

Amended November 6, 2018

**Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20240**

**VHA DIRECTIVE 1178(1)
Transmittal Sheet
September 14, 2018**

ANIMAL-ASSISTED ACTIVITIES AND ANIMAL-ASSISTED THERAPY

1. REASON FOR ISSUE: To establish policy and provide guidance for animal-assisted activities and animal-assisted therapy programs in VHA facilities.

2. SUMMARY OF CONTENT:

a. Amendment dated November 6, 2018 updates the following paragraphs pertaining to infection prevention and control: 4.i; 5a.; 5b; 5.k. and 6.c.

b. This new VHA directive establishes criteria and guidance for conducting animal-assisted activity and animal-assisted therapy programs.

3. RELATED ISSUES: VHA Directive 1188, Animals on Veteran Health Administration (VHA) Property, dated August 26, 2015.

4. RESPONSIBLE OFFICE: The Deputy Chief Patient Care Services Officer, Rehabilitation and Prosthetic Services (10P4R) is responsible for the content of this VHA directive. Questions may be addressed at 202-461-7444.

5. RESCISSIONS: None.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of September 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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ANIMAL-ASSISTED ACTIVITIES AND ANIMAL-ASSISTED THERAPY

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy and provides guidance for conducting animal-assisted activities (AAA) and animal-assisted therapy (AAT) in VHA facilities while maintaining a safe environment for patients, residents, employees, visitors, and the animals in AAA and AAT programs. **NOTE:** *AAA and AAT animals are distinct from Veteran-owned service dogs and are distinct from animals in VHA residential animal programs. Veteran-owned service dogs are dogs that are specifically trained for individual Veterans, and are under the control of the Veteran at all times both on and off VA property. Therefore, the access of AAA and AAT animals to VHA property, as managed under this directive, is different than how access of service dogs and animals in VHA residential animal programs is managed under other VHA policy. For more information on how access of service dogs and animals in VHA residential programs is managed, see VHA Directive 1188, Animals on VHA Property. AUTHORITY:* Title 38 United States Code (U.S.C.) 901 and 7301(b), 38 Code of Federal Regulations (CFR) 1.218(a)(11).

2. DEFINITIONS

a. **Animal-Assisted Activities.** Animal Assisted Activities (AAA) are those activities that use animals to provide patients with opportunities to experience motivational, educational, and recreational benefits. These programs allow patients or residents to visit animals in either a common area in the facility, or in individual patient or resident rooms. AAA includes "meet and greet" activities that involve animals and their handlers visiting patients or residents, usually in groups on a scheduled basis. AAA is generally not a goal-directed clinical intervention or tailored to a particular person, and therefore is not necessarily incorporated into the treatment regimen of a patient or documented in the patient's treatment plan. AAA handlers are VA volunteers who are covered as Without Compensation (WOC) employees.

b. **Animal-Assisted Therapy.** Animal Assisted Therapy (AAT) is a goal-directed, planned and structured therapeutic clinical intervention facilitated or provided by a VA nationally credentialed recreation, occupational, physical, speech-language or other rehabilitation therapist that incorporates the use of an animal into the treatment regimen of a patient. AAT handlers are VA Volunteers who are covered as WOC employees. VA Volunteer animal handlers under the supervision of a therapist may facilitate interactions between the animal and Veteran. Patient or resident-specific goals and objectives are determined, and progress of the patient or resident is evaluated and must be documented in the treatment plan. AAT is designed to improve human physical, social, emotional, and cognitive function, and may be group or individual in nature provided in a variety of settings.

c. **Domesticated Animals.** Animals that have been adopted for social interactions with humans, (e.g. dogs, cats, horses, farm animals, guinea pigs, and birds not susceptible to psittacosis).

3. POLICY

It is VHA policy that a VHA facility may only conduct AAA and AAT programs when the presence of AAA or AAT animals would not compromise patient care, patient safety, or infection prevention and control standards.

4. RESPONSIBILITIES

a. **Veterans Integrated Service Network Director.** Each Veterans Integrated Service Network (VISN) Director is responsible for ensuring that VHA facilities under the jurisdiction of their VISN establish AAA or AAT programs that are administered in accordance with the criteria and guidance established in this directive.

b. **VA Medical Facility Director.** Each VA medical facility Director with an AAA or AAT program is responsible for ensuring such programs are administered in accordance with the criteria and guidance established in this directive, with particular attention to:

(1) Responsibilities of VHA personnel that conduct or manage an AAA/AAT program (see paragraph 4.h.).

(2) General infection prevention and control, and safety measures (see paragraph 5).

(3) General animal health and behavior (see paragraph 6).

c. **Facility Chief, Recreation Therapy.** The facility Chief, Recreation Therapy, or designee, is responsible for management of all AAT programs conducted in the facility, including approval and orientation of the AAT animal handler to the therapy program areas as assigned.

d. **Facility Chief Voluntary Service.** The facility Chief, Voluntary Service, or designee, is responsible for management of all AAA programs conducted in the facility and will ensure animal handlers receive appropriate training and orientation to the facility and patient care units. Additionally, the facility Chief, Voluntary Service, or designee, is responsible for documenting, and maintaining up-to-date files regarding the status of volunteers participating in an AAA or AAT program to include ensuring that they are formally appointed as WOC employees.

e. **Facility Voluntary Service Personnel.** Facility Voluntary Service personnel are responsible for collaborating with VHA personnel who conduct or manage AAA or AAT programs with regard to the recruitment, orientation, training, assignment, supervision, and vetting of AAA or AAT organizations and their animal handlers at VHA facilities.

f. **Facility Infection Prevention and Control Personnel.** Facility Infection Prevention and Control Personnel are responsible for collaborating with VHA personnel that conduct or manage AAA or AAT programs to assess the infection risk, and for implementing appropriate infection prevention and control safeguards associated with AAA or AAT programs.

g. **VHA Facility Unit Supervisors or Managers.** Facility unit supervisors or managers are responsible for ensuring that AAA or AAT animals are only permitted in areas on the units where their presence would not compromise patient care, patient safety, or infection prevention and control standards.

h. **VHA Personnel Who Conduct an AAA or AAT Program.** Organizational alignment of the AAA or AAT programs within a VHA facility depends upon practical considerations regarding the scope of the AAA or AAT programs and facility staff responsible for these programs. Regardless of program alignment, a multidisciplinary team must be involved in the development, implementation, monitoring, and periodic evaluation of any facility AAA or AAT program, as with any therapeutic or other activity involving patients. VHA personnel responsible for conducting an AAA or AAT program within a VHA facility must:

(1) Ensure only domesticated animals are involved in AAA or AAT programs. The following species which may pose a high risk of causing human injury or infection are not suitable for the AAA/AAT program and must be excluded: some farm animals (e.g., female sheep because of high risk of Q fever) and wild and exotic species (e.g., non-human primates, reptiles, amphibians, turtles or tortoises, hamsters, gerbils, mice, rats, Prairie dogs, hedgehogs, and Psittacine birds such as parrots, parakeets, and macaws).

(2) Ensure that an animal participating in AAA or AAT is healthy and has an appropriate temperament to provide effective AAA or AAT (see paragraph 6 of this Directive for more information regarding the health, temperament, and behavior of an AAA or AAT animal).

NOTE: *Animals used in AAA or AAT must be certified or registered by one of the national/international organizations as meeting certain criteria for AAA or AAT, or have documentation from a Licensed Veterinarian that confirms the animal is at least one year of age, is up to date (within a 12 month period) with all core vaccinations or immunizations, prophylactic parasite control medications, and post rabies treatment and regular health screenings as determined necessary by the local and state public health requirements in which the medical facility is located, and consistent with local veterinary practice standards, in geographic areas where certified or registered AAA or AAT animals are limited or not available.*

(3) Coordinate with the VA Volunteer animal handler prior to conducting AAA or AAT to determine where the session will be held and that the location provides a safe environment for any participants. The animal should not be in an area not related to its purpose in providing AAA or AAT. **NOTE:** *Facility Chief Voluntary Service or designee is responsible for overall managing and scheduling guidelines for AAA visits. Facility Chief Recreation Therapy or designee is responsible for overall managing and scheduling guidelines for AAT visits.*

(4) Ensure the animal handler is responsible for the animal, has the animal on a leash or a guiding harness, or otherwise has the animal under control at all times while the animal is in the facility, and that animals are not left alone inappropriately with a patient or resident. Birds must be kept in cages at all times. Cats must be in carriers when not

engaging with patients during AAA/AAT interventions or when not engaging with patients during AAA or AAT sessions.

(5) Ensure that patient preference (e.g., fear of animal, allergies, comfort, boundaries) is considered when determining the use of AAA or AAT.

(6) Ensure staff education, and documentation thereof, for those involved with the AAA or AAT programs.

(a) Facility Chief Recreation Therapy or designee is responsible for overall staff education for AAT visits. However, each therapy program shall designate personnel responsible for ensuring staff education, and documentation thereof, for those involved with AAT programs.

(b) Chief Voluntary Service or designee is responsible for overall staff education for AAA visits; however, each AAA program area shall designate personnel responsible for staff education, and documentation thereof, for those involved with AAA programs.

(7) Questions concerning liability related to injury/damage caused by animals involved in the AAA or AAT programs, should be addressed with the District Counsel. This should include immediate notification of any incident that places a person or animal at significant risk of harm arising out of an AAA or AAT program.

i. **AAA or AAT Animal Handlers.** AAA or AAT VA Volunteer animal handlers are to adhere to, and comply with, VHA and facility specific directives, policies, and procedures, related to issues such as but not limited to: privacy, infection control, and customer service. Animal handlers will be expected to participate in required screenings, interviews, orientations, and training prescribed by the VA facility, including completing a trial period as established by the VA facility. Animal handlers may be screened for tuberculosis, if required by the local VA facility.

(1) Animal handlers are responsible for ensuring the animal coming into the facility is bathed and groomed recently enough to remove excess hair and dander, as well as reduce skin and saliva allergens.

(2) Animal handlers are responsible for caring for the animal (e.g. feeding, watering, and cleaning up waste) and ensuring the animal's appropriate behavior on VA property. AAA and AAT animals must be under the control of the handler or alternate handler at all times while on VA property. Particularly, dogs must be on a leash not less than 4 feet and not to exceed 6 feet in length or in a guiding harness as required by certifying organizations. **NOTE:** This requirement is not intended to prohibit off-leash, supervised contact with patients during AAA or AAT.

(3) Animal handlers must make sure that the animal has a chance to void before entering the facility. The handler must pick up any animal waste in a plastic bag and deposit it in the trash followed by appropriate hand hygiene.

(4) Animal handlers must ensure animal nails are short with no rough edges. Animals must be trained not to scratch the patient. For additional protection, animals may wear protective foot coverings.

5. GENERAL INFECTION PREVENTION, CONTROL, AND SAFETY MEASURES

The following provides guidance for preventing zoonotic diseases, ensuring adequate parasite control, preventing allergic responses, and preventing and managing injuries resulting from animal to human or animal to animal contact.

a. An infection control risk assessment (ICRA) must be completed by VHA personnel who are responsible for conducting or managing AAA or AAT programs in collaboration with the facility's Infection Prevention and Control personnel and with a VA Veterinary Medical Officer, the VA Chief Veterinary Medical Officer, or a licensed private veterinarian from the community. Records and documentation will be readily available to the Chief Recreation Therapy or designee and to the Chief Voluntary Service or designee. The ICRA must be completed prior to initiation of an AAA or AAT program, and when significant changes are made in any such program including but not limited to changes in: Animal species, regulatory requirements, infection prevention, control, and safety, patient care setting, etc.

b. VHA personnel who are responsible for conducting or managing AAA or AAT programs are responsible for initiating the annual reassessment of infection prevention and control issues in collaboration with infection prevention and control personnel.

c. Certain areas are prohibited to animals in AAA or AAT programs. Such areas include, but are not limited to:

(1) Operating rooms and surgical suites;

(2) Areas where invasive procedures are being performed;

(3) Acute inpatient hospital settings when the presence of the AAA/AAT animal is not part of a documented treatment plan;

(4) Decontamination, sterile processing, and sterile storage areas;

(5) Food preparation areas (not including public food service areas);

(6) Any areas where personal protective equipment/ clothing must be worn or barrier protective measures must be taken.

d. Anyone who comes in physical contact with an AAA or AAT animal must observe appropriate hand hygiene after touching the animal.

e. Employees and Volunteers must report to Occupational Health with exposures or injury, not limited to: animal bites, animal scratches, mucous membrane exposure, or injury from dirty cage. Responsible VA personnel must immediately report patient

exposure or injury to their treatment team. Facility Chief, Voluntary Service or designee, and Facility Chief Recreation Therapy Service or designee will complete an incident report and other documentation per local policy. **Note:** *Local policy may determine whether a bite or scratch incident may be grounds for dismissal of the animal from the program. In the event of a bite from a species known to be susceptible to rabies, if Occupational Health suggests that post-exposure rabies vaccination occur, the Centers for Disease Control and Prevention (CDC) recommend post-exposure anti-rabies vaccinations should always include administration of both passive antibody and vaccine for individuals who have never been vaccinated against rabies previously. For those who have been previously vaccinated or are receiving pre-exposure vaccination for rabies, they should receive only one vaccine. All animals susceptible to rabies should be current in their rabies vaccination status before participating in any AAA or AAT activity (see subpar k below).*

f. Precautions to mitigate allergic responses to animals must be instituted as needed. The American Academy of Allergy, Asthma, and Immunology estimates that dog or cat allergies occur in approximately 15 percent of the population.

g. The animal must be clean, well-groomed, and in general good health (see paragraph 6 of this directive). **NOTE:** *The access of patients or residents and staff with severe allergic responses to AAA or AAT animals should be handled on a case-by-case basis in consultation with VA health care providers.*

h. Should an AAA or AAT animal be approached or attempted to be petted in a hallway, visitors or Veterans should be asked not to engage with the animal unless in the area designated for AAA or AAT.

i. Contact with animal saliva must be minimized. Animals must not lick patients' or residents' wounds, and wounds must be covered to prevent animals from licking or coming in direct contact.

j. All persons conducting, managing, or participating in AAA and AAT programs should avoid contact with animal urine and feces. Animal toileting guidelines and animal waste cleaning guidelines must be established for any animal elimination that occurs inside and outside the facility. VA Volunteer animal handlers must use gloves, plastic bags, or other appropriate barriers to clean waste followed by appropriate hand hygiene after removal of gloves, plastic bags, or other appropriate barriers. After the area is cleaned, VHA responsible personnel will contact housekeeping. Housekeeping personnel wearing appropriate personal protective equipment will disinfect the area with the approved product, following the label instructions for appropriate concentration and contact time, followed by appropriate hand hygiene.

k. The AAA or AAT animal handler must provide the medical facility's Veterinary Medical Officer with documentation that confirms the AAT or AAA animal is at least one year of age, is up to date (within a 12 month period) with all core vaccinations or immunizations, prophylactic parasite control medications, and post rabies treatment and regular health screenings as determined necessary by the local and state public health

requirements in which the medical facility is located, and consistent with local veterinary practice standards. If the facility does not have a Veterinary Medical Officer, then the documents should be referred to the VA Chief Veterinary Medical Officer or a licensed private veterinarian. This documentation is located in the facility's AAT or AAA Program where it is accessible to VHA personnel conducting AAT or AAA.

I. As determined by local staff in consultation with the Veterinary Medical Officer, if an AAA/AAT animal poses a risk to the health or safety of people or other service animals on VA property, the animal and animal's handler should have their visitation privileges withdrawn until re-examination of the animal by the Veterinary Medical Officer or a licensed private veterinarian indicates that the animal no longer poses a health or safety risk.

6. GENERAL ANIMAL HEALTH AND BEHAVIOR

The following provides guidance regarding animal health and behavior and for preventing and managing injuries resulting from animal to human or animal to animal contact.

a. **General Considerations.** Domesticated animals such as dogs and cats tend to have fewer risks for disease transmission because they have long histories of living in controlled environments (non-wild environment) with humans. Wild (exotic) animals, even if born in captivity, may present greater zoonotic risks because they have less-predictable behaviors, there may be fewer effective vaccines for zoonotic infections, and these animals may have organisms not usually found in the human communities. Factors contributing to the reduction of risks for zoonosis in the animal include: use of animals from a reputable domestic (United States) source, regular veterinary care (within a 12 month period) with all core vaccinations or immunizations, prophylactic parasite control medications, and regular health screenings, diets of uncontaminated food and water, flea and tick control, and effective vaccines. For listings of domestic zoonotic diseases, see <http://www.cdc.gov/healthypets/>.

b. **Key Concerns.** Key concerns with having animals in health care facilities include, but are not limited to: zoonotic transmission of a disease or infection from an animal host to a human; animal bites; human phobias to specific animal species; management and care of the animals; and allergic reactions in patients, employees, volunteers, trainees, and visitors. Considering there are more than 200 infectious diseases that can be transmitted from animals to humans, the health of the animal is a major concern. The presentation of certain records as proof of an animal's health is necessary when an animal will have routine and constant interaction with employees, Veterans, patients, and visitors. This is particularly important in residential and health care facility settings, so that VA may ensure that the necessary care, safety, infection prevention, and control standards are provided for patients and residents.

c. **Requirements.** Before an animal can participate in AAA or AAT, the comprehensive risk assessment will be reviewed by VHA personnel responsible for conducting or managing AAA or AAT programs.

(1) An animal should be well behaved and responsive to obedience commands when given. In general, animals should exhibit a calm demeanor when on VA property. For instance, dogs should not jump up on people or tables, or focus on finding food.

(2) An animal should not exhibit signs of aggression against people or other animals on VA property. Signs of aggression vary by species. As an example, for dogs, aggressive behavior would include growling, biting or snapping, baring of teeth, or lunging. Early warning signs of aggressive behavior may include but are not limited to: dogs laying ears back, raised hair; cats displaying a stiff, straight-legged upright stance, stiffened rear end raised and the back sloped downward toward the head, tail is stiff and lowered or held straight down to the ground, direct stare, upright ears with the back rotated slightly forward, hair raised, constricted pupils, and direct facing; birds elevated feathers on the nape of the neck, eyes flashing to show excitement, open beak and fanned tail feathers.

(3) **NOTE:** *According to the Society for Healthcare Epidemiology of America (SHEA) Expert Guidance, Animals used in AAA or AAT are required to be reexamined at least once a year by the Veterinary Medical Officer or a licensed private veterinarian to determine the animal's continued suitability for the program, or when a change in the animal's behavior is observed by VA staff.*

(4) An animal should not exhibit external signs of parasites (e.g. fleas, ticks), or other external signs of disease or bad health (e.g., diarrhea, vomiting, or frequent sneezing).

(5) Animals must be at least one year of age unless adults of the species reach behavioral maturity at an earlier age as indicated on their documentation.

(6) The VA Volunteer animal handler is responsible for caring for the animal (e.g. feeding, watering, and cleaning up waste) and ensuring the animal's appropriate behavior on VA property. AAA and AAT animals on VA property must be under appropriate control by the VA Volunteer animal handler at all times. Particularly, dogs must be on leash not less than 4 feet and not to exceed 6 feet in length or in a guiding harness, and cats should be in a carrier when they are not involved in the AAA or AAT. **NOTE:** *This requirement is not intended to prohibit off-leash, supervised contact with patients during AAA or AAT.*

(7) If an AAA or AAT animal handler is registered with their certifying organization and therefore carries liability insurance, the handler must provide VA with documentation that confirms such insurance coverage. Documentation presented by AAA organizations will be kept by Facility Voluntary Service, and AAT organizations' documentation will be kept by Facility Recreation Therapy.

(8) If an animal participating in AAA or AAT harms or appears imminently likely to harm a patient or resident, employee, or visitor (bites, scratches, uneven temperament), the AAA/AAT assigned program staff in the area should ask the VA Volunteer animal handler to remove the animal from the property. If the VA Volunteer animal handler refuses, the staff in the area should contact their immediate supervisor/Service Chief or

designee to come to the area to meet with the Volunteer to make a second attempt to resolve the situation and have the animal removed from the grounds. If the VA Volunteer animal handler continues to refuse to remove the animal from VA property, VA Police are to be contacted to resolve the situation and enforce removal of the animal from the property. Bites and scratches to humans need to be treated promptly and report any injuries to the public health or animal control authorities as required by local laws. The VA Police, with participation of the animal handler, will complete a Uniform Offense Report concerning the incident. Patient or resident, employee, or visitor must seek medical attention if it has been more than 5 years since their last tetanus shot. Follow-up testing is not required unless the animal tested positive for rabies. **Note:** *According to CDC, (<https://www.cdc.gov/rabies/exposure/testing.html>) a healthy domestic dog, cat, or ferret that bites a person should be confined and observed for 10 days. Any illness in the animal during the confinement period or before release should be evaluated by a veterinarian and reported immediately to the local public health department.*

(9) In an incident that places a person or animal at significant risk of harm, the VHA personnel responsible for conducting the session must call the VA Police to report the incident. The VA Police, with participation of the VA Volunteer animal handler, will complete a Uniform Offense Report concerning the incident. The responsible VHA Office (i.e., Recreation Therapy for AAT; Voluntary Services for AAA) will report the incident to any certifying organization for the animal handler, as appropriate, and will contact the District Chief Counsel office regarding the incident.

(10) If the facility has a research attending veterinarian, strong consideration needs to be given to including that individual in decision-making processes regarding animals for AAA and AAT. The Chief Veterinary Medical Officer can also provide consultation as needed, and can be reached at 202-443-5616.

7. REFERENCES

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- b. VHA Directive 1004.08, Disclosure of Adverse Events To Patients.
- c. VHA Handbook 1050.01 VHA National Patient Safety Improvement Handbook
- d. VHA Directive 1188, Animals on VHA Property.
- e. VHA Handbook 1620.01, Voluntary Service Procedures.
- f. VHA Directive 1620, Department of Veterans Affairs Voluntary Service.
- g. American Humane Association.
<http://www.americanhumane.org/interaction/programs/animal-assisted-therapy/>
- h. American Veterinary Medical Association's Definitions and Guidelines for Animal Assisted Interventions. <https://www.avma.org/kb/policies/pages/default.aspx>

- i. American Veterinary Medical Association. <https://www.avma.org/KB/Resources/Reference/human-animal-bond/Pages/Human-Animal-Bond-assistance-animals.aspx>
- j. CDC Compendium of Measures to Prevent Disease Associated with Animals in Public Settings, 2001, *Morbidity and Mortality Weekly Report (MMWR)*. 60(RR04); 1-24 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6004a1.htm>
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- q. Van Duijkeren E, Wolfhagen MJHM, Box ATA, et al. Human-to-Dog Transmission of Methicillin-Resistant *Staphylococcus aureus*. *Emerging Infectious Diseases*. 10(12): 2235-2237; 2004.
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