American Cancer Society®

Animal-Assisted Therapy in Pediatric Oncology:

The ACS PAWS Guide for Hospitals

Acknowledgments

This guide was written and developed by **Maggie Rogers, MPH**, of the American Cancer Society (ACS), in collaboration with colleagues and partners across the pediatric oncology and animal-assisted therapy (AAT) communities. It was shaped by expert input, submissions, and feedback from a wide range of professionals with lived and clinical experience.

Primary Contributors

We are grateful to the members of the ACS Pups Assisting With Support (ACS PAWS) Advisory Committee, whose insight, personal experience, and professional expertise were instrumental in creating and shaping the direction, content, examples, best practices, and relevance of this guide:

- **Ali Spikestein, MS, CCLS**, Mount Sinai Kravis Children's Hospital
- **Becca Greer, CCLS II** (formerly with Children's Healthcare of Atlanta)
- **Brittany Reed, HMBA, CCLS III**, St Jude Affiliate Clinic at Novant Health Hemby Children's Hospital
- **Diane Pekarek, CAIS, C-AAIS, CPDT-KA**, University Hospitals Cleveland Medical Center
- **Katie Sullivan Bradford, MS, CCLS**, Cincinnati Children's Hospital Medical Center
- **Kelsey Cebula, CCLS**, Nemours Children's Health
- **Missy Stover, CCLS**, Children's Mercy Kansas City
- **Scott Penney, MD, MPH**, United States Air Force/Brooke Army Medical Center

Expert Review

Kara Klein, CCLS, Children's Healthcare of Atlanta, provided comprehensive expert review of the guide.

Additional Contributions

This guide was informed by the insights and expertise shared by subject matter experts from ACS' **Animal-Assisted Therapy in Cancer ECHO Program**:

- **Kara Klein, CCLS**, Children's Healthcare of Atlanta
- **Kizzy Davies, CCLS**, Canine Assistants
- **Lia Gore, MD**, University of Colorado Anschutz Medical Campus, and Children's Hospital Colorado

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Cover Photo:

Lexy with facility dog Jellybean at Children's Mercy Kansas City, with permission

A Message from the American Cancer Society

At the American Cancer Society (ACS), our mission is to improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer. A key part of this mission is our commitment to helping reduce suffering and enhance quality of life during and after cancer treatment.

This commitment drives our support of ACS Pups Assisting With Support (ACS PAWS), which brings the proven benefits of animal-assisted therapy to children and teens with cancer. As a physician and leader in cancer survivorship, I have seen how facility dog programs help reduce stress, anxiety, and pain, fostering resilience and offering moments of comfort and joy during cancer treatment.

The ACS PAWS Guide equips hospitals to start and expand facility dog programs with practical tools, lessons from experienced teams, and a roadmap for integrating this support into everyday care. We envision a future where every hospital treating children and teens with cancer offers these programs as part of compassionate, whole-person care.

We hope this resource empowers more hospitals to bring comfort, connection, and healing to the children, teens, and families they serve.

Sincerely,

Laura Makaroff, DO
Senior Vice President, Cancer Prevention and Survivorship
American Cancer Society
cancer.org | 1.800.227.2345

Photo: Laura Makaroff, DO, with facility dog, Dumpling, Children's Healthcare of Atlanta.

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Section 1 Overview

Animal-Assisted Therapy in Pediatric Oncology: The ACS PAWS Guide for Hospitals is a resource designed to help hospitals, clinics, and health care professionals successfully implement and expand facility dog programming in pediatric oncology settings. This comprehensive and actionable guide focuses on planning, designing, and implementing animal-assisted therapy (AAT) programs, with an emphasis on the facility dog model. It covers key strategies, addresses challenges specific to pediatric oncology settings, and offers practical tips, best practices, tools, and examples from existing facility dog programs across the country.

Target Audience

Health care professionals working in pediatric oncology settings, such as physicians, nurses, social workers, and child life specialists

Hospital administrators and staff involved in the creation and implementation of patient care and staff support programs

AAT professionals, including program leads and handlers, seeking to expand their programs in oncology settings

Built by the Field, for the Field

What makes the ACS PAWS guide unique is that it was developed by facility dog handlers and leaders of facility dog programs in pediatric oncology, specifically for those working – or planning to work – in the same space. The guidance and ◆ **best practices** presented here are informed by their firsthand experiences, insights, and lessons learned, ensuring the content is rooted in real-world practice. For smaller hospitals or those with limited resources, this guide offers scalable strategies that can be adapted to fit a hospital's needs and capacities.

For a full list of contributions, please refer to the *Acknowledgments* page.

A. Background and Context

Each year, 15,000 children and adolescents in the United States are diagnosed with cancer, often facing months or even years of cancer treatment.[1] The long hospital stays, frequent medical procedures, and emotional stress associated with cancer care can take a toll on patients and their families. The following highlights the well-being and quality-of-life challenges faced by hospitalized pediatric cancer patients and their families.

Long and Repeated Hospitalizations

- Childhood cancer patients often face extended hospital stays lasting days, weeks, or even months. Some spend more time in the hospital or clinic than at home during treatment.
- Long hospital admissions can lead to both physical and emotional exhaustion for patients and their families.

Frequent Procedures and Physical Impacts

- Ongoing testing, such as MRIs and blood draws, and cancer treatments, such as chemotherapy and radiation, can be painful, invasive, frequent, and scary for children.
- Cancer and its treatment can lead to muscle loss, fatigue, mobility issues, and changes in appearance, such as hair loss and weight changes.
- Patients may experience physical regression after surgery or prolonged hospital stays.

Mental Health and Emotional Distress

- Patients and their families often experience anxiety, depression, and fear of unpredictable outcomes or relapse.
- Prolonged isolation from peers and missing out on childhood experiences, school, sports, playdates, and social interactions can intensify distress.

Difficult and Life-altering Conversations

- Patients and their families navigate difficult discussions on diagnosis, prognosis, treatment risks, side effects, long-term complications, and clinical trial enrollment.
- End-of-life conversations and unexpected complications can be traumatic and overwhelming for patients and their families.

B. Evidence Base for Animal-Assisted Therapy

AAT is supported by peer-reviewed research that demonstrates its positive impact on the health and well-being of children and teens, with benefits for those with cancer, their families, and the health care professionals that care for them.

For hospitalized children and teens, research has highlighted several key benefits of AAT, including:

- Lowering the perception of pain[2-5]
- Reducing distress during blood draws[6]
- Helping time pass more quickly[7]
- Producing more positive memories from time in the hospital[7]
- Reducing cortisol levels[8]
- Promoting ambulation following surgery[9]
- Improving global functioning[10]

For children and teens undergoing cancer treatment, AAT has shown additional benefits in addressing the unique challenges they face in the hospital. Key findings include:

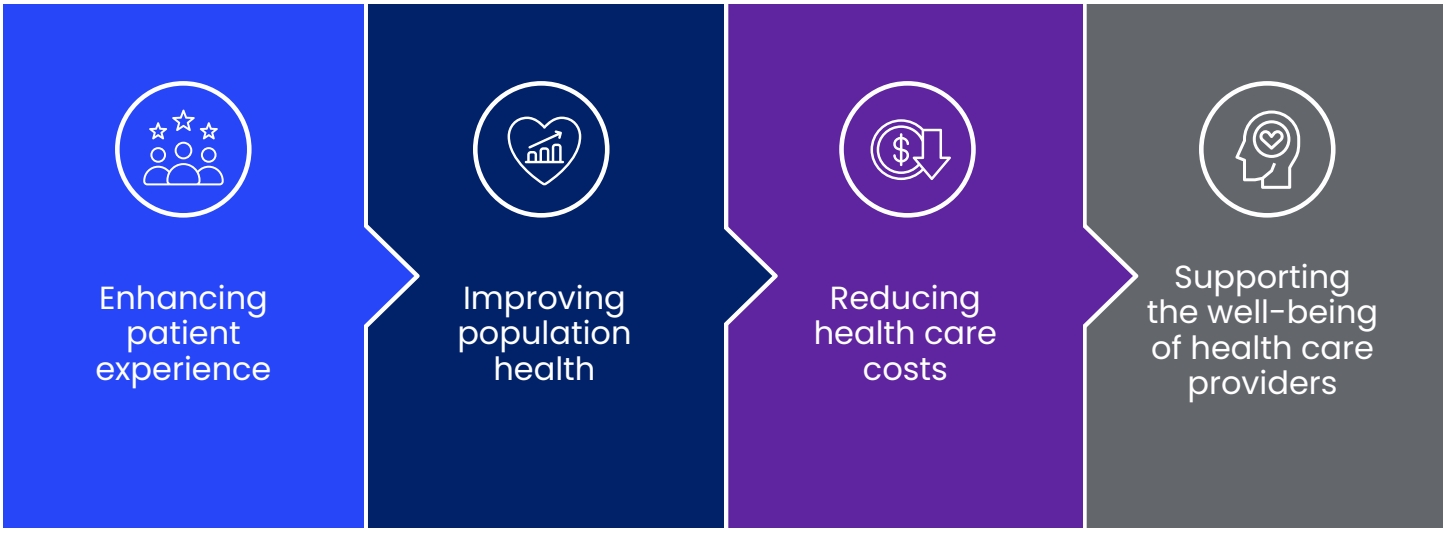
- Decreasing pain during needlesticks[11]
- Decreasing feelings of irritation and stress[12,13]
- Improving energy level at follow-up[14]
- Increasing patient acceptance of being in the hospital[15]
- Improving global functioning[10]

For parents of children with cancer, AAT has been shown to reduce parenting stress and anxiety.[13,16] When asked about their experiences, children with relapsed cancer and their parents perceived AAT as desirable with few requested changes. The only negative aspect reported was “too little time with the dog.”[17]

For frontline oncology staff, AAT has been shown to improve mood, reduce stress symptoms, and support overall well-being, contributing to a healthier workplace and patient care environment.[18,19] Similarly, for staff in pediatric hospitals, interactions with facility dogs foster enhanced job satisfaction and stronger interpersonal relationships.[20]

C. Hospital Investment

Hospitals need to invest in programs that enhance patient well-being, improve health outcomes, reduce health care costs, and support the overall care experience. **The Quadruple Aim** in health care provides a framework for achieving these goals:[21]



Facility dog programs in hospitals may contribute to these goals by reducing patient pain and distress, improving emotional well-being, supporting staff resilience, and creating a more positive patient care environment. While there is no published literature on AAT and cost reduction or cost savings at this time, improvements in patient cooperation, pain management, mental health outcomes, hospital community engagement, and recovery could potentially reduce the need for additional medications, interventions, use of chemical and physical restraints, staff required at the bedside, or extended hospital stays, contributing to cost savings for the hospital.

> As a pediatric oncologist, my responsibility is to care for the whole child and everyone who cares for that child. Kids with cancer don't come as an isolated person; our patients are part of families and friends and communities near and far around them that vary as much as any individual. Not only do I need to practice the best science to get that child the best outcome, but I want to treat their heart and their soul. Facility dogs do just that for so many of our patients; our dogs open people's hearts and make us look at the entire story. Our medical dogs are so important to our patients, their families, and our team. They do better in helping our patients than we do on many occasions. We provide more comprehensive care because our dogs are such an important part of our team."
>
> - Lia Gore, MD, Chief, Pediatric Hematology/Oncology/Bone Marrow Transplant, University of Colorado Anschutz Medical Campus, and Children's Hospital Colorado

D. Patient Impact Stories

The following stories help to further illustrate and humanize the impact that facility dog programs have on children and teens with cancer and their families.

Provided by Holtz Children's Hospital, Florida

"A 10-year-old patient from Puerto Rico was transferred to Holtz after being diagnosed with Ewing sarcoma. The journey was incredibly tough for him as he struggled to adjust to his port, chemotherapy, and extended hospital stays. But everything shifted the moment he met our facility dog, Mahi. From that day forward, he would wake up asking for her, and the sound of her collar bell would send him eagerly jumping out of bed. He delighted in giving her special treats, teaching her new tricks, learning commands, and having playroom sessions. His father shared that instead of dreading his hospital admissions, he looked forward to them, knowing Mahi would be there offering unwavering support and love throughout his treatment."

Facility dog Mahi, Holtz Children's Hospital

Charlie with facility dog Opry, Dana-Farber Cancer Institute, with permission

Provided by Dana-Farber Cancer Institute, Massachusetts

"When my daughter was diagnosed with cancer at the age of 2, we feared that her earliest memories would be inside the walls of a cancer clinic. We were so relieved that [facility dog] Opry joined the Jimmy Fund team the same week that we started treatment. Since then, Opry and [facility dog handler] Kate have provided my daughter with a range of joyful and nurturing experiences that have established the clinic as a safe space for our family. Their presence has normalized my daughter's experience and has created moments of connection with family and friends, as she always has a silly Opry story to share."

Provided by Brooke Army Medical Center, Texas

"It is a beautiful thing to witness a child's relationship with a furry four-legged friend. Our daughter isn't one who runs up to animals or opens up very quickly. Instead, her love and trust grow over time, little by little. Over time and from one visit to the next, they've gotten to know each other. She was able to give [facility dog] Mac treats and pets. He's always met her where she's at with her mood during an appointment or in-patient hospital stay. Mac laid with her in her hospital bed during chemotherapy, and he's right under her feet during clinic checkups. She's grown so fond of him over time that we've even got our very own little stuffie at home named Mac, who she takes excellent care of, and her imagination soars with. There are seldom opportunities for sunshine when you're taking a 3-year-old little girl in for treatment or checkups, but Mac is always there to light up our day."

Pediatric oncology facility dog Mac, Brooke Army Medical Center

Facility dog Isha, with a patient, UCLA Mattel Children's Hospital

Provided by UCLA Mattel Children's Hospital, California

"Our facility dog Isha has formed a special bond with a 9-year-old girl throughout her cancer journey. Isha was with her upon diagnosis and through several rounds of chemotherapy, during which she would say the only thing she wanted in the hospital was visits from Isha. Even when her blood counts are low, her physicians have granted special permission for visits from Isha. When staff enter her room while Isha is present, she proudly introduces Isha as her best friend. The patient underwent surgery and experienced significant pain and needed physical therapy post-surgery. Our Certified Child Life Specialist utilized Isha for motivation, distraction, and non-pharmacological pain management. When nurses asked her to rate her pain on the scale, she would report lower numbers and explain, 'because I have Ishy.' "

E. Definitions in Animal-Assisted Therapy

Understanding terminology is essential for implementing and expanding facility dog programs in pediatric oncology. While various terms are often used interchangeably, each has a specific meaning and application. The following definitions, which were adapted from established resources, clarify these distinctions and provide a shared language.[22-25]

◆ For the purposes of this guide, we will primarily use **animal-assisted therapy (AAT)** as it most aligns with the terminology used by hospital facility dog programs.

Animal-assisted interventions (AAIs) are goal-oriented and structured activities that intentionally incorporate animals into health, education, and human services settings to promote therapeutic benefits and improve health and wellness. AAI is an umbrella term that includes animal-assisted therapy (AAT), animal-assisted education (AAE), and animal-assisted activities (AAA). These interventions may involve volunteer therapy animal teams or professionals working with trained animals.

Animal-assisted therapy (AAT) is a goal-directed, planned, structured, and documented therapeutic and clinical intervention that incorporates trained animals to promote improvements in physical, cognitive, psychosocial, behavioral, and emotional functioning. AAT is led by health care or human services providers and clinicians working within their professional scope. It can be provided in various settings, in individual or group formats, and may involve different animal species, with dogs being the most commonly used.

Animal-assisted activities (AAAs) provide opportunities for motivation, education, or recreation to enhance quality of life. These activities are typically more informal and are delivered by specially trained professionals, paraprofessionals, or volunteers in partnership with animals that meet specific suitability criteria. Unlike AAT, AAAs do not involve structured therapeutic goals tailored to individual patients or clinical documentation.

Animal-assisted education (AAE) is a goal-oriented, planned, and structured intervention directed by an education professional. The primary focus is on academic goals, prosocial skills, and cognitive development. While animals play an integral role in supporting these educational objectives, AAE differs from AAT in that its goals are educational rather than clinical.

Types of Dogs in Health Care Settings

This guide focuses on hospital facility dogs, but it is important to understand the distinctions between different types of dogs that may be seen in health care settings. While hospitals may use these dogs in varying ways, the following table outlines the key differences between service dogs, therapy dogs, and facility dogs, specifically in the context of health care environments.[26,27]

Category	**Service Dog**	**Therapy Dog**	**Facility Dog**
Details	Trained to perform specific tasks for an individual with a disability or medical need, providing essential support	Pets that visit hospitals with their volunteer owners to provide comfort and support to patients, families, and staff Most have therapy dog certification May be referred to as "pet therapy" dogs	Expertly trained to work full-time in a health care setting, facility dogs and their expert handlers deliver goal-directed AAIs to support patient care
Goal	Provides assistance to an individual with a disability or medical need	Offers emotional support, companionship, and stress relief through casual visits	Supports patient treatment plans, providing therapeutic benefits aligned with clinical goals
Role in Medical Care	May accompany their owner in health care settings as needed Has access to all areas of public facilities under the Americans with Disabilities Act (ADA)	Provides motivation, education, or recreation to improve quality of life through informal interactions	Actively involved in patient care, assisting with therapeutic interventions and supporting health care staff
Training and Certification	Undergoes specialized training to perform tasks for the owner's disability or medical need	Evaluated and certified for volunteer work, with training in obedience, temperament, and appropriate hospital behavior	Extensive training for 18 months to two years in specialized tasks for health care settings Handlers typically receive training in infection control and patient safety.
Ownership or Oversight	Owned by an individual with a disability or medical need	Owned by the volunteer handler The hospital may coordinate visits through an external therapy dog organization.	Typically owned by the hospital or the sponsoring facility dog training organization Handlers are hospital employees or designated staff members. They are not pets.

Category	Service Dog	Therapy Dog	Facility Dog
Examples of Tasks	Guiding individuals with visual impairments, alerting to seizures, or providing mobility assistance	Providing comfort through gentle interaction, such as petting and cuddling	Supporting ambulation, participating in procedural prep, providing comfort during tests and procedures, and reducing anxiety
Chart Documentation	No documentation in patient charts	Visits are spontaneous and not usually documented in the patient's chart	Visits are often scheduled and documented in the patient's chart to monitor progress and outcomes
Benefits	Enhances independence and quality of life for individuals with a disability or medical need	Provides comfort and fosters positive interactions for patients, families, and staff No or minimal cost due to volunteer model of delivery	Enhances patient coping, reduces pain and anxiety, and supports therapeutic outcomes in pediatric oncology Access to more areas of the hospital Integrated into patient care
Limitations	Access to health care settings is limited to supporting the individual owner	Based on volunteer availability May be limited to certain areas of the hospital and not permitted in restricted or high-risk areas, such as ICUs	Requires hospital resources and handler and staff training

While service, therapy, and facility dogs can play essential roles in health care settings, it is important to distinguish them from emotional support animals (ESAs). ESAs provide comfort and companionship to individuals but are not specifically trained to perform tasks or support therapeutic interventions. As a result, ESAs are not permitted in hospitals or health care facilities under most circumstances as they are not covered by the ADA. However, some hospitals may offer programs to allow patients' personal pets, including ESAs, to visit during long hospital stays.

F. Standards and Guidelines

While no specific guidelines exist for facility dog programs in pediatric oncology, there are frameworks for AAIs in various settings, which may offer valuable insights and help ensure safety and effectiveness. For guidance on safe human-animal interactions, animal welfare, temperament, handler assessments, and AAI competencies, refer to the following organizations. **This list is not exhaustive, and inclusion does not imply endorsement by the American Cancer Society.**

Assistance Dogs International (ADI) is a worldwide coalition of nonprofit programs that trains and places assistance dogs. Assistance Dogs organizations that pass ADI's accreditation process become ADI Accredited Member programs and are regularly assessed to ensure they meet the highest standards in the industry.[28]

Human Animal Bond Research Institute (HABRI) is a nonprofit research and education organization that is gathering, funding, and sharing scientific research to demonstrate the positive health impacts of companion animals.[29]

American Veterinary Medical Association (AVMA) is the leading advocate for the veterinary profession in the US and supports veterinarians through advocacy, educational accreditation, and certification programs to advance the quality of veterinary care.[30]

Association of Animal-Assisted Intervention Professionals (AAAIP) is a community of professionals who value the human animal bond and power of AAIs. Their mission is to empower professionals to responsibly integrate the healing power of therapy animals into their practice while advancing the field of AAIs.[31]

International Association of Human-Animal Interaction Organizations (IAHAIO) is the global association of organizations that engages in practice, research, and/or education in AAA, AAT, and service animal training. These activities serve to promote pet ownership, the human-animal bond, and respectful approaches to engaging with animals.[32]

Animal Assisted Services International (AASI) is a nonprofit association and coalition of practitioners, individuals, or organizations that has a strong foundation of positive interactions with people and animals, at all stages in the AASI continuum.[33]

International Institute for Animal Assisted Play Therapy (IIAAPT) provides cutting-edge training, certification, and continuing professional development opportunities for mental health and animal professionals interested in the integration of psychotherapy, play therapy, and AAT.[34]

Section 2

Program Planning

Implementing a facility dog program in a health care setting can significantly enhance the experience of patients, families, and health care professionals. However, ensuring the success of the program requires careful planning, alignment with hospital priorities, and engagement with key stakeholders and champions. This section will guide you through the steps of defining gaps and assessing needs, identifying and engaging partners, and reframing barriers into opportunities to build a sustainable and integrated facility dog program.

A. Define Gaps, and Assess Needs

A formal needs assessment is not required to launch or expand a hospital facility dog program, but understanding and communicating the program's purpose is essential. Hospital leadership, funders, and key partners like clinical teams may want to understand why a facility dog program is necessary, beneficial, and how it aligns with the hospital's overall goals. Following are key considerations to help assess needs within your hospital.

Why assess needs?

- Justification for leadership support
- Partner engagement
- Ensuring equitable access
- Program sustainability

Six questions to consider when assessing needs:

1. What specific patient, family, or staff support needs are not met by existing volunteer therapy dog programs, and how could a full-time facility dog and handler team address these gaps?
2. How are similar psychosocial support needs currently being met, and what limitations exist in those approaches?
3. What data, observations, or feedback (from patients, families, or staff) support the need for a facility dog program?
4. Has hospital leadership prioritized initiatives (e.g., patient experience) that align with a facility dog program?
5. Are there documented cases where a facility dog team could have enhanced patient care (e.g., procedural support, ambulation, stress, and anxiety reduction) in a way that is otherwise not available?
6. How will a facility dog program elevate and enhance the overall quality and delivery of patient care at your hospital?

Following are **examples** of how hospitals have assessed needs and justified a facility dog program in pediatric oncology at their institution:

- A hospital wanted to find ways to **improve the patient experience** and patient and family satisfaction during long hospital stays, which is common for pediatric oncology patients.
- A hospital **identified inequities in access** to their existing volunteer pet therapy program, where oncology patients were excluded due to infection control concerns.
- Another hospital looked at referral patterns and recognized that pediatric oncology patients were requesting volunteer pet therapy visits at high rates, but the existing volunteer pet therapy program **could not meet demand**.
- A hospital observed that during COVID-19 pandemic restrictions, their **volunteer pet therapy program was suspended** and among the last to resume due to restricted volunteer access, while other hospitals with facility dog programs, led by staff handlers, continued to provide consistent support for pediatric oncology patients.

◆ Best Practice:

Combine insights from your hospital's needs assessment with existing research on the benefits of AAT in pediatric oncology (see *Evidence Base for Animal-Assisted Therapy*) to build a strong case for your program.

> The interdisciplinary team has truly embraced the mission of animal-assisted therapy. One nurse shared: 'The patients always do better with their procedures when the dogs are here because they know the faster they get through the tough stuff, the faster they get to spend time with [facility dogs] Ali or Allison.' "
>
> - Nemours Children's Hospital, Delaware

B. Identify and Engage Partners

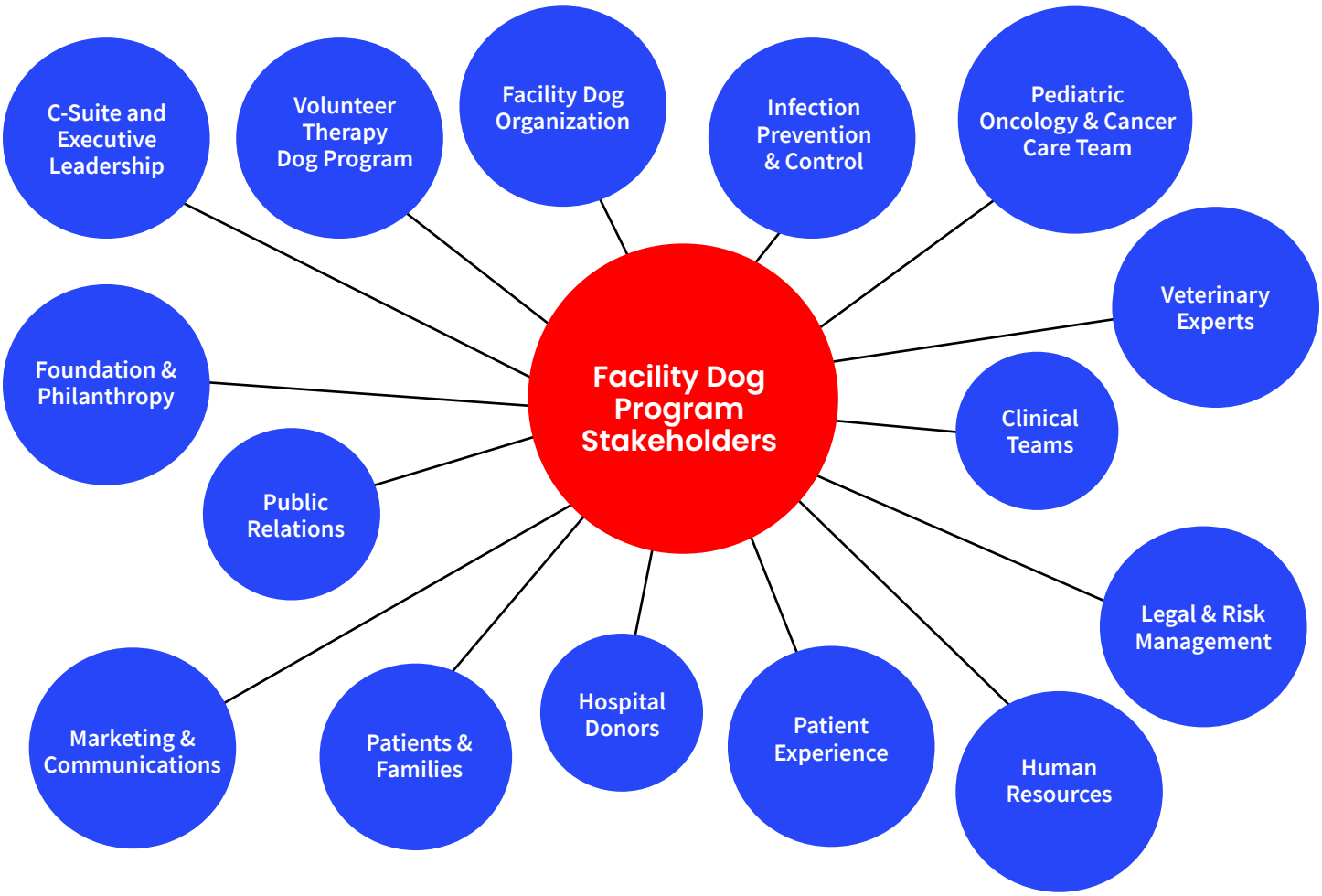
Identify Partners

To have a successful facility dog program, it is essential to identify leadership, clinical teams, and internal and external partners who can support or influence the program.

Stakeholders can be any group at the hospital that is directly or indirectly involved with the implementation or outcomes of the facility dog program. When identifying stakeholders, ask the following questions:

1. Who needs to approve or support the program?
2. Who impacts the program's success?
3. Who is impacted by the program's success?
4. Who will you need to win over?

Here are **examples** of stakeholders that may influence your hospital facility dog program:



◆ Best Practices:

- Engage stakeholders throughout the process from concept inception to implementation. Continue to engage them throughout the duration of the program.
- If your hospital has existing volunteer pet therapy, consider including them in facility dog conversations. These programs are complementary and not mutually exclusive, and collaboration can enhance their impact. It is helpful to collaborate early to align policies, avoid confusion, and plan thoughtful introductions between volunteer therapy dogs and hospital facility dogs.

Unexpected stakeholders. At one hospital, the Institutional Review Board (IRB) became enthusiastic about the program before the hospital welcomed their first facility dog. The board's early support paved the way for future research, and the resulting data not only reassured hospital leadership, but also became instrumental in securing funding from individual donors and corporate sponsors.

> The growth and sustainability of your facility dog program center around the support of your stakeholders."
>
> – Kara Klein, CCLS, Senior Program Coordinator, Canines For Kids, Children's Healthcare of Atlanta

Champions are a subset of stakeholders who are enthusiastic advocates for your program. They can inspire buy-in from across the hospital, advocate for resources, and help make decisions about the facility dog program. Effective champions tend to be enthusiastic, persistent, strategic, and able to solve problems using managerial and people skills.

When identifying champions, ask the following questions:

1. Who will go above and beyond to advocate for the facility dog program?
2. Who has the credibility and influence to gain support across the organization?
3. Who is trusted and respected by their peers?
4. Who has the authority or influence to remove barriers and make things happen?
5. Who has the time and capacity to actively support implementation?
6. Who is intrinsically motivated and enthusiastic about the impact of facility dogs in pediatric oncology?
7. Who is a strong communicator, able to persuade and motivate others to embrace the program?

Following are **examples** of stakeholders and champions for facility dog programs in pediatric oncology across the country:

- The **Director of Infection Control** became a key champion for the facility dog program by advocating to the medical team and executive leadership about the importance of AAT in patient care. She independently researched best practices from national organizations and used that knowledge to shape hospital policies. When there was little information on facility dogs in bone marrow transplant (BMT) units, she led efforts to develop guidelines, submitted a proposal to the IRB, and presented the plan to executive nursing leadership. Her efforts helped establish facility dogs as a safe and valuable resource for oncology patients across the hospital.

- The **Patient Experience Team** identified facility dogs as a way to enhance the hospital experience, while the **head of BMT** strongly supported the program, recognizing BMT patients' isolation from visitors and hospital events. After a presentation to BMT leadership, they endorsed facility dog visits as a controlled and safe intervention with clear protocols for training, vaccinations, and hygiene. Once BMT was on board, broader hospital adoption followed.

- A **Hematology/Oncology physician** championed facility dogs for patients with cancer, emphasizing that their therapeutic benefits outweighed infection risks. Her credibility and science-based advocacy helped persuade stakeholders. At another institution, the **head of the Oncology Department** was instrumental in securing financial support from a donor and initiating the facility dog referral process. At a third hospital, **medical directors in Oncology** were particularly vocal advocates, pushing for a facility dog dedicated exclusively to oncology patients.

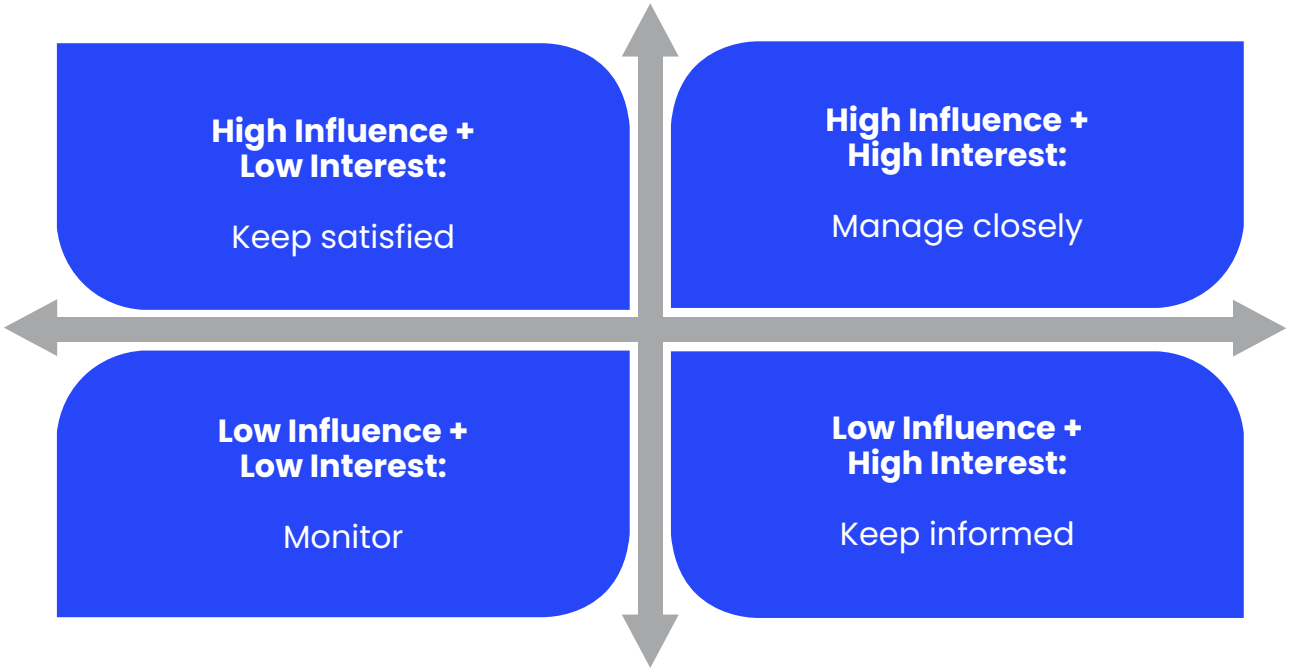
- A **Chief Medical Officer** who had prior experience with facility dogs in pediatric oncology was key to expanding the program hospital-wide. His leadership and direct involvement in policy development ensured hospital approval and long-term sustainability. Similarly, the **CEO of a children's hospital** was an early champion, fully supporting the transition from volunteer therapy dogs to a dedicated facility dog program at the hospital.

◆ Best Practices:

- Recruit an interdisciplinary group of stakeholders and champions to help with various aspects of the facility dog program.
- Establish a formal multidisciplinary hospital committee, including Infection Control, Legal, Human Resources, clinical team members, and patients and their families, to oversee program policies and ensure alignment with institutional standards.

Engage Partners

Stakeholder mapping can help identify the right people, understand each stakeholder's level of influence and decision-making power within your hospital, assess their level of interest (i.e., are they going to be supportive or resistant to a facility dog program?), and help you prioritize and engage.



High Influence + Low Interest (keep satisfied): These stakeholders may not be directly involved day-to-day but hold decision-making power or control resources. Their support is important to avoid roadblocks. For example, the Legal and Compliance Department may not prioritize the facility dog program but must ensure that it aligns with hospital policies.

High Influence + High Interest (manage closely): These are your champions and key decision-makers. They are both enthusiastic and positioned to actively support, approve, or block program progress. For example, hospital leadership like the Chief Medical Officer sets strategic priorities and can secure hospital buy-in.

Low Influence + Low Interest (monitor): These stakeholders are unlikely to affect the program's success or be impacted by it, but it is still helpful to keep them loosely informed. This may include adult inpatient units that are not part of the facility dog program's pediatric focus or nonclinical support staff who may occasionally interact with the facility dog program but are not involved in decision-making.

Low Influence + High Interest (keep informed): These individuals care deeply about the program and can be strong advocates, even if they do not hold formal authority. Keeping them engaged builds support. This may include frontline nurses who interact with patients daily and may see immediate value in the facility dog program for their patients.

◆ Best Practice:

Stakeholder mapping will look different at every hospital. Someone's position in a quadrant is not fixed or permanent because their level of influence or interest may change over time, especially as awareness of the program grows.

Based on what you learn about each stakeholder in the mapping exercise, the following tips can help with effective stakeholder engagement:

1. Engage early, and have meeting goals ready and the agenda prepared.
2. Tailor messaging and terminology to each stakeholder group.
3. Leverage champions.
4. Address concerns proactively.
5. Always share wins and challenges, and recognize contributions of the team.
6. Schedule recurring check-ins.

> Our facility dogs are not only trusted allies, but they are also integral members of our interdisciplinary team. From providing quiet comfort to patients and families at the bedside to supporting our associates during challenging moments, their presence offers hope and healing in ways that extend well beyond medicine. They help us foster a compassionate and family-centered care environment that reflects our mission to create the healthiest generation of children."
>
> - Jane Mericle, DNP, MHS-CL, BSN, RN, CENP, Executive Vice President, Enterprise Chief Nursing Executive and Chief Patient Operations Officer, Nemours Children's Health

Facility dogs Allison, Ali, and Talon, Nemours Children's Hospital, Delaware

C. Assess Barriers and Opportunities

Identifying potential challenges and barriers to implementation is a critical step during facility dog program planning. Recognizing these barriers early allows for proactive planning and better preparation for when issues arise. Identifying barriers before engaging partners is important, but stakeholders and champions can also help uncover additional challenges and opportunities.

Here are four strategies to identify barriers and potential barriers to your facility dog program:

- Survey staff on perceived barriers.
- Facilitate a discussion with key hospital partners and leadership.
- Review published literature.
- Ask other facility dog programs about barriers they encountered.

◆ Best Practice:

Involve partners early (e.g., Infection Control, Risk Management, hospital leadership, Philanthropy) to anticipate and address concerns before they become real barriers to implementation. Allow them the opportunity to prepare to ask questions or express concerns.

Reframing Barriers

Each challenge or perceived barrier can be reframed and presented as an opportunity. This reframing exercise can help shift perspectives, encourage problem-solving, and allow for creative solutions. The following table helps demonstrate this concept for common concerns about facility dog programs:

Common Barrier	Reframed Opportunity
Funding limitations and concerns about cost	Incorporate the facility dog program into Marketing and Philanthropy efforts to attract donor support and sponsorships.
Infection prevention and control concerns	Collaborate with the Infection Prevention team to develop and refine hospital-wide policies for safe and effective AAIs.
Staff workload and hiring difficulties	Designate a dedicated handler role, or integrate facility dog responsibilities into an existing staff member's role and workload considerations.
Lack of staff education about facility dogs	Provide education on the benefits of AAT and awareness activities to differentiate facility dogs from volunteer therapy dogs.
Legal and risk management concerns	Work with hospital Legal teams to update old policies and protocols and establish new ones to mitigate risk.
Staff and patients' allergies, fears, and cultural concerns	Establish clear opt-out protocols and education on safe interactions for patients and staff. Offer alternatives, such as virtual facility dog visits or plush facility dog look-alikes.

◆ Best Practice:

Take perceived and potential barriers and reframe them into opportunities for your hospital.

D. Program Planning Checklist

Now that you've finished reviewing *Program Planning*, this checklist will guide your hospital through the planning process for implementing or expanding a facility dog program in pediatric oncology.

1 Define Gaps, and Assess Needs

- ☐ Identify gaps in patient, family, and staff support and existing volunteer therapy dog programming that a facility dog program could address.
- ☐ Gather examples, data, observations, or feedback from patients, families, or staff to support the need for a facility dog program.
- ☐ Align the facility dog program to overarching hospital priorities.
- ☐ Combine findings with research on AAT benefits to build a case.

2 Identify and Engage Partners

- ☐ Determine stakeholders who impact or will be impacted by the program.
- ☐ Identify champions to advocate for the program.
- ☐ Create a stakeholder map to categorize stakeholders by influence and interest.
- ☐ Establish a multidisciplinary hospital committee to oversee program planning and policy development.
- ☐ Develop tailored engagement strategies for each stakeholder group.

3 Assess Barriers and Opportunities

- ☐ Survey and discuss with staff, and review literature to identify common, perceived, and potential barriers.
- ☐ Brainstorm ways to reframe each potential barrier as an opportunity.
- ☐ Share reframed opportunities with stakeholders and champions to build buy-in.
- ☐ Plan to monitor and address new barriers during implementation.

Section 3

Program Operations

This section outlines the core components necessary to run a successful facility dog program in a pediatric oncology setting. It covers key considerations related to program structure, staffing, daily operations, and clinical integration to help ensure safe and effective implementation.

A. Program Models

Facility dog programs vary widely, and there is no one-size-fits-all model. Following are key considerations that may affect how a program is structured and operates:

Budget: The number of dogs, types of handler roles, visit frequency, and program scope depend on available funding and the size of the budget. See *Budgeting and Financial Planning* for more information.

Hospital leadership buy-in: The program model may be shaped by how the hospital values and prioritizes supportive oncology and patient experience. Leadership commitment is especially important when working with minors, immunocompromised patients, or patients with long hospital stays. See *Identify and Engage Partners* for more.

Hospital size and scope: Larger hospitals or pediatric specialty centers may have capacity for multiple facility dogs, or a facility dog dedicated to pediatric oncology. Smaller hospitals or general pediatric units may support only one dog serving a broader patient population.

Therapeutic intent and impact: The goals of the program, such as emotional coping, physical rehabilitation, ambulation, or procedural support, will guide how facility dog teams are used. These goals shape where visits happen, who the handlers are, and how interventions are integrated into care.

Following are four **examples** of hospital facility dog programs across the country:

	Hospital A	Hospital B	Hospital C	Hospital D
Hospital Size (Annual Admissions)	<5,000	10,001-20,000	>20,000	<5,000
Hospital Classification	Embedded children's hospital	Independent/ freestanding children's hospital	Embedded children's hospital	Pediatric unit in a general hospital
Hospital Setting	Urban	Urban	Urban	Suburban
Year Facility Dog Program Began	2022	2015	2020	2021
Number of Facility Dogs	2 facility dogs	5 facility dogs	7 facility dogs	5 facility dogs
Dedicated Pediatric Oncology Facility Dogs	None, but 75% of facility dog time is spent in pediatric oncology	1 dedicated pediatric oncology facility dog	2 dedicated pediatric oncology facility dogs	1 dedicated pediatric oncology facility dog
Average Oncology Patients Visited per Day	8 patients	6 patients	20 patients	9 patients
Handler Structure and Disciplines	Single primary handler: Child life specialist	Primary and secondary handlers: Child life specialist, patient activity coordinator, staff support manager	Primary and secondary handlers: Physician, child life specialist, registered nurse, spiritual care, radiology, volunteer director	Primary and secondary handlers: Child life specialist, physician, registered nurse, social worker

Sutter Health Facility Dog Program | Northern California

Provided by Jennifer Johnson, CCLS, Sutter Health

Program Overview

Sutter Health's facility dog program is the longest running in the country. It began in the early 2000s with a bold idea from a nurse leader who proposed pairing a dog full-time with a hospital staff member, an approach that was new at the time. As an early champion, this nurse leader played a critical role in building institutional support, including in oncology.

Sutter Health's first facility dog was placed in **2003**. From the start, the program served children with cancer, including neutropenic patients. Jennifer describes their facility dogs as offering something "a human clinician can't replicate." Their presence built trust, helped patients express emotions, and made it possible for children to face difficult moments, like accepting hard news or getting up and moving.

Growth and Success

Sutter Health now has **16 facility dog teams** across multiple hospitals. Handlers include child life specialists, social workers, occupational therapists, nurse practitioners, and others. Most teams are embedded in specific units, with one team working exclusively in pediatric oncology.

The program is supported by an organizational culture that deeply values the facility dogs as members of the treatment team. As part of orientation, new nurses shadow child life specialists and receive education on the role of facility dog teams. Philanthropic support also plays a key role, helping fully fund the program.

Jennifer credits Sutter Health's partnership with Canine Companions, a national service dog organization and an accredited member of Assistance Dogs International (ADI), as a key factor in their success. She emphasizes the value of working with an organization that provides dogs trained with 40 cues for consistency, safety, and responsiveness in clinical settings.

> It takes more than medicine to heal while hospitalized; facility dogs bring comfort, connection, and a sense of calm that reaches beyond clinical care."
>
> - Jennifer Johnson, CCLS, Sutter Health

Advice for New Programs:

Be clear about program needs. Consider how the facility dog will support your patients and staff, and select a facility dog organization with training that fits those needs.

Start with a strong skill set. Facility dog handlers should already be confident and skilled in their core role before adding the responsibility of a facility dog.

Be prepared. Things may take twice as long when you are working with a facility dog, even something as simple as walking down the hallway, but the impact is worth it.

Understand the responsibility. Even with decades of experience, Jennifer says she still feels the weight of the responsibility every day.

Facility dogs at Sutter Health

Canines For Kids | Atlanta, Georgia

Provided by Kara Klein, CCLS, Children's Healthcare of Atlanta

Program Overview

Launched in 2009, Children's Healthcare of Atlanta's Canines For Kids program is among the nation's most established facility dog programs. It began with a vision from the Volunteer Services manager, who saw the potential for professionally trained facility dogs to enhance patient care beyond occasional volunteer therapy dog visits. This innovative idea gained strong backing from hospital leadership, including the Chief Medical Officer, who championed the dogs' therapeutic value despite initial operational concerns. Early concerns, particularly from Infection Prevention, were addressed through careful planning, collaborative policy development, and the establishment of clear safety protocols. These efforts not only ensured Canine For Kids' success, but also set a precedent for other hospitals.

What began with a single facility dog-handler team has evolved into a robust program. Over the past 16 years, Children's Healthcare of Atlanta has placed 27 dogs from Canine Assistants, a national service dog organization, within their hospital system, with **15 facility dog teams** currently active. Handlers include child life specialists, social workers, physicians, and other clinicians, all integrating dogs into patient and family care.

Growth and Success

The success of Canines For Kids is rooted in the support of hospital stakeholders who recognize the powerful role facility dogs play in enhancing the physical and emotional well-being of patients, families, and staff. Facility dogs serve in high-impact areas, including ICUs, Hematology/Oncology, Palliative Care, Inpatient Rehab, Behavioral and Mental Health, and staff support. The program's steady growth has been guided by dedicated leadership that oversees handler onboarding, policy development, and daily operations. The program's infrastructure continues to evolve, with a streamlined handler application process, retirement planning, and a stipend model. Philanthropic support ensures sustainability, and in 2024, the Canines For Kids hired its first AAT coordinator to expand its impact.

Impact on Pediatric Oncology

Facility dogs are a steady and supportive presence throughout a patient's journey, but especially for oncology patients who might be in the hospital for weeks or months. From the program's earliest days, Canines For Kids has had facility dog teams dedicated to oncology and BMT units, as well as their ICUs. They currently have two facility dog teams dedicated to their inpatient and outpatient hematology/oncology and BMT units. The dogs become familiar, trusted companions, offering comfort during difficult moments/days and comfort, motivation, and joy when it is most needed. The consistency provided by the facility dogs often becomes one of the most grounding aspects of a patient's experience.

Advice for New Programs:

Start small and grow intentionally. Begin with one or two facility dog teams to demonstrate value and refine processes before expanding.

Define your priorities. Decide whether to prioritize broad reach or targeted impact. Volunteer visiting dog programs can support broad patient interaction, while full-time facility dogs are better suited for targeted, therapeutic interventions.

Build strategic partnerships. Engage Infection Control, leadership, and hospital foundations early for long-term success. Share resources, like this guide, and consult peers to navigate challenges.

Facility dogs at Children's Healthcare of Atlanta

B. Facility Dog Handlers

While the facility dog may be the visible source of comfort, motivation, and distraction, the therapeutic value of facility dog interventions relies on the expertise of the handler. Whether supporting a child with cancer through a procedure, encouraging mobility, or providing emotional support, it is the facility dog handler who assesses the patient's needs, sets goals, and integrates the dog in a developmentally appropriate and clinically meaningful way. Without a knowledgeable, trusted handler leading and guiding each interaction, even the best-trained facility dog cannot achieve the therapeutic impact these programs are designed to deliver.

Hiring a Facility Dog Handler

There are two main ways to add a facility dog handler:

Adding a Facility Dog to a Current Employee Role:

Description: This is a secondary appointment for current staff. The facility dog is used as a therapeutic tool within the existing role.

Pros: Most likely lower cost as it's integrated into an existing role. The employee already has relationships with patients and staff. Enhances the work they are already doing.

Cons: Requires flexibility and bandwidth in the existing role and strong understanding of the lines between existing clinical duties versus facility dog duties.

Hiring a Facility Dog Handler AAT/Coordinator:

Description: This position is dedicated solely to the implementation, coordination, and delivery of AAT interventions using a facility dog.

Pros: Clear focus, as all time and energy are directed toward the facility dog program, and there are no other competing roles or responsibilities for the handler.

Cons: May result in higher cost because you hire an entirely new person/role. Time is needed to integrate and build trust with patients and staff, and contingency planning is needed for the role if the dog is no longer able to work.

Many hospitals use the first model of adding a facility dog to an existing hospital employee's role for the first facility dog at the institution. Choosing the right handlers from your existing staff is one of the most important decisions in building a facility dog program.

Consider the following when determining who would make a good facility dog handler:[35]

Flexibility: Does the employee have the flexibility to integrate the facility dog into their schedule? In addition to their existing patient care, facility dog handlers may be asked to attend events or meet with donors.

Purpose: What is the intended therapeutic purpose of the facility dog interventions based on the employee's role? For example, a child life specialist may focus on emotional coping and procedural support, while a physical therapist may integrate the dog into physical activity goals.

Unit(s): Which unit(s) will the facility dog and handler serve? If the employee's role is dedicated to a specific unit, it is important to determine if it makes sense for that unit to have a dedicated facility dog. For example, a floor with pulmonology patients may have a number of patients on isolation precautions that facility dogs are unable to visit.

Commitment: Being a facility dog handler is a long-term commitment. The employee must be prepared to integrate the facility dog into both their professional role and personal life for the duration of the dog's career. It is not a role that can be taken on temporarily or left abruptly.

Capacity: Does the employee have the capacity to take on this additional responsibility within their existing role? For example, handlers need time in their schedules for dog care, dog breaks, and documentation.

Responsibility: Handlers are responsible for the facility dog — before, during, and after the workday. They must provide a safe, stable, consistent, and loving home for the facility dog and ensure that the dog receives ongoing training, socialization, and veterinary care. This responsibility can impact the employee's daily routines, such as running errands, travel, and spontaneous social events. The decision to become a facility dog handler should be discussed with family and household members as it will also affect their homelife.

Boundaries: Handlers should possess strong communication skills and be comfortable setting boundaries. They need to be able to speak up and advocate for themselves and their facility dog's well-being in all different situations.

Attention: The presence of a facility dog draws immense attention, with handlers often becoming informal ambassadors for the program or the hospital. They may be featured on the hospital's social media accounts, highlighted in fundraising initiatives, or even be asked to appear on the local news to represent the program. It is important they are comfortable with and welcome this increased level of attention.

◆ Best Practices:

- Determine the commitment required before adding a facility dog and handler role to your hospital. Some hospitals request/require a minimum five-year commitment from handlers; it is also important to plan for what will happen if the employee leaves, such as reassigning the facility dog to a secondary handler or making case-by-case decisions.
- Establish a handler agreement that clearly outlines the expectations of the facility dog handler. The agreement should be reviewed by the handler and their leader before making a commitment to receive a facility dog.
- Recognize and reward the specialized skills and increased responsibilities when adding a facility dog to a staff member's existing role to ensure sustainability and job satisfaction. Increased financial compensation should be incorporated for both primary and secondary handlers.
- Determine what can be done during the workday versus what is done on the handler's own time. Handlers should not use their personal time for requirements of the facility dog program, such as professional grooming or preventive veterinary appointments. For example, it may be more time- and cost-effective to have a mobile groomer come to the hospital for grooming requirements.

Kimberly White, CCLS, hematology and oncology Certified Child Life Specialist and facility dog handler at Children's Mercy Hospital, Kansas City, with facility dog Dusty, with permission

Sample Facility Dog Handler Job Description

Following is a sample facility dog handler role description when hiring a facility dog handler:

Facility Dog Handler

Position Summary:

The facility dog handler partners with a professionally trained facility dog to deliver goal-directed interventions that support the psychosocial and emotional needs of pediatric patients and their families. The handler integrates the facility dog into therapeutic interactions across clinical settings, while also ensuring the dog's health, safety, and well-being. (This position may be either an enhancement to an existing clinical role or a dedicated role focused solely on AAT.)

Primary Responsibilities:

- Serve as the primary handler for a designated facility dog, and integrate the dog into patient care in accordance with clinical goals.
- Plan and implement therapeutic AAIs tailored to patient needs (e.g., anxiety reduction, procedural support, coping enhancement, motivation).
- Collaborate with interdisciplinary teams to identify opportunities for facility dog interventions during care planning, procedures, and hospitalization milestones.
- Maintain patient records and documentation of facility dog interactions in the electronic health record, as appropriate.
- Educate patients, families, and staff about the role of the facility dog, and support informed participation through consent processes.
- Participate in program development, special events, and departmental initiatives involving the facility dog.
- Uphold all handler and care responsibilities as outlined by the facility dog provider organization and institutional policy.
- Ensure the dog receives adequate breaks, toileting, hydration, and play throughout the shift.
- Maintain the dog's home care needs, including feeding, grooming, exercise, and routine veterinary care.
- Assist with program data collection, quality improvement, and evaluation of clinical impact.
- Participate in public relations and internal/external communications efforts related to the program, as needed.
- Stay current on best practices in AAT and relevant professional training and certifications.

Secondary Handlers

In addition to primary facility dog handlers, many hospitals use secondary handlers, who can expand facility dog programs by increasing patient access and supporting primary handlers.

Role

Secondary handlers are also employees of the hospital who typically work with the facility dog for a set number of hours per week (e.g., at least eight hours weekly) to enhance their roles, serve more patients with AAT, and provide respite for the primary handler. In some cases, secondary handlers may transition into a primary handler role if there are staffing changes. Responsibilities are similar to those of a primary handler, but usually less. They may cover absences of the primary handler, and while the secondary handler may bring the facility dog home on occasion, the facility dog resides with the primary handler.

Expanding Reach into Pediatric Oncology

Incorporating a secondary handler can significantly expand a facility dog program's reach in pediatric oncology. When the secondary handler brings a different professional background, they may have access to different settings or patient interactions than the primary handler. Assigning a secondary handler who works within the pediatric oncology unit allows for more targeted support, which can increase both the frequency and impact of therapeutic AAT for children and teens with cancer.

Oncology patient, Chance, with his mom, Donna, and facility dog, Dumpling. Children's Healthcare of Atlanta, GA, with permission.

C. Acquiring a Facility Dog

Facility dogs come from organizations that specialize in breeding, raising, and training or educating dogs to work specifically in hospital settings. These organizations may vary significantly in their approach, experience, cost, and other requirements. While their process may differ from one another, following is an example of what the pathway to a hospital facility dog may look like:

Facility dogs are bred and raised from birth with the goal of working in settings like children's hospitals. They undergo 18 months to two years of socialization and specialized training, including exposure to hospital environments.

The hospital applies to a facility dog organization and may be placed on a waitlist, depending on demand and availability. Hospitals identify a staff member to serve as the primary facility dog handler.

Once a facility dog becomes available, the organization matches the dog with a handler. The handler then completes a one-to-two-week in-person training program to learn to work with their facility dog.

After training, the handler and dog return to the hospital as a team. They integrate into the hospital, with the facility dog working alongside the handler(s) to support patients, their families, and staff.

Choosing a Facility Dog Organization

When deciding where to obtain a facility dog, consider whether you want to work with a national or local organization. Both have advantages and limitations, and the best fit will depend on your hospital's needs and resources.

	National	Local
Experience	Broad experience placing facility dogs across the country, often in hospital settings	May have less experience with placing facility dogs in pediatric oncology or hospital settings
Training	Well-established, standardized training and support systems	May offer more flexible or customized training approaches
Travel	May require significant travel for training and placement	Easier (local) travel logistics
Community	Less embedded in your local community	Stronger local ties and potential for community-based collaboration
Customization	Standardized placements and training; may not be tailored to your hospital	May provide more tailored support or accommodate hospital-specific needs

Whether a facility dog organization is local or national, following are key considerations and questions while exploring different options:

Facility Dog Organization Checklist

Training and Placement

- ☐ **Determine the training philosophy:** Do you prefer bond-based training or cue-/command-based training? Each method can have different implications for how the facility dog interacts with patients and handlers. Understanding these approaches is important when selecting a partner organization.
- ☐ **Ask about hospital-specific preparation:** Does the organization provide dogs with exposure to clinical settings and equipment, like stretchers and IV poles? Has the organization placed dogs in hospitals or pediatric oncology setting before? What percentage of their dogs become hospital facility dogs?
- ☐ **Understand wait times:** Some facility dog organizations have waitlists that extend beyond a year. Find out upfront, and plan accordingly. Waiting may give you time to work out program operations and other needs of the hospital that need to be in place before receiving a facility dog.
- ☐ **Clarify handler training requirements:** What is the format, duration, and intensity of the training required for handlers? What is the process for adding additional handlers? What experience does the dog organization have in training handlers for hospital settings (e.g., covering hand hygiene, placing barriers, etc.)?

Logistics and Support

- ☐ **Review costs:** Are there fees or required donations, or is the facility dog provided at no cost? Clarify what is included and any hidden or future costs.
- ☐ **Consider travel logistics:** Where is the organization based, and how far will handlers need to travel for training or dog placement? Will lodging be provided, or will the hospital need to cover the cost of a hotel? How will you get the facility dog back to your hospital?
- ☐ **Evaluate follow-up support:** Does the organization provide regular check-ins, refresher training, or troubleshooting support for the facility dog and handler team? Are they available if issues arise? Will they connect you with other facility dog handlers for peer support?
- ☐ **Assess reporting requirements:** Will the hospital or handler need to submit annual updates (e.g., dog weight, health status, or other metrics) to the facility dog organization?
- ☐ **Clarify policies:** If the facility dog develops behavioral or physical issues, will the dog organization take the facility dog back or provide guidance on reassignment, retirement, or alternative placement?

Program Compatibility

- ☐ **Consider dog breeds:** Most dog organizations raise Golden Retrievers, Labrador Retrievers, or mixes of both. While you may not be able to choose the exact dog, it is helpful to know what breeds are typical for the organization.
- ☐ **Understand ownership and custody:** Will the dog be owned by the facility dog organization, or will ownership be transferred to the hospital? This affects decisions in cases of handler transition, resignation, or retirement. What happens to the dog if the handler changes roles/positions or leaves the hospital? What criteria will be used to determine that? Also clarify who carries liability and the terms of the contractual agreement with the dog organization.
- ☐ **Consider accreditation:** Some facility dog organizations are accredited by Assistance Dogs International (ADI), while others are not. Accreditation is not required, and whether it aligns with your hospital's values or preferences is worth considering.

Special Circumstances

- ☐ Certain hospitals, such as military or government facilities, may be required to acquire facility dogs from approved or contracted organizations, and hospitals located in more remote locations (like Hawaii) may have limited options based on geography.

◆ Best Practices:

- Start early. Begin researching facility dog organizations well in advance, as wait times can be long and internal hospital approvals may take time.
- Talk to peers. Reach out to other hospitals with facility dogs to hear firsthand about their experience with specific facility dog organizations.
- Arrange a site visit. Visit a hospital with an established facility dog program in person to observe the facility dogs and their handlers in action.

Facility dog and Chief Canine Office, Ruby, and facility dog handler and pediatric oncology social worker, Mary Mullis, LCSW, OSW-C. Ruby was trained and donated by Assistance Dogs of Hawaii. Kapiolani Medical Center for Women & Children, Hawaii, with permission

D. Therapeutic Interventions

Facility dogs and their expert handlers can participate in a range of clinical, therapeutic, and goal-driven interventions that support children and teens with cancer throughout the treatment process. These interventions are often delivered in collaboration with clinical staff and tailored to the needs of the patient and family. The types of interventions will also depend on the role of the handler; a facility dog paired with an art therapist will participate in different interventions than a facility dog paired with a physician.

Following are **examples** of therapeutic interventions utilizing facility dogs:[36-39]

- **Procedural preparation:** Introducing and explaining upcoming procedures through medical play. The facility dog may model wearing a mask, demonstrate how a port is accessed, or participate in mock procedures like an MRI or ultrasound to help the child feel more prepared and less scared. The facility dog handler may utilize prep books that feature the facility dog in "procedures" like surgery or radiation therapy, which can show children that if the dog can do it, they can, too.
- **Procedural support:** Offering comfort, such as lying with the patient, and distraction, such as showing off tricks during procedures, such as port access, needlesticks, ultrasounds, swallow studies, or chemotherapy infusions. Presence at sterile procedures will be determined by hospital policies. See *Infection Prevention and Control* for more information.
- **Pain and symptom management:** Supporting nonpharmacological pain interventions by providing comfort and emotional distraction. A facility dog's presence can reduce perceived pain levels and improve the overall experience of care.
- **Diagnosis and treatment education:** Helping explain complex medical and oncology concepts in developmentally appropriate ways. Dogs may participate in medical play and teaching sessions to help explain topics like radiation, chemotherapy, or hair loss.
- **Coping and emotional support:** Supporting patients experiencing fear, anxiety, or depression. Facility dogs provide companionship, especially during prolonged hospital stays, challenging treatment days, or periods of relapse.
- **Normalization and play:** Promoting a sense of normalcy by engaging in age-appropriate activities like games, story time, or playroom visits. This helps shift the focus from illness and treatment to joy and connection, while also supporting coping and emotional well-being. Many pediatric oncology patients may miss their own dog at home. The facility dog may play hide-and-seek with younger patients or lead older children on walks or scavenger hunts around the pediatric oncology unit.
- **Mobility and ambulation support:** Encouraging physical movement by motivating patients to get out of bed, walk, stretch, or move during recovery. Facility dogs may lead scavenger hunts, play fetch, or walk alongside patients as part of ambulation goals.
- **Medication and treatment adherence:** Assisting with medication compliance by demonstrating or modeling how to "take" medicine from a syringe, encouraging patients to follow suit. If a child is anxious about tasks like brushing teeth, putting on a gown, getting on an exam table, or certain physical and occupational therapy exercises, the facility dog is usually willing to show them how.
- **Co-treatment:** Working alongside child life specialists, physical, occupational, or speech therapists, psychologists, nurses, and social workers to help patients meet therapeutic goals during integrated sessions
- **Memory-making:** Participating in keepsake activities like paw print art, photo sessions, or storybooks that help families and children create meaningful memories and build legacies
- **End-of-life and bereavement support:** Offering comfort to families and care teams during times of grief, such as at the bedside of a dying child or following a loss. The facility dog can be present when bad news is delivered or when tough decisions are made.

- **Isolation Support:** Maintaining a sense of connection for patients in isolation through creative alternatives like video messages from the dog, window waves, pen pal letters or artwork "from" the dog, and plush facility dog look-alikes
- **Milestone and End-of-treatment Celebrations:** Participating in celebrations at the hospital for birthdays, school graduation or prom, treatment milestones, or ringing the bell ceremonies to celebrate the end of cancer treatment
- **Transition Support:** Supporting patients and families through changes in care goals, including transitions to survivorship care or end-of-life and hospice support

Support for everyone:

- **Family Support:** Supporting siblings and caregivers through emotional presence and play, often during stressful times like long hospital stays, difficult conversations, or transitions in care, such as diagnosis or relapse
- **Staff Support:** Helping reduce stress and burnout by visiting staff in high-stress units like pediatric oncology, joining staff debriefs, or simply offering moments of comfort during the workday

◆ Best Practice:

Create a menu of interventions that can be shared with other clinical teams so that they can see the range, scope, and options for facility dog interventions. When they request a facility dog consult for their patient, they can "order off the menu" based on the purpose for the consult.

Case Example: Facility Dogs and Needlesticks

Children and teens with cancer often undergo frequent needle-related procedures, such as blood draws, IV placements, and port access, which can cause significant pain and anxiety. Facility dogs help ease this distress by promoting relaxation, providing distraction, and offering a sense of control through playful engagement. During procedures, children may pet the dog, watch them perform tricks, or talk to them, helping to redirect their focus and reduce perceived pain. While some hospitals do not allow facility dogs to be present for certain needlestick procedures, others have implemented safe, effective protocols that support their involvement with measurable impact.[11]

Case Example: Facility Dogs and Bone Marrow Transplant

BMT is an intensive treatment for high-risk or relapsed childhood cancers. It requires long hospital stays and strict protective isolation, which can be emotionally challenging for children and their families. Facility dogs and their handlers can offer meaningful support throughout the process. With proper infection control protocols (See *Infection Prevention and Control*), some hospitals allow in-person visits until transplant day. When physical visits from the facility dog and handler are not possible, creative alternatives such as virtual visits, videos, walkie-talkie chats, letters, or activity books featuring the facility dog can help maintain connection. Even during BMT, facility dogs provide comfort, engagement, and a sense of normalcy.

Facility Dog Interventions In Action

Handler and child life specialist, Teaghan Bush Robinson, CCLS, and facility dog Lawton, Texas Children's Hospital, with permission

Provided by Texas Children's Hospital

"[Facility dog handler] Teaghan and [facility dog] Lawton worked with a patient with leukemia who experienced a relapse and needed a bone marrow transplant. Through his many extensive admissions, the patient developed a therapeutic relationship with Teaghan and Lawton. As the patient was preparing for his transplant, Teaghan created a plan for how the relationship between the patient and Lawton would be fostered throughout the transplant admission. Notes and small gifts from Lawton were delivered directly to the patient's room, including photos and friendship bracelets. Following the patient's transplant, Teaghan, Lawton, and the patient reconnected in person. Lawton and the patient immediately began playing as if they had never been apart."

Provided by Children's Hospital of Orange County, California

"We had a 10-year-old oncology patient who needed to get a nasogastric tube [NG tube]. Understandably, he was very nervous about it. [Facility dog handler] Chloe modified a [facility dog] Lois stuffie for him with an NG tube in the very same nostril that he had his tube to help prepare him for the procedure and normalize and familiarize him with the apparatus. The unit's Certified Child Life Specialist reported that he absolutely loved it and had the stuffie with him in his hospital bed for his entire admission. When he came back again for chemo last week, his mom told Chloe that he has been sleeping with this stuffie every night, even at home."

Stuffie of facility dog Lois, with NG tube, Children's Hospital of Orange County

Facility dog card that is left for patients unable to receive a visit, Joe DiMaggio Children's Hospital

Provided by Joe DiMaggio Children's Hospital, Florida

"[Facility dog] Freedom has been a favorite of a 7-year-old patient with leukemia and a big help during his cancer journey. Because of his illness, the patient cannot have a pet of his own, so he has become very attached to Freedom and considers him his own dog while they are together. The patient has gone through times when he gets overwhelmed by his situation. Freedom was able to help during one difficult time when the patient needed to take a lot of medications but was feeling overwhelmed and emotional and had refused to take them. The child life specialist called the handler to bring in Freedom. Because of the patient's bond with Freedom, the patient agreed that if Freedom would take his 'medicine,' then he would take his own medicine. When Freedom drank his medicine [water from a syringe], the patient also complied. Both the patient and his mom drew comfort and companionship from Freedom and received multiple visits during his long stays."

Provided by Mount Sinai Kravis Children's Hospital, New York

"When a 5-year-old with autism was admitted to the oncology unit with a new diagnosis, he faced many challenges. Certified Child Life Specialist Abbey formed a bond with the patient, who soon fell in love with [facility dog] Professor through AAT sessions. Abbey provided medical education tailored to the patient and his family's needs. She used Professor, dolls, pictures, and developmentally appropriate language to explain procedures like [implantable port] access and NG tube placement. In collaboration with the medical team, Abbey and Professor supported the patient in achieving significant progress in his mobility goals. Notably, he regained movement in his right arm with the motivation of petting Professor, and he was inspired to leave his room for the first time in a month when invited to visit the playroom with Professor and Abbey."

Sometimes something called contrast, a type of special water, is used to help doctors see the pictures more clearly.

My contrast will go through a small straw called an IV in my hand or arm. When the contrast goes into my body it will not hurt.

I can listen to music during my MRI. The MRI machine makes loud noises. Listening to music will help make the sounds less noisy.

Pages from a procedural preparation book for an MRI with contrast featuring facility dog Professor, Mount Sinai Kravis Children's Hospital

Provided by Children's Hospital Colorado

"[Facility dog handler] Tori and [facility dog] Ruffles were referred to a patient to support emotional coping for an unexpected admission. This patient was consistently very tearful throughout her admission but had a difficult time expressing her emotions. Tori brought the supplies for what we call a 'lick painting.' The patient chose which paint colors she wanted and helped squirt the paint onto a canvas, which was placed inside a plastic bag. Tori covered the bag with peanut butter, and Ruffles began licking. The patient giggled and smiled throughout this experience, and when Ruffles' work was complete, the patient expressed her joy by hugging Ruffles and asking to hang the painting on the wall. This experience allowed the patient to feel safe with Tori and Ruffles, which led to her opening up and sharing more about her difficulty with the hospitalization. Tori listened and validated her fears and feelings while Ruffles snuggled up close to her in bed."

Facility dog Ruffles, Children's Hospital Colorado

Facility dog Brea, Johns Hopkins All Children's Hospital

Provided by Johns Hopkins All Children's Hospital, Florida

"A patient was diagnosed with a brain tumor and underwent neurosurgery to have it resected. Following the operation, he required extensive physical and occupational therapy to regain strength and coordination. Initially, the patient struggled with motivation, finding it hard to engage in his therapy sessions. But that changed when facility dog handler Leah and [facility dog] Brea joined the rehabilitation team to collaborate on his sessions. The moment Brea arrived, the patient's attitude shifted. He sat up eagerly, reaching out to pet her, and was excited to toss her ice treats – her favorite snack. In the days that followed, the patient became actively involved in his recovery. He would throw the ball for Brea, walk her down the hallway, and participate in other playful activities that encouraged a focus on mobility. Thanks to Brea, the patient achieved his rehabilitation goals and was officially discharged to go home."

Provided by Vanderbilt University Medical Center, Tennessee

"A patient was diagnosed with neuroblastoma in November of 2022 at just 3 years of age. The facility dog team met the patient shortly after being admitted, assessing opportunities to bolster her coping, pain management, provide sensory stimulation, reduce anxiety and agitation, help her navigate a new environment, offer emotional support, and motivate her engagement in care. The facility dog team continued to be a part of the patient's treatment, providing interventions to meet her physical and emotional goals and enhance her well-being over the next 15 months. [Facility dog] Squid's presence and work soon became a key motivation to encouraging her ambulation and engagement. Interventions such as walking the hallways, playing turn-taking games, and practicing Squid's skills activated and elevated her mood and helped create a normalizing environment."

Facility dog Squid, Vanderbilt University Medical Center

Provided by Norton Children's Hospital, Kentucky

Pediatric oncology patient coloring facility dog Luna's toenails, Norton Children's Hospital

Provided by Nemours Children's Hospital, Delaware

Allayah with facility dog Ali, Nemours Children's Hospital, Delaware, with permission

E. Handler and Facility Dog Well-being

The success of a facility dog program depends on the health, comfort, and safety of both the facility dog and the handler.

Facility Dog Well-being

In a small study of weekly AAT visits in pediatric oncology, researchers found that volunteer therapy dogs did not experience significantly increased stress, which suggests that they were comfortable in their roles working with children with cancer and even enjoyed their work.[40] However, facility dogs, working almost daily in pediatric oncology, including with patients at end of life, may have experienced emotional strain and fatigue. To support facility dogs, hospitals should provide structured breaks, days off, and a designated quiet space, such as a private office, for rest and decompression.

◆ Best Practices:

- Provide a designated, safe area – ideally a fenced outdoor space – for the facility dog's bathroom breaks and playtime.
- Offer opportunities for decompression through games like tug or fetch.
- Schedule nonworking time in every shift, guided by the handler's judgment and the dog's behavior.
- Assign a secondary handler in a less emotionally intense unit to balance the facility dog's workload and encourage lower-stress interactions.

Facility dogs, like people, eventually retire from their professional career. Retirement typically occurs when the dog reaches a certain age or a certain number of working years (eight to 10 years), develops a medical condition that limits their ability to work, or begins to show signs of stress or fatigue that cannot be remedied. Hospitals should have clear policies in place to guide the transition into retirement, including how the decision will be made.

◆ Best Practices:

- Start planning early, and have a retirement policy in place before obtaining a facility dog to ensure a smooth transition process for handlers, hospital, and patients.
- The long-term financial burden of caring for a retired and elderly facility dog should not fall solely on the facility dog handler. Hospitals should provide retirement benefits (e.g., an annual stipend, continuing to cover pet insurance and vet costs, etc.) to honor the contributions of the facility dog and support the handler.

Handler Well-being

Facility dog handlers have a uniquely demanding role. They are caregivers of their dog, advocates for patients, collaborators with care teams, and frequently "the face" of the facility dog program and even sometimes the hospital. In addition to their daily responsibilities, primary handlers are also responsible for transporting and caring for the facility dog outside of working hours. Hospital leaders should engage in regular conversations with handlers about setting healthy boundaries and recognizing signs of compassion fatigue and burnout.

◆ Best Practices:

- Include handlers in debriefs following a complex patient case, emotionally challenging patient interaction, or patient death. They should be attending, as professionals also in need of support and to process their own experience, rather than there to comfort others.
- Help handlers manage expectations by setting realistic visit targets and establishing workflows for patients the team cannot reach. **For example, providing a paw-signed note from the facility dog or scheduling a group visit opportunity in the hospital playroom.**
- Schedule time each day or week for the primary handler to work without the dog. A secondary handler can provide coverage during this time, allowing the primary handler to focus on other responsibilities.

Planning for the Unexpected: Contingency planning is essential for ensuring program sustainability and protecting the well-being of the handler, dog, clinical teams, and patients and their families. Play out different "what if" scenarios during program planning to ensure that your hospital is ready and expectations are set.

Questions to consider:

1. What do you do in the event that the facility dog is sick and unable to go to the hospital?
2. What is the process if the facility dog needs a preventive veterinary visit during work hours?
3. If the facility dog is injured or recovering from surgery, how long can they be off duty, and what support is in place for the dog and the handler?
4. What happens to the facility dog if the handler takes extended leave (such as parental or medical leave), resigns, or transitions roles?
5. How does the hospital manage the facility dog's retirement, permanent disability, or death?
6. If the handler's role is full-time and they do not have other responsibilities/roles within the hospital, what happens to that employee if the facility dog can no longer work?
7. What is the process for determining when a facility dog is ready to retire, and who participates in that decision?
8. Are handlers compensated for or given time for off-hours responsibilities (e.g., weekend grooming, vet care, etc.)?

◆ Best Practice:

When establishing a facility dog program, review relevant agreements with the facility dog organization and clarify hospital policies related to dog ownership and handler transitions. Understanding these details upfront can help avoid confusion later and support continuity of care.

> When clinicians see our patients relax, smile, and feel the joy and calm that comes from interacting with facility dogs, we feel relaxed, joyful, and grateful, too. There is nothing like a facility dog to bring peace and happiness to everyone in a patient's room!"
>
> - Rachel Thienprayoon, MD, MSCS, FAAP, FAAHPM, Chief Well-Being Officer, Cincinnati Children's Hospital Medical Center

Facility dog, Dumpling, with handler and pediatric palliative care social worker, Mary Grace Davenport, LCSW, APHSW-C, RPT. Children's Healthcare of Atlanta, GA, with permission.

F. Infection Prevention and Control

The Society for Healthcare Epidemiology of America (SHEA) Expert Guidance document Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks (2015) serves as a foundational resource for most hospitals in developing infection control policies for animals in health care settings.[41] While the document addresses a wide range of animals, including service animals, research animals, and personal pets, facility dog programs should adapt the recommendations to account for the specialized training and oversight of facility dogs.

Just like with people-to-people transmission, there are infections that can be transmitted from dogs to people, including bacteria (e.g., E. coli), fungi (e.g., ringworm), parasites (e.g., giardia), and viruses (e.g., rabies).[42] In general, the most common infections in dogs are also commonly seen in humans. **It is important to understand any associated risks to properly mitigate them**. Many of these infections can be prevented by safe food consumption, stool testing, flea and parasite control, regular veterinary care, and vaccinations, and by keeping dogs away from sick or dead animals.[43]

Studies on AAT programs show that transmission of infections between animals and hospitalized patients is extremely rare when strict protocols are followed. For example, an AAT program based in the US with thousands of pet interactions a year that enforces strict protocols for safety reported no instances of transmitted infections over 16 years.[44] Similarly, an Italian hospital found no increase in infections after a year of AAT compared with the previous year.[45] Notably, these examples involve general pet therapy programs. Facility dogs, with their extensive training and oversight, likely pose an even lower risk.

In a hospital setting, infection prevention and control practices for facility dogs should be guided by the following principles:

Facility dog programs should follow established literature and the guidance of their infection prevention and control teams to determine their infection control policies and practices. While clinical judgment and institutional policy ultimately guide decisions about which patients can receive facility dog visits, hospitals should apply consistent criteria across units, such as the pediatric oncology unit, rather than relying on individual provider preferences.

Common Practices:

While infection prevention and control practices with facility dogs vary from hospital to hospital, the following are commonly seen in children's hospitals across the US:

Patient Screening and Exclusions:

- Obtain consent from the patient or their guardian before initiating a facility dog visit.
- Exclude patients with a known allergy, fear of dogs, or cultural belief/practice that discourages contact with dogs.
- Exclude patients with active infections or open wounds.
- Exclude patients in isolation (not including patients on protective precautions).
- Consider excluding patients with cystic fibrosis due to infection control risks.

Human (Patient, Handler, Clinical Team) Hygiene:

- Hand hygiene (washing or sanitizing) required before and after dog interactions
- Use of clean linens, such as a sheet, as a barrier on beds, chairs, and laps during visits that are removed afterward

Dog Hygiene and Safety:

- No raw food diet
- Monthly professional grooming (at a minimum)
- Bathing weekly at home and before returning to work after illness (at a minimum)
- Weekly laundering of facility dog vest (at a minimum)
- All veterinary-recommended vaccines must be current.
- Dogs must be healthy and receive regular veterinary care, including parasite control, and health screenings.

◆ Best Practices:

- Maintain open communication with the infection prevention team, which should review and approve infection control protocols.
- Utilize silicone collars and leashes for easy cleaning and wiping down.
- Ensure handlers are trained to monitor dogs for signs of fatigue, stress, or discomfort and to manage patient interactions to prevent inappropriate contact.
- Implement a system to monitor and report any adverse events related to facility dog visits to inform ongoing infection control improvements.

Neutropenia

Neutropenia is a condition in which a patient has an abnormally low number of neutrophils, a type of white blood cell that helps fight infection. It is a common side effect of cancer treatment, especially chemotherapy. While severe neutropenia (absolute neutrophil count [ANC] below 500 cells/µL) is often cited as a reason to restrict facility dog visits, there are no evidence-based guidelines or studies that establish ANC cutoffs for these visits.[46] Many pediatric patients continue to have contact with their own pets at home during periods of low ANC. Decisions should always be guided by clinical judgment, hospital policy, and individual risk assessment.

Safe for the Dog

Some hospitals implement additional precautions to safeguard facility dogs, particularly in oncology settings where patients may receive cancer treatments that may be excreted through bodily fluids. While not universally adopted, these precautions should be considered.

For **example**, one hospital's policy includes:

- Delaying facility dog visits for at least 48 hours post-treatment with Thiotepa, a chemotherapy drug[47]
- Prohibiting visits during or within 48 hours of discharge following MIBG (metalodobenzylguanidine) therapy, a targeted radiation treatment used to treat neuroblastoma[48]
- Reviewing other high-risk cancer treatments on a case-by-case basis in consultation with clinical teams

Facility dog Luna, wearing a surgical cap and participating in medical play, Norton Children's Hospital, Kentucky

Bone Marrow Transplant

BMT is used to treat pediatric cancers such as leukemia and lymphoma and requires strict infection control due to patients' severely compromised immune systems. Even so, many hospitals have safely incorporated facility dog visits for BMT patients, and some hospitals even have BMT-specific facility dog teams that work exclusively with this patient population. Policies for BMT patients should be customized to each institution's needs, resources, and workflows.

Following is an **example** of one children's hospital's infection control policy specific to facility dog visits with BMT patients. This hospital does not have a BMT-specific facility dog team. By adhering to these internal exclusion criteria and guidelines, this hospital has reported no documented cases of facility dog-related infection transmission.[43]

Example: Bone Marrow Transplant Facility Dog Infection Control Policy

Patient Exclusions: The following BMT patients cannot receive a visit from a facility dog:

- Patients on transmission-based precautions
- Patients with allergies or phobias to dogs
- Patients with primary immunodeficiencies pre-transplant
- Patients with severe, active graft-versus-host disease (GVHD) or history of severe asthma
- Visits to patients **during** sterile procedures: Central line dressing changes, wound care, spinal taps, Ommaya injections, and other sterile procedures

Facility Dog Exclusions: The facility dog cannot visit BMT patients, if:

- Dog has had Bordetella intranasal vaccine within past 72 hours.
- Dog has had contact with wounds, invasive devices, surgical incisions or other skin breakdown, or medical equipment.
- Dog has not had a bath within 24 hours (including clean transport materials).
- Dog is not wearing a clean vest and leash (if fabric).
- Dog is wearing nonessential accessories (hats, T-shirts, and bandanas must be removed).

Guidelines for Facility Dogs and BMT Patients:

- BMT attending physician provides approval for each visit and documents in a progress note: Pre-transplant, engrafted with ANC >500, afebrile, not on precautions, no active infections.
- If patient status changes, the BMT attending or designee is responsible for informing Child Life (the department that houses the facility dog program).
- Facility dog visits are scheduled with the BMT patient before any other visits in the hospital with no stops elsewhere or with other people prior to BMT visit.
- Handler wipes facility dog's paws with baby wipes before entering the BMT unit.
- Handler performs 30-second wash + chlorhexidine hand rub before entry.
- Patient and family perform hand hygiene before interacting with the dog.
- Patient's daily bath is coordinated to occur immediately after facility dog visit.
- Consider an N95 mask depending on individual patient's circumstances.

G. Budgeting and Financial Planning

Financial planning is critical for launching and sustaining a facility dog program. While facility dog programs bring immense therapeutic value to patients, families, and staff, they also involve significant financial (and time) commitments. These costs vary depending on the structure of the program, the role of the handler, the number of facility dogs, and the geography of the hospital. Some costs are one-time start-up costs, while many require ongoing or annual funding over the life of the program and the dog.

Program costs fall into the following categories:

- **Facility dog acquisition:** Costs associated with obtaining the dog and initial handler training, which typically involves the handler traveling to the facility dog organization for training
- **Handler costs:** Salary or stipends for primary and secondary handlers and expenses related to ongoing training and professional development
- **Care costs:** Expenses related to feeding, grooming, and veterinary care
- **Supplies and program costs:** Day-to-day program costs like enrichment tools, marketing materials, and supplies for facility dog interventions
- **Retirement and end-of-life costs:** Planning for the facility dog's transition out of working at the hospital and other related expenses
- **Miscellaneous costs:** Emergency funds and optional, but highly encouraged, items like dog respite areas

Sample Budget

The following table provides a sample budget based on **six real facility dog program budgets**. It includes cost ranges and the frequency for each item. This sample budget is not exhaustive, and there may be added costs associated with your program. Additionally, some line items may need a more detailed breakdown or monthly rather than annual budgeting. The purpose of the sample budget is to show a range of typical costs for one facility dog and support the planning process.

Category	Details	Cost Range	Frequency
Facility Dog Acquisition			
Dog Purchase or Donation	Cost to acquire the dog from a facility dog organization. Some dog organizations provide facility dogs free of charge.	$0 – $30,000	One-time
Travel and Training	Handler travel and lodging for initial training. Travel cost depends on travel distance. Some dog organizations provide lodging free of charge.	$100– $5,000	One-time

Handler Costs			
Handler Stipend or Salary*	Depends on the discipline and role of the handler, and whether the handler is primary or secondary. May be full annual salary and benefits, or it may be a stipend provided in addition to existing salary and benefits. **To cover additional responsibilities and skillset and costs not covered through reimbursement*	$1,500 – $100,000+	Annual
Training and Continuing Education	Ongoing handler and dog training; membership in professional organizations; attendance at summits, conferences, or workshops	$2,500– $5000	Annual or one-time
Care Costs			
Food and Treats	May include specialty diets and enrichment	$750 – $1,500	Annual
Pet Insurance	To offset major health care costs	$400 – $1,200	Annual
Veterinary Care (Routine)*	Routine check-ups, vaccinations, preventive medications *Aging dogs will require more veterinary care*	$800 – $20,000	Annual
Veterinary Care (Emergency)	Unplanned vet visits or procedures	$500 – $5,000+	As needed
Grooming and Hygiene	Professional grooming, baths, and hygiene supplies	$600 – $4,000	Annual
Boarding (if needed)	Temporary care during handler's absence	$0 – $1,500	Annual
Supplies and Program Costs			
Toys, Beds, Accessories	Leashes, beds, bowls, toys, enrichment items	$500 – $2,000	Annual or one-time
Marketing and Educational Materials	Printed materials, trading cards, plush facility dog replicas	$500 – $2,000	Annual
Program Supplies	Day-to-day supplies for AAT activities, including art supplies and physical therapy tools	$1,000 – $3,000	Annual

Dog Retirement and End-of-life costs			
Retirement Support	Includes gifts or support for retired dogs	$3,000 – $5,000	One-time
Memorial and Cremation	Cremation and memorial items or service	$1,000 – $2,000	One-time
Miscellaneous Costs			
Emergency Funds	Reserved for unexpected costs	$2,500 – $5,000	One-time
Respite Area	Dedicated facility dog park, play area, or respite area	$15,000 – $1 million+	One-time

Funding Strategies

Hospitals fund facility dog programs through a mix of:

- **Hospital support:** Direct institutional funding or department budgets
- **Philanthropic gifts and grants:** Grateful family donations, individual or corporate donors, local foundations, national funders, and facility dog grant opportunities, including:
  - **ACS PAWS** supports facility dog programs in pediatric oncology settings, offering grants, professional education, and resources. Its hospital facility dog grant program provides annual grants to fund facility dog program costs like intervention supplies, veterinary care, and handler training, enhancing well-being for children and teens with cancer.
  - **The Joy in Childhood Foundation's Dogs for Joy** program is a grant program for hospitals aimed at increasing the number of dogs that work full-time in children's hospitals to bring joy to kids battling illness. Its annual grants, structured for multi-year programming over three years, support dog adoption, training, and care.[49]
  - **o.t.i.s. (Overcoming Trauma, Inspiring Survivors)** is a mission-driven pet treat and supplements company that donates $1 from every product sold to facility dog programs at children's hospitals. Through quarterly donations, the company helps fund these life-changing programs and is committed to expanding national awareness of the healing power of facility dogs.[50]
- **Creative fundraising:** This can include fundraising events, online campaigns, staff challenges, and selling merchandise like facility dog calendars or T-shirts with the facility dog's face.
- **In-kind donations:** Community partners may offer free or discounted veterinary care, grooming, food, or supplies. One hospital developed a partnership with a local pet supply store that offers customers the opportunity to "round up" to provide a donation to the hospital's facility dog program.
- **Social media:** Many hospital facility dog programs have utilized social media, like Instagram, to successfully garner fundraising support.

While some hospitals rely on facility dog handlers to cover costs out of pocket (e.g., food, veterinary care, and intervention supplies), this is not considered a sustainable or appropriate funding strategy. To ensure equity, program sustainability, and handler retention, facility dog programs should be institutionally supported and not dependent on personal contributions from staff.

Sustainability depends on consistent investment in facility dog care, handler support, and long-term planning. Hospitals considering facility dog programs need to think beyond acquisition and consider the full lifecycle of the program and the full lifetime of the facility dog, from onboarding through retirement. As facility dogs age, certain costs like veterinary care will significantly increase.

◆ Best Practice:

The hospital should take financial responsibility for the facility dog. That means they should cover all costs associated with having a working dog in the hospital from veterinary care to dog food to grooming costs to facility dog retirement.

Facility dog, Dumpling, Children's Healthcare of Atlanta, GA.

Section 4

Program Impact

Measuring the impact of a facility dog program is essential for justifying its existence, securing funding, and improving or growing operations. An impact strategy provides evidence of the program's value to patients and families, staff, and the broader hospital community, while also identifying areas for growth.

A. Why Impact Measurement Matters

Facility dog programs operate in complex health care settings where decisions about staffing, space, and funding often require evidence. Even basic data can:

B. Program Metrics

Facility dog programs vary in their complexity for data collection, but even small programs can collect basic metrics that can help demonstrate value and inform decisions about staffing, expansion, or fundraising. Facility dog programs may use a variety of data collection tools like Excel spreadsheets, electronic health record (EHR) templates, or survey systems like RedCap.

Patient Interactions:

- Total number of patient visits (all interactions, including repeat visits)
- Number of unique patients visited (unduplicated count) – separating unique patients from total visits will give you a fuller picture of your program's reach and demand
- Number of visits per day or per week (depending on tracking method)
- Average visit duration
- Reason for visit (e.g., procedural support, emotional support, motivation, distraction, ambulation, etc.)
- Unfulfilled consults (requested but not completed)
- Patient populations served (e.g., oncology, hematology, bone marrow transplant)

Special Events and Group Sessions:

- Participation in events, including patient-facing, staff-facing, public-facing, and differentiate between events that facility dog teams volunteered to be at versus those that they were required to attend
- Number of patients or staff engaged per event
- Unfulfilled requests for attendance at special events

Staff Support:

- Intentionally scheduled staff support sessions
- Unplanned staff sessions (e.g., bereavement support)

Cost and Budget Metrics:

- Annual operating budget
- Expenses by category (e.g., veterinary care, food)

◆ Best Practices:

- Use simple, consistent tracking tools (even a basic Excel spreadsheet) to build your program's story over time.
- Choose metrics that serve dual purposes: improving program quality and demonstrating program impact to partners.
- Track unmet needs to highlight demand and build a case for staffing or resource expansion.
- Do not include personal health information (PHI) outside of secure HIPAA-compliant systems.

Following are three **examples** of how these metrics have been successfully used:

Justifying Program Expansion	One hospital tracked the number of consults requested but not fulfilled. This uncovered specific patient populations (e.g., orthopedics and casting) that were consistently not reached due to limited staffing. By documenting these gaps over time, the team was able to present a clear and compelling case to hospital leadership for an additional facility dog team, resulting in approval to expand the program.
Identifying New Areas of Impact	One program noticed an increasing number of consults for staff support. By analyzing this trend over several months, they demonstrated the growing demand for intentional, structured staff-facing facility dog interventions. Their data supported the creation of a dedicated facility dog and handler team focused solely on staff well-being.
Enhancing Donor Engagement	At one institution, the facility dog team maintained a shared data folder with their philanthropy office, including metrics such as patients seen, types of visits, and special events attended. They paired this with key budget and spending information. This quick access to data allowed the Philanthropy team to respond rapidly to donor and funder questions.

C. Storytelling and Qualitative Impact

While numbers and metrics are important, stories often have the most impact. Patient, family, and staff stories can help humanize the data and highlight outcomes that are too difficult to quantify (such as a child's joy from receiving a facility dog visit).

How to Capture Stories Effectively:

- Keep a running list of memorable or high-impact patient interactions.
- Collect and share informal feedback from families and staff during rounds or huddles.
- Encourage staff to share quotes or testimonials during debriefs.
- Collaborate with your hospital's communications or marketing team to refine and share stories.
- Ask your hospital's patient experience team to provide feedback and quotes about the facility dog program from patient and family satisfaction surveys.
- Schedule time with the hospital photographer to capture images of facility dog teams, and patients and their families.

◆ Best Practices:

- Ensure families complete consent and media release forms before collecting or sharing any photos, videos, or stories.
- Ensure that images being shared are seen and reviewed by the facility dog handler or program leader prior to posting.
- Partner early with hospital Communications, Foundation/ Philanthropy, and Marketing departments to align storytelling goals and coordinate outreach.

Facility dog Company, Children's National Medical Center

Provided by Children's Research Institute at Children's National Medical Center, DC

"One of our facility dogs was present at a patient's bell ringing ceremony where his mom publicly highlighted the impact of the facility dog on her son's cancer journey. In a thank-you card to our team, his mom wrote, 'You all made the patient's six-month stay here SO much better with the wonderful dog visits.' "

D. Social Media

Facility dog programs often use social media to share their stories and impact and expand their visibility beyond the walls of the hospital. Approaches vary based on institutional policy. **Two common social media approaches for facility dog programs:**

Hospital-managed: Facility dog content is integrated into official hospital social media alongside other hospital services, programs, and announcements.

Pros: Leverages the hospital's existing audience and professional communications team. Oversight ensures procedures and policies are followed.

Cons: Facility dog posts may compete with other hospital content, reducing visibility. More scheduled, less spontaneous.

◆ Best Practices:

- Include the facility dog program in the content creation so that the hospital's social media account can share authentic videos and photos. Create procedures for content review and posting.
- Offer a brief orientation, lunch-and-learn, or onboarding session to educate the hospital's social media team about the facility dog program, preferred and correct language (e.g., using "facility dog" instead of "therapy dog"), and appropriate imagery.
- Consider creating a simple "dos and don'ts" guide with sample photos and captions to support consistency and accuracy.

Handler-managed: This is a dedicated social media account for the facility dog program that is managed by the handlers or facility dog program lead.

Pros: Authentic, real-time updates from the handler and facility dog's perspective. Builds a loyal following. Helps maintain connections with other facility dog programs and patients and families after discharge.

Cons: Requires handler time and social media training to maintain professionalism, meet hospital brand guidelines, and patient privacy/HIPAA compliance policy requirements. Little oversight by hospital.

◆ Best Practices:

- Include the facility dog program in the content creation so that the hospital's social media account can share authentic videos and photos. Create procedures for content review and posting.
- Offer a brief orientation, lunch-and-learn, or onboarding session to educate the hospital's social media team about the facility dog program, preferred and correct language (e.g., using "facility dog" instead of "therapy dog"), and appropriate imagery.
- Consider creating a simple "dos and don'ts" guide with sample photos and captions to support consistency and accuracy.

Evaluate Readiness

This checklist helps hospitals assess their readiness to implement or expand a facility dog program in pediatric oncology. For each item, indicate the status: **In Place**, **In Progress**, or **Not Started**. Items in the checklist should be established or decided before receiving a facility dog.

Readiness Checklist	In Place	In Progress	Not Started
Strategic Alignment and Leadership Support			
Defined Need: Assessed needs and identified gaps in patient, family, or staff support that a facility dog program could address	☐	☐	☐
Alignment With Hospital Goals: Confirmed that the facility dog program aligns with hospital priorities	☐	☐	☐
Leadership Buy-in: Secured commitment from hospital leadership to support the program's implementation and sustainability	☐	☐	☐
Champions Identified: Identified interdisciplinary champions to advocate for the program	☐	☐	☐
Stakeholder Engagement			
Key Stakeholders Mapped: Identified and engaged critical stakeholders (e.g., Infection Control, HR, clinical teams, Philanthropy) to support program planning	☐	☐	☐
Stakeholder Concerns Addressed: Developed strategies to proactively address potential concerns (e.g., infection risks, allergies, legal issues)	☐	☐	☐
Program Structure and Ownership			
Program Model Defined: Determined the program model based on hospital size, scope, and needs (e.g., dedicated oncology facility dog versus hospital-wide, inpatient versus outpatient focus)	☐	☐	☐
Departmental Ownership Assigned: Identified which department (e.g., Child Life, Psychosocial Services, Nursing) will lead and manage the facility dog program	☐	☐	☐
Handler Role Clarified: Decided whether the handler will be an existing staff member with added responsibilities or a dedicated hire, including role expectations and time commitment	☐	☐	☐
Facility Dog Organization Selected: Researched and shortlisted facility dog organizations, considering training philosophy, hospital-specific preparation, costs, and wait times	☐	☐	☐
Handler Selection Criteria Defined: Established criteria for selecting handlers (e.g., flexibility, capacity, commitment, comfort with attention) and discussed impacts on personal and professional life	☐	☐	☐

Infection Prevention and Control			
Infection Prevention Protocols Drafted: Developed preliminary infection control policies (including patient exclusions, hygiene practices, BMT-specific guidelines) in collaboration with the infection prevention team	☐	☐	☐
Risk Mitigation Plan: Identified potential risks (such as dog allergies, zoonotic infections) and outlined mitigation strategies to ensure patient, staff, and dog safety	☐	☐	☐
Financial Planning			
Budget Established: Created a preliminary budget covering dog acquisition, handler costs, care costs, supplies, and retirement/end-of-life expenses	☐	☐	☐
Funding Strategy Identified: Secured initial funding commitments (such as hospital support, philanthropy, grants) to cover start-up and ongoing costs	☐	☐	☐
Hospital Financial Responsibility Confirmed: Agreed that the hospital will cover all costs associated with the facility dog (such as veterinary care, grooming, and food)	☐	☐	☐
Program Sustainability and Contingency Planning			
Contingency Plan Outlined: Addressed "what if" scenarios (such as dog illness, handler leave, dog retirement) to ensure program continuity and support for handlers and dogs	☐	☐	☐
Handler Well-being Support Planned: Identified strategies to support handler well-being to prevent burnout	☐	☐	☐
Facility Dog Well-being Measures: Planned for dog well-being (such as designated break areas, nonworking time, stress monitoring) to ensure long-term health and comfort	☐	☐	☐
TOTALS: Count how many are checked off in each column	_____	_____	_____

Assessment Results:

- **15–19 Items In Place:** Your hospital is well-prepared to move forward with acquiring a facility dog. Focus on finalizing the remaining items and operational details.
- **8–14 Items In Place or Mix of In Place/In Progress:** Your hospital is on track but needs to complete key foundational elements before proceeding.
- **7 or Fewer Items In Place or Mostly In Progress/Not Started:** Significant planning is still required. Prioritize engaging leadership, assessing needs, and securing stakeholder buy-in before advancing.

Next Steps:

- Use this readiness assessment checklist as a living document. Revisit it regularly as your facility dog program evolves or grows, and update the checklist as you make progress. Engage stakeholders, champions, and hospital leadership in reviewing your readiness results, identifying barriers, and assigning action items.
- Programs already in place can also use this readiness assessment checklist periodically to identify areas for improvement, plan program expansion, and ensure ongoing alignment with best practices.
- While not delineated in the assessment checklist, some of these items should be completed prior to applying to receive a facility dog, while others can be completed while your hospital is on the waitlist, prior to receiving a facility dog.

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