

How to Join the  
**Animal Assisted Activity Team**  
at Doylestown Hospital



8/23/24

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### **Animal Assisted Activity Program Mission**

Lift the spirits of Doylestown Health patients, visitors, associates, and volunteers through interactions with qualified therapy dogs.



Dogs connect in ways humans cannot.

### **Animal Assisted Activity Benefits**

A therapy dog handler has the pleasure of seeing people smile when they meet their therapy dog and hearing comments like this on every visit to Doylestown Hospital: “Your dog was the highlight of my day.”

Interacting with a therapy dog can provide a distraction from pain and a respite from worry. The companionship of a therapy dog can be calming and help counter feelings of loneliness.

A visit from a therapy dog can be a mood booster because petting a therapy dog can stimulate physiological change. Touching a therapy dog can decrease the release of the stress hormone cortisol and boost the release of endorphins, serotonin, and oxytocin which are feel-good brain chemicals. Petting a dog can lower stress-related increases in heart rate and lower the blood pressure of both the human and the dog.

Most people are animal lovers who have or had a beloved pet in their life. Seeing a therapy dog in a hospital unlocks pleasant memories of times with best friends in addition to the pure joy of spending time with an adorable, friendly, well-mannered therapy dog.

Sharing your therapy dog with a member of the Doylestown Hospital community not only makes a difference in how a person feels during your visit; a therapy dog interaction creates an upbeat topic of conversation and a pleasant memory.

Therapy dogs bask in the attention they receive in the hospital and their lives are enriched by the range of their socialization experiences in the hospital. Handlers strengthen their bond with and respect for their dog and see what a difference an interaction with their dog makes in how someone feels.

## **Overview**

The dogs and humans who share their time and talent together at Doylestown Hospital are registered therapy teams who enjoy meeting all kinds of people, have great obedience skills and are comfortable volunteering together in a busy environment.

A summary of the steps involved in joining the therapy dog program at Doylestown Hospital are described below; details are provided in the pages that follow.

1. Train to become a therapy dog team.
2. Test with and join a qualifying pet therapy organization.
3. Call Volunteer Services Office at Doylestown Hospital 215-345-2204 to schedule a shadow visit with an experienced team to see and talk about what's involved in volunteering with a therapy dog in a hospital setting.
4. Have a conversation with Doylestown Hospital's therapy dog program team leader. Talk about what's on your mind and discuss how the program works.
5. Do a shadow visit with an experienced therapy dog team. Ask questions. Assess your interest and visualize your dog in a hospital setting.
6. Participate in an interview with a member of Volunteer Services and talk about your interest in volunteering, the therapy dog program, what you need to do to complete an application and why nearly 600 community members volunteer in a variety of roles at Doylestown Hospital. Receive your application.
7. Complete a Doylestown Hospital application form and provide the following documentation:
  - a. Membership card from a qualifying pet therapy organization. The membership card has the dates your membership became active and when it expires. Your membership card is not the certificate you receive when you earn pet therapy certification.
  - b. Vet Records: exam, rabies, DHPP or DHLPP or titer, and negative fecal; heartworm blood test or attestation of use of preventatives.
  - c. Dog License.
  - d. Human Health Records: TB tests, annual flu vaccine, TDaP vaccine, COVID-19 vaccinations.
  - e. PA State Police Criminal Record Clearance; FBI Fingerprint Clearance; PA Child Abuse Clearance for Adults.
8. Attend Hospital Orientation for background on policy basics like HIPAA, safety measures, parking, and other issues relevant to all new hospital employees and volunteers.
9. Participate in an Animal Team Briefing to review handling procedures and therapy dog team policies.
10. Complete a series of at least three Mentored Visits with your therapy dog.

## Becoming a Therapy Dog Team

1. A great therapy dog team grows from the partnership between a human and a dog who love spending time together.
2. People who volunteer with their dog in a hospital have invested a substantial amount of time socializing their dog.  
Therapy dog handlers make sure that their dog has met and safely interacted with all kinds of people, including small children, frail people, individuals using medical equipment, people carrying all kinds of stuff, people wearing different types of clothing and hats, groups of young people squealing with delight who can't wait to meet a dog, and individuals reluctant to engage with dogs.
3. Therapy dogs are confident in a busy setting like a hospital because they have spent time navigating and functioning well in other challenging settings like nursing homes, crowded city streets, big box home improvement stores, pet supply stores, and outdoor festivals.
4. Obedience skills keep the therapy dog and everyone around the dog safe. Therapy dog handlers typically attend obedience training classes to prepare for therapy certification testing. Acquiring and maintaining obedience skills requires practice.
5. A good way to understand and assess your dog's skills and readiness to become a therapy dog is review the testing processes posted online by therapy dog organizations.
  - Alliance of Therapy Dogs: [therapydogs.com](http://therapydogs.com)
  - Comfort Caring Canines: [comfortcaringcanines.org](http://comfortcaringcanines.org)
  - Pet Partners: [petpartners.org](http://petpartners.org)
6. A hospital is a busy, complex environment for a therapy dog. The checklist below is a way to think about whether you and your dog will be happy and safe volunteering in a hospital environment.

Yes	No	
		Enjoys human interactions: <i>Will your therapy dog enjoy interacting with hospital patients, visitors, and staff?</i>
		Calm and confident: <i>Is your therapy dog unfazed by smells, sounds, and petting from people who may have motor-skills challenges?</i>
		Heels nicely: <i>Will your therapy dog walk by your side on a <u>loose</u> leash (under control and without pulling) around potential distractions, including interesting people, food, unusual smells, and unexpected sounds?</i>
		Obedient: <i>Will your therapy dog respond to your commands in a hospital setting, a challenging environment with fragile people and potential distractions including food, sounds, smells, moving equipment, and other therapy and service dogs?</i>
		Does not lunge, pull or jump up: <i>Will your therapy dog approach politely? Will your therapy dog be safe with frail people and avoid those who don't wish to interact? Will your dog wait to approach people until you've given permission?</i>
		Responds to sit, stay & leave it commands: <i>Will your therapy dog prioritize obedience over impulse and distractions?</i>
		Does not bark or vocalize in hospital: <i>Can you count on your dog to be quiet (no barking or whining) in a hospital?</i>
		Won't lick: <i>Will your therapy dog be safe around topical medications, respect preferences of those who don't want "kisses" and adhere to the CDC requirement that therapy dogs do not lick?</i>

7. New therapy dog teams sometimes opt to volunteer in a setting like a nursing home, library, or school before they volunteer in a hospital.

## **Membership in a Qualifying Pet Therapy Organization**

1. Doylestown Hospital's therapy dogs and handlers are required to be registered therapy dog teams.
2. Doylestown Hospital welcomes members of these pet therapy testing and registering organizations:
  - Alliance of Therapy Dogs [formerly Therapy Dogs Inc.]: 877-843-7364; <https://www.therapydogs.com>
  - Bright & Beautiful Therapy Dogs: 888-738-5770 <https://golden-dogs.org>
  - Comfort Caring Canines: <https://www.comfortcaringcanines.org>
  - Pet Partners: 425-679-5500; <https://petpartners.org>Membership in another pet therapy organization will be considered by the Volunteer Services team provided testing, policies and insurance coverage is comparable to those of the organizations listed above.
3. It is the handler's responsibility to contact pet therapy organizations directly for information about membership requirements, testing venue, and to personally schedule your pet therapy testing.
4. Doylestown Health requires all therapy dog teams to be active, unrestricted, insured members in good standing with their therapy organization and compliant with that therapy organization's requirements.
5. Bright and Beautiful requires their therapy dog teams to be accompanied by an escort on every visit to Doylestown Hospital. A partner/friend may apply as a Doylestown Hospital volunteer in the capacity of escort. Alternatively, the Hospital's therapy dog team can provide an escort for a Bright and Beautiful team.
6. Roxy Therapy Dogs is the pediatric therapy dog partner of Doylestown Hospital. Those interested in visiting children in the hospital, schools or courthouse with their therapy dog should consider Roxy membership. <https://www.roxytherapydogs.org>  
At this time, registration through Alliance of Therapy Dogs, Bright and Beautiful, and Pet Partners is consistent with requirements of, and insurance considerations related to both Doylestown Hospital and Roxy Therapy Dogs.

## **Doylestown Health Employees**

If you are an employee of Doylestown Hospital, Children's Village, or any physician office owned by Doylestown Health, unfortunately you may not also be a volunteer. Doylestown Health cannot pay a person for some services and accept free services from that person as well.

## **Age**

Therapy dog program volunteers must be compliant with the age requirement of their therapy certification agency. Handlers under 18 years of age must be accompanied by an adult who has been trained at Doylestown Hospital to be a therapy dog team escort.

## **Application Request, Contact with Team Leader, Shadow Visit**

1. Once you are a current member of one of Doylestown Hospital's qualifying pet therapy organizations, you should call the Volunteer Services Office of Doylestown Hospital 215-345-2204 to request an application form and schedule a shadow visit.
2. The Volunteer Services Office will connect interested people with the chair of the Animal Assisted Activity team for a conversation or an email exchange to address your questions and provide information the therapy dog program at Doylestown Hospital.
3. Prior to submitting your application, a registered pet therapy Handler must accompany an experienced Doylestown Hospital therapy dog team mentor on a shadow visit. In addition to providing an opportunity to respond to questions about the application process, the shadow visit lets you see the benefits of therapy dogs

in a hospital setting and necessary behaviors of a therapy dog *before* you invest the time and effort required to apply.

4. On the shadow visit you will be asked to sign the Commitment to Confidentiality form. A copy of that form is provided in the Appendix.
5. We request that you wear sneakers or other comfortable shoes with a rubber-sole and conservative clothing on your shadow visit.
6. Your therapy dog does not attend the shadow visit.

## **Interview & Application**

1. An interview is scheduled with a member of the Doylestown Health Volunteer Office staff after the shadow visit. An application, and input on how to complete it, is provided at that interview.
2. Prospective Animal Assisted Activity Volunteers are required to submit an application that includes all required application materials listed below:

- Application form, including references.
- Agreement to abide by all Doylestown Health policies and procedures, including the COVID-19 vaccine requirement and COVID-19 policies, and to provide all required forms.
- A copy of your current pet therapy registration card with Alliance of Therapy Dogs, Bright and Beautiful Therapy Dogs, Comfort Caring Canines, or Pet Partners.

Your registration card shows the date your membership became active and the date it expires. Your membership card is not the certificate you receive when you earn your therapy certification.

- You will need to provide a copy Doylestown Health Vet Record form – which identifies the current and renewal dates for your therapy dog’s exam, rabies, DHPP or DHLPP or titer, negative fecal, heartworm blood test – signed by a member of your dog’s veterinary practice. A handler may provide an attestation of use of preventatives in lieu of a heartworm blood test using the form provided in the Appendix.
- A current Dog license.
- Human Health Records: TB tests, annual flu vaccine, TDaP vaccine, COVID-19 vaccinations; these can be administered by Doylestown Hospital.
- FBI Fingerprint Clearance and PA Child Abuse Clearance for Adults issued the year of your application. The Volunteer Services Office of Doylestown Hospital obtains a PA State Police Criminal Record Clearance.



## **Veterinary Records & Dog License**

1. To join the therapy dog team at Doylestown Hospital, you must provide documentation of current health and inoculation records for your therapy dog using the Doylestown Hospital Veterinary Record Form in the Appendix.
2. The vet record form requires the signature of your vet and the dates the following were provided for your therapy dog:
  - Annual veterinary examination
  - Rabies vaccination
  - DHPP or DHLPP or titer

- Negative fecal exam
  - Proof of current heartworm blood test with expiration date OR attestation form (provided in Appendix) that confirms use of a monthly preventative heartworm medication
3. Proof of a current dog license as required by state law is required, along with the vet record, when the application is submitted.

### **Human Health Records**

1. All Doylestown Health volunteers are required to be vaccinated for COVID-19 and to provide documentation of their COVID-19 vaccination with their application.
2. Every Doylestown Health volunteer must receive an annual flu vaccine.
3. Animal Assisted Activity volunteers must provide proof of receiving a TDaP vaccine within the past 10 years.
4. Volunteers are required to be cleared after two, two-step PPD (TB) tests before beginning to volunteer. Results of these TB tests must be read within 48 -72 hours of testing.
5. Doylestown Health provides PPD testing at no charge to the volunteer. The PPD requirement may be waived if a chest X-Ray taken within the past 12-months is provided.
6. COVID-19 vaccines, flu vaccines, and TDaP vaccines are provided at no charge by Doylestown Health.
7. If volunteers receive a vaccine or TB test outside the hospital, documentation must be provided to the Volunteer Services Office.

### **Security Clearances**

1. Records of the following security clearances must be provided with your application:
  - PA State Police Criminal Background Clearance
  - FBI Fingerprint Clearance
  - PA Child Abuse Clearance for Adults
2. All clearances must be issued -- have an effective date -- the year your volunteer application is submitted to Doylestown Hospital.
3. The Volunteer Services Office provides direction on how to obtain the FBI Fingerprint Clearance and PA Child Abuse Clearance.
4. Doylestown Health completes the PA Criminal Record Clearance at no charge after the interview with the Director of Volunteer Services.
5. New volunteers are responsible for any initial charges associated with obtaining FBI and PA Child Abuse clearances.
6. Doylestown Health reimburses the cost of for repeat clearances for volunteers who have completed 36 independent pet therapy visits.
7. PA State Law requires clearances to be repeated every five years.



## **Hospital Orientation**

1. Following a successful application and interview, a new Animal Assisted Activity volunteer must complete the Doylestown Health orientation process, which includes attendance at a hospital orientation session. Orientation sessions are held on a weekday from 9 a.m. to 1 p.m. (approximately four hours) and cover hospital policies and procedures such as compliance with HIPAA, fire safety, infection protection, parking, and other issues relevant to all new hospital employees and volunteers.
2. Therapy dogs do not attend hospital orientation.

## **Animal Team Briefing**

1. An animal team briefing is required for all Animal Assisted Activity Handlers and Escorts prior to participation in supervised training visits. This one-hour briefing is a review of policies and procedures relevant to Animal Assisted Activity volunteers and an opportunity for Q&A.
2. Therapy dogs do not attend the animal team briefing.

## **Mentored Visits**

1. A therapy dog's first visit to the hospital is scheduled after the entire application and orientation process has been completed.
2. Therapy dogs and their handlers are observed on a minimum of three mentored training visits before receiving approval to join the Animal Assisted Activity team.
3. Mentored visits help Animal Assisted Activity volunteers become acquainted with Doylestown Hospital and its Animal Assisted Activity procedures as well as help to identify the best volunteering opportunity within the hospital for the new Animal Assisted Activity team.
4. Mentored visits are a way to make sure both the therapy dog and handler enjoy spending time in Doylestown Hospital. Not every therapy dog enjoys being in a hospital setting just as every person has preferences about where they like to spend time. A registered therapy dog may or may not be comfortable with the smells, sounds, equipment, lighting, floor surfaces, and population in a hospital. If the hospital environment is not a match for you or your therapy dog, we will respect that and discuss the type of volunteering venue where you and your therapy dog will be fulfilled and happy.
5. Therapy dogs who participate in the Doylestown Hospital Animal Assisted Activity program must be calm, confident, controlled, and safe, as well as have the desire to interact with hospital patients, visitors, and staff.
6. If a therapy team exhibits unsafe or uncontrolled behavior or barking during a mentored visit, the mentor is required to end the visit immediately.
7. Next steps following initial mentored visits may be approval to visit, additional mentored visits, or the recommendation for training outside the hospital setting prior to additional mentored visits.
8. If a therapy dog team needs obedience or other training to function safely and effectively in a hospital setting, it is up to the therapy dog team to pursue that training outside the hospital. Mentors may make suggestions on resources and training to consider.
9. Handlers and mentors interact during mentored visits. Handlers also receive written feedback about mentored visits.
10. All therapy teams are accompanied by a mentor until mentors and the handler agree that the team is ready to visit independently.
11. Upon completion of mentored training, handlers and mentors sign the Handler Training Checklist to acknowledge review and understanding of each aspect of training prior to visiting without a mentor.
12. If a handler has more than one registered therapy dog, each dog must be observed individually on mentored visits prior to becoming a member of the Animal Assisted Activity team.

13. Therapy dogs receive their ID card and Doylestown Hospital bandanna after they complete the mentoring process.
14. Escorts are required to participated in a briefing session and successfully complete a minimum of one mentored visit.

We recognize that the steps required to join Doylestown Hospital's Animal Assisted Activity team require a significant commitment and an investment of time. We sincerely appreciate the dedication our therapy dog teams devote to becoming a part of the Animal Assisted Activity program at Doylestown Hospital.

The training, visit preparation, skill, and care of our therapy dog teams ensure safe interactions with a diverse, and sometimes fragile population who rely on Doylestown Hospital to respond to their health challenges, as well as the visitors, volunteers, and staff who protect and care for those who entrust their health to Doylestown Health.

We are very mindful of the fact that organizations who evaluate and accredit hospitals, such as the Joint Commission, evaluate documentation of our therapy dog team's background and training as well as our performance.

Our caring, conservative approach to documentation, policies, and training protects our people, our therapy dogs, and the future of our Animal Assisted Activity program.

For information about best practices for the assignment guideline for Doylestown Hospital therapy dog handlers and best practices for hospital therapy dogs, visit [DoylestownHealth.org/TherapyDogs](http://DoylestownHealth.org/TherapyDogs) and download the Team Guidelines document.

# Appendix

*Hazardous Materials: None.*

*Essential Functions: Animal handling, walking, standing, seeing, kneeling, stooping, reaching, and talking.*

*How to Join the Animal Assisted Activity Team updates:*

*9/14; 10/14, 12/14; 01/15; 03/15; 08/15; 09/15; 3/16; 7/16, 5/17, 2/20, 6/21, 7/21; 5/22; 11/22; 3/23, 8/24*

*Artwork courtesy of Anne Pizzini.*



## Animal Assisted Activity Veterinary Record

*We appreciate your assistance in completing this form for our handlers so that they may participate in the Animal Assisted Activity Program at Doylestown Health. All of our handlers are volunteers who give their time and talent to our patients, families, visitors, and staff without expectation of monetary compensation.*

**Owner/Handler Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_

**This certificate certifies that a veterinarian in this practice carefully examined**

**Dog Name:** \_\_\_\_\_ **on** \_\_\_/\_\_\_/20\_\_\_

**Sex:** M                      F                      **Breed/mix:** \_\_\_\_\_

<b>Rabies</b>	Date Given: ___/___/20___	Next Due: ___/___/20___
<b>DHPP Lepto Or Titer</b> <small>If DHPP/DHLPP is not indicated for this dog, please explain why below in Remarks.</small>	Date Given: ___/___/20___	Next Due: ___/___/20___
<b>Fecal</b> <b>Positive</b> <input type="checkbox"/> <b>Negative</b> <input type="checkbox"/>	Date Given: ___/___/20___	Next Due: ___/___/20___
<b>Heartworm Test</b> <b>Positive</b> <input type="checkbox"/> <b>Negative</b> <input type="checkbox"/> <small>If handler treats dog with monthly preventative heartworm medication rather than get a yearly heartworm blood test, handler must complete Attestation form.</small>	Date Given: ___/___/20___	Next Due: ___/___/20___

*I believe this animal is a good candidate to be a therapy dog at Doylestown Hospital. I have not seen any aggressive or inappropriate behavior in my presence. The animal appears to be healthy and free of pain, disabilities and illnesses that can cause unusual behavior that could cause the animal to be unpredictable. To the best of my knowledge, this animal has not been exposed to and is free of any infectious or contagious disease.*

Remarks: \_\_\_\_\_

Signature of Licensed Veterinarian \_\_\_\_\_

Address: \_\_\_\_\_



**Animal Assisted Activity  
Heartworm Preventative**

**ATTESTATION**

I hereby attest that I, \_\_\_\_\_,

administer preventative heartworm medication to my therapy dog, \_\_\_\_\_, monthly.

I declare that this statement is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

Date: \_\_\_\_ / \_\_\_\_ / 202\_\_



### Commitment To Confidentiality

I, \_\_\_\_\_, understand my obligation to maintain complete confidentiality of information in order to protect patients and their families, as well as all members of the Doylestown Hospital family, from improper disclosure of information given in confidence, particularly when the information is related to the health, business, or personal matters of Patient, Patient's families, Associates, Volunteers, or Members of the Board or Medical Staff. I also understand that confidentiality must be maintained regardless of the source of information, for example:

- Spoken word
- The medical record (patient's chart)
- Computer records
- Records of Doylestown Hospital business such as financial reports, statistical data, minutes of meetings, personnel files, etc.

and that access to information and dissemination of information are both subject to confidentiality standards.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 202\_\_