



PETS FOR LIFE, INC.

VOLUNTEER MANUAL

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DEDICATION

**This Volunteer Manual is dedicated to the memory of our
founders**

William D. & Harriett M. Snyder

and

**Aileen V. Callaway
for her many years of devoted service to**

PETS FOR LIFE, INC.

LETTER OF WELCOME FROM THE PROGRAM DIRECTOR:

Pets for Life, Inc. (PFL) provides a wonderful opportunity for our human volunteers to share their love of animals with the community. Animals have a way of bridging a gap between people of all ages and capabilities, bringing happiness and joy to all.

PFL's volunteers are the most important part of our program. Animal Assisted Therapy (AAT) can help children learn to read, teach them how to interact with animals, and show them that animals give love no matter what your abilities are. AAT can help lower heart rates, lower blood pressure, increase mobility, encourage people who have been withdrawn to talk, pet, and engage with the animal and the human volunteer.

Volunteering with PFL brings joy and happiness and enriches the lives of everyone involved, including our clients, facility staff, visiting family members, as well as yourself. We are pleased that you have chosen to be part of our program and look forward to working with you. We hope that you will be able to say that you receive as much as you give by being a part of PFL.

Thank you,

Kim Southard

Program Director

1) STATEMENT OF PURPOSE:

The purpose of Pets for Life, Inc. is to enhance the physical well-being and emotional health of people in need through interactive visits with our certified therapy teams of pets and their human volunteers.

2) DESCRIPTION OF PROGRAM:

PFL is a local, 501(c)(3) non-profit organization supported by community donations and grants. There is no charge for our service. We are headed by a Board of Directors and are staffed by a Program Director and Volunteer Coordinators.

Our volunteers take their carefully screened pets on scheduled visits to facilities throughout greater Kansas City including nursing homes, Alzheimer's units, skilled nursing units, physical rehabilitation, pediatric and other medical units in hospitals, mental health centers, centers for youth with behavior issues and emotional disturbances, corrections facilities, shelters for domestic violence and special education classes. Our main focus is on those whose situation is most restrictive and who are least likely to receive, but are most in need of, the social, mental, and physical stimulation provided by our volunteer teams.

3) BACKGROUND OF ANIMAL ASSISTED THERAPY (AAT):

The exact mechanism by which animals exert their effects on the health and well-being of humans is still largely not understood. However, animals have been used to benefit mankind for centuries. We do know that in the presence of a pet, and when tactile contact is made, our bodies release a hormone called endorphins. These hormones relieve us of the stressors that lead to high blood pressure, elevated heart rate and the related health problems associated with our stress-filled lives. Clinical studies have shown repeatedly, and in a variety of ways, that pets enhance our health and well-being, physically and emotionally.

4) TIMELINE OF ANIMAL ASSISTED THERAPY:

800's – First recorded attempt to use AAT at a residential facility for people with disabilities

1790's – Mentally disturbed patients were encouraged to spend time with farm animals in an institution at a Quaker retreat in York, England.

1940's – Pawling, NY Convalescent Hospital – American Red Cross and the Army Air Corps set up patients with a variety of animals in a farm setting.

1969 – Yeshiva University in NY, Boris Levison, Ph.D., Psychologist and Professor wrote *Pet Oriented Child Psychology* – a cry for more research based on his experiences using his Old English Sheepdog, Jingles, when treating children.

1970 – Ethel Wolff, Ph.D., a Psychologist in Philadelphia, PA prepared a *Survey of the use of Animals in Psychotherapy in the United States*.

1977 – Delta Society emerged promoting research, education and funds for research. This research showed that the presence of a pet lowered blood pressure and heart rates, and lowered cholesterol and triglycerides. It also showed that people with pets had fewer health complaints, had fewer visits to the doctor, and experienced lower levels of perceived pain at the dentist, as well as a 22% higher survival rate after heart surgery.

1977 – Australia's University of New England found that cat owners had fewer psychiatric disturbances than those without felines.

University of NY at Buffalo found that hypertensive stockbrokers improved dramatically after owning a pet for 6 months.

1984 – Pets for Life, Inc. was founded.

1990 – Pet Partners formed under the umbrella of the Delta Society, setting training and screening standards for organizations like Pets for Life, Inc.

5) PETS FOR LIFE BEGINNINGS:

In 1984 the husband and wife team of William D. and Harriett M. Snyder were inspired by a *60 Minutes* telecast about the benefits of animals for the elderly. They felt such a program would be a valuable and much needed service for the metropolitan Kansas City community. They donated the initial seed money and formed the organization that blossomed into Pets for Life, Inc.

6) VOLUNTEER CERTIFICATION:

A. PROCESS

1. Orientation
2. Optional pre-test workshop
3. Complete and turn in Volunteer Manual written test
4. Annual Medical Evaluation completed by Veterinarian
5. Complete all forms provided by PFL
6. Pass Volunteer Team Evaluation through PFL or obtain Canine Good Citizen (CGC) certification
7. Shadow a visit (without your pet)
8. Supervised visit (with your pet and the Program Director or other designated person)

B. PEOPLE VOLUNTEER CRITERIA:

- Able to commit to regularly scheduled PFL visits at least once per month
- Genuine interest in institutionalized, physically and mentally challenged persons
- Qualified pet (see Pet Volunteer Criteria)
- 16 years of age or older
- Responsible for monitoring pet's health and behavior (see Health & Safety – Pets)
- Own Transportation

C. PET VOLUNTEER CRITERIA:

- Dogs must be 1 year of age. Cats must be 6 months of age.
- Must have been owned for at least 6 months by volunteer
- Annual Medical Evaluation satisfactorily completed by pet's veterinarian
- Satisfactorily complete PFL's Volunteer Team Evaluation given by a PFL Animal Behavior Evaluator bi-annually or bi-annual Canine Good Citizen certification.
- No history of aggressive behavior

D. DOG BEHAVIOR:

To pass the PFL Volunteer Team Evaluation, your pet must:

- Walk on a loose leash
- Sit for 3 seconds
- Down for 3 seconds
- Stay for 5 to 10 seconds
- Leave it - This is one of the most important behaviors. There may be food, needles, pills etc. on the floor. Your dog's safety may depend completely on "leave it."
- Greet another dog and handler without trying to cross over to see the person or the pet
- Politely allow petting from a stranger – Pet must seem to enjoy the attention, cannot pull away, jump, paw, growl or bite.
- Walk politely in a crowd - with people milling about, wheelchairs, walkers, strange and loud noises without getting too scared. Pet can react but must recover quickly.
- Approach and visit – must approach a person in a wheelchair and appear to enjoy the contact.
- Approach and visit – The evaluator will approach your pet using a walker. Dog must be comfortable being petted by evaluator, still using the walker, after approach.
- Be examined – The evaluator will look in your pets' eyes and ears, lift/touch one or two feet and touch all over your pet's body including his/her hind end.

- Reaction to new volunteer team. Volunteer Team will enter and walk across room without acknowledging you or your dog. Your dog can notice the team but cannot bark, lunge or hide from them.
- Restrictive Hug – The dog must be comfortable with a 3-5 second restrictive hug.

E. CAT BEHAVIOR:

To pass the PFL Volunteer Team Evaluation, your cat must:

- Be calm around a chaotic, loud or busy environment
- Seem to enjoy being handled by strangers including touching feet, tail and body
- Be calm around dogs
- Be confident when placed on the floor
- Be well groomed with nails cut short

7) FACILITIES POLICIES AND PROCEDURES:

FACILITIES: Facilities that volunteer teams visit must have a current contract with PFL, signed by the facility's Recreation Therapist/Activities Director and Administrator and PFL's Program Director. Volunteer teams may only visit currently approved facilities under Pets for Life's name. If a volunteer team visits facilities that are not currently approved by PFL, they should not use PFL's name and will not be covered under PFL's insurance. If you have a place that you would like to visit, but they are not a PFL contracted facility, that facility must contact PFL office to start the procedure.

8) DRESS CODE

Dress must be modest and professional. You must wear your PFL Logo T-shirt at every visit/event. No cologne or perfume (Many ill clients find fragrance offensive and some are allergic.), no dangling jewelry or open toed shoes (per PFL and OSHA standards).

PFL name tags must be worn by volunteer and pet while on visits. Wear clothing and shoes that make moving around easy. It is desirable, although not required, that pets wear PFL scarves or vests while on visits. Be prepared for accidental spills. Always be clean and well groomed. There is always the possibility of newspaper or TV cameras at a facility. When you are with PFL consider yourself camera-ready.

VOLUNTEER RESPONSIBILITIES:

Safety - Safety is the Volunteers #1 priority for both their pet and for those around them. You must pay attention and keep track of your pet. It is a good idea to keep your hand on your pet when other people are interacting with them. This should allow you to interrupt any inappropriate handling before it starts. You should never force your pet to interact with others and you should end the visit if your pet starts displaying signs of stress.

Attendance - Must make a commitment to attend 75% of scheduled visits with a minimum of one visit per month. Call or email the PFL office and the facility you are scheduled to visit if you are unable to keep your scheduled visit.

Confidentiality - Do not divulge confidences shared with you by our clients. Do not discuss illnesses or ailments of your clients with anyone else. If something looks suspicious or client complains of abuse, report to the PFL Program Director or state Ombudsman, not to nursing. See the last page for contact information. Pictures can be taken of your volunteer team, but cannot include any client or staff without permission.

Emergency Notification - Volunteers must fill out the Volunteer Information Form completely and submit it to the PFL office. Your emergency notification contact should be someone available while you are on a visit, not someone who is accompanying you on a visit.

Transportation - All volunteers must have their own transportation to and from scheduled visits. PFL is unable to reimburse volunteers for mileage, but mileage is tax deductible on your federal tax return.

NO SMOKING around pets or in facility or on facility grounds.

9) VOLUNTEER PET RESPONSIBILITIES:

Hygiene – All pets should be clean, nails trimmed (not on the same day as a visit), ears should be clean, eyes free of any matter and breath should not be offensive. Brush your dog’s teeth regularly. Fur should look clean, brushed and feel nice to touch with no bad odors. It is best not to groom your pet the day of a visit except for brushing and touch up care. Full grooming can be stressful for your pet and damp dogs tend to have an odor.

Fleas – NO FLEAS. Check your pet carefully before each visit. Do not use a flea spray, chemicals or topical flea product within 3 days of a visit.

Skin Conditions – There should be no matted fur, hot spots, wounds, sores or rashes on your pet’s skin.

Accidents - It is the volunteer’s responsibility to clean any mess if your pet voids or eliminates on a visit either indoors or on facility grounds. Keep bags with you and antibacterial wipe or lotion in case of an accident. Give your pet ample opportunity to “take care of business” before leaving home or entering the facility.

Towels – Always bring a clean towel with you, unless you carry your pet in a basket. If you have a lap pet (under 15 pounds) you should place the towel on the client’s lap before placing your pet on the lap (Always ask prior to placing or removing the towel. Don’t reach into someone’s personal space without permission). If you are placing your pet on furniture or a bed, put the towel down first. Wipe off any toys with a towel when playing fetch. Wipe any drool from pet’s mouth before approaching Client.

Tags – Rabies, City and PFL tags must be worn during visits. A PFL tag will be provided to you after you successfully complete the Volunteer Team Evaluation. Pets other than dogs or cats may have their PFL tag attached to their crate since these pets are not required to wear city or rabies tags.

Collars & Leashes – Cats and dogs must be on leash. Exceptions can be made for obedience demonstrations, games like fetch or performances. You must receive pre-approval from the Program Director before you participate in any off-leash activities. No metal, flexible or extension leashes are allowed. Cats must be on a harness as well as a leash. No prong, pinch, slip, choke, electronic or head collars are permitted. These are all considered training tools and should not be needed for a therapy pet to do their job.

Raw food diet is not permitted.

Titres are not accepted in lieu of vaccinations.

10) HEALTH AND SAFETY

Stress Signals - Safety is your first priority and safety starts with your pet. Know your pet's stress signals! If at any time during a visit your pet starts to appear stressed or uncomfortable, stop the visit immediately. Signs to watch for include:

- Restlessness
- Straining on the leash to move away
- Defensiveness, growling
- Ears back
- Cowering
- Hissing
- Licking lips
- Yawning repeatedly
- Holding one paw up
- Avoiding a situation by looking away
- Tucked/lowered tail
- Shake offs

➤ Panting

You know your pet best, so be aware of changes in your pet’s behavior during all visits. If you need to cut a visit short, notify the contact person at the facility of your departure. AAT is rewarding for our clients and you. It is your responsibility to make sure it is rewarding for your pet. Be very aware of who and what is around your pet. Don’t allow anyone to grab your pet’s face or put their own face near your pet’s face. If you see someone reaching for your pet’s face, gently, but quickly turn them so your pet’s back is to them and/or explain that your pet doesn’t really like to be kissed but loves to have their back rubbed.

Hand Washing - Hand washing is crucial in any health care setting. Hand-to-mouth, eyes or nose is the most common way to spread colds, coughs, flu, sore throats, etc. Wash before a visit to avoid spreading germs from the outside to the clients being visited. Wash after a visit, as clients may not have frequent opportunities to wash after having sneezed, coughed, drooled or blown their noses, to avoid taking their germs with you. Most health facilities have hand sanitizer stations through-out their facilities. It is a good idea to sanitize or wash your hands 3-4 times during a one-hour visit. This will limit the possibility of transmitting germs from patient to patient.

Pet Disinfecting – recent studies have proven that therapy pets can pass germs from patient to patient. Every time a patient physically interacts with your pet, they can leave germs on the fur that can be transmitted to the next person that handles the animal. You can even take those germs home with you after the visit. Studies have also proven that a simple disinfecting wipe down, a couple times during a visit, can greatly reduce the risk of germ transmission. With this in mind, it is suggested, but not required, that therapy pets should have a least 4 disinfecting wipe downs during a one-hour visit. One at the start of the visit, two during the visit and a final wipe down once you exit the visit. Studies suggest that you use a single use disinfecting cloth that contains Chlorhexidine. We urge you to work with your veterinarian to decide which wipe would be best for your dog.

Illness (Volunteer) - If you think you might be starting to come down with something, DO NOT come to your scheduled visit. Call or email the PFL office and contact your facility to cancel your visit. You are most contagious during the early stages. So play it safe and stay home.

Illness (Pet) - If your pet has had surgery or a traumatic incident requiring veterinary care, you need to have your veterinarian send a statement to PFL stating that your pet is healthy and ready to return to therapy work. If your pet is ill, but not in need of a veterinary visit, cancel your visit by calling the PFL office and your facility.

Stay with your Pet - Never leave your pet unattended. If you must leave the area, take your pet with you, or ask another volunteer (never a staff member or client) to hold your pet for you. If a client is walking your dog, you must have a second leash – one for you and one for the client. If a client is sitting on the floor with your dog, you must be on the floor also, as close to your pet as the client is, but never more than an arm's reach away from your pet. If your pet is on a client's lap, you must have one hand on the pet at all times.

Injury - If a client is injured, immediately notify the staff and the PFL Program Director. Provide information needed for the facility's Incident Report. If a pet bite occurred, the facility will most likely need a copy of your pet's current Rabies certificate or proof of vaccines. You must also contact PFL immediately and fill out an Incident Report that will be supplied by PFL, and return it as soon as possible. In the event of an incident, all visits will be suspended until an investigation is conducted and a determination is made by PFL Program Director. If it is determined that this was an act of aggression, your pet will be disqualified from further visits.

Client Requests - You may be asked to "Put me in bed," or "Take me to the bathroom," or "Help me," or "Give me some water," etc. You must explain that you are a volunteer, you cannot do this, but you will report it to a staff member.

Weather - We do not expect our volunteers, or their pets, to take unnecessary risks. In the winter, if it is zero degrees or below, if public schools are closed, or if newscasters are reporting that people should stay home if possible, we do not expect you to go on visits.

11) INTERACTION

Privacy - Always knock before entering a client's room. If the client is on a commode or toilet, excuse yourself and return later. If the client is exposed, offer to adjust the lap robe, covers etc., or contact a staff person to find an appropriate covering. When visiting in a client's room, always have a staff member accompany you.

Many clients will sleep throughout the day whether from boredom, a rough night or medication. The staff usually wants them to stay awake during the daytime. It is OK to approach a client and say "Hello." If the client does not respond, move on.

Treatment - Treat each client with dignity and respect. Regardless of a client's physical or mental condition, aside from what we see on the surface, there is a valuable, precious, significant human being on the inside. Always give the benefit of the doubt. Never assume that the client can't understand or hear you, despite the response you may see. We have had comatose clients who later remembered the pet's visit. Many geriatric clients can understand, but are unable to respond verbally or physically. Never say anything to a client that you would not want their family to hear. Do not talk down to clients the way adults may talk to small children.

Reminiscence - is a genuine therapy. Long term memory is retained better than short term. Limit questions to yes/no answers at first, such as: "Did you have a dog?" "Was it a big dog?" A client may not remember the pet's name. In dementia, names are the first to go. Do not press a client to give the pet's name, as this may be frustrating. A client may well remember the characteristics of a pet, but not the name. If the client's pets stayed in the house, they were probably more like companions. This may help you relate to the client's perception of pets. You may hear some sad stories. Try to empathize: "That must have been hard for you." Try to remind the client of happier memories, then focus on your pet with something positive: "He loves to be scratched behind the ears."

Approach – Approach clients slowly from the front, within their range of vision. Stop several feet away and ask if they would like to see your pet. Use the client's name when possible. The facility staff is often helpful in this respect. Whenever possible, present your pet below face level. Protect your pet by presenting him/her at an angle so that

the client is less likely to reach into his/her face. Always watch anyone who is interacting with your pet and NEVER let them grab your pet's face or put their own face in your pet's face. This is the quickest way that a client can get bitten. If you see a client reaching for your pet's face try to move your pet around so their back is to the client and/or say something like, "Oh, he/she prefers not to be face to face. But he/she really likes to be scratched behind the head/under the chin/on his back end."

Only pets that weight 15 lbs. or less should be placed on a client's lap. Never reach into a client's personal space without permission. If you are going to put a pet on a client's lap, ask them for permission before you put towel in their lap or on their bed. Then place the pet on the towel. Be careful not to place the pet on top of the client's hands. The client must be seated if holding a pet. You must have one hand on your pet at all times when he/she is on a client's lap. No one is to walk while holding your pet except for you. If your pet is too heavy to place on a lap, you can use a chair next to the client. Hold the pet in your arms or kneel on one knee and have your dog place his/her front feet on your extended knee. This method may require practice at home first.

Always smile and give positive feedback: "You have a nice touch. I can tell he likes you. He likes it when you touch his ears." If a client calls your rabbit a dog, you might say something like "This is a rabbit." But don't make an issue of it.

12) SENSORY STIMULATION

Visual – Put yourself at the client's level and watch their face. Look at them as you speak. Try placing your pet in their line of vision, when possible. Try different sides or angles until they have eye contact.

Tactile – If the client appears interested, ask if she would like to touch your pet. Then assist by saying, "Let me show you how soft he is." Take the client's hand gently, unless she is resisting, and place it on your pet. Point out different textures in various parts of the coat like soft ears, smooth, wiry, coarse, thick, curly or silky fur.

Auditory – You may need to use repetition to get the client's attention and comprehension: "Do you like DOGS? This is my DOG. My DOG likes to be petted".

Special concerns – Watch clients for indication that they are tired or are losing interest. Say thank you and move on. If clients ask inappropriate questions, for example “Have you seen my mother?” say “No, I’m sorry, I can’t help you.” Then focus on your pet. If a client asks you for help, say “Let me find someone who can help you.” Then find a staff member and relay the information to them. Some clients will not want to see you or your pet. Never push your pet on the client. Leave on a positive note “OK, thank you and have a great day.” If a client becomes agitated or belligerent, excuse yourself and leave quickly.

Closure – Do not drift away or leave abruptly. Say goodbye personally and reassure the client of your return. It is your judgment call as to how much time you spend with each client. Keep in mind how many clients there are to be visited, and how many volunteers are participating. Leave the client feeling successful, “We really enjoyed seeing you, thank you for letting us visit,” or “We will see you next time.”

13) CLIENT CONDITIONS

Aphasia –

- Unable to use speech
- May be confused, drowsy, have slurred speech, or sound more disabled than they are
- May still understand and know what to say, but it all comes out disjointed
- May disconnect sentences (“I’ve got to go downtown. Will you put me to bed?”)

Alzheimer’s Disease –

- Inability to learn new material
- May be disoriented to person, place, situation and time
- May have difficulty following progressive pattern (step 1, step 2, etc.)
- May have difficulty naming things or have a short attentions span
- May repeat the same questions over and over
- Childhood memories may be clearer than short term memories

Hearing Impaired –

- Speak slowly and clearly, not loudly or too fast.
- Lower tones are often heard better.
- Allow the client time to understand.
- Speak at eye level so the client can see your facial expression.
- Encourage touching of the pet.

Impaired Judgment –

The client may love your pet, but may hurt him while petting by squeezing or pulling. Monitor both client and pet closely. Assist client with appropriate petting.

Medications –

Some medications may affect perception by the client or may cause slurred speech, drooling, confusion or drowsiness.

Visually Impaired –

- Tell the client who you are and what kind of pet you have.
- Ask first, and then assist with placing the client’s hand on pet.
- Describe color, body part (head, back, paw, etc.), length and type of fur.

Mental Illness –

Most of our mental health clients are in an acute unit for a short stay. Some are chronically ill and are in residential treatment. The youth with behavior problems or emotional disturbances, or the corrections facility clientele, may have a history of violence. However, when we see them, they have to have demonstrated self-control and earned merits to come on the visits. Staff is to ALWAYS be present when visiting with mental health clients or children. Generally, our clients may be depressed or schizophrenic. Some are on medication with obvious side effects (drowsiness, slurred speech, short attentions span, etc.) Most are in a somewhat fragile emotional state. However, there is a potential for disruptive or “acting out” behavior. Your first priority is to protect your pet. Always be watchful of someone becoming stressed or agitated. Some adolescents may make bizarre statements to see your reaction (“We throw kittens in front of cars to watch them get squashed.”) In a situation like this report such comments to the staff and focus on the clients who are behaving more appropriately. If a client gets down on their knees and starts barking at your dog, leave the area promptly. This is an accident about to happen. Overall, most of the mental health

clients we see are very much like the people you meet every day and are happy to see you and your pet.

14) VISIT ETIQUETTE:

Conversation – Keep all conversations generic. Do not ask “What are you here for?” or talk about controversial topics like politics, etc.

Pet Toys – Volunteers may bring toys for the pets to play with allowing interaction with the clients.

- Toys should be smooth-surfaced, non-absorbent (plastic) that are easy to dry off.
- No balls unless in a gymnasium
- Bring several toys so clients don’t have to grasp a slimy toy.
- Nerf type toys are not allowed.
- When playing with toys that are caught and returned by your pet, let the client roll or toss the toy with your pet returning it to you to wipe off before the client tosses it.
- No games of tug are allowed.

Tricks - You are encouraged to teach your pet tricks, as clients generally really enjoy this. Teaching your dog to “shake hands” can be risky. We don’t want dogs accidentally scratching a client with their paws. Don’t let the client shake hands with your dog. No “Bang, you are dead” tricks. Do not make a joke of shooting your dog. You can do the same trick with “night night” or “take a nap”.

Sniffing and Licking – Do not encourage your pet to give kisses. If a client asks for a kiss, just say “I’m sorry, he/she does not like to give kisses.” Licking once or twice is OK, but not excessive licking. Have a sanitary wipe with you to offer the client if your pet licks.

Food – It is a good idea to bring treats with you at least the first several visits so your pet gets a positive association with the new environment, sights, sounds, etc. If you allow a client to give your pet a treat, make sure the client offers the treat with an open palm. Do not let your pet take a treat that is pinched between a client’s fingers. Do not allow anybody to give your pet food, other than what you brought for him/her.

Bedside Manners –

- When entering a room, always knock first and identify yourself and ask if the client would like a visit from you and your pet.
- If a door is closed or a curtain is pulled around a bed, walk on by unless accompanied by a staff member that asks you to visit.
- Some facilities might encourage you to visit clients that are sleeping so that they stay active during the day and are able to sleep at night. But don't make this assumption on your own.
- If a client reacts negatively to you and your pet, leave quickly on a positive note- "Thank you, have a nice day".
- If you need to move a bedside tray, wheelchair or walker, ask permission first and be sure to place it back where you found it when you leave.
- You can use a chair or a knee to have your dog put his feet up on. In some instances, you can have your dog put his paws on the bed, if the staff says it is OK. Don't take the client's word for it. Ask a staff member. If you do this, be sure to place a towel under your dog's feet.
- Small pets can be placed on the bed if it is approved by staff. But be sure to place a towel down first.

Surroundings –

Always be aware of your surrounding space as you move around. Wait for others, or visit with a client, staff or visitor. If your dog is off leash (demonstrations, fetch, etc.), watch closely for clients who might move through the area. When in a congested area keep your pet close to you. Short leashes are recommended for larger dogs.

Fearful Clients –

- Keep your pet on your side farthest from any client that is fearful.
- Attempt a pleasant exchange "We don't mean to upset anyone; Just wanted to say hello; We'll try to stay out of your way."
- Do not try to convince a client that your pet is sweet and harmless or push to have a client touch your pet.

Discipline – Visits are not training sessions. Your pet should be under control and relaxed. If your pet is misbehaving, avoiding being petted or seems uncomfortable, end

the visit. Absolutely NO PHYSICAL CORRECTIONS are to be used while on a visit. Remember the visit starts when you exit your vehicle and ends when you exit the facility grounds. Use treats, your voice, toys and your energy to maneuver your pet into place.

Doorways - As you navigate the facility during your visit, remember – Safety First. Never let your dog walk through a doorway first. You never know what is on the other side of the door or in the hallway. There may be a food tray or scared patient on the other side. Always have your dog Wait at doorways until you confirm the path is clear.

Elevators - Always stand at least 3 foot away from elevator doors. This allows other people the space to enter/exit without having to get too close to your pet. Always ask for permission before entering a full elevator. Someone on the elevator may be afraid of dogs. Don't let your dog's first exposure to an elevator be during a visit. Elevators can be very scary for some dogs. Take the time to introduce and desensitize your dog to elevators BEFORE your 1st visit.

15) INCIDENT PROCEDURES:

Any time clients or staff at any of the facilities we visit express concern or alarm about our volunteer teams, pets or people, PFL takes their concerns very seriously. No matter how careful we are, if they claim something is wrong, we will investigate it. We are serving at their invitation. Their concerns must be our concerns. We take concerns from our volunteers just as seriously. If you are uncomfortable, unwelcome, or have any concerns about any facility that you visit, please report it to the office immediately.

When there is a concern or incident, an Incident Report will need to be completed by all parties and witnesses involved and turned into the PFL office. The PFL Incident Report Review Panel consists of the Program Director, an Evaluator and any other persons the Program Director determines will add a valuable, objective perspective, relevant to the incident. These individuals will be chosen by the Program Director as he/she deems necessary. The members of the panel will review the report, give their opinions, and discuss appropriate measures to rectify the problem.

The Program Director will give the decision to the persons involved for consideration, including the Recreation Therapist/Activities Director at the facility. The Program Director will then assure that the proposed, accepted measures are followed.

16) ABUSE REPORTS:

When there is an indication of abuse of a client, either by appearance or a statement by the client, these should be taken seriously and should not be reported to the facility staff, but to the state Ombudsman or state citizens' organization or to the PFL Program Director.

State of Missouri Dept of Health & Senior Services Hotline
1-800-392-0210
www.health.mo.gov

Kansas Elder Abuse Hotline
1-800-922-5330
www.dcf.ks.gov

17) FINAL CONSIDERATIONS:

Feel free to ask for help from the staff, family members or other volunteers. Be realistic. Remember you cannot help everyone. There are bound to be frustrations at various times. Keep your sense of humor and SMILE.

Share your questions, concerns or comments (positive or negative) about your visits with the Program Director. We love to hear about your special moments when you and your pet make a special connection with a client.

18) Incident Report

INCIDENT REPORT

Reporting Party: _____
Date of Report: _____
Name: _____ Phone: _____ Email: _____
Pet's name(s) if involved in incident: _____

Incident Details

Date of Incident: _____ Time of Incident: _____
Location of Incident: _____
Address: _____
Where did incident happen (room/unit #, building): _____
Names of persons directly involved in the incident:

Names of pets directly involved in the incident:

Describe incident, specify spatial relationships between people and pets, what happened directly before, during and after incident with as much detail as possible (use additional paper or back of form if needed):

Were there any injuries to people or pets? Yes ___ No ___ If yes, please describe:

Was a physician or veterinarian notified? Yes ___ No ___ If yes, please give name and phone number:

Describe any treatment, inpatient or outpatient, hospitalization required:

First aid given? Yes ___ No ___ If yes, please describe

Witnesses: _____

Signature

Date

Print Name

19) Why, When, and Who to Count

Why are the counts important?

Although the quality of our visit is our #1 priority, the only way we can continue to make a difference for our clients is through donations and grants. Being able to report to our benefactors how many people's lives we enrich can help us obtain grants.

When to count?

Please count at all Facility Visits – Nursing Homes, Schools, Hospitals, and Special Events- that have an educational or therapeutic purpose, also R.E.A.D sessions and Leash Pals events.

We do not count at promotional events i.e. Dog'N'Jog, Pooches on the Parkway where we have a booth or table set up to inform the community about our services.

Who to count?

Facility Visits - Everyone (staff, residents, visitors) that interact with you or your pet with more than a mere passing smile and brief hello. If they ignore you and only pet your pet, they count.

Special Events - Count everyone who is attending, if a small organized group such as a class, or Boy Scout Troop. If it is a meet and greet in an open area then count how many people you or your pet interacted with.

R.E.A.D. Sessions – Count children that you read to or that read to your pet. You may also count siblings or friends of the child reading if they are sitting and listening to the story and benefitting from the experience.

20) Visit Data Form

Facility:

Phone: Contact:

Although the quality of our visits is our #1 priority, the only way we can continue to make a difference for our clients is through donations and grants. Being able to report to our benefactors how many people’s lives we enrich will help us obtain grants...please let us know how many lives we touched today by email, fax or phone.

Date	Volunteer	Pet	Adults	Youth

Comments/Concerns:

Signature of Contact: _____

21) Volunteer Manual Test

Please bring your completed test to your Volunteer Team Evaluation or email your answers to Pets for Life office at petsforlife@kcpetsforlife.com

1. List 3 benefits that a client receives from Animal Assisted Therapy.

2. Volunteers are not allowed to bring toys or treats with them to visits.

True ___ False ___

3. Aphasia is

Unable to use speech

Unable to learn new things

Unpredictable behavior

4. A _____ should be filled out and returned to _____ any time there is a problem during a visit.

5. What is the weight limit of pets that will be placed in a Client's lap?

6. What should you do if a Client, staff member or guest reaches for your pet's face and starts to "go in" for a kiss?

7. When was Pets for Life founded? _____

8. How many visits must a volunteer commit to? _____

9. Who founded Pets for Life? _____

10. How old must dogs be to be a therapy pet? _____

11. How old must cats be to be a therapy pet? _____

12. What should you do if a client becomes agitated or belligerent?

13. Who must accompany you any time you visit in a client's room?

The client's family member
A staff member
We are not allowed to go into clients' rooms

14. What is your #1 priority when visiting with Clients? _____

15. Should you help a client scoot up in bed or get up to go to the restroom?

True ___ False ___

16. You can visit any facility you like with your pet under the Pets for Life name.

True ___ False ___

17. Who can hold your dog's leash or your cat (or their leash) other than yourself?

18. It is OK for your pet to lick a Client?

True ___ False ___

19. Instead of asking a client "What was your pet's name?" instead ask something like

20. Tricks are great, especially "shake." We encourage Clients to ask your dog to shake.

True ___ False ___

21. Name 3 signs that your pet may be too stressed to continue a visit.

22. It is OK to talk to the elderly as though they were children?

True ___ False ___

23. If your pet is on someone's lap, it is OK to go have a seat while they visit?

True ___ False ___

24. How is PFL funded?

25. Why is it important to keep track of how many people you and your pet visit?

26. Circle all equipment/training that is NOT ALLOWED.

Flat buckle collar - Choke chain - Pinch collar

Leather leash - Retractable leash - Bandana

Physical Corrections - Chain leash - Martingale collar

Food lures/rewards - Shock collars - Vest

No-pull harness - Head halters - Costumes