between their legs, the hair along their spine is up and they may show their teeth.

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RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This guidance highlights the precautions that should be taken when dogs are brought into various health care settings and provides clear guidance on all reasonable safeguards that should be put in place to protect, patients or residents, visitors and staff. It covers the role of both the dog and the owner/handler and includes information that all organisations should take into account before allowing a dog to access their premises. This includes staff with assistance dogs as well as patients, visitors, and people and organisations who have contact or who work with assistance dogs or therapy dogs.

Publication date: April 2025 Review date: April 2028

The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact publications.feedback@rcn.org.uk

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Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333
www.rcn.org.uk

April 2025
Review date: April 2028
Publication code: 011 943

