



Animal Assisted Interventions: SCAS Code of Practice for the UK



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Purpose and Scope

Animal Assisted Intervention (AAI) is a relatively new field acknowledged as an important aspect of One Health. There are currently no National Occupational Standards (NOS) for AAI in the UK. Well planned AAI sessions which are delivered responsibly offer numerous benefits to the participants, including those involved in delivering the intervention, as well as to the animal. For recipients, AAI can have a positive impact on physical abilities as well as addressing psychological, social, educational, emotional and cognitive needs.

The [Animal Assisted Interventions: SCAS Code of Practice for the UK \(the Code\)](#) has been produced by The Society for Companion Animal Studies (SCAS) and its members. It is a voluntary code intended to offer guidance on good practice for designing and delivering AAI effectively and safely, ensuring that the welfare needs of both humans and animals are met.

It is strongly recommended that the Code is applied as part of a multidisciplinary approach and that advice and guidance from those working in allied disciplines such as health, social care and education, psychology, veterinary science, ethics, animal welfare and animal behaviour are sought in the development of AAI programmes and in the delivery of AAI sessions.

Who is the Code aimed at?

The Code is for organisations, charities, businesses or individuals that design, manage, organise and/or implement the delivery of AAI programmes. Their services may be commissioned by others or, in some cases, those responsible for the management of an AAI programme may also be the AAI facilitator who delivers the session. The Code also serves to inform staff and clients in health, social care and educational institutions to which AAI is delivered.

Application of the Code

The Code recognises that AAI in the UK is delivered in a variety of ways, across different settings and involving a range of domesticated species. The number of people involved in the delivery of sessions may vary from one person to several, and the roles may differ too. For example, many AAI programmes in the UK are volunteer-led which see individuals delivering a service as part of a larger organisation e.g. Pets As Therapy and Therapet. Such visits are usually undertaken with the volunteer's own animal and delivered to clients in different settings as part of a 'meet and greet' informal approach; in other instances, an AAI session may involve several people with different roles. For example, a professionally qualified health professional may include their own animal in a structured session which aims to meet the specific goals of a client, or may work alongside a volunteer team and/or a client's support worker.

In all these examples, the ways in which the various roles and responsibilities within AAI sessions and programmes will differ. For example, some programmes may appoint one individual practitioner who is responsible for the delivery of the session; other larger organisations may oversee issues such as insurance, policy compliance, safety requirements, etc. leaving their volunteers to focus on the delivery of the AAI session.

The Code seeks to clearly define the considerations and responsibilities which must be addressed in order to deliver AAI in a consistent, safe and effective manner. It does not attempt to define how such roles and responsibilities should be assigned. This will be dependent on the type of programme and how its delivery is structured and as outlined above, this can vary considerably.

AAI Definitions

SCAS adopts the International Association of Human-Animal Interaction Organisations¹ definitions.

These are:

Animal Assisted Intervention (AAI)

An Animal Assisted Intervention is a goal oriented and structured intervention that intentionally includes or incorporates animals in health, education and human services (e.g., social work) for the purpose of therapeutic gains in humans. It involves people with knowledge of the people and animals involved. Animal Assisted Interventions incorporate human-animal teams in formal human services such as Animal Assisted Therapy (AAT), Animal Assisted Education (AAE) or under certain conditions Animal Assisted Activity (AAA). Such interventions should be developed and implemented using an interdisciplinary approach.

Animal Assisted Therapy (AAT): Animal Assisted Therapy is a goal oriented, planned and structured therapeutic intervention directed and/or delivered by health, education and human service professionals. Intervention progress is measured and included in professional documentation. AAT is delivered and/or directed by a formally trained (with active licensure, degree or equivalent) professional with expertise within the scope of the professionals' practice. AAT focuses on enhancing physical, cognitive, behavioural and/or socio-emotional functioning of the particular human recipient. The professional delivering AAT (or the person handling the animal under the supervision of the human service professional) must have adequate knowledge about the behaviour, needs, health and indicators and regulation of stress of the animals involved.

Animal Assisted Education (or Animal Assisted Pedagogy): Animal Assisted Education (AAE) is a goal oriented, planned and structured intervention directed and/or delivered by educational and related service professionals. AAE is conducted by qualified (with degree) general and special education teachers. An example of AAE delivered by a regular education teacher is an educational visit that promotes responsible pet ownership. AAE, when done by special (remedial) education teachers is also considered therapeutic and a goal-oriented intervention. The focus of the activities is on academic goals, pro-social skills and cognitive functioning. The student's progress is measured and documented. An example of AAE delivered by a special education teacher is a dog-assisted reading program. The professional delivering AAE, including regular school teachers (or the person handling the animal under the supervision of the education professional) must have adequate knowledge about the behaviour, needs, health and indicators and regulation of stress of the animals involved.

Animal Assisted Activity (AAA): Animal Assisted Activity is a planned and goal oriented informal interaction and visitation conducted by the human-animal team for motivational, educational and recreational purposes. Human-animal teams must have received at least introductory training, preparation and assessment to participate in informal visitations. Human-animal teams who provide AAA may also work formally and directly with a healthcare, educator and/or human service provider on specific documentable goals. In this case they are participating in AAT or AAE that is conducted by a specialist in his/her profession. Examples of AAA include animal assisted crisis response that focuses on providing comfort and support for trauma, crisis and disaster survivors, and visiting companion animals for 'meet and greet' activities with residents in nursing homes. The person delivering AAA must have adequate knowledge about the behaviour, needs, health and indicators of stress of the animals involved.

Animal Assisted Coaching (AAC): Animal Assisted Coaching is a goal oriented, planned and structured animal assisted intervention directed and/or delivered by professionals licensed as coaches. Intervention progress is measured and included in professional documentation. AAC is delivered and/or directed by a formally trained (with active licensure, degree or equivalent) professional coach with expertise within the scope of the professionals'

practice. AAC focuses on enhancing personal growth of the recipient, on insight and enhancement of groups processes, or on social skills and/or socio-emotional functioning of the recipient(s). The coach delivering AAC (or the person handling the animal under the supervision of the coach) must have adequate training about the behaviour, needs, health and indicators and regulation of stress of the animals involved.

One Health and One Welfare: The World Health Organisation defines One Health as an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes.

One Welfare recognises the interrelationship between animal welfare, human well-being and the environment (Pinillos *et al* 2016)². One Health and One Welfare are relevant to Animal Assisted Interventions, the goals of which are similar; the improvement of human health, wellness and functioning.

The interdisciplinary collaborative nature of both approaches provides unique opportunities for professionals from several disciplines to collaborate to achieve optimal health for people, animals and the environment.

Definitions used in this document

Participants: People that may benefit from AAI who can be of all ages and abilities.

Animal steward: Person (s) responsible for the care of the animal during AAI sessions. This may also involve ensuring the animal is suitably prepared for the intervention and rested/cared for during and afterwards. In many cases they will also be the AAI facilitator.

AAI facilitator: Person delivering and leading the AAI session. For example, this may be an individual therapist delivering AAT in a secure setting or a volunteer delivering AAA within a school.

AAI delivery team: Team of people involved in the delivery of the AAI session. This will include an AAI facilitator and may include other members of a multidisciplinary team such as a participant's support worker or an animal behaviourist. All may be present at the session.

AAI programme: The structure and planning which supports the delivery of an AAI session or multiple sessions – e.g. a volunteer-led AAI programme delivered across local hospitals or a number of AAT sessions to be delivered to one participant.

AAI session: The period of time devoted specifically to the delivery of the intervention.

Resident animal: animals that reside in a facility as shared communal companion animals. They need to be distinguished from animals individually owned by a resident

Visiting animal: animals accredited for AAI that visit a facility

Zoonosis: a disease transmissible from animals to people, or vice versa. Also termed zoonotic disease. Zoonoses is the plural.

1. www.iahaio.org
2. Pinillos G., Appleby, M., Scott-Park F, Smith C. One Welfare. In *Veterinary Record* 2014 Vol 177, Issue 24 <http://dx.doi.org/10.1136/vr.h6830>

Introduction to the revised SCAS Code of Practice in AAI

There is irrefutable evidence that AAI programmes can confer many benefits to clients, staff, visitors, animals and the wider community. The presence of animals helps to normalise a facility and provides an opportunity for the giving and receiving of nurture and for tactile comfort. Animal presence produces measurable positive physiological responses in neurotransmitter levels, improved cardiovascular function and a reduction in the levels of cortisol, the stress hormone. The elevation in oxytocin levels, for example, facilitates social interaction, improving communication between residents and with staff. Mood is elevated, people are happier. Stress levels for residents, staff and visitors are reduced.

Consequently, organisations are increasingly introducing animals to health and social care facilities and to educational establishments as visiting and/or as communal resident animals.

However, the introduction of AAI programmes requires careful planning to help ensure that such interventions are safe for all involved and that animal welfare is not compromised. The SCAS Code of Practice in AAI informs professionals, patients and the public about key steps required to achieve best practices. The Code encourages interdisciplinary collaboration across the caring professions in the planning, development and maintenance of programmes; and between practitioners and researchers in documenting outcomes. Through such collaboration programmes become more effective and sustainable.

The SCAS Code has been revised to reflect current understanding of AAI particularly in relation to safe practice and animal welfare. Advice on zoonoses has been expanded to address issues pertaining to farm animals, exotic species and risks associated with raw meat products.

The Code is a living document and will be updated as new evidence is available.

About SCAS

The Society for Companion Animal Studies is a charity founded in 1979 for the purposes of studying human-animal interactions and raising awareness about the importance of pets in society.

Over the past forty years SCAS has established itself as the leading human animal bond organisation in the UK through providing education, raising awareness, encouraging best practice and influencing the development of policies and practices that support the human animal bond. There is a growing awareness of research confirming that companion animals improve the health and quality of life of pet owners and of people resident in institutions. Their presence in communities also contributes to social capital; by creating safer and friendlier neighbourhoods and by normalising institutional environments.

SCAS is a membership organisation whose members are drawn from the health, education and social care professions and members of the public who are interested in human-animal interactions. For more information about SCAS and membership please visit www.scas.org.uk

Sections

This document is organised in seven main sections:

1. Participants
2. Animals
3. Programme planning and implementation
4. Qualifications and training within the AAI delivery team
5. Health and safety
6. Risk assessments
7. Ethical considerations

1. Participants

Participants are people that can benefit from the delivery of AAI who can be of all ages and abilities. The physical, psychological and emotional wellbeing of the human participants must not be compromised during an AAI session. All AAI sessions should have a designated AAI facilitator responsible for delivering and leading the session. Both participant and anyone present should have the option to terminate the intervention any time.

1.1 Suitability and selection

Interventions that are appropriate to the abilities, preferences and needs of individual participant(s) should be devised and developed. If relevant, other members of the participant's care team should be present at, or available to provide input on the session and how it can best meet the participant's needs.

Prior to the session, the participant's confidence and their comfort levels when being around the particular animal species involved in the intervention and any contra-indications should be explored and defined.

1.2 Human health considerations

Infection control procedures and essential hygiene practices should be in place and consistently implemented. With support from veterinary and allied professionals, advice should be followed to minimise the risk of zoonotic disease and injuries. Additional measures may be required if participants are immunocompromised, for example people with certain health conditions, young children, pregnant women and older people. Some species pose higher zoonotic risks, for example farm animals and poultry. The young of all species pose higher zoonotic risks than adults. (see references in Appendix A).

Participants' adverse reactions, contraindications and allergic reactions that may arise should be responded to appropriately. Knowledge of an individual's care plan and personal goals, if available, may be relevant in this context.

AAI should not be conducted with clients suffering illnesses that can be transmitted to animals (e.g. MRSA, *C. difficile*, ringworm, giardia).

AAI stewards and facilitators should not conduct AAI sessions if they have symptoms of communicable disease, e.g. respiratory symptoms, vomiting or diarrhoea, conjunctivitis.

Those taking part in the session should be informed about, and where necessary, provided with appropriate attire. Everyone present should be briefed in safety considerations concerning the handling and behaviour of the animals, as appropriate to the type of AAI.

Participants should be supervised at all times during an AAI session. The participant and anyone else present should be advised of appropriate animal handling techniques relevant to the therapeutic context. Ponds need to be made safe to protect vulnerable clients and visiting children.

2. Animals

2.1 Ethical and Legal Responsibility

Animals used in AAI and AAT do so at the behest of the humans involved. It is the ethical and legal responsibility of the animal steward (and of associated others) to ensure that the physical, psychological and emotional wellbeing of the animal is neither compromised nor likely to be compromised. They must adhere to the guidance provided in the [Animal Welfare Act 2006](#) and the [Animal Health and Welfare Act \(Scotland\) 2006](#). These laws apply to all animal owners/keepers, ensuring that they have a legal duty of care to meet the five welfare needs of their animals.

Further information about The Five Freedoms is available at <https://www.fawec.org/>

There is also the need for handlers and other professionals involved in the session to be aware of their legal responsibilities to the humans and to the animals. Please see section 3.8.

2.2 Animal suitability and selection

Animals should be responsibly sourced following veterinary guidance. Animals selected should be in good health, free from zoonotic disease, of an appropriate species and should be identifiable and micro-chipped where possible. The animals must be well socialised, be suited to, and ideally have experience of, the environment to which they will be introduced. Where possible for that species, animals included in AAI should be trained to a basic level of obedience using positive reinforcement methods (e.g. clicker training, which can be used with all species).

It is important that animals are matched for suitability to clients and be compatible with existing animals. This is especially important when resident animals are being considered. For newly selected and screened animals a period of quarantine is recommended before they are introduced to the facility. For mammals this should be for at least 4 weeks, being observed by an individual experienced with the species. Fish should be kept for 4 weeks in a separate quarantine tank to check for illness before being introduced to the community tank. Birds should be monitored outside the facility for 6 weeks and test clear for Chlamydia.

Prior to participation in AAI they should have a veterinary health check and, also a behavioural assessment by a species specialist to ensure that they are of a suitable temperament. Assessors must have experience of the environment in which the animal is working. For visiting animals the assessment should ideally take place in a mock-up of the type of settings in which the animal will work, with volunteers playing the role of participants. It is advisable to also assess the animal in the real working scenario to check welfare and adaptation of the dog-handler partnership. These subsequent assessments may occur through physical presence and/ or video recording.

Only species that are domesticated, such as dogs, cats, equids, farm species, guinea pigs, pet birds etc. can be involved in AAI. Dogs and cats involved in visiting AAI should be at least one year old and have been in the same ownership for at least 6 months. A visiting programme can provide a good introduction to AAI.

Pets as Therapy and Therapet are charities providing accredited animals for visitations.

[<https://www.petsastherapy.org> and <https://www.canineconcernscotland.org.uk/therapet>]

Note that cats are more suited as resident animals and dogs are more suited as visiting animals. Resident cats should test clear for FeLv and FIV during the screening process. If considering a resident cat or dog advice from qualified feline or canine behaviourists respectively is necessary if. Cats Protection may have suitable candidates.

<https://www.cats.org.uk>

Resident dogs when kept as communal pets, are very prone to burnout. Resident animals should not be overhanded – be guided by the animals' wish to interact. All resident animals need the opportunity, whenever they wish, to retire to "dens" – quiet places where they will not be disturbed.

Suitable bird species include zebra finches, lovebirds, canaries, budgerigars, cockatiels, pigeons and doves. Parrots are unsuitable as they are prone to behaviour problems, including stress-related self-mutilation, and are very noisy. Poultry are carriers of several zoonotic diseases and advice should be sought from public health specialists if considering involving these. Birds should preferably be housed in indoor or outdoor aviaries, environmentally enriched with appropriate toys and non-poisonous plants. Advice should be sought from local cage and aviary societies and pigeon fancier associations about establishing aviaries and recommendations for reputable breeders.

AAI can also involve the observation of fish kept in ponds or suitable aquaria. Considerable expertise is required to establish these. Aquaria require appropriate position, filtration, oxygenation, substrate, planting and suitable fish from a reputable source. Tank maintenance requires careful monitoring of water quality. Tanks should be as large as possible to enable homeostatic equilibrium, to improve animal welfare and for aesthetic purposes. The floor strength must be adequate for the considerable weight. Lockable lids are required to prevent overfeeding. Community tanks with a selection of captive bred tropical species, with different behaviours, provide great interest and are the most suitable. Coldwater fish, such as goldfish, uproot plants, produce much excrement, and outgrow their tanks. There are serious environmental and welfare concerns pertaining to marine species; tanks are difficult to maintain, and the fish are short lived. Facilities can seek support from local aquarist clubs or recruit the services of an aquarium supply shop.

The British Veterinary Association has produced guidance on responsible pet ownership - <https://www.bva.co.uk/>.

2.3 Monitoring during sessions

The animal should know at least one member of the AAI delivery team well and be calm and responsive to the person handling them. Animal stewards should accompany their animals at all times. They are responsible for the handling of the animal and should ensure they are monitored for signs of stress, injury, illness, fear and fatigue. Stress levels in animals should be minimised before, during and after the AAI session. Guidance on species specific stress signs can be found, for example, at www.defra.gov.uk, gov.wales, and www.gov.scot in the Codes of Practice for a variety of species such as dogs, horses and rabbits.

The animal should have access to appropriate areas as required for opportunity to de-stress before, during and after the session. These should include access to water and toileting facilities, and suitable opportunity to rest and play. Only the animal steward should have access to the animal during these periods. Animals should not be mixed with unfamiliar animals on site without careful consideration and supervision. If used together, animals need time to familiarise themselves with each other and predator and prey animals should not mix.

A maximum duration and frequency for an interaction with one animal should be agreed in advance of an AAI session and not exceeded. We suggest that an animal should not interact with participant/s for more than 45 minutes per session and should rest for at least 2 hours before taking part in another session. This should not include transport time. At least 24 hours of rest should follow a full day i.e. 3 AAI sessions. And we suggest 9 to be the maximum number of sessions involving an individual animal in a week. Sessions should be terminated immediately if the animal's welfare is in danger of being compromised. Please note that these timings are based on dogs and horses and should be shorter for other species. As more evidence pertaining to the welfare of the animals involved in AAI becomes available the guidance on appropriate number/length of sessions may be revised.

2.4 Ongoing assessment

AAI animals should have check-ups by a veterinarian, at least annually. Resident animals should be checked at the facility, thus allowing the veterinarian to also check the animals' environment. For animals presented at the surgery the veterinarian should be made aware that the animal is involved in AAI. The animals' behaviour and temperament should also be regularly assessed, at least annually by a veterinarian, and/or a species behaviourist which, in the case of farm species, may be an experienced stockman. The opinion of the animal steward should always be considered in this assessment.

Animals should be withdrawn for reassessment if exhibiting negative behaviour changes, including fearfulness, loss of sight or hearing. Any deterioration in behaviour should be referred to the veterinarian without delay; such changes may indicate a physical problem and/or may require specialist input (see 4.2).

2.5 Zoonoses (see also zoonoses references Appendix A)

The risk of zoonotic transfer is low in well planned programmes which adhere to rigorously devised protocols. For example, animals should receive all required vaccinations and licensed preventive treatment specific to the species, as recommended by a veterinarian, and these should be up-to-date. Homeopathic prophylactics including nosodes cannot be used instead of licensed vaccines. Additional measures may be required for interventions involving immunocompromised clients.

Animals with skin, respiratory or ear infections, vomiting or diarrhoea, faecal or urinary incontinence, parasitic infestation, open wounds, dental problems or in oestrus should be withdrawn from AAI until their veterinarian advises it is safe to resume.

To protect the animals and people, animals in AAI programmes **must not** be fed raw foods of animal origin (e.g. raw meat, raw bones, pigs' ears, raw fish, unpasteurised milk) or housed with animals fed such products. Animals that have eaten such products must not enter an AAI programme for at least 90 days.

Farm animals and poultry pose greater zoonotic risks, especially to pregnant women, young children and older clients. Advice from public health specialists should be taken if involving such species. Transport increases zoonotic risk, so clients should visit the care farm, or be kept by the care facility outdoors in paddocks and animal housing. Such species should not be taken indoors in health and social care facilities. (See zoonoses references in Appendix A).

Wild animals and exotic species, e.g. snakes, lizards and other reptiles, amphibians, dolphins, pygmy hedgehogs etc., even if they have been tamed, must not be involved as they pose high risks from zoonotic infection. There are also many animal welfare issues with such species. However, wild species can be observed in their natural habitat, provided they are not disturbed. Technological advances in virtual reality now allow people the perception of "swimming with dolphins" without the need to keep dolphins captive or risking human injury.

<https://thedolphinwimclub.com/>

2.6 Transport

Visiting animals should be local to where the session is delivered to minimise travel and stress. They must be transported in a way that ensures their welfare and meets any legal requirements. Animals should rest after transport before being included in a session. Farm animals should not be used in visiting programmes where they would be required to be transported.

3. Programme planning and implementation

Programme planning is an essential element of the effective delivery of AAI. It requires a considered multidisciplinary approach with advice and guidance sought from those working in allied disciplines such as health, social care, education, psychology, veterinary science, ethics, animal welfare and animal behaviour. To help ensure safe practice and high standards of animal welfare a veterinarian should always be involved to advise on programme planning and delivery.

How programme objectives will be achieved should be clearly demonstrated and communicated to all relevant parties. It is also important to clearly define and allocate roles and responsibilities within the team (refer to “Definitions” in this document for further information).

An example of the type of documentation required in planning a programme is given in Appendix B.

3.1 Delivery plan and models of practice

The delivery of all AAI sessions should be supported by an accessible delivery plan based on the most appropriate way to meet the needs of participants and animals. The most appropriate type of AAI practice, such as an activity (AAA) or therapeutic (AAT) or education (AAE) based approach, should be considered. An animal welfare plan must be available which includes all considerations relevant to that specific animal’s care and welfare.

3.2 Induction

Everyone involved in delivering any part of the AAI sessions should receive appropriate induction and be briefed on communication, boundaries and confidentiality with participants. This is particularly important in visiting programmes involving volunteers. Induction must also include guidance on appropriate behaviour around the animal.

3.3 Monitoring

There should be clarity on how the engagement of the participant and the animal in the AAI session will be monitored and documented and by whom.

Monitoring may include consideration of issues relating to:

- the welfare of participants, facilitators and animals
- health and safety – all incidents should be recorded and followed-up as appropriate
- participant’s progress – for example, observations of any changes

A log recording details of interventions should be kept after each intervention. An example is given in Appendix C.

There should be an opportunity for all those involved to debrief following any AAI session.

3.4 Evaluation

Outcome measures are becoming increasingly important as both the public and private sectors move towards evidence-based practice. Programmes should consider how it might be possible to evaluate the effectiveness of the

AAI and how this might be communicated. While a structured approach to documenting outcomes and evaluating effectiveness is advised for some programmes for example, AAT, the Code recognises that this is not always possible or suitable for all AAI programmes.

3.5 Visiting sessions

For visiting programmes, an opportunity to briefly discuss and review the requirements of the participants, animals, facilitators and delivery teams should be offered at the start of each session to ensure that the session can take place safely and securely at this venue. Any insurance considerations and other requirements, such as Disclosure and Barring Service (DBS) checks, relating to providing a visiting service should be taken into account prior to any service beginning. Information regarding the session should be agreed in advance. This enables staff and volunteers to prepare for the visit e.g. select suitable participants, provide induction information, prepare the animal. A review of the environment before beginning the session should take place, where possible.

3.6 Sustainability

To help ensure sustainability the programme board or committee should consist of relevant disciplines representing human health care and animal experts, including a veterinarian. People with expertise in business management should also be appointed.

The AAI programme should be suitably resourced (e.g. funding, staffing) ensuring that it can be delivered effectively.

Larger organisations should consider appointing full time staff, trained in AAI to oversee programmes.

Programme delivery should be gradually expanded as rapid expansion, e.g. introducing a variety of species in quick succession, can jeopardise programmes.

Recording outcomes will facilitate programme development and should help engender programme support from stakeholders, including sponsors. Practitioners should seek to collaborate with researchers to develop an evidence base for their work. It is key that any research seeks ethical approval and respects the welfare and dignity of both people and animals. Ethical approval may be a condition of journal publication. (See point 7.6)

Programmes involving resident animals should advise job applicants of the presence of the animals, and orient new staff, patients and their relatives to the programme. Many programmes have failed due to over reliance on one or two key individuals. To ensure sustainability, management should ensure relevant training for additional staff members.

Programme plans should consider the process for terminating the programme, ensuring there is minimal emotional and physical impact upon the welfare of all participants. And as part of the recommended multidisciplinary approach and the duty of care to participants, participants should be directed to other/continuing services if the AAI programme is coming to an end. Planning for provision of ongoing care for animals is essential as their involvement in AAI comes to an end. This may be due to the termination of a programme, issues relating to the animal's health or natural retirement.

3.7 Insurance

Appropriate third-party insurance and all other necessary insurance covering the specific type of AAI undertaken should be in place. This is to protect all those involved in the delivery of the AAI session, as well as the setting and organisation, as appropriate.

3.8 Current legislation

All current, relevant and species-specific legislation in the UK should be complied with. These include, but are not limited to, the regional Animal Welfare Acts, the [Dangerous Dogs Act \(1991\)](#), legislation regarding use of electronic training aids, and the [Animal Welfare \(Licensing of Activities Involving Animals\) \(England\) Regulations 2018](#).

UK legislation may be amended from time to time and AAI programmes need to adhere to up-to-date policy and legislation. Useful sources include: <http://www.legislation.gov.uk/>, Defra (www.defra.gov.uk), the Welsh Assembly Government (WAG) (<https://gov.wales/>), the Scottish Government (<https://www.gov.scot/>), RSPCA (<https://www.rspca.org.uk/>) and relevant guidance from the Department of Health (www.dh.gov.uk).

Other relevant legislation includes the [Health and Safety at Work Act \(1974\)](#).

4. Qualifications and training within the AAI delivery team

Those involved in the facilitation and delivery of AAI sessions should be competent to do so. This may be evident in their skills, knowledge, experience or qualifications. The suitability of the animal steward regarding their animal handling and training abilities and their knowledge and capability to ensure the welfare of the animal and the health and safety of participants should be assessed during the behavioural and training assessment of the animal. For guidance one may wish to consider the Animal Behaviour and Training Council standard for an animal trainer (www.abtcouncil.org.uk).

4.1 Training requirements

AAI facilitators and animal stewards should be equipped with the necessary training to enable them to deliver AAI safely and effectively. Training requirements may differ according to the type of AAI employed. For example, AAI facilitators delivering AAT and working as professional therapists would need to fulfil training requirements stipulated by the relevant governing body to ensure participant welfare and uphold best practice. In addition, all AAI facilitators are encouraged to complete relevant specialist courses and have evidence of ongoing Continuous Professional Development (CPD). Attendance at training seminars and domiciliary training through educational literature, DVDs, webinars etc. are also encouraged.

4.2 Knowledge in animal welfare and training

AAI facilitators should be committed to maintaining the highest level of care for the animal(s). Animal knowledge must form part of the expertise within the AAI delivery team and experience of working with the specific animal(s) included in the session is essential. It is important that the team includes an individual experienced and competent in the relevant field of animal welfare, behaviour and training (see the Animal Behaviour and Training Council (www.abtcouncil.org.uk)). This individual should preferably have experience of working in the AAI environment concerned.

Facilitators should consult with others for specialist input such as trainers, behaviourists and other suitably experienced handlers. For all animals, veterinary advice should be sought, and followed, regarding preventive healthcare.

Any deterioration in behaviour should be referred to the veterinarian without delay. Such changes may indicate a physical problem and/or may require specialist behaviour input. Training and Behaviour specialists can be found through the Animal Behaviour and Training Council website.

4.3 Mentoring and support

AAI facilitators should ensure that they receive support to guide them in their AAI work, with regular opportunities to reflect and review their service provision. This can take the form of peer support, formal supervision or drawing on existing organisational structures.

5. Health and safety

The health and safety requirements inherent in an environment where participants and animals are working together should be managed responsibly. All current health and safety legislation (e.g.) Health and Safety at Work Act (1974) must be complied with. In visiting programmes, the AAI facilitator should also be aware of these requirements. Further information can be obtained from the Health and Safety Executive (www.hse.gov.uk).

5.1 Basic first aid

The AAI delivery team should be trained in or have access to individuals trained in human first aid and animal first aid. Some examples of organisations providing training in basic first aid include:

First aid courses:

- Health & Safety Executive (www.hse.gov.uk)
- British Red Cross (www.redcross.org.uk)

Animal first aid:

- The College of Animal Welfare (www.caw.ac.uk)
- Animal Aiders (www.animalaiders.co.uk)
- PDSA (www.pdsa.org.uk)
- Animal Care College (www.animalcarecollege.co.uk)

5.2 Relevant checks

The AAI delivery team should have undertaken any required checks in accordance with latest advice from relevant national and local bodies to ensure the safeguarding of animals and participants. They should be aware of any other requirements as requested by partner organisations and commissioners for working with specific participant groups such as Disclosure and Barring Service (DBS) checks.

6. Risk assessments

6.1 Content

Risk assessments exist to enable activities to take place safely. A written risk assessment should be conducted where possible for every proposed inclusion of animals, using a standardised, structured format. The risk assessment should cover all aspects of an AAI session including risks to participants, risks to animals, risks to property, risks to the AAI delivery team and risks to the general public. It should be subject to review and updated at least annually.

6.2 Communication

Information on the risk assessments already in place at the setting where the AAI session is due to take place, how they work and their importance should be made available to the AAI delivery team, including any external participants, for example volunteers involved in AAI visiting programmes. Contact details of a local veterinary and medical services and any other identified support should be available in case of an emergency.

6.3 Suitability of the environment

The environment where sessions take place is an important consideration and should be conducive to AAI and the animals involved. The basic factors e.g. access, lighting, space, floor and other contact surfaces, temperature, noise levels, smells, exit routes, security etc. should be considered prior to and during the intervention session in order to maximise the welfare and reduce the risks to humans and animals involved.

7. Ethical considerations

7.1 Apply the AAI Code of Practice

The Code outlined in this document should be adhered to in order to ensure that the welfare of participants, animals and the AAI delivery team is upheld throughout the practice of AAI. The relevant plans, procedures and protocols should be in place prior to, during and following delivery of AAI.

7.2 Knowledge & expertise

Those involved in the delivery of AAI sessions should work within their existing capabilities. They must be honest, transparent and accurate about their competence, experience and qualifications/training. Those delivering AAI should keep abreast of current knowledge in the field through reading, undertaking courses and conference attendance.

7.3 Confidentiality

The importance of confidentiality and consent issues when working with participants should be fully understood. Data Protection standards and procedures must be complied with. Further information can be obtained from the Commissioner's Office at www.ico.gov.uk.

7.4 Equal importance of participants and animals

The physical, psychological and emotional wellbeing of the participants and of the animals is of equal importance and the needs of both these groups should be met.

7.5 Adhere to ethics of respective discipline or membership organisation

The professional ethics of relevant, respective professions and organisations should be adhered to.

7.6 Ethical approval should be obtained from the relevant authorities (e.g. Health Research Authority, University Research Ethical Committees etc.) prior to commencing research. All research involving human participants, or their data requires ethical approval prior to any data collection taking place. The British Psychological Society sets out general principles in codes of practice relevant to the field of AAI. These include its *Code of Human Research Ethics*, the *Code of Ethics and Conduct* and *Guidelines for Psychologists Working with Animals*, accessible here: <https://www.bps.org.uk/psychologists/standards-and-guidelines>

The British Small Animal Veterinary Association and the British Veterinary Nursing Association provide mentors to provide guidance on planning research undertaken in veterinary practice.

Further reading

We have provided further recommended reading and appendices viz.

Appendix A - General references on Animal Assisted Interventions

Appendix B - Zoonoses references with sections on farm animals and poultry; raw meat; exotic species

Appendix C - Sample form illustrating how to plan for record keeping in AAI interventions

Appendix A: General references on Animal Assisted Interventions

1. IAHAIO White Paper: Definitions for AAI and Guidelines for Wellness of Animals Involved www.iahaio.org under Best Practice
2. [Royal College of Nursing Guidelines: Dogs in Healthcare Settings](#)
3. [Handbook on Animal Assisted Therapy](#). Ed Fine Published by Elsevier
4. Glenk L. [Current Perspectives on Therapy Dog Welfare in Animal Assisted Interventions](#). Animals (Basel). 2017 Feb; 7(2): 7. Published online doi: 10.3390/ani7020007
5. Clinician's Guide to Treating Companion Animal Issues: Addressing Human-Animal Interaction Ed Kogan and Blazina. Published by Academic Press
6. Brooks H., Rushton K., Lovell K., Bee P., Walker L., Grants L., and Rogers A. The power of support from companion animals for people living with mental health problems: a systematic review and narrative synthesis of the evidence. In BMC Psychiatry (2018) 18:31. Open access DOI 10.1186/s12888-018-1613-2

Appendix B: Zoonoses references

Zoonotic risks are managed through measures including veterinary involvement, careful animal selection and screening, hygiene measures and appropriate matching of clients and animals. These references provide practitioners with additional information on zoonoses, for example, about essential measures required when involving farm animal species. References are also given describing bacterial, viral and parasitic zoonoses associated with feeding animals on raw meat to explain why animals fed on raw meat must not be involved in AAI.

References informing of zoonotic risks associated with wild and exotic species highlight why these must not be involved in AAI.

Farm animals and poultry

1. National Association of State Public Health Veterinarians: Compendium of Measures to Prevent Disease Associated with Animals in Public Settings, 2017 JAVMA vol 251, no 11.
<https://doi.org/10.2460/javma.251.11.1268>
2. Health and Safety Executive: Agriculture: Zoonoses
<http://www.hse.gov.uk/agriculture/topics/zoonoses.htm>
3. Health and Safety Executive: Farm species and zoonoses
<http://www.hse.gov.uk/agriculture/topics/zoonoses.htm>
4. Department for Environment, Food & Rural Affairs, Health and Safety Executive, and Public Health England
Pregnant women advised to avoid animals that are giving birth
<https://www.gov.uk/government/news/pregnant-women-advised-to-avoid-animals-that-are-giving-birth--2>
5. Centers for Disease Control and Prevention: Do Backyard Chickens Pose any Health Risks to Humans? Zoonoses and Public Health Concerns, March 2018
<https://www.cliniciansbrief.com/article/do-backyard-chickens-pose-any-health-risks-humans>

Raw meat

1. Hellgren J, Hästö LS, Wikström C, Fernström L-L, Hansson I.
Occurrence of Salmonella, Campylobacter, Clostridium and Enterobacteriaceae in raw meat-based diets for dogs
Veterinary Record March 2019 doi: 10.1136/vr.105199
2. van Bree F, Bokken G, Mineur R, Franssen F, Opsteegh M, van der Giessen J, Lipman J, Overgaauw P.
Zoonotic bacteria and parasites found in raw meat-based diets for cats and dogs
Veterinary Record (2017) Open Access paper doi: 10.1136/vr.104535
3. American Animal Hospital Association, Position Paper. Retrieved on 30 January 2019 at:
https://www.aaha.org/professional/resources/raw_protein_diet.aspx#gsc.tab=0

Wild and exotic species

1. Warwick C, Arena P, Steedman C, Jessop M. A review of captive exotic animal-linked zoonoses. In *Journal of Environmental Health Research* Volume 12 Issue 1
http://emergentdisease.org/assets/documents/A_review_of_captive_exotic_animal-linked_zoonoses.pdf
2. Chomel BB, Belotto A, Meslin F. Wildlife, Exotic Pets, and Emerging Zoonoses. Centers for Disease Control
Emerging Infectious Diseases. 2007;13(1):6. doi:10.3201/eid1301.060480.
3. Exotic pets: reducing the risks of human infection Leaflet produced by Emergent Disease Foundation
<http://emergentdisease.org/assets/documents/exotic-pets-A5-01.5.7-digital.pdf>

Appendix C: An example of record keeping in an AAT visiting programme

Type:	<i>e.g. AAT</i>
AAI Programme/Research/Project Title (optional) & Affiliation:	<i>Happy People General Hospital, SomeTown, UK</i>
Institution where the programme is delivered	<i>Children's Acute ward, General Hospital, SomeTown</i>
The programme team: the names, professions and roles of all involved and their roles.	
AAI facilitator:	<i>Name and role e.g. (psychologist)</i>
Participants (number and age range):	<i>e.g. 5 participants between 12 and 16 y.o.</i>
Species:	<i>Dog</i>
Scheduled period of AAI	
Scheduled AAI sessions per week	
Scheduled duration of AAI session	
AAI design (delivery plan and targets)	
Health & Safety:	
Induction:	
Monitoring:	
Evaluation:	
Insurance:	
Disclosure and Barring Service Checks:	
Sustainability:	
Legislation and Ethical considerations:	
Qualifications and training of the delivery team:	
Mentoring and support:	

Information about the Animals and the Stewards:

Animal 1 - species			
Name:			
Microchip number:			
Sex:			
Age:			
Neutered:			
Owner:			
Steward:			
Veterinary assessment for animal's suitability:	Date:	Suitability:	Comments – Limitations
Behavioural and Training assessment for animal's suitability:	Date:	Suitability:	Comments – Limitations
Behavioural and Training assessment for steward's suitability:	Date:	Suitability:	Comments – Limitations
Animal's welfare, behaviour and training assessment in the place of AAI delivery before the delivery of the AAI P/R/P:	Date:	Suitability:	Comments – Limitations

Animal's welfare, behaviour and training assessment in the place of AAI delivery during the delivery of the AAI P/R/P:	Date:	Suitability:	Comments – Limitations
Animal species 2:	<i>Canine</i>		
Name:	<i>e.g. Frankie</i>		
Microchip number:	<i>e.g. AB87654321</i>		
Sex:	<i>e.g. Male</i>		
Age:	<i>e.g. 3y1m</i>		
Neutered:	<i>e.g. No</i>		
Steward:	<i>e.g. John Brown</i>		
Veterinary assessment for animal's suitability:	Date: <i>e.g. 1 JAN 19</i>	Suitability: <i>e.g. APPROVED</i>	Comments – Limitations <i>e.g. See Appendix 1</i>
Behavioural and Training assessment for animal's suitability:	Date: <i>e.g. 2 JAN 19</i>	Suitability: <i>e.g. APPROVED</i>	Comments – Limitations <i>e.g. See Appendix 2</i>
Behavioural and Training assessment for steward's suitability:	Date: <i>e.g. 2 JAN 19</i>	Suitability: <i>e.g. APPROVED</i>	Comments – Limitations <i>e.g. See Appendix 2</i>
Animal's welfare, behaviour and training assessment in the place of AAI delivery before the delivery of the AAI P/R/P.	Date: <i>e.g. 7 JAN 19</i>	Status: <i>e.g. APPROVED</i>	Comments – Limitations <i>e.g. See Appendix 3</i>
Animal's welfare, behaviour and training assessment in the place of AAI delivery during the delivery of the AAI P/R/P.	Date: <i>e.g. 7 JAN 19</i>	Status: <i>e.g. APPROVED</i>	Comments – Limitations <i>e.g. See Appendix 4</i>

Facilitators' health check information and suitability for participation in AAls:	Date: <i>e.g. 1 JAN 19</i>	Suitability: <i>e.g. APPROVED</i>	Comments – Limitations <i>e.g. See Appendix 5</i>
Stewards' health check information and suitability for participation in AAls:	Date: <i>e.g. 2 JAN 19</i>	Suitability: <i>e.g. APPROVED</i>	Comments – Limitations <i>e.g. See Appendix 6</i>
Participant 1' health check information and suitability for participation in AAls:	Date: <i>e.g. 3 JAN 19</i>	Suitability: <i>e.g. APPROVED</i>	Comments – Limitations <i>e.g. See Appendix 7</i>
Participant 2' health check information and suitability for participation in AAls:	Date: <i>e.g. 4 JAN 19</i>	Suitability: <i>e.g. APPROVED</i>	Comments – Limitations <i>e.g. See Appendix 7</i>

This Programme's Protocol includes the following appendices (these would need to be written and all involved in programme delivery be familiar with them, other staff should be made aware of them):

1. Behavioural and Training assessment for animal's suitability
2. Behavioural and Training assessment for steward's suitability
3. Animal's welfare, behaviour and training assessment in the place of AAI delivery before the delivery of the AAI P/R/P
4. Animal's welfare, behaviour and training assessment in the place of AAI delivery during the delivery of the AAI P/R/P
5. Facilitators' health check information and suitability for participation in AAls
6. Stewards' health check information and suitability for participation in AAls
7. Participants' health check information and suitability for participation in AAls
8. AAI design (delivery plan and targets)
9. Health & Safety
10. Induction
11. Monitoring
12. Evaluation
13. Insurance
14. Disclosure and Barring Service Checks
15. Sustainability
16. Legislation and Ethical considerations:
17. Qualifications and training of the delivery team
18. Mentoring and support
19. Report to be completed at end of each session, for example:

Example Form

Session Report

Date of visit: _____

Duration: _____

Facility: _____

AAI Facilitator: _____

Animal Steward: _____

Animal's name & species: _____

Number of participants: Clients: _____ Staff: _____ Visitors: _____

Record of the interactions

Describe the setting e.g. day room/ward/outdoors/classroom/assembly hall/library.

Were any clients in bed?

Describe the response of clients, staff and visitors.

Were staff present and were they supportive?

Did your animal enjoy the session?

Were any stress signals expressed? Y N If yes please describe these.

Were you able to mitigate these? Y N In what way?

Were there any negative incidents? – describe and give your response.

On reflection, should there be a change in approach?