

ANIMAL-ASSISTED INTERVENTIONS AND SERVICES

- 1. SUMMARY OF MAJOR CHANGES:** This directive adds responsibilities for the Executive Director, Recreation Therapy and Creative Arts Therapy (RTCAT) Service; updates responsibilities for the Department of Veterans Affairs (VA) medical facility Chief, RTCAT Service and VA medical facility Chief, Center for Development and Civic Engagement (CDCE); removes responsibilities for the Facility Chief Voluntary Service (paragraph 2).
- 2. RELATED ISSUES:** VHA Directive 1188(1), Animals on Veterans Health Administration (VHA) Property, dated August 26, 2015.
- 3. POLICY OWNER:** Recreation Therapy and Creative Arts Therapy Service (12RPS8) is responsible for the content of this directive. Questions may be addressed to VHARecreationTherapyFieldAdvisoryBoard@va.gov.
- 4. RESCISSIONS:** VHA Directive 1178(1), Animal-Assisted Activities and Animal Assisted Therapy, dated September 14, 2018, is rescinded.
- 5. RECERTIFICATION:** This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of February 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.
- 6. IMPLEMENTATION SCHEDULE:** This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on February 28, 2024.

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ANIMAL-ASSISTED INTERVENTIONS AND SERVICES

1. POLICY

It is Veterans Health Administration (VHA) policy that Veterans receive Animal-Assisted Interventions (AAI) at Department of Veterans Affairs (VA) medical facilities only where AAI animals do not compromise patient care, patient safety or infection prevention and control standards. This policy encompasses therapies including Animal Assisted Activities (AAA) and Animal Assisted Therapies (AAT) provided under the umbrella term of AAI and facility dog and residential animal programs. **NOTE:** *For information on managing access to VA property of service dogs and non-service animals, see VHA Directive 1188(1), Animals on Veterans Health Administration (VHA) Property, dated August 26, 2015.* **AUTHORITY:** 38 U.S.C. §§ 901, 7301(b), 38 C.F.R. § 1.218(a)(11)(ix)(C), (D) and (E).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer is responsible for supporting Rehabilitation and Prosthetic Services with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Network (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Rehabilitation and Prosthetic Services.** The Executive Director, Rehabilitation and Prosthetic Services is responsible for supporting Recreation Therapy and Creative Arts Therapy (RTCAT) Service with implementation and oversight of this directive.

e. **Director, Recreation Therapy and Creative Arts Therapy Service.** The Director, RTCAT Service is responsible for providing guidance and support to VISNs and VA medical facilities on establishing and conducting AAI programs.

f. **Veterans Integrated Service Network Director.** The VISN Director is responsible for ensuring that all VA medical facilities within that VISN comply with this directive and informing leadership when barriers to compliance are identified.

g. **VA Medical Facility Director.** Each VA medical facility Director at VA medical facilities with AAI is responsible for:

(1) Ensuring AAI programs are administered in accordance with this directive and corrective action is taken if non-compliance is identified.

(2) Ensuring oversight of VA medical facility personnel that conduct or manage AAI (see paragraphs 2.h. and 2.i.).

h. **VA Medical Facility Chief, Recreation Therapy and Creative Arts Therapy Service.** The VA medical facility Chief, RTCAT Service is responsible for:

(1) Managing all AAT programs conducted in the VA medical facility including vetting AAT organizations and certification and registration of AAT animals (see paragraph 2.m.).

(2) Recruiting VA medical facility AAT animal handler teams and ensuring placement of teams with appropriate VA medical facility units and patients.

(3) Providing VA medical facility AAT staff education (e.g., infection prevention and control standards, AAI animal behaviors, behaviors to recognize in patient response to animals (see paragraphs 3-4)).

(4) Providing AAT assignments to and orientation of VA medical facility AAI animal handlers.

(5) Managing and scheduling guidelines for all AAT VA medical facility visits.

(6) Managing and oversight of facility dog and residential animal programs. **NOTE:** *Facility dogs and residential animals live at VA medical facilities on a full-time basis (see paragraph 8).*

(7) Completing a Joint Patient Safety Report (see VHA Directive 1050.01, VHA Quality and Patient Safety Programs, dated March 24, 2023) for cases reported to VA medical facility Employee Occupational Health Program (EOHP) of animal-caused exposures or injuries (e.g., animal bites, animal scratches, mucous membrane exposure or injury from accessory equipment) that occur during AAT, facility dog or residential animal programs.

(8) Reporting any incident that occurs during AAT, facility dog or residential animal programs that places a person or animal at significant risk of harm to any certifying organization for the AAI animal handler, as appropriate, and contacting the Chief District Counsel regarding the incident.

(9) Maintaining documentation (e.g., infection control and risk assessment (ICRA) documentation, insurance documentation or veterinary documentation) provided by VA medical facility AAI program providers for AAT, facility dog and residential animal programs.

i. **VA Medical Facility Chief, Center for Development and Civic Engagement.**

The VA medical facility Chief, CDCE is responsible for:

(1) Documenting and maintaining up-to-date files regarding the status of VA medical facility AAI animal handlers.

(2) Ensuring that VA medical facility AAI animal handlers are formally appointed as registered VA medical facility volunteers and that they complete any required volunteer trainings.

(3) Providing VA medical facility AAA staff education (e.g., infection prevention and control standards, AAI animal behaviors, behaviors to recognize in patient response to animals (see paragraphs 3-4)).

(4) Managing and scheduling guidelines for AAA VA medical facility visits.

(5) Completing a Joint Patient Safety Report for cases reported to VA medical facility EOHP of animal-caused exposures or injuries (e.g., animal bites, animal scratches, mucous membrane exposure or injury from accessory equipment) that occur during AAA.

(6) Reporting any incident that occurs during AAA that places a person or animal at significant risk of harm to any certifying organization for the AAI animal handler, as appropriate, and contacting the Chief District Counsel regarding the incident.

(7) Maintaining documentation (e.g., ICRA documentation, insurance documentation or veterinary documentation) provided by VA medical facility AAI program providers for AAA.

j. **VA Medical Facility Unit Supervisors or Managers.** VA medical facility unit supervisors or managers are responsible for communicating to VA medical facility unit staff and AAI animal handlers that AAI animals are only permitted in areas on the units where their presence would not compromise patient care, patient safety or infection prevention and control standards.

k. **VA Medical Facility Infection Prevention and Control Personnel.** VA medical facility Infection Prevention and Control personnel are responsible for:

(1) Collaborating with VA medical facility personnel that conduct or manage AAI programs to assess infection risk.

(2) Providing input for implementing appropriate infection prevention and control safeguards associated with AAI programs.

l. VA Medical Facility Environmental Management Services Personnel. When contacted by a VA medical facility AAI animal handler, VA medical facility Environmental Management Services (EMS) personnel are responsible for disinfecting VA medical facility areas with a product that is registered with the Environmental Protection Agency (EPA) and approved for use in hospitals.

m. VA Police Officer. The VA Police officer is responsible for completing, with the participation of the VA medical facility AAI program provider, a Uniform Offenses Report for any reported incident arising from an AAI program that places a person or animal at significant risk of harm or in need of medical attention.

n. VA Medical Facility Animal-Assisted Intervention Program Provider. **NOTE:** *Organizational alignment of AAI within a VA medical facility depends upon the scope of AAI provided and VA medical facility staff responsible for these programs. At the direction of the VA medical facility Director, a multidisciplinary team must be involved in the development, implementation and monitoring of any VA medical facility AAI program, as with any therapeutic or other activity involving patients. The VA medical facility AAI program provider is responsible for:*

(1) Ensuring that only domesticated animals are involved in AAI programs (see paragraph 7). **NOTE:** *Species which may pose a high risk of causing human injury or infection are not suitable for AAI programs and must be excluded; these include, but are not limited to: some farm animals (e.g., female sheep because of high risk of Q fever) and wild and exotic species (e.g., non-human primates, reptiles, amphibians, turtles or tortoises, rodents, prairie dogs, hedgehogs and Psittacine birds such as parrots, parakeets and macaws).*

(2) Ensuring that animals participating in AAI are healthy and have appropriate temperaments to provide effective AAI (see paragraph 4). **NOTE:** *Animals used in AAI must be certified or registered by one of the national or international animal-specific certification organizations as meeting criteria for AAI and must have documentation from a licensed veterinarian that confirms the animal is at least 1 year of age or has reached maturity for their species. AAI animals must be up to date with all core vaccinations or immunizations, prophylactic parasite control medications and regular health screenings as determined necessary by a licensed veterinarian consistent with local veterinary practice standards. All animal susceptible to rabies (i.e., all mammals) must be current in their rabies vaccination status before participating in any AAI activity. Proof of compliance with these requirements must be documented and accessible in all areas where patients receive AAI. For a list of certification organizations and related information, see https://vaww.portal.va.gov/sites/rec_therapy/. **NOTE:** This is an internal VA website that is not available to the public. Email VHAREcreationTherapyFieldAdvisoryBoard@va.gov to request access.*

(3) Ensuring that the AAI program complies with VHA policies and VA medical facility procedures relating to infection prevention and control in collaboration with the VA medical facility Infection Prevention and Control personnel (see paragraph 2.k. and paragraph 3).

(4) Reporting patient safety incidents directly to the VA medical facility Chief, RTCAT Service for cases reported to VA medical facility EOHP of animal-caused exposures or injuries (e.g., animal bites, animal scratches, mucous membrane exposure, injury from accessory equipment) that occur during AAT, facility dog or residential animal programs.

(5) Initiating and completing an ICRA prior to initiation of an AAI program and when significant changes are made in any such program (e.g., change in animal species, regulatory requirements, infection prevention, control and safety and patient care setting) in consultation with the VA medical facility Infection Prevention and Control personnel and with a VA Veterinary Medical Officer, VA Chief Medical Officer or a licensed private veterinarian from the community (see paragraph 3). **NOTE:** *The VA medical facility AAI program provider must provide ICRA documentation to the VA medical facility Chief RTCAT and to the VA medical facility Chief CDCE.*

(6) Initiating and completing a comprehensive assessment including documentation review (e.g., ICRA, veterinarian documentation) prior to initiation of an AAI program and on an annual basis.

(7) Coordinating with the VA medical facility AAI animal handler prior to conducting AAI to determine where the session will be held and ensuring the location provides a safe environment for all participants. The animal must not be in an area not related to its purpose in providing AAI.

(8) Ensuring that the VA medical facility AAI animal handler is responsible for the animal at all times in the VA medical facility. **NOTE:** *The VA medical facility AAI animal handler must have the animal on a leash or otherwise have the animal under control while the animal is in the facility and ensure that animals are not left alone with a patient or resident. Birds must be always kept in cages. Cats must be in carriers when not engaging with patients during AAI interventions or when not engaging with patients during AAI sessions.*

(9) Ensuring that patient preference (e.g., fear of animal, allergies, comfort, boundaries) is considered when determining the use of AAI.

(10) Notifying the VA Police and District Counsel the same day that an incident occurs of any incident that places a person or animal at significant risk of harm arising out of an AAI program if medical attention is required. The VA Police officer, with the participation of the VA medical facility AAI animal handler, must complete a Uniform Offense Report concerning the incident (see paragraph 2.m.). **NOTE:** *Questions concerning liability related to injury or damage caused by animals involved in AAI programs must be addressed with the District Counsel.*

o. **VA Medical Facility Animal-Assisted Intervention Animal Handlers.** VA medical facility AAI animal handlers are VA medical facility volunteers and are responsible for:

(1) Complying with VHA policies and VA medical facility procedures relating to AAI

issues including privacy and customer service. **NOTE:** See VHA Directive 1605.01, *Privacy and Release of Information*, dated July 24, 2023, and VA Directive 0010, *VA Customer Experience*, dated December 7, 2020.

(2) Complying with VHA policies and VA medical facility procedures relating to infection prevention and control (see paragraph 3). **NOTE:** *VA medical facility AAI animal handlers must participate in required screenings (including, but not limited to, tuberculosis screening, respiratory symptom screening, exposure surveillance screening, other screening health care personnel would be subject to), preventive health programs (including vaccination programs for employees), interviews, orientations and volunteer training prescribed by the VA medical facility.*

(3) Providing animal veterinary information and any separate or personal liability insurance documentation to the VA medical facility AAI program provider. **NOTE:** *Documentation presented by VA medical facility AAI animal handlers must be kept by kept and maintained by the respective VA medical facility program Chief providing AAI services.*

(4) Ensuring the animal's appropriate behavior while on VA property (see paragraph 4). **NOTE:** *AAI animals must always be under the control of the VA medical facility AAI animal handler or alternate handler while on VA property. Cats must be in a carrier; dogs must be on a leash and all animals under control when they are not involved in AAI. This requirement is not intended to prohibit off-leash, supervised animal and patient contact during AAI.*

(5) Ensuring the animal coming into the VA medical facility is bathed and groomed to remove excess hair and dander as well as reduce skin and saliva allergens. Animal nails must be short with no rough edges. Animals must be trained not to scratch the patient. For additional protection, animals may wear protective foot coverings.

(6) Caring for the animal (e.g., feeding, watering and cleaning up waste) and ensuring the animal has the opportunity to void or defecate before entering the VA medical facility. The VA medical facility AAI animal handler must use gloves, plastic bags or other appropriate barriers to clean animal waste and deposit it in the appropriate trash followed by appropriate hand hygiene and then must contact the VA medical facility EMS personnel (see paragraph 3.j.). **NOTE:** *VA medical facility animal toileting guidelines and animal waste cleaning guidelines must be followed.*

3. GENERAL INFECTION PREVENTION AND CONTROL AND SAFETY MEASURES

a. An ICRA must be completed prior to initiation of an AAI program and when significant changes are made in any such program including but not limited to, changes in animal species, regulatory requirements, infection prevention and control, and safety measures and patient care setting.

b. The VA medical facility AAI animal handler must provide the VA medical facility's Veterinary Medical Officer documentation to VA medical facility AAI program provider confirming the AAI animal is mature, up to date (within a 12-month period) with all core

vaccinations or immunizations, prophylactic parasite control medications and regular health screenings as determined necessary for the species by the local and State public health requirements where the VA medical facility is located and as consistent with local veterinary practice standards. If the VA medical facility does not have a Veterinary Medical Officer, then the documents must be referred to the VA Chief Veterinary Medical Officer or a licensed private veterinarian. This veterinary documentation must be in the VA medical facility's AAI program where it is accessible to VA medical facility personnel conducting AAI.

c. Certain areas are prohibited to animals in AAI programs. **NOTE:** See VHA Directive 1188(1) for specific areas of VHA property that an animal may not access.

d. Anyone who comes in physical contact with an AAI animal must observe appropriate hand hygiene before and after touching the animal.

e. Precautions to mitigate allergic responses to AAI animals must be instituted as needed. **NOTE:** The access of patients or residents and staff with severe allergic responses to AAI animals should be handled on a case-by-case basis in consultation with VA health care providers.

f. AAI animals must be clean, well-groomed and in general good health (see paragraph 4).

g. Should an AAI animal be approached or an attempt be made to pet them, visitors or patients must be prevented from engaging with the animal unless in the area designated for AAI.

h. Contact with animal saliva must be minimized. Animals must not be able to lick or come in direct contact with open skin wounds, and wounds must be covered during AAI.

i. All persons conducting, managing or participating in AAI should avoid contact with animal urine and feces. VA medical facility AAI animal handlers must use gloves, plastic bags or other appropriate barriers to clean animal waste and deposit it in the appropriate trash followed by appropriate hand hygiene. After the area is cleaned, VA medical facility AAI animal handlers must contact EMS. **NOTE:** VA medical facility animal toileting guidelines and animal waste cleaning guidelines must be followed.

j. VA medical facility employees and VA medical facility volunteers must report to VA medical facility EOHP with exposures or injury (e.g., animal bites, animal scratches, mucous membrane exposure or injury from accessory equipment). Responsible VA medical facility personnel must immediately report patient exposure or injury to their treatment team. The VA medical facility Chief, CDCE and VA medical facility Chief, RTCAT Service must complete a Joint Patient Safety Report, and other documentation required by VHA policy. **NOTE:** VA and AAI Therapy Organizations determine whether a bite or scratch incident may be grounds for dismissal of the animal from the program. In the event of a bite from a species known to be susceptible to rabies, if VA medical facility EOHP recommends post-exposure rabies vaccination, they must follow current Centers for Disease Control and Prevention (CDC) guidance on post-exposure anti-

rabies vaccinations. All animals susceptible to rabies (i.e., all mammals) must be current in their rabies vaccination status before participating in any AAI activity.

k. As determined by VA medical facility AAI program provider in consultation with the Veterinary Medical Officer, if an AAI animal poses a risk to the health or safety of people or other service animals on VA property, the AAI animal and VA medical facility AAI animal handler must have their visitation privileges withdrawn by the VA medical facility Chief, CDCE until re-examination of the animal by the Veterinary Medical Officer or a licensed private veterinarian indicates that the animal no longer poses a health or safety risk.

4. GENERAL ANIMAL HEALTH AND BEHAVIOR

a. The following are standards for animal health and behavior and for preventing and managing injuries resulting from animal to human or animal to animal contact.

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

c. **Key Concerns.** Key concerns with having animals in VA medical facilities include but are not limited to, zoonotic transmission of a disease or infection from animal host to human, animal bites, human phobias to specific animal species, management and care of the animals, and allergic reactions in patients, employees, volunteers, trainees and visitors. The presentation of veterinarian documentation (e.g., vaccinations, health screenings) as proof of an animal's health is necessary when an animal has routine and constant interaction with patients, employees, volunteers, trainees and visitors. This is particularly important in residential and VA medical facility settings for VA to provide the necessary care, safety and infection prevention and control standards.

d. **Requirements.**

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

(2) An animal should not exhibit signs of aggression against people or other animals on VA property. Signs of aggression vary by species and are governed by certifying organizations.

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

(4) Animals must be at least 1 year of age unless adults of the species reach behavioral maturity at an earlier age as indicated on their documentation.

(5) If an animal participating in AAI harms or appears imminently likely to harm a patient, employee, volunteer, trainee or visitor (e.g., bites, scratches or uneven temperament), the AAI assigned program staff in the area must ask the VA medical facility AAI animal handler to remove the animal from the property and wait for further guidance to return. The VA medical facility AAI program provider evaluates the situation and determines on a case-by-case basis if the VA medical facility AAI animal handler and AAI animal team can return. The VA medical facility Chief, CDCE withdraws VA medical facility AAI animal handler visitation privileges (see paragraph 3.j.). **NOTE:** See *VHA Directive 1188(1) for more information on removal of animals from VHA property.*

(6) Animal scratches, bites and injuries to humans need to be treated promptly and injuries reported by the VA medical facility AAI animal handler to the VA medical facility Infection Prevention and Control personnel. VA medical facility Infection Prevention and Control personnel must report animal bites and injuries to the public health or animal control authorities as required by local laws. The VA Police officer, with participation of the VA medical facility AAI animal handler, must complete a Uniform Offense Report concerning the incident. Medical attention must be given to any animal scratches, bites or injuries occurring while on VA medical facility property. The VA medical facility AAI program provider must recommend to any injured person that they seek medical attention if it has been more than 5 years since their last tetanus shot and encourage follow-up with a medical provider. Follow-up testing is not required unless the animal tested positive for rabies. **NOTE:** *Current CDC guidance must be followed for treatment and follow-up on animals that bite a human.*

(7) If the VA medical facility has a research-attending veterinarian, strong consideration needs to be given to including that individual in decision-making processes regarding animals for AAI. The Chief Veterinary Medical Officer can also provide consultation on AAI as needed.

5. TRAINING

There are no formal training requirements associated with this directive.

6. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed per the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

7. BACKGROUND

a. AAI is goal-directed or structured intervention that intentionally incorporate animals in health, education and human service for the purpose of therapeutic gains and improved health and wellness. AAI is an umbrella term that encompasses AAA, Animal Assisted Education (AAE), and AAT.

b. AAA activities use animals to provide patients and VA medical facility employees with opportunities to experience motivational, educational and recreational benefits. These activities are not necessarily incorporated into the Veteran's treatment plan and are not provided by a clinician. Examples of these programs may include programs that allow patients or residents to visit animals in either a common area in the VA medical facility or in individual patient or resident room and canine training. These activities may or may not be goal-directed and they are not tailored to an individual patient or resident.

c. AAT is a goal-directed, planned and structured therapeutic clinical intervention facilitated or provided by a VA nationally credentialed recreation, occupational, physical, speech-language or other rehabilitation therapist and other Licensed Independent Practitioner(s) (LIPs) that incorporates the use of an animal into the treatment regimen of a patient. VA medical facility AAI animal handlers under the supervision of a therapist may facilitate interactions between the animal and Veteran. Patient or resident-specific goals and objectives are determined, and progress of the patient or resident is evaluated and must be documented in the treatment plan. AAT is designed to improve human physical, social, emotional and cognitive function, and may be group or individual in nature provided in a variety of settings.

8. DEFINITIONS

a. **Facility Dog.** A facility dog is a specifically trained dog that works with a VA nationally credentialed recreation, occupational, physical, speech-language or other rehabilitation therapist or VA health care provider that incorporates the use of a dog into the treatment regimen of a patient or patients. The facility dog must be trained to specific, skilled tasks in a variety of different situations within the VA medical facility environment with multiple patients; it must be more than just a presence within the VA medical facility. VA medical facility AAI program providers for facility dogs are trained by an Assistance Dog International (ADI) accredited program. Patients on a treatment plan can have a facility dog accompany them in public for treatment purposes, while abiding by applicable local rules and guidelines. The ADI accredited organization maintains ownership of the dog while it is working as a VA medical facility dog. For additional information see 38 C.F.R. § 1.218(a)(11)(ix)(E).

b. **Residential Animal.** A residential animal is an animal that is regularly present in a residential or clinical setting. These animals can be of various species, from cats to birds and fish. They might live with a handler who is an employee of the facility and who brings the animal to work each day under their care, or they might live at the facility full time, under the care of a primary staff person. Residential animals are specially trained for extended interactions with patients or residents of the facility. These interactions

might include AAA, AAE or AAT. Patients on a treatment plan can have a residential animal accompany them in public for treatment purposes and for supporting patients with disabilities, while abiding by applicable local rules and guidelines. For additional information see 38 C.F.R. § 1.218(a)(11)(ix)(E).

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

9. REFERENCES

- a. 38 U.S.C. §§ 901, 7301(b).
- b. 38 C.F.R. § 1.218(a)(11)(ix)(C), (D), and (E).
- c. VA Directive 0010, VA Customer Experience, dated December 7, 2020.
- d. VHA Directive 1050.01, VHA Quality and Patient Safety Program, dated March 24, 2023.
- e. VHA Directive 1188(1), Animals on Veteran Health Administration (VHA) Property, dated August 26, 2015.
- f. VHA Directive 1605.01, Privacy and Release of Information, dated July 24, 2023.