



**DEFENSE HEALTH NETWORK - EAST
MARTIN ARMY COMMUNITY HOSPITAL
6600 VAN AALST BLVD
FORT MOORE, GEORGIA 31905**

MACH Regulation
Number 40-905

OCT 09 2024

ANIMALS IN THE HEALTHCARE SETTING

SUMMARY. The proponent of this regulation is Department of Public Health. Users are invited to send comments and suggested changes directly to the proponent.

1. KEY POINTS.

a. Any animal brought into Martin Army Community Hospital (MACH) requires the MACH Director's approval. The MACH Director is the sole approval authority for Animal Assisted Therapy, Animal Assisted Activities, all other animals in hospital programs at MACH, and any animal within MACH (per paragraph 6a (1)).

b. Before seeking the MACH Director's approval for animal access to MACH, that animal must first be approved for access to MACH by the Fort Moore Veterinarian Clinic (per paragraph 6j).

c. Standards for verifying, when appropriate, the status of a potential service animal by asking only two questions (see 1c (1) and 1c (2)). Any personally identifiable and disability information collected, maintained, and/or stored pursuant to this instruction will be safeguarded in accordance with References (r) and (s), as applicable.

(1) "Is the service animal required because of a disability?" and

(2) "What work, or task has the service animal been trained to perform?"

d. Pets are not allowed.

e. Service animals in training are not allowed in MACHs military treatment facilities (MTF) but may be granted access with the approval of the MTF Director.

f. Service animals when properly documented and specifically trained to aid a person with a disability, are welcome.

2. PURPOSE. This regulation outlines the policies and procedures for animal access to Martin Army Community Hospital, to include service animals for the disabled, animals participating in the human bond (HAB) programs: animal assisted therapy (AAT), animal assisted activities (AAA).

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3. **SCOPE.** This regulation applies to Martin Army Community Hospital, Fort Moore, Georgia, and its satellite medical treatment facilities.

4. **REFERENCES.**

- a. Technical Med 4, DOD Human-Animal Bond Principles and Guidelines, August 3, 2015
- b. DoD Instruction 1300.27, "Guidance on the Use of Service Dogs by Service Members," January 7, 2016
- c. Title 28, Code of Federal Regulations (CFR) 35.136 and 35.104
- d. Title 38 Code of Federal Regulations (CFR) 1.218
- e. American Red Cross Program for Assistance Dogs and Animal Visitation Program Handbook
- f. "Memorandum of Understanding between the Department of Justice and the Department of Defense: Status of Certain American Red Cross Volunteers," retrieved from <http://www.militaryonesource.mil/12038/MOS/MWR/PR000613-09REDXMOU.pdf>
- g. Public Law 93-112, 87 Stat. 355, "The Rehabilitation Act of 1973," September 26, 1973, Section 504 of the Rehabilitation Act, 29 USC 794
- h. Public Law 101-336, Americans with Disabilities Act (ADA) of 1990, amended by Pub Law No 110-325 and codified at, 42 U.S.C Ch. 126 and 47 U.S.C Ch. 5, January 1, 2009
- i. Title 40, United States Code 3103
- j. Title 42 United States Code §§ 12101 et seq.
- k. Department of Justice, Disability Rights Section Guidance and Frequently Asked Questions on the ADA
- l. DODI 8170.01 "Online Information Management and Electronic Messaging," dated August 24, 2021
- m. DOD Directive 5200.31E, "Military Working Dog (MWD) Program, dated September 21, 2020
- n. DHA-AI 6025.37, "Animal Access to Defense Health Agency Administered and Managed Facilities"
- o. DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs", March 13, 2019
- p. VHA Directive 1188 (1) Animals on Veterans Health Administration (VHA) Property, Amended April 25, 2019
- q. Assistance Dogs International (ADI), Member Search, <https://assistedogsinternational.org/about/who-we-are/>
- r. DoD 5400.11-R, "Department of Defense Privacy Program, May 14, 2007, as amended.
- s. DODI 1000.15, "Procedures and Support for Non-Federal Entities Authorized to Operate on DoD Installations", dated October 24, 2008

t. DODI 3216.01, "Use of Animals in DOD Conducted and Supported Research and Training, dated March 20, 2019

v. VHA Directive 1178 "Animal-Assisted-Interventions and Services", dated February 23, 2024

2. **EXPLANATION OF TERMS.**

a. **Animal Assisted Activity (AAA).** An activity that provides animal interaction to enhance quality of life. This is not tailored to a particular person or medical condition. Consistent with section 1.218 of reference (d), AAA involves dogs in activities to provide patients with casual opportunities for motivational, educational, recreational, and/or therapeutic benefits. It is not a goal-directed clinical intervention that must be provided or facilitated by a MACH therapist or clinician, and it is not necessarily incorporated into the treatment regimen of a patient or documented in the patient's medical record as treatment.

b. **Animal Assisted Therapy (AAT).** Consistent with section 1.218 of reference (d), AAT is a goal-directed clinical intervention, as provided or facilitated by a MACH therapist or clinician, that incorporates the use of a dog into the treatment regimen to improve physical, social, emotional, and cognitive function. The intervention goals are designed, documented, and tracked by a human health care professional for each patient. They must facilitate achievement of patient-specific treatment goals, as documented in the patient's treatment plan.

c. **Disability.** Consistent with paragraph 1.218 of reference (d), a disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more major life activities of the individual; a record of such an impairment; or being regarded as having such an impairment.

d. **DOD Installation.** Consistent with DoDI 1000.15 of reference (t), A base, camp, post, station, yard, center, homeport facility for any ship, or other activity under the jurisdiction of the Department of Defense, including any leased facility or, in the case of an activity in a foreign country, under the operational control of the Department of Defense. This term does not include any facility used primarily for civil works, rivers and harbor projects, or flood control projects.

e. **Handler.** A handler is an individual who works in collaboration with a specially trained animal (dog).

f. **Human Animal Bond (HAB) Program.** Programs involving interactions between people and animals, their attachments, and the significance of the HAB in people's mental, social, and physical health. HAB programs include AAA and AAT.

g. **Other Animals.** All domestic or wild animals that are not service dogs, AAT, AAA, facility dogs, or military working dogs, which includes pets, therapy, companion, and emotional support animals.

h. **Personal Pet.** Any animal owned by an individual not meeting the definition of AAA animal, AAT animal, or service animal.

i. **Recovering Service Member (RSM).** Per reference (g), a member of the military services who is undergoing medical treatment, recuperation, or therapy and is in an inpatient or outpatient status, who incurred or aggravated a serious illness or injury in the line of duty, and who may be assigned to a temporary disability retired or permanent disability retired list due to the Military Department's disability evaluation system proceedings.

j. **Service Animal (Dog).**

(1) **For Recovering Service Members**, per reference (b), "A dog obtained from an accredited service dog organization approved by the VA that is individually trained to do work or perform tasks for the benefit of an individual with a physical or mental disability. The dog is trained to respond to a verbal command or condition of the qualified Service member. Other species of animals, whether wild or domestic, trained or untrained, are not service dogs for the purposes of this definition. Dogs that are 'in training' or whose sole function is to provide emotional support, comfort, therapy, or companionship are not service dogs."

(2) **For Non-Recovering Service Members**, per section 35.104 of reference (c), "Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the individual's disability."

k. **Service Animal (Dog) Organization.** A qualified nongovernmental organization that trains and certifies dogs to perform responses (tasks) to meet the needs of a handler.

l. **Service Animal (Dog) Tasks.** The work performed by a service dog that is directly related to the owner/handler's disability. This is a trained behavior that the dog does on cue or commands to mitigate its handler's disability. Examples include, but are not limited to, verbal cues ("take it"), a hand signal (pointing at an object to be retrieved), something in the environment (a car in the road or an alarm clock ringing), and/or some behavior exhibited by the handler or another person (falling to the ground, hand shaking, or emitting odor of low blood sugar or impending seizure).

m. **Suitability Assessment.** A process that normally involves a formal application, medical forms, reference letters, an interview, orientation, training and final judgment by the nongovernmental organization's review board regarding service member suitability for a service animal (dog).

3. **RESPONSIBILITIES**

a. **MTF DIRECTOR.** The Director shall:

- (1) Maintain the sole approval authority for designated Human Animal Bond (HAB) programs: Animal Assisted Therapy (AAT), and Animal Assisted Activities (AAA), to include any and all other animals in hospital programs or on property at MACH MTF's. Any animal brought into MACH MTF's requires the MTF Director's approval.
- (2) Ensure there are proper processes and procedures in place to allow for appropriately trained and certified dogs to be permitted in authorized parts of the hospital.
- (3) Ensure the health and safety of patients, staff, visiting dogs, and dog handlers.
- (4) Grant exceptions to this policy, as needed. An example would be granting access to MACH facilities for those individuals involved in training service dogs in an accredited program. MACH Director may grant an exception to policy to accommodate an emotional support dog on MACH property that is prescribed within the calendar year by an appropriately licensed mental health provider. If such an exception for the emotional support dog is given, that exception would only apply for MACH properties and only for a designated timeframe.

b. **MACH CHIEF, OCCUPATIONAL THERAPY.** The MACH Chief, Occupational Therapy (OT) shall oversee this policy.

c. **MACH HUMAN ANIMAL BOND COORDINATOR(S).** The MACH Human Animal Bond Coordinator(s) shall provide day-to-day direction for this policy.

d. **MACH DEPARTMENT CHIEFS AND SERVICE CHIEFS.** The MACH Department Chiefs and Service Chiefs shall work with the Occupational Therapy Chief, Human Animal Bond Coordinator(s) and individuals in other appropriate offices to monitor animal access to MACH facilities and notify patients and visitors of this policy.

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e. **MACH VOLUNTEER SERVICES LEAD**. The MACH Volunteer Services Lead shall:

(1) Oversee the Volunteer Services Animal Visitation Program at MACH. Dogs in this program are predominantly used as part of AAA.

(2) Ensure that only appropriately qualified individuals serve as Volunteer Services' volunteer dog handlers for the MACH Volunteer Services Animal Visitation Program.

(3) Ensure that only appropriately qualified and certified dogs provide services as part of the MACH Volunteer Services Animal Visitation Program.

f. **MACH STAFF**. The MACH Staff shall:

(1) Communicate with any AAA/AAT handler about patients who should not be visited by a dog. Examples of this type of patient would be those who are or who are suspected of becoming violent, who are emotionally unpredictable, who are allergic to dogs, who are afraid of dogs, who are in isolation (i.e., contact precaution) rooms, and/or who are in pre/post-operative recovery, or sterile areas.

(2) Engage in proper hand hygiene whenever around any animal in the facility.

(3) Coordinate, as needed, on palliative pet visits.

(4) Inform patients and visitors of this policy.

(5) Complete requisite paperwork and notify individuals listed below should a patient, visitor, or staff member be bitten or injured by any dog in the hospital:

a) Notify the attending provider.

b) Notify the Human Animal Bond Coordinator.

c) Notify Public Health Nursing (PHN), complete the Department of Defense Form (DD Form) 2341, "Report of Animal Bite—Potential Rabies Exposure". The DD Form 2341 requires a sequence number, and Public Health should maintain the log.

d) Notify Patient Safety/Risk Management and Complete the electronic patient safety report.

e) Notify Hospital Safety and Occupational Health and Complete the Injury Report form.

f) Notify MACH Legal Office/Representative.

g) Work with Chief, Occupational Therapy with issues concerning animals (dogs) on MACH properties and whether they meet criteria for access.

g. **SERVICE and HAB Program DOG OWNERS/ HANDLERS.**

Animal (Dog) Owners and Handlers shall:

(1) Obtain written approval from the MTF Director for their animal (dog) to access MACH medical treatment facilities (MTFs).

(2) Obtain **annual verification** from the FT Moore VET Clinic or designated alternate:

a. Indicating that the animal (dog) is free of apparent infection and contagious diseases, parasites, such as fleas, ticks and worms (**DD Form 2209 or equivalent**).

b. The animals' (dog) immunizations must be current (**DD Form 2208 / DD Form 2343 or equivalent**).

c. The animals' (dog) temperament must be evaluated and deemed appropriate to ensure that the animal is a suitable candidate for access to MACHs

MTF's.

d. Documents verifying animal (dog) suitability should be completed as close as possible to the time of the actual visit but no more than 15-days prior to the first visit.

e. The FT Moore VET Clinic veterinarian must review and approve all documents for the animal (dog) to have access to MACH MTF's.

(3) Complete all required training for themselves and their animals. This includes the MACH Volunteer Services orientation.

(4) Provide written proof that the dog(s) they are handling is/are covered with liability insurance. The handler is responsible in a court of competent jurisdiction for misconduct by either themselves or their dog that results in illness or injury to a patient, visitor, staff member, or other dog. The handler will also agree to sever MACH from any joint liability and to indemnify and hold harmless MACH, the DoD, and the United States with respect to claims for damages arising from the participation of the handler and or dog in the animal assisted activity dog therapy program. Volunteer Services' Handlers must also provide Volunteer Services any changes to the insurance coverage.

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(5) Ensure that the handler and the dog are feeling well for a full 24 hours before visiting at the hospital.

(6) Clean up and remove any animal waste.

(7) Immediately remove any dog if the patient, visitor, or staff responds negatively.

(8) Ensure that the HAB (AAA/AAT) animal (dog) remains in control and is housebroken.

(9) Perform proper handwashing/hygiene.

(10) For any government employee, properly account for the time that she/he is away from primary duties to serve as the handler.

(11) Follow the provisions in this instruction concerning the handling of an HAB (AAA/AAT) animal (dog).

(12) Comply with any specific requirements of the program for which they belong.

For instance, Volunteer Services' handlers will follow the terms and conditions as required by Volunteer Services. *The MACH Volunteer Services' Office has separate procedures for a Volunteer Services' handler to report an injury.*

h. **INFECTION CONTROL.** Infection Control shall work closely with hospital staff (including Volunteer Services' volunteers) to ensure adherence to the training guidelines that maintain proper infection control procedures.

i. **FORT MOORE VETERINARY SERVICES.** Approve animals for access to MACH MTF's per policy as outlined in the TB Med 4, which includes, but is not limited to, immunizations, disease check, sanitary condition check, temperament and provide handlers with an appropriate health certificate (DD 2209).

4. PROCEDURES

a. Provision of animal-related services for MACH beneficiaries

(1) **Service Animals (Dogs).**

(a) Active-duty service members (including activated reserve component personnel) being considered for a service animal must have a **Permanent (P3) profile** in one or more of the PULHES categories and must have command approval from the

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first O-6 in their chain of command to obtain a service animal. Appeals of denials must be adjudicated (approved or disapproved) by a GO.

(b) Further suitability of an eligible beneficiary for a service animal will be determined by a multi-disciplinary team (MDT) led by the beneficiary's primary care manager (PCM). This team would ideally include other healthcare professionals such as (but not limited to) behavioral health providers, physical therapists, occupational therapists, Physical Evaluation Board liaison officers, Veterans Affairs Military Services coordinators, veterinarians, and Warrior Transition Unit staff. The MDT will determine such suitability by first considering whether a service animal would likely mitigate a specific disability.

(c) Once a determination is made that a service animal would likely benefit the individual, the beneficiary will be referred to an accredited service animal provider to determine his or her fitness for service animal ownership. The results of the fitness assessment will be provided to the MDT, at which time the PCM may prescribe the service animal for the service member. Recommendation/prescription for a service animal is not a guarantee of animal acquisition.

(d) The MACH is not responsible for procurement of service animals. Accredited private service animal organizations will be permitted to provide service animals on a voluntary basis. Accredited private service animal organizations include those approved by the *International Guide Dog Federation or Assistance Dogs International*.

(e) Eligible service members must receive requisite orientation and training from approved providing/procurement organizations prior to taking possession of a service animal.

(f) Service members acquiring a service animal must provide a service animal care plan to his/her commander and must maintain and update such plan annually.

(g) Service members must ensure that proper identification is clearly displayed on the service animal when the animal is in service or performing tasks.

(h) Owners/Handlers of a service animal must comply with the policies and procedures outlined in 6 (g) when bringing a service animal into the MACH.

(2) Human Animal Bond (HAB) Programs: Animal-Assisted Therapy(AAT), and Animal-Assisted Activities (AAA)

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(a) The Chief, Occupational Therapy will designate a Human-Animal Bond (HAB) Coordinator to provide oversight of AAT and AAA programs offered by the MACH. The HAB Coordinator will ensure AAT and AAA programs are executed in accordance with this policy.

(b) Any AAT and AAA service offered by the MACH must be offered as a part of an officially sanctioned HAB therapy program. This includes services provided within the MACH, as well as programs and activities external to the MTF. In order to be an officially sanctioned HAB therapy program, the program must meet all the following conditions:

(i) Animals utilized by the program must be provided a health certificate annually by Veterinary Services as having up to date vaccinations, being disease free, being of a size and type appropriate to their purpose and meeting the temperament and other behavioral requirements detailed as follows and in TB Med 4. It is the animal owner's or handler's responsibility, to include fiscal responsibility, to obtain the appropriate health certificates, immunizations, etc.

(ii) HAB programs must be directed by a team comprised of at least one MACH representative (the HAB Coordinator) and one Veterinary Corps officer.

(iii) HAB programs must meet all standards set forth in AR 40-905 Veterinary Health Services, dated August 29, 2006.

(iv) HAB programs must be approved by the FT Moore VET Clinic veterinarian for final sanctioning.

(v) Animals must be acquired from a VA recommended, certified trainer, or training program.

(c) AAT offered to a patient must be prescribed by a medical provider and documented in the patient's medical record.

(d) Owners/handlers of therapy animals and activity animals must comply with the policies and procedures outline in 6 (g) when bringing an animal into MACH.

b. General policies and procedures regarding animals within the MACH.

(1) Animals will be under constant control by the owner/handler. All dogs must be on a leash when visiting any area of MACH. As an exception, another person may be designated to care for a service animal when the owner/handler must enter a portion of MACH where animals are unauthorized. **All cats and other small animals must be carried in a suitably clean pet carrying device.**

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(2) It is the sole responsibility of the owner/handler of any animal entering MACH to provide care (including veterinary care) and stewardship of the animal, to include feeding, watering, exercising, toileting, and waste removal. Clean up of animal urine or feces requires the use of gloves, leak resistant plastic bags, and a MACH-approved disinfectant on all contaminated surfaces.

(3) MACH personnel must be empowered to remove an animal from the facility if the animal appears sick or potentially infectious or if it demonstrates temperament or behaviors that are perceived to be a threat to the safety of others.

(4) MACH staff will always encourage and maintain good hygienic practices when interacting with animals within MACH. Staff and other patients will wash hands after touching animals that are brought into the MACH as service animals or for the purposes of AAT or AAA.

(5) Animals will not be permitted in the following areas:

- a. Food preparation and food storage areas
- b. Eating areas during meals (except for service animals)
- c. Laundry rooms
- d. Medication preparation areas
- e. Perioperative areas (OR and PACU)
- f. Isolation precaution rooms
- g. Newborn nursery
- h. Areas where equipment is reprocessed and/or sterilized
- i. Any area where strict sanitation precautions are necessary

(6) When visiting patients, owners/handlers must prevent animals from contacting sites of invasive devices, open or bandaged wounds, surgical incisions, or other breaches in skin, or medical equipment.

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(7) In the event a staff member, patient, or visitor has a known allergic or asthmatic reaction to an animal, MACH staff are expected to take reasonable steps to ensure that any potential harm is minimized by temporarily moving the appropriate staff, patient, or visitor to another area or by making other reasonable modifications, to include restricting the animal's access to specific areas of the Medical Treatment Facility (MTF).

(8) Any questions or concerns regarding the health or safety of an animal will be referred to the HAB Coordinator and discussed with the installation veterinary officer.

(9) Animals other than service animals may not be marked to look like service animals to the casual observer.

c. **Specific policies and procedures for use of service animals within the MACH.**

(1) **GENERAL PROVISIONS.**

(a) As a federal facility, the Rehabilitation Act, reference (g), applies to MACH and its facilities. However, that law incorporates provisions, concerning service dogs and accommodations of them, from reference (h), the Americans with Disabilities Act (ADA). Courts analyze alleged violations of the Rehabilitation Act with the ADA, and reference (g) specifically mentions the ADA. For a service animal to operate or be utilized at MACH, it must be independently certified to ensure consistency. Certification must come from an organization accredited by Assistance Dogs International (ADI) or the International Guide Dog Federation (IGDF). If a service dog is not certified by ADI or IGDF, the MACH MTF Director has discretion to grant a waiver. An individual with a dog that is not ADI or IGDF certified must request a waiver in writing (waiver form and procedures – see **Enclosure 4**). Waivers are granted on a case-by-case basis. Therefore, for purposes of this policy, and unless otherwise modified by higher headquarters authority and/or mission requirements, MACH will follow reference (h) as well as the Department of Veterans Affairs (VA) provisions concerning access to MACH property.

(b) As outlined below, the definition of a service dog, by regulation, varies depending on whether the service dog handler is a Recovering Service Member (RSM) or not.

(c) **Recovering Service Members (RSM's):**

(i) Per reference (b), MACH staff, including those in primary care, care management teams, and in the Occupational Therapy Department, assist RSMs in the determination that they have a medical condition that requires the services of a dog for Activities of Daily Living (ADL). The purpose of a service member acquiring a service dog is to assist the service member with public access or the ADL while he or she

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remains on active duty or while transitioning. The service member's chain of command must approve the assignment of the service dog.

(ii) Once a determination has been made that the RSM is entitled to the use of a service dog, they are appropriately counseled, and have an approved service dog, MACH will grant the RSM, and the service dog, MTF access and accommodation to the greatest extent possible commensurate with health and safety, per reference (b).

(iii) For RSMs, a service dog is one obtained from an accredited service dog organization, approved by the VA or other governmental approval agency, and that is individually trained to do work or perform tasks for the benefit of an individual with a disability. The dog is trained to respond to a verbal command, hand gestures, or condition of the RSM.

(iii) Other patients or visitors at MACH who need service dogs but are not RSMs.

(d) For their purposes, MACH will follow the ADA's definition of a service dog, which is a dog that has been individually trained to do work or perform tasks for an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. The task(s) performed by the dog must be directly related to the person's disability. The dog must be trained to take a specific action when needed to assist the person with a disability. For example, a person with diabetes may have a dog that is trained to alert him/her when their blood sugar reaches high or low levels. A person with depression may have a dog that is trained to remind him/her to take their medication. Or a person who has epilepsy may have a dog that is trained to detect the onset of a seizure and then help the person remain safe during the seizure.

(e) These individuals will also be given facility access and accommodation to the greatest extent possible commensurate with health and safety.

(f) Should a service dog be required, as part of a "*reasonable accommodation*" for a member of MACH's workforce, under the ADA, the Rehabilitation Act, or the Equal Employment Opportunity Act, those accommodations will be negotiated and annotated in writing as part of the individual's employment and personnel file and managed by the individual's workplace supervisor. **The ADA definition of service dog will apply.**

(g) Dogs that do not meet the definition of a "service dog" yet remain in the possession of an individual are defined as "companion animals" or "pets" for purposes of this instruction.

(h) **“Companion animals” or “pets” are not service dogs and are not authorized in MACH** unless somehow meeting requirements for another cadre of dog in this instruction.

(i) **The provision of emotional support, wellbeing, comfort, companionship, or crime deterrence will not qualify a dog as a service dog.**

(j) The MACH Director may, but is not required to, grant an exception to policy to accommodate an emotional support dog within MACH properties that is prescribed within the calendar year by an appropriately licensed mental health provider. If that exception is given, the owner of the dog must always have the exception to policy with them and MACH staff may request documentation for the patient in this case. At no time will MTF operations be disrupted, nor will the emotional support dog's presence compromise patient care, patient safety, or infection prevention and control procedures.

(k) The MACH Director has discretion to grant trainers with service dogs in training access to MACH facilities, provided that the training is occurring under the auspices of an accredited program. Otherwise, service dogs in training are not considered service dogs.

(l) Should someone (a member of the MACH workforce, patient, visitor, etc.) be allergic to any service dog, care will be taken to make reasonable accommodations for that other person. For instance, one may be moved to a different location within a room or a different room in MACH, with minimal amount of disruption to normal operations.

5. RESPONSIBILITIES OF ALL SERVICE DOG OWNERS/HANDLERS INCLUDING RSMS, PATIENTS, VISITORS, OR STAFF MEMBERS.

a. Obtain approval from the MACH Director for their animal to access MACH MTF.

b. Obtain approval for their animal to access MACH from the Fort Moore Veterinarian Clinic.

c. Consistent with section 35.136 of reference (c) and section 1.218 of reference (d), service dog owners/handlers must ensure their dog wears a harness, leash, or other tether, unless the handler is unable, because of a disability, to use a harness/leash/tether or the use of the harness/leash/tether would interfere with the service dog's safe and effective performance of work or tasks. If that is the case, the service dog must be under the handler's complete control through voice, signals, or other effective means. Per section 1.218 of reference (d), service dogs are not permitted to run free or roam in a building or on the property.

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Service dogs on MACH are subject to the same terms, conditions, and regulations as generally govern admission of the public to the property, consistent with section 1.218 of reference (d).

d. Service dogs shall not be left unattended in any MACH facility.

e. Service dogs must be always under the direct supervision and control of the service dog owner/handler while at MACH. Per the ADA, "under control" also means that a service dog should not be allowed to bark repeatedly in a quiet place at MACH. However, if a dog barks just once, or barks because someone has provoked it, this will not mean that the dog is out of control.

f. A treating provider must document, as part of a treatment plan, the need to allow a service dog to remain overnight or in an acute inpatient area for a shorter duration. The service dog remaining during an inpatient stay must be required as an integral part of the treatment provided during the inpatient period. If this occurs, the service dog handler or an alternate handler (and not a member of MACH's workforce or volunteer) must be responsible for control of the service dog and the care of the service dog, always. The patient is responsible for arranging for the service dog's care; in accordance with the service dog care plan, while the patient is admitted as an inpatient, or if emergency treatment is needed. Should something arise and the patient is not able to make these arrangements, MACH staff can attempt to assist with making arrangements or executing the care plan by contacting any alternate handlers the patient had previously identified (if known) or the MACH Volunteer Services' office during normal business hours. However, there is no guarantee that the Volunteer Services' office can/will provide or arrange such care. Local emergency veterinarians or animal clinics may need to be called to make arrangements, which is consistent with VA policy and the ADA. Before MACH staff makes arrangements, the patient must be given the opportunity and attempt to execute the care plan for the service dog. Nonetheless, MACH will not assume responsibility for the care of the service dog.

g. Service dog owners/handlers are solely responsible for providing care (including veterinary care) and stewardship for their service dogs, to include feeding, watering, exercise, toileting, and waste removal. Service dogs must be housebroken and must be trained to eliminate its waste in an outdoor area. The handler/owner of such a dog is responsible for proper disposal of all the service dog's waste in a trash receptacle outside the facility.

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h. A service dog may not be excluded based on assumptions or stereotypes about the animal's breed or how the animal might behave. However, no service dog will create a nuisance or otherwise jeopardize the health, safety, comfort, treatment or wellbeing of patients, staff, visitors, or other service or facility dogs. Military Police may be contacted to assist.

6. SERVICE DOG CAUSED INJURIES. To the extent permitted by law, service dog owners/handlers are responsible for any damages or injuries caused by their service dogs. Should a service dog cause an injury, MACH staff will request that the service dog handler/patient provide information related to the service dog's health records (particularly proof of current rabies vaccination), consistent with VA policy.

7. GENERAL INFECTION CONTROL CONSIDERATIONS. Dogs can transmit infectious diseases to humans, and likewise, humans can transmit infectious diseases to animals. Dogs can become transient vectors or carriers of potential human pathogens and could be responsible for cross-infection. Proper infection prevention procedures are always warranted to minimize the risk of transmission between humans and dogs.

a. Every effort should be made to limit any dogs from licking patients, particularly wounds, or medical devices. Service dogs should not be engaging in this behavior.

b. As a rule, service dogs should not be on patient beds, hospital furniture or wheelchairs. If the patient requests the service dog to be on their bed, a barrier (sheet) may be placed on the bed for the animal to lie on beside the patient. The sheet will be discarded into the hospital laundry after each patient use.

c. Patients and staff should not have any contact with dog waste unless required for their duties consistent with this instruction.

d. Any area contaminated by dog urine, feces, emesis, or blood must be cleaned using appropriate personal protective equipment (gloves) and a hospital approved disinfectant. Should this occur, service dog owners/handlers must alert the nearest MACH staff member for assistance in contacting Housekeeping.

e. Scrupulous hand hygiene by patients, family, and staff should take place before and after contact with any service dog.

f. Dogs should appear healthy, clean, well-groomed, and be odor free.

8. LIMITATIONS ON THE ACCESS OF SERVICE DOGS. Consistent with section 35.136 of reference (c) and section 1.218 of reference (d), **a service dog will be denied access to MACH property, or an individual may be asked to remove a service dog from MACH property if one or more of the conditions below occur.** Military Police may be contacted to assist. Per section 35.136 of reference (c) and section 1.218 of reference (d), if a service animal needs to be properly excluded, MACH staff will give the individual with a disability the opportunity to participate in the service, program, or activity at MACH without having the service dog on the premises.

a. The service dog is not under the control of the owner/handler or an alternate handler and the animal's handler or alternate handler does not take effective action to control the service dog.

b. The dog is not housebroken. The dog must be trained to eliminate its waste in an outdoor area.

c. The animal otherwise poses a risk to the health or safety of people or other dogs in the hospital. This assessment will be made on an individual basis and based on, to the extent possible, objective criteria, to include, but not limited to:

(1) External signs of aggression from the service dog, such as growling, biting, snapping, or baring its teeth and or lunging.

(2) External signs of parasites or other external signs of disease or bad health.

d. The service dog goes into an area restricted from access by the service dog. These "off- limit" areas are designed to ensure patient care, patient safety, or infection control standards are not compromised. These areas include but are not limited to:

(1) Operating rooms and surgical suites.

(2) Areas where invasive procedures are being performed.

(3) Decontamination, sterile processing, and sterile storage areas.

(4) Food preparation areas. However, they are allowed in public food service areas.

(5) Any area where an individual must take barrier protective measures to enter. A service dog may be able to go in the emergency room or an examination room if the person with the disability (handler) or an alternate handler is able to

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control the service dog (on a harness/leash/tether/use of voice or other control) and the service dog's presence would not compromise patient care, patient safety, or infection prevention and control procedures, which is consistent with the VA's policy.

9. **CONCERNS.** Individuals concerned about dogs, including whether the dog appears to be an emotional support dog rather than a service dog, should contact the Beneficiary Services. Personnel in that office, will, as needed, coordinate action with appropriate MACH staff, to include service chiefs, department chiefs, directorates, etc.

(a) Consistent with section 1.218 of reference (d) an individual with a disability must not be asked what their disability is, cannot be asked for medical documentation of their disability, and must not be required to provide documentation, such as proof that a dog has been certified, trained, or licensed as a service dog to gain access to MACH property when accompanied by the service dog. However, **an individual may be asked:**

(1) Is the service animal required because of a disability?

(2) What work, or task has the animal been trained to perform?

(b) When it is not obvious that a dog is a service dog, MACH adopts the way the VA makes this determination, and that is to ask a person the above two questions. Whether the dog is a service dog will be determined based on the person's answers to these questions. If someone presents proof of a dog's "accreditation", training is not an automatic way to gain access. Consistent with the VA's policy, a dog need not be trained by an "accredited" organization to be a service dog that may access MACH property.

10. Specific policies and procedures for the use of Human animal Bond (HAB) Therapy and Activity Animals within the MACH.

(a) Dogs participating in AAA at MACH will only be as part of a MACH Director approved program; the MACH Director retains the right to refuse or limit any such program. At MACH, dogs who participate in AAA do so IAW the MACH Volunteer Services' Program. The MACH Volunteer Services' Lead maintains records on the Volunteer Services' dogs. Individuals wishing to bring a dog into MACH to engage in AAT or AAA will need to speak with the MACH Volunteer Services Lead.

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(b) The goal of a visit by a dog participating in AAA is to enhance quality of life through direct contact and social interaction. AAA interventions are not necessarily tailored to individual patient needs or medical conditions. Medical documentation in the patient's record pertaining to the visit is not required.

(c) Consistent with section 1.218 of reference (d), dogs participating in AAA may be permitted to be present at MACH and at ceremonial events when their presence would not compromise patient care, patient safety, or infection control standards.

(d) Owners/handlers will not leave dogs who are participating in AAA unattended or off leash in any MACH facility.

(e) While inside a MACH facility, dogs participating in AAA must be either (1) held on a leash with six feet maximum length but held close to the handler as not to impede movement by other staff, patients, or visitors or (2) harness and under the direct control of the owner/handler always. Anyone has authority to require an owner/handler to remove a misbehaving AAA dog (barking, growling, lunging, begging for food, uncontrollable by the handler, etc.) from the local area. If necessary, personnel should contact Patient Relations or Military Police for support in this matter.

(f) If, at any time, anyone observes a dog who is participating in AAA to appear sick, infected or demonstrate a change in temperament, that individual should contact MACH staff, who will assist in the matter (i.e., informing the owner/handler that the dog must be removed from the premises).

(g) Dogs participating in AAA must be housebroken and must be trained to eliminate its waste in an outdoor area. The handler/owner of such a dog is responsible for proper disposal of all the animal's waste in a trash receptacle outside the facility.

(h) Health and temperament requirements for dogs participating in AAA.

(1) All dogs participating in AAA must have a Pet Partners Therapy Animal certificate, American Kennel Club Canine Good Citizen (Temperament Testing) certificate, American Kennel Club Therapy Dog certificate, or Therapy Dog International certificate. They must have a trained primary owner/handler, see **Enclosures** for documents for trained, authorized, and approved MACH Facility Dog Handlers. MACH Facility Dog Handlers must complete the MACH Facility Dog Handler Training, and they are assigned their activities by the MACH Facility Dog Program Training Coordinator. Personnel from other commands are welcome to participate as MACH Facility Dog Handlers in the MACH Facility Dog Program

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subject to review and approval by the MACH Facility Dog Program Director, the MACH Facility Dog Training Coordinator, and their command. The AAA dog's owner/handler must maintain and provide documentation of the dog's temperament, health, and welfare standards to the MACH Volunteer Services or MACH Facility Dog Program Coordinator. The Volunteer Services' Dog Coordinator, for the Volunteer Services' AAA dogs, and the MACH Facility Dog Manager, for the MACH Facility dogs, will maintain a copy of these records. Should the coordinator have questions about any of the required paperwork that is presented, the coordinator should call a military veterinarian and the dogs will not participate in any AAA activity until the issue is resolved.

(2) Dogs participating in AAA must also receive yearly physical health examinations. Their skin should be free from fleas, ticks, lice, mites, and dermatitis. Teeth and gums should be clean and healthy.

(3) The owner/handler must provide verification that immunizations are current. These include the rabies vaccine and distemper combination vaccine. (The leptospirosis vaccine and Bordetella vaccine are recommended non-core vaccinations). For dogs that cannot receive rabies and distemper combination vaccines due to health concerns (such as an adverse reaction or auto-immune disease), the owner must provide current evidence that a blood titer has been performed to verify that the dog has sufficient antibody present and are "immune."

(4) Fecal examination must be performed to demonstrate that the AAA dog is free from intestinal parasites. There should be negative fecal flotation and negative heartworm tests done within one year.

(5) All AAA dogs must be actively treated with a monthly veterinarian-approved flea and tick preventative and a veterinarian-approved heartworm and intestinal parasite preventative. Owners/handlers should be prepared to provide evidence that the treatment is current.

(6) Consistent with paragraph 1.218 of reference (d), proof of compliance with vaccinations, prophylactic parasite control medications, and regular health screening compliance must be documented and accessible to the area(s) where patients may participate in AAA.

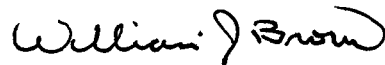
(7) Raw food diets are prohibited, given their potential of transmitting illnesses from dogs to people.

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(f) AAA dogs should appear healthy, clean, well-groomed, and be odor free before visiting.

(g) The same "off limits" areas that apply to service dogs apply to dogs participating in AAA.

14. Photographs with any dogs participating in AAA will be consistent with the hospital's photography policy. This will entail getting permission from persons whose image is in the photograph.



WILLIAM J. BROWN
COL, AN
Deputy Commander for Nursing



JOHN W. TAYLOR III
Colonel, MS, USA
MTF Director

APPENDICES

- A. Waiver/Exception to Policy Template
- B. DD Form 2208, "Rabies Vaccination Certificate"
- C. DD Form 2209, "Veterinary Health Certificate"
- D. DD Form 2341, "Report of Animal Bite-Potential Rabies Exposure"
- E. DD Form 2343, "Veterinary Health Record"
- F. AAIP Difference in Credentials
- G. Becoming AAIS Certified
- H. AKC Therapy Dog Application
- I. Canine Good Citizen Test Items
- J. Therapy dogs International (TDI) Testing Requirements
- K. MACH Patient Safety Reporting Guidance
- L. MEDDAC/DENTAC Injury Report Form

(8) There may be some areas and or some patients who would not benefit from AAA. These include patients who:

- (a) Are, or are suspected to become, violent.
- (b) Are emotionally unpredictable.
- (c) Allergic to animals.
- (d) Afraid of animals.
- (e) In isolation (contact precaution) rooms.
- (f) Pre-post-operative recovery, and sterile areas of the hospital.

(g) Whenever the patient responds negatively, the AAA dog should be removed, and the matter needs to be documented in the patient's record.

11. INFECTION CONTROL CONSIDERATIONS. All dogs can transmit infectious diseases to humans, and likewise, humans can transmit infectious diseases to dogs. Dogs can become transient vectors or carriers of potential human pathogens and could be responsible for cross-infection. Proper infection prevention procedures are always warranted to minimize the risk of transmission between humans and dogs.

(a) Every effort should be made to limit dogs from licking patients, particularly wounds, or medical devices.

(b) As a rule, dogs should not be on patient beds, hospital furniture or wheelchairs. If the patient requests the AAA dog to be on their bed, a barrier (sheet) may be placed on the bed for the animal to lie on beside the patient. The sheet will be discarded into the hospital laundry after each patient use.

(c) Patients and staff should not have any contact with dog waste.

(d) Any area contaminated by dog urine, feces, emesis, or blood, must be cleaned using appropriate personal protective equipment (gloves) and a hospital approved disinfectant, and Housekeeping may be contacted to assist.

(e) Scrupulous hand hygiene by patients, family, and staff should take place before and after contact with the AAA dogs.

APPENDIX A

MEMORANDUM
WAIVER / EXCEPTION TO POLICY FOR ANIMAL ACCESS TO MACH MTF'S



DEFENSE HEALTH NETWORK - EAST
MARTIN ARMY COMMUNITY HOSPITAL
6600 VAN AALST BLVD
FORT MOORE, GEORGIA 31905

MCXM-_____

Date: _____

MEMORANDUM FOR Record

SUBJECT: Waiver / Exception to Policy for Animal Access to MACH MTF's

Owners/Handlers Name: _____

Owners/Handlers Address: _____

Animal Name: _____ Liability Insurance: _____

Animal Rabies Tag Number: _____ Microchip Number: _____

Type of Animal: ☐ Dog ☐ Other: _____

Category: ☐ AAA ☐ AAT ☐ VOLUNTEER VISITOR

1. In response to your request for animal access to MACH Medical treatment Facilities, it has been determined as stated below.

☐ APPROVED

☐ DENIED

☐ Additional Information Required: _____

☐ Other: _____

2. Animals that are approved must be leashed and have access to designated areas that may include patient's rooms, and common/waiting areas. Animals are not permitted in food preparation and storage areas, clean/sterile/isolation areas, or the newborn nursery. Visitation in the MTF will not exceed 1-hour. Handlers are responsible for disposal of animal elimination.

Respectfully,

COL JOHN W. TAYLOR III, MTF DIRECTOR

REQUESTOR SIGNATURE

MACH Regulation
Number 40-905

APPENDIX B – DD FORM 2208 - RABIES VACCINATION CERTIFICATE

Prescribed by: AR 40-905;

RABIES VACCINATION CERTIFICATE					
PRIVACY ACT STATEMENT					
AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and F.O. 9397 (SSN).					
PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's rabies vaccination status.					
ROUTINE USE(S): Used by veterinarians and other health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach, and assist in law enforcement, to include investigations and litigation.					
DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on any military installation and comprehensive health care may not be possible.					
1. OWNER'S NAME (Last, First, Middle Initial)				2. TELEPHONE NUMBER (Include Area Code)	
3. ADDRESS (Number, Street, City, State, ZIP Code)					
4. ANIMAL					
a. NAME		b. MICROCHIP NUMBER(S)		c. SPECIES	d. SEX
e. AGE	f. WEIGHT	g. PREDOMINANT BREED		h. COLOR(S)	
5. VACCINE					
a. PRODUCER (First 3 letters)		b. LOT NUMBER		c. EXPIRATION DATE (YYYYMMDD)	d. VIRUS TYPE
6. VACCINATION					
a. RABIES TAG NUMBER		b. DATE VACCINATED (YYYYMMDD)		7. VETERINARIAN	
c. VACCINATION DURATION		d. VACCINATION DUE (YYYYMMDD)		a. NAME	
				b. LICENSE NUMBER	
		c. SIGNATURE			
8. FACILITY ADDRESS (Street, City, State, ZIP Code)					
INSTRUCTIONS					
1. OWNER'S NAME. Self-explanatory. 2. TELEPHONE NUMBER. Self-explanatory. 3. ADDRESS. Self-explanatory. 4. ANIMAL. a. NAME. Self-explanatory. b. MICROCHIP NUMBER(S). List all scannable microchips implanted in this animal. c. SPECIES. Self-explanatory. d. SEX. Self-explanatory. e. AGE. Self-explanatory. f. WEIGHT. Self-explanatory. g. PREDOMINANT BREED. List only the predominant breed. If not purebred, followed by the word "mix". h. COLOR(S). Self-explanatory. 5. VACCINE. a. PRODUCER. The first three letters of the company name of the company that produced the vaccine. b. LOT NUMBER. Production lot number of the vaccine used. c. EXPIRATION DATE. Expiration date of the vaccine used. d. VIRUS TYPE. Virus type of the vaccine used (e.g., killed, modified live, recombinant). e. ADMINISTRATION SITE. Location and method of administration of the vaccine used (e.g., SQRS - subcutaneous over right shoulder). 6. VACCINATION. a. RABIES TAG NUMBER. Self-explanatory. b. DATE VACCINATED. Self-explanatory. c. VACCINATION DURATION. Length of time in years that the vaccination is valid for. d. VACCINATION DUE. Date that next rabies vaccination is due. 7. VETERINARIAN. a. NAME. Name of the veterinarian responsible for the vaccination. b. LICENSE NUMBER. Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian. c. SIGNATURE. Self-explanatory. 8. FACILITY ADDRESS. Self-explanatory.					

DD FORM 2208, MAY 2008

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Reset

Page 1 of 1

MACH Regulation
Number 40-905

APPENDIX C – DD FORM 2209 - VETERINARY HEALTH CERTIFICATE

Prescribed by: AR 40-905; SECNAVINST 6401.1B; AAFI 48-131

VETERINARY HEALTH CERTIFICATE				
PRIVACY ACT STATEMENT				
<p>AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services, and E.O. 9397 (SSN).</p> <p>PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's general health and rabies vaccination status to permit interstate and international movement.</p> <p>ROUTINE USE(S): Used by state, Federal, and international health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.</p> <p>DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement.</p>				
1. OWNER'S NAME (Last, First, Middle Initial)			2. TELEPHONE NUMBER (Include Area Code)	
3. ADDRESS (Number, Street, City, State, ZIP Code)				
4. ANIMAL				
a. NAME	b. SPECIES	c. SEX	d. AGE	e. WEIGHT
f. MICROCHIP NUMBER(S)	g. PREDOMINANT BREED		h. COLOR(S)	
5. RABIES IMMUNIZATION DATA				
a. PRODUCER (First 3 letters)	b. LOT NUMBER	c. VIRUS TYPE	d. DATE VACCINATED	e. VACCINATION DURATION
<p>This is to certify that the above described animal has been examined by me on the date below and was found to be free of any apparent communicable disease. This animal appears healthy for transport, but needs to be maintained at a temperature within its thermal neutral zone. It is recommended that the ambient temperature of this animal's environment be maintained within the specifications of USDA Regulation 9 CFR 3.18. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.</p>				
6. FACILITY ADDRESS (Street, City, State, ZIP Code)				
7. VETERINARIAN				
a. NAME		b. LICENSE NUMBER		
c. SIGNATURE		d. DATE (YYYYMMDD)		

DD FORM 2209, APR 2009

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Page 1 of 2

APPENDIX C – CONTINUED

INSTRUCTIONS
<p>The following specific instructions apply to the items on the DD Form 2209:</p> <ol style="list-style-type: none">1. OWNER'S NAME - Self-explanatory.2. TELEPHONE NUMBER - Self-explanatory.3. ADDRESS - Self-explanatory.4. ANIMAL - Enter animal's data:<ol style="list-style-type: none">a. NAME - Self-explanatory.b. SPECIES - Self-explanatory.c. SEX - Self-explanatory; indicate if spayed or neutered.d. AGE - Self-explanatory.e. WEIGHT - Self-explanatory.f. MICROCHIP NUMBER(S) - List all scannable microchips implanted in this animal.g. PREDOMINANT BREED - List only the predominant breed. If not purebred, followed by the word "mix".h. COLOR(S) - Self-explanatory.5. RABIES IMMUNIZATION DATA - Information derived from valid Rabies Vaccination Certificate for described animal:<ol style="list-style-type: none">a. PRODUCER - The first three letters of the company name of the company that produced the vaccine.b. LOT NUMBER - Production lot number of the vaccine used.c. VIRUS TYPE - Virus type of the vaccine used (<i>e.g., killed, modified live, recombinant</i>).d. DATE VACCINATED - Self-explanatory.e. VACCINATION DURATION - Length of time in years that the vaccination is valid for.6. FACILITY ADDRESS - Self-explanatory.7. VETERINARIAN - Enter veterinarian's data:<ol style="list-style-type: none">a. NAME - Name of the veterinarian performing the examination and verifying the rabies vaccination information.b. LICENSE NUMBER - Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.c. SIGNATURE - Self-explanatory.d. DATE - Self-explanatory.

APPENDIX D – DD FORM 2341 – REPORT OF ANIMAL BITE – POTENTIAL RABIES EXPOSURE

CUI (when filled in)

REPORT OF ANIMAL BITE - POTENTIAL RABIES EXPOSURE <small>(Please read Privacy Act Statement before completing this form.)</small>				SEQUENCE NUMBER	
PRIVACY ACT STATEMENT					
<p>This statement serves to inform you of the purpose for collecting your personal information required by the Report of Animal Bite - Potential Rabies Exposure form and how it will be used.</p> <p>AUTHORITY: 10 U.S.C. 55, Medical and Dental Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDD 6490.02E, Comprehensive Health Surveillance; DoDI 6015.23, Delivery of Healthcare at Military Treatment Facilities; Foreign Service Care; Third-Party Collection; Beneficiary Counseling and Assistance Coordinators; Office of the Assistant Secretary of Defense Health Affairs; Public Health Shared Service Memo, Oct 31, 2014; and E.O. 9397 (SSN), as amended.</p> <p>PRINCIPAL PURPOSE(S): To collect information necessary to record the history and assessment of rabies risk to a person who has possibly been exposed to rabies through an animal bite or other route, and to record exam observations, animal laboratory findings, disposition results, and follow-up care for that person.</p> <p>ROUTINE USE(S): Your records may be disclosed outside of DoD to aid in preventive health and communicable disease control programs and report medical conditions to Federal, state, and local agencies as required by law. Use and disclosure of your records may also occur in accordance with the DoD Blanket Routine Uses published at http://dpdld.defense.gov/Privacy/SORNIndex/BlanketRoutineUses.aspx and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)).</p> <p>DISCLOSURE: Voluntary. However, failure to provide all the requested information may result in the improper treatment and care being administered to the patient.</p>					
1. PATIENT IDENTIFICATION					
a. NAME (Last, First, Middle Initial)		b. SFX	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP TO SPONSOR	
e. BENEFICIARY STATUS		f. COMPONENT STATUS		g. DEPARTMENT/SERVICE	
h. SPONSOR NAME (Last, First, Middle Initial)		i. FAMILY MEMBER PREFIX (FMP)		j. SSN/DoD EIDN	k. RANK/GRADE
l. UNIT		m. WORK PHONE	n. HOME/CELL PHONE	o. EMAIL ADDRESS	
PART I - ANIMAL BITE HISTORY (To be completed by Emergency Department or Primary Care Interviewer)					
2. DESCRIPTION OF ANIMAL					3. DATE/TIME OF INCIDENT
a. TYPE (Dog, cat, etc.)	b. BREED	c. SIZE	d. COLOR	e. SEX	a. DATE (YYYYMMDD) b. HOUR
4.a. PRESENT LOCATION OF ANIMAL (or last known location)			<input type="checkbox"/> ON POST <input type="checkbox"/> OFF POST <input type="checkbox"/> UNKNOWN		
b. GEOGRAPHIC ADDRESS WHERE INCIDENT OCCURRED			<input type="checkbox"/> ON POST <input type="checkbox"/> OFF POST <input type="checkbox"/> UNKNOWN		
5. CIRCUMSTANCES LEADING TO BITE/SCRATCH OR MUCOUS MEMBRANE EXPOSURE (with potential for contamination by saliva or neural tissue). Note if the bite or scratch was provoked/could have been provoked or unprovoked (e.g., an unexplained attack).					
6. APPARENT HEALTH OF ANIMAL (Describe abnormal or unusual behavior)			<input type="checkbox"/> NORMAL BEHAVIOR <input type="checkbox"/> ABNORMAL BEHAVIOR		
7. ANIMAL OWNER <input type="checkbox"/> (X if owner unknown)					
a. NAME (Last, First, Middle Initial)	b. STATUS (X one) <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		c. PHONE NUMBER (Include Area Code/DSN)	d. ADDRESS (Street, City, State, Zip Code)	
8. COMPLETED BY					
a. NAME (Last, First, Middle Initial)			b. TITLE		
c. SIGNATURE			d. DEPARTMENT/SERVICE/CLINIC		e. DATE PREPARED (YYYYMMDD)

DD FORM 2341, JUN 2015
PREVIOUS EDITION IS OBSOLETE.

CUI (when filled in)

Controlled by: DHA
CUI Category: PRVVCY
LDC: FEDCON
POC: dha.rcr.bus.ops.mbx.dha-formsmanagement@health.mil

APPENDIX D – CONTINUED

CUI (when filled in)

PART II - MANAGEMENT OF ANIMAL BITE CASE <i>(To be completed by Medical Officer (Information from SF 600))</i>			
9. INJURY, LOCATION ON THE BODY, AND WOUND TREATMENT WOUND TREATMENT BE PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A DESCRIBE: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> ANIMAL BITE <input type="checkbox"/> CLAW WOUND <input type="checkbox"/> OTHER </div>			
10. TETANUS IMMUNIZATION GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NOT INDICATED <input type="checkbox"/> RECOMMENDED BUT DECLINED	11. HUMAN RABIES VACCINE INITIATED? <input type="checkbox"/> YES <input type="checkbox"/> NOT INDICATED <input type="checkbox"/> RECOMMENDED BUT DECLINED	12. HUMAN RABIES IMMUNOGLOBULIN GIVEN? <input type="checkbox"/> YES Site: _____ <input type="checkbox"/> NOT INDICATED <input type="checkbox"/> RECOMMENDED BUT DECLINED	
13. PREVENTIVE MEDICINE/PUBLIC HEALTH CONSULTED? <input type="checkbox"/> YES Date: _____ <input type="checkbox"/> NO		14. ARMY VETERINARIAN CONSULTED? <input type="checkbox"/> YES Date: _____ <input type="checkbox"/> NO	
16. MEDICAL OFFICER <div style="display: flex;"> <div style="flex: 1;">a. NAME (Last, First, Middle Initial)</div> <div style="flex: 1;">b. SIGNATURE</div> </div>			
PART III - MANAGEMENT OF BITING ANIMAL <i>(To be completed by Veterinarian)</i>			
16. DATE RECEIVED FROM MTF (YYYYMMDD) 18. FINDINGS a. INITIAL EXAMINATION FINDINGS AND DATE b. RABIES VACCINE INFORMATION AND DATE(S)		17. LOCATION OF ANIMAL DURING OBSERVATION PERIOD <i>(On or off post, last point of contact if not veterinary activity)</i> <input type="checkbox"/> ANIMAL NOT FOUND (X)	
19. OBSERVED BY <i>(include name of military or civilian agency)</i>		20. DATES OBSERVED (YYYYMMDD) a. FROM _____ b. TO _____	
21. END OF QUARANTINE EXAM FINDINGS		22. RESULT OF QUARANTINE (X one) <input type="checkbox"/> RELEASED FROM QUARANTINE <input type="checkbox"/> EUTHANIZED AND SAMPLE SUBMITTED DATE (YYYYMMDD): _____	
23. LABORATORY FINDINGS OF ANIMAL SUBMITTED FOR RABIES DIAGNOSIS			
a. TEST (X one) <input type="checkbox"/> (1) FLUORESCENT ANTIBODY <input type="checkbox"/> (2) CELL CULTURE	b. DATE RECEIVED (YYYYMMDD)	c. RESULTS (X one) <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> NEGATIVE</div> <div><input type="checkbox"/> POSITIVE</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> NEGATIVE</div> <div><input type="checkbox"/> POSITIVE</div> </div>	
24. VETERINARY OFFICER <div style="display: flex;"> <div style="flex: 1;">a. NAME (Last, First, Middle Initial)</div> <div style="flex: 1;">b. SIGNATURE</div> <div style="flex: 1;">c. DATE SIGNED (YYYYMMDD)</div> </div>			
PART IV - CASE REVIEW <i>(To be completed by Preventive Medicine/Public Health Officer)</i>			
25. RABIES ADVISORY BOARD a. DATE CASE REVIEWED (YYYYMMDD): _____ <input type="checkbox"/> NOT REQUIRED b. COMMENTS (e.g., risk assessment, vaccine series completion, serology (if conducted), etc.): _____ _____ _____			
26. PREVENTIVE MEDICINE PHYSICIAN or DESIGNATED HEALTHCARE PROVIDER <div style="display: flex;"> <div style="flex: 1;">a. NAME (Last, First, Middle Initial)</div> <div style="flex: 1;">b. SIGNATURE</div> <div style="flex: 1;">c. DATE SIGNED (YYYYMMDD)</div> </div>			

APPENDIX E



AAAIP
Association of Animal-Assisted
Intervention Professionals

DIFFERENCE IN CREDENTIALS

A credential is a term for a qualification or achievement that indicates suitability for a specific task or role but may also convey evidence of authority or entitlement to privileges.

	CERTIFICATE OF ATTENDANCE/ PARTICIPATION	CERTIFICATE PROGRAM	CERTIFICATION	REGISTRATION
 HOW IT IS EARNED	When an individual completes an event designed to teach skills and/or knowledge.	When an individual completes an educational program and demonstrates attainment of the knowledge and/or skills through assessment.	When an individual completes an assessment designed to verify education, training, or experience gained elsewhere.	When you meet the specific criteria to enroll as a member of a group to obtain privileges, benefits, or services.
 EXAMPLES	<ul style="list-style-type: none"> Pet Partners Handler Workshop American Red Cross Cat & Dog First Aid Online Training 	<ul style="list-style-type: none"> Animal-Assisted Social Work Certificate Certificate in Commercial Real Estate 	<ul style="list-style-type: none"> Certified Professional Dog Trainer Board-Certified Physician 	<ul style="list-style-type: none"> Therapy animal team registration Registered yoga instructor
 ATTRIBUTES	<ul style="list-style-type: none"> The focus is providing educational content. It may include assessment, but it doesn't have to be passed to earn the certificate. Can't be revoked. 	<ul style="list-style-type: none"> Provided education is integral to the program; you cannot just take the test. Scope of content is often a distinct knowledge/skill set. No ongoing requirements to maintain the certificate. 	<ul style="list-style-type: none"> Certifying body may offer education, but applicants are free to get education through other third-party providers. There are ongoing requirements to maintain certification, which can be revoked. 	<ul style="list-style-type: none"> Criteria to register may include eligibility requirements, receiving training, passing assessments, and/or making payment. Can be revoked.

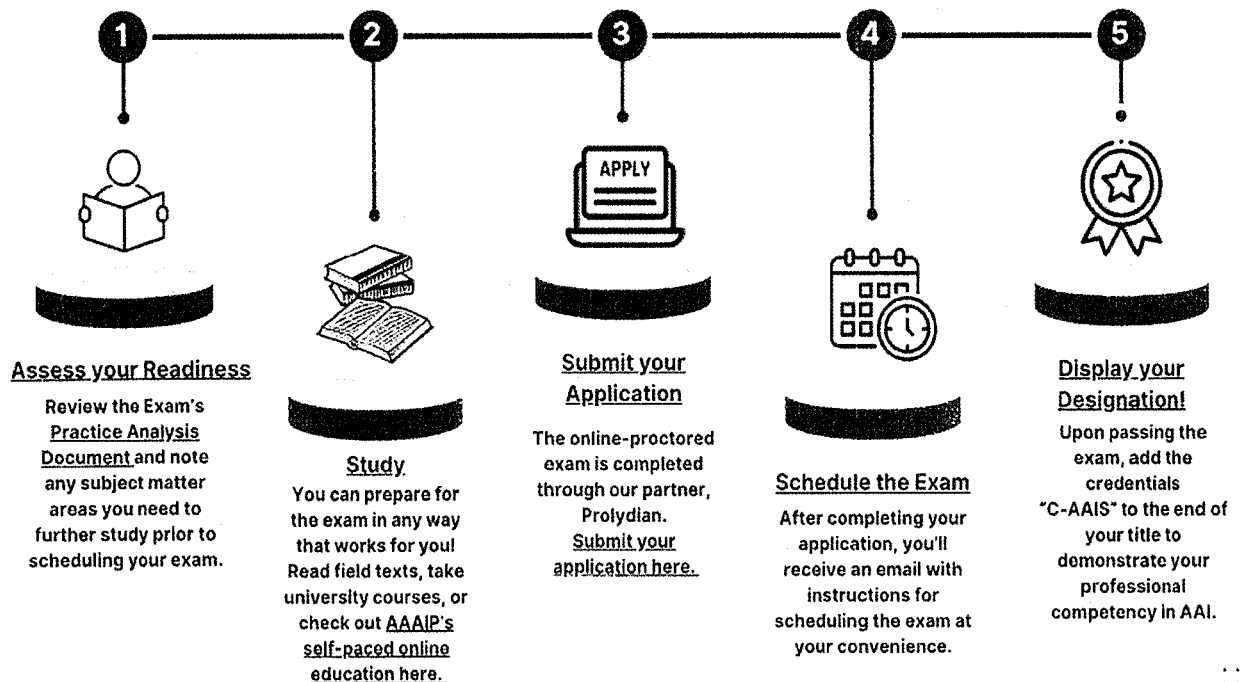
*Concepts adapted from the article "Making Sense of Credentials" by Mickie Rops, MEd, FASAE, CAE, originally printed in Forum, published by the Association Forum of Chicago, November/December 2009.

aaaiponline.org

APPENDIX F – BECOMING AAIS CERTIFIED

Becoming AAIS Certified

Earn the empirically validated designation that demonstrates your awareness of professional best practices when working with therapy and/or facility animals.



APPENDIX G – DD FORM 2343 – VETERINARY HEALTH RECORD

Page 1 of 2

Page 2 of 2

APPENDIX H – THERAPY DOG TITLE APPLICATION



THERAPY DOG TITLE APPLICATION



Mail to: Therapy Dog Program
P.O. Box 900064
Raleigh, NC 27675-9064

Phone: (919) 816-3527
Fax: (919) 816-3905
Email: akctherapydog@akc.org

To earn any of the AKC Therapy Dog titles, you and your dog **MUST MEET** the following criteria:

- Certified/registered by an AKC recognized therapy dog organization
- Perform a minimum number of visits. The number of required visits is specific for each title.
- The dog **MUST** have either an AKC number, PAL number, or **AKC Canine Partners number**.

Please use this application to apply for an AKC Therapy Dog title. The recording fee is \$30.

OR

Additionally, due to the fact AKC approved therapy dog organizations test Canine Good Citizen (CGC) items in the context of their therapy dog testing, you may also apply for a CGC Title at the same time.

The recording fee is \$40 for both titles.

1. Please check the THERAPY DOG title you are applying for.

2. If you are also applying for the CANINE GOOD CITIZEN title please check the last box.

One application is required for each therapy dog title. If your application is not approved you will be notified and your fee will be refunded.

- ☐ **Therapy Dog Novice Title (THDN)** A minimum of **10 visits** is required.
The THDN title will appear on the dog's record. You will receive a title certificate.
- ☐ **Therapy Dog Title (THD)** A minimum of **50 visits** is required.
The THD title will appear on the dog's record. You will receive a title certificate and an AKC Therapy Dog patch.
- ☐ **Therapy Dog Advanced Title (THDA)** A minimum of **100 visits** is required.
The THDA title will appear on the dog's record. You will receive a title certificate and an AKC Therapy Dog Advanced patch.
- ☐ **Therapy Dog Excellent Title (THDX)** A minimum of **200 visits** is required.
The THDX title will appear on the dog's record. You will receive a title certificate and an AKC Therapy Dog Excellent patch. In addition, you will receive the Silver AKC Therapy Dog medal.
- ☐ **Therapy Dog Distinguished Title (THDD)** A minimum of **400 visits** is required.
The THDD title will appear on the dog's record. You will receive a title certificate and an AKC Distinguished Therapy Dog patch. In addition, you will receive the Gold AKC Therapy Dog medal.
- ☐ **Therapy Dog Supreme Title (THDS)** A minimum of **600 visits** is required.
The THDS title will appear on the dog's record. You will receive a title certificate.
- ☐ **Canine Good Citizen Title (CGC)** I would like to add a CGC title to my dog's record at the same time I am applying for this therapy dog title. My dog has completed testing through an AKC recognized therapy dog organization. (\$40 in total for both titles.)



The purpose of the AKC Therapy Dog titling program is to acknowledge therapy dogs that volunteer with their human teammates to improve the lives of people in therapeutic settings. The program is open to all dogs (purebred or mixed breed).

APPENDIX H – CONTINUED

Section 1: Owner Information

Name _____
Address/Street _____
City/State/Zip _____
Phone _____ Email _____

Section 2: Dog Information

If you don't have a number for your dog or have questions about how to obtain one, please call (919) 816-3527 or visit www.akc.org.

A NUMBER FOR YOUR DOG MUST BE PROVIDED IN ORDER FOR THIS APPLICATION TO BE COMPLETE.

My Dog's Number _____

Please check one. The number provided is an:

☐ AKC Registration Number ☐ AKC PAL Number ☐ *AKC Canine Partners Number

**Any dog can apply for a Canine Partners Number. To download a Canine Partners application visit www.akc.org. Click on "Owners," then "AKC Therapy Dog Program," then scroll down.*

If you apply for a Canine Partners Number, you **MUST** submit **BOTH** applications (Therapy Dog Title application and Canine Partners application) **together** so they are processed correctly.

Dog's Official Name _____
SHOW FULL REGISTERED/LISTED NAME

Dog's Call Name _____
THIS IS THE NAME YOU CALL THE DOG

Is your dog a mixed breed or purebred? ☐ Mixed breed ☐ Purebred

If purebred, what breed is your dog? _____

AKC titles earned by your dog? List here:

APPENDIX H – CONTINUED

Section 3: Verification

Please attach the following to this application.

Make sure you have met the requirements below.

- ☐ 1. Provide verification of being certified/registered by an AKC recognized therapy dog organization. This can be done with a copy of a wallet card or certificate from the certification organization. A list of certification organizations can be found at: www.akc.org/akctherapydog
- ☐ 2. Provide verification of the required number of visits. This can be done by using:
- a) Therapy Dog Record of Visits form (see www.akc.org/akctherapydog); **OR**
 - b) Certificate or wallet card from certifying organization indicating the dog has made the number of visits (or more) required for the title. *(For those certifying therapy dog organizations that provide wallet cards or other verification of a specified number of visits, a copy of this will be acceptable to AKC); OR*
 - c) Letter from the facility (nursing home, school, hospital, etc.) where the dog served as a therapy dog. Letters must be on facility letterhead. List contact information for verification purposes.

Facility Name _____

Facility Address (City/State/Zip) _____

Contact's Name at the Facility _____

Contact's Phone Number _____ Email _____

If you visited more than one facility, attach the information for each facility.

Section 4: Experience

1. Briefly describe the therapy setting(s) [nursing home, school, hospital, etc.] in which you and your dog have volunteered.

2. When was your dog originally certified as a therapy dog? _____

3. How long did you volunteer? _____

Are you still volunteering or retired? ☐ Still volunteering ☐ Retired

This does not affect your ability to earn the AKC Therapy Dog titles. AKC Therapy Dog titles do not expire and they are not removed when the dog is no longer working.

APPENDIX H – CONTINUED

Section 5: Purpose of a Therapy Dog

Therapy dogs are dogs that volunteer with their owners to improve the lives of others. Service dogs are dogs who are specially trained to help a person with disabilities. Therapy dogs are not service dogs and they do not have the same public access as service dogs.

If my dog receives an AKC Therapy Dog title at any level, I will not use the title in any way to present my dog as a service dog. This means I will not use an AKC Therapy Dog title for the purpose of gaining public access to planes, restaurants, public buildings, stores, etc.

Further, I understand that AKC Therapy Dog titles do not qualify a dog to make visits and I agree to maintain a current status with my Therapy Dog registration/certification organization as long as I am volunteering with my dog.

Signature Aspen Blevins Date _____

Section 6: Payment

Check or money orders can be made out to "American Kennel Club"

☐ I have enclosed check or money order number: _____

☐ \$30 for Therapy Dog Title only

☐ \$40 for both Therapy Dog Title and Canine Good Citizen Title

Charge my Credit Card (check one) ☐ American Express ☐ MasterCard ☐ Visa

Name of Cardholder _____

Account Number _____ Expiration Date _____

Authorized Signature _____

Section 7: Certification

I certify that the information given in this application is true and accurate. I understand and agree that approval for AKC Therapy Dog titles (at any level) is not guaranteed.

I agree that any cause of action, controversy, or claim arising out of or related to this application, or as to the construction, interpretation and effect of this agreement shall be settled by arbitration pursuant to the applicable rule of the American Arbitration Association. However, prior to arbitration, all applicable AKC bylaws, rules, regulations, and procedures must first be followed as set forth in the AKC Charter and Bylaws, Rules, Regulations, and published policies and guidelines.

Signature _____ Date _____

APPENDIX H – CONTINUED

Application Checklist

- ☐ Complete all sections of this application
- ☐ Proof of certification/registration by a Therapy Dog organization
(e.g., copy of ID card, certificate, etc.)
- ☐ Proof of visits
 - 1) Therapy Dog Record of Visits Form, **OR**
 - 2) Certificate or wallet card from certifying organization indicating the dog has made the required visits or more, **OR**
 - 3) Letter on facility letterhead stating dog has made at least the number of visits required for the title for which you are applying.
- ☐ Submit fees
 - 1) \$30 AKC Therapy Dog title only **OR**
 - 2) \$40 for AKC Therapy Dog title plus CGC title

REMEMBER

Your dog **MUST** have a number in order for your application to be completed.

QUESTIONS

Call AKC Therapy Dog Dept. at (919) 816-3527 or email: akctherapydog@akc.org



APPENDIX H – CONTINUED

Congratulations!

Now that your dog is working as a Therapy Dog, here are some great products to show everyone that you have a therapy dog.



Cloisonne Pin
1 inch – \$16/ea



**AKC Therapy Dog
Hand Towel**
\$16/ea



**Magnetic
Bumper Sticker**
for your car
\$16/ea

Special Price!

Each item is \$16 and/or

Mix and Match **\$26**
any 2 items for

Price includes shipping!

Cloisonne Pin
\$16/ea or \$13/ea if ordering in multiples of 2

AKC Therapy Dog Hand Towel
\$16/ea or \$13/ea if ordering in multiples of 2

Magnetic Bumper Sticker
\$16/ea or \$13/ea if ordering in multiples of 2

QTY PRICE

Total Price \$ _____

Mail this form along with a Check, Money Order, or Credit Card information to:

American Kennel Club, Therapy Dog Program POB 900064, Raleigh, NC 27675-9064

OR Fax this form along with Credit Card information to: (919) 816-3905

OR Email PDF to: aketherapydog@akc.org

For ordering by mail: ☐ Check/Money Order (enclosed) ☐ American Express ☐ MasterCard ☐ Visa

Card Number _____ Expiration Date _____

Name on Card _____

Your Name _____ AKC Registration Number _____

Shipping Address _____ City/State/Zip _____

Day Phone _____ Email _____

For more information contact AKC Therapy Dog Department at (919) 816-3527

AET001 (05/24)

APPENDIX I – CANINE GOOD CITIZEN TEST ITEMS



Canine Good Citizen Test Items

1. **Accepting a friendly stranger**
Evaluator approaches and pretends to shake hands with handler (hands 6- 12" apart). Evaluator does not touch dog.
2. **Sitting politely for petting**
Evaluator pets dog; dog must show no shyness or resentment.
3. **Appearance and grooming**
Evaluator inspects dog, combs or brushes lightly, examines ears and each front foot.
4. **Out for a walk**
Handler takes dog for a short walk including right turn, left turn, about turn and stop.
5. **Walking through a crowd**
Dog and handler walk close to several people; dog may show causal interest but not jump up.
6. **Sit and down on cue/Staying in place**
Handler shows that dog can do both sit and down, then chooses a position, leaves dog and goes to the end of a 20 ft. line, and returns immediately.
7. **Coming when called**
With dog still on 20 ft. line from Test 6, handler walks out 10 ft. and calls the dog.
8. **Reaction to another dog**
Two handlers and dogs approach, pretend to shake hands (hands 6-12" apart), exchange pleasantries, then move on.
9. **Reaction to distractions**
Distractions are presented; dog may not panic or show aggression.
10. **Supervised separation**
Handler goes out of sight for 3-min. Dog is held on a 6-ft. leash by an evaluator.

MACH Regulation
Number 40-905

**APPENDIX J – THERAPY DOGS INTERNATIONAL (TDI)
TESTING REQUIREMENTS**

ADDITIONAL RULES FOR TDI TESTING

1. Dogs must be tested on a plain buckle collar or harness. Training collars, training harnesses, halties, or any other corrective training devices are not permitted during testing or visiting as a TDI-registered Therapy Dog.
2. Dogs must be a minimum of one year old to be tested.
3. Handlers under 18 years of age must have a parent/legal guardian present.
4. Greyhounds are not required to sit for TDI Testing.

Note: Potential applicants are not required to take any Therapy Dog classes which are not sanctioned by TDI.

**TDI ADDITIONS TO THE
AKC'S CGC TEST**

TDI registration is a natural extension of the AKC-CGC for dogs who are particularly sensitive and attentive to people. Canine membership includes all breed and mixed-breed dogs. All dogs are tested and evaluated for Therapy Dog work by Certified TDI Evaluators. While many dogs provide love and companionship in the home, not all dogs are qualified or have the temperament suited to be a Therapy Dog.

For more information on the
AKC Canine Good Citizen Test, contact:

The AKC's Canine Good
Citizen Department
(919) 816-3637
e-mail: cgc@akc.org

**FOR MORE INFORMATION
CONTACT:**

**Therapy Dogs
International (TDI®)**

88 Bartley Road
Flanders, NJ 07836
Tel: (973) 252-9800
Fax: (973) 252-7171
e-mail: tdi@gti.net
www.tdi-dog.org



**THERAPY DOGS INTERNATIONAL
(TDI®)
TESTING
REQUIREMENTS**

WHICH INCLUDES SOME STEPS OF THE
AMERICAN KENNEL CLUB'S
CANINE GOOD CITIZEN
TEST®



Therapy Dogs International (TDI®) is an organization dedicated to the regulation, testing, selection, and registration of qualified dogs and handlers for the purpose of visitations to hospitals, nursing homes, and facilities or any place where Therapy Dogs are needed.

APPENDIX J – CONTINUED

DEMONSTRATING CONFIDENCE AND CONTROL, THE DOG MUST COMPLETE THESE 15 STEPS OF THE AKC/CGC TEST* AND THE ADDITIONAL TDI REQUIREMENTS.

(Note: At check-in, before beginning Test 1, the owner must present a current rabies certificate and any other state or locally required inoculation certificates and licenses.)

TDI additions to the AKC/CGC Test are in italics and printed in red.

TEST 1: ACCEPTING A FRIENDLY STRANGER

This test demonstrates that the dog will allow a friendly stranger to approach it and speak to the handler in a natural, everyday situation. The Evaluator and handler shake hands and exchange pleasantries. The dog must show no sign of resentment or shyness, and must not break position or try to go to the Evaluator.

TEST 2: SITTING POLITELY FOR PETTING

This test demonstrates that the dog will allow a friendly stranger to touch it while it is out with its handler. The dog should sit at the handler's side as the Evaluator approaches and begins to pet the dog on the head and body only. The dog may stand in place to accept petting. The dog must not show shyness or resentment.

TEST 3: APPEARANCE AND GROOMING

This practical test demonstrates that the dog will welcome being groomed and examined and will permit a stranger, such as a veterinarian, groomer, or friend of the owner, to do so. It also demonstrates the owner's care, concern, and sense of responsibility. The Evaluator inspects the dog, then combs or brushes the dog, and lightly examines the ears and each front foot.

TEST 4: OUT FOR A WALK (WALKING ON A LOOSE LEASH)

This test demonstrates that the handler is in control of the dog. The dog can be on either side of the handler, whichever the handler prefers. There must be a left turn, a right turn, and an about turn, with at least one stop in between and another at the end. The dog need not be perfectly aligned with the handler and need not sit when the handler stops.

TEST 5: WALKING THROUGH A CROWD

This test demonstrates that the dog can move about politely in pedestrian traffic and is under control in public places. The dog and handler walk around and pass close to several people (at least three). The dog may show some interest in the strangers, without appearing overexuberant, shy, or resentful. The handler may talk to the dog and encourage or praise the dog throughout the test. The dog should not be straining at the leash.

TEST 6: SIT AND DOWN ON COMMAND/STAYING IN PLACE

This test demonstrates that the dog has training, will respond to the handler's command to sit and down, and will remain in the place commanded by the handler (sit or down position, whichever the handler prefers). The handler may take a reasonable amount of time and use more than one command to make the dog sit and then down. When instructed by the Evaluator, the handler tells the dog to stay and walks forward the length of a 20-foot line. The dog must remain in place, but may change position.

TEST 7: COMING WHEN CALLED

This test demonstrates that the dog will come when called by the handler. The handler will walk 10 feet from the dog, turn to face the dog, and call the dog. The handler may use encouragement to get the dog to come. Handlers may choose to tell the dog to "stay" or "wait," or they may simply walk away, giving no instructions to the dog as the Evaluator provides mild distraction (e.g., petting).

TEST 8: REACTION TO ANOTHER DOG

This test demonstrates that the dog can behave politely around other dogs. Two handlers and their dogs approach each other from a distance of about 10 yards, stop, shake hands and exchange pleasantries, and continue on for about 5 yards. The dogs should show no more than a casual interest in each other.

TEST 9: REACTIONS TO DISTRACTIONS

This test demonstrates that the dog is confident at all times when faced with common distracting situations, such as the dropping of a large book or a jogger running in front of the dog. The dog may express a natural interest and curiosity and/or appear slightly startled, but should not panic, try to run away, show aggressiveness, or bark.

TEST 10: REACTION TO MEDICAL EQUIPMENT

The dog must be tested around medical equipment (such as wheelchairs, crutches, canes, walkers, or other devices which would ordinarily be found in a facility) to judge the dog's reactions to common health care equipment.

TEST 11: LEAVE-IT

The handler with the dog on a loose leash walks over food on the ground and, upon command, the dog should ignore the food.

TEST 12: ACCLIMATION TO INFIRMITIES

This test demonstrates the dog's confidence when exposed to people walking with an uneven gait, shuffling, breathing heavily, coughing, wheezing, or other distractions which may be encountered in a facility.

TEST 13: SUPERVISED SEPARATION

This test demonstrates that a dog can be left with a trusted person, if necessary, and will maintain its training and good manners. Evaluators are encouraged to say something like, "Would you like me to watch your dog?" and then take hold of the dog's leash. The owner will go out of sight for three minutes. The dog does not have to stay in position but should not continually bark, whine or pace unnecessarily, or show anything stronger than mild agitation or nervousness.

TEST 14: SAY HELLO

The TDI Certified Evaluator will test the willingness of each dog to visit a person and that the dog can be made readily accessible for petting (i.e., small dogs can be placed on a person's lap or can be held; medium and larger dogs can sit on a chair or stand close to the patient to be easily reached.)

TEST 15: REACTION TO CHILDREN

The dog must be able to work well around all types of populations, including children. The dog's behavior around children must be evaluated during testing. It is important that during the testing the potential Therapy Dog and the children are not in direct contact. This means the dog can only be observed for a reaction toward children playing, running, or present in general at the testing site. Any negative reaction by the dog will result in automatic failure. Negative reaction means a dog showing signs of aggression.

****Please see additional rules for
TDI Testing on back cover.**

APPENDIX K – PATIENT SAFETY REPORT (PSR)



Patient Safety Report (PSR): Where and How to Report

- MACH uses a secure web-based application for standardized reporting across the MTF called the Patient Safety Reporting System (PSR)
- Any event should be reported in the PSR by clicking on the icon on your desktop
- Fill in required information marked with red * (other information can be filled out as necessary)
- Give detailed, factual, information about what occurred
- If patient(s) involved, please provide patient name and date of birth (this will help in the investigation; without this information it will be difficult to figure out what occurred)
- You may report anonymously, however, in-order to provide feedback, you will need to put your name in as the reporter (NO ONE should ever be reprimanded for reporting)



It's Everyone's Responsibility

CUI

APPENDIX L – MEDDAC/DENTAC INJURY REPORT FORM

MEDDAC/DENTAC INJURY REPORT FORM

ACCIDENT INFORMATION					
Date of Accident:		Time of Accident:		Employee DOD ID Number:	
How was the employee injured?					
Employee's Duty Section:			Work Address:		
Where did the accident occur?				Property Damage? Y N	
Was Personal Protective Equipment Required? Y N				Was it Used? Y N	
INJURED EMPLOYEE'S INFORMATION					
Last:		First:		MI:	DOB: M F
Street Address:		City:		State:	Zip:
Employee Classification:	Choose an item	Rank/Grade:	MOS/Job Series:	Date Hired/ Date of entry into service:	
Job Title:		Time Employee Began Work:		Hours of Sleep Prior to Work:	
Medical Treatment? Y N	Where?			Medications:	
Name of Physician:			Describe Medical Treatment:		
Nature of Injury: Choose an item		Body Part: Choose an item	Cause of Injury: Choose an item		
Were there days of restriction or profile?		YES / NO	If so, how many?		
Were there any lost days other than the day of injury? YES/ NO			If so, how many?		
Were there any days of hospitalization?		YES / NO	If so, how many?		
PREVENTION INFORMATION					
What could have been done differently to prevent the accident?					
What corrective actions were/are being taken to prevent accident from occurring again?					
For Safety Office Use Only					
Unit Identification Code (UIC):			Accident Class:		