A person and dog with leashes

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Help Them To Help You: A Primer

**Frame One**

Help Them To Help You: A Primer  
Prepared for Guiding Eyes for the Blind  
By C. Warren, MBA, MS

This presentation is titled, ‘Help them to help you: A 911 primer.’ Hello! My name is Cecilia Warren, and I am a graduate of Guiding Eyes for the Blind. Prior to losing my eyesight, I spent nearly 20 years in the career fire service as a paramedic and fire officer. I am still active with emergency management and training for public safety agencies. Now, I am going to share with you some concepts and suggestions as you embark on a new adventure- life with your Guiding Eyes dog! Whether you are a seasoned guide dog user, or this is your first working dog, I hope you will learn something today that can help you in the future. We are going to discuss some tips to help you prepare for the next emergency.

**Frame Two**

This illustration is a cartoon of a man and a dog sitting in a bar having a conversation. The dog replies to the man, ‘Yeah, well I happen to know you’re not supposed to be in here either. ’Let’s start with the baseline knowledge that guide dogs are permitted in all places of public accommodation such as theaters, restaurants, medical offices, taxis, police stations, and the like.

**Frame Three**

The sign declares, ‘No shoes, No shirts, No service dogs.’ Why is it important for guide dog handlers to be prepared for emergencies? The number of service dog teams in the country is increasing exponentially. In addition to the traditional need for guide dogs, there is an uptick in service dogs trained for injured troops. Never has the demand for highly skilled guide dogs been so great.

Even with the surge of service dogs working in the general population, you will find situations where a government official or service provider is not well informed of the laws pertaining to access and guide dogs. In an ideal world, you would not encounter difficulties with service denials. These types of conflicts become especially challenging when the situation involves 911 requests for help or urgent situations. We certainly hope that if you ever need to call 911, you will have a positive outcome.

However, we are finding that requests for advocacy and intervention are increasing. For this reason, we intend to increase awareness and preparedness among our graduates. It is not possible to provide an absolute one size fits all approach. By promoting personal responsibility among guide dog handlers, we hope to help you develop plans and strategies to utilize when dealing with urgent public safety situations.

**Frame Four**

Henry Ford once said, ‘Coming together is a beginning, keeping together is progress, working together is success.’ As the human half of a guide dog team, you have a tremendous duty to plan for unexpected events that impact both you and your guide. Take this duty seriously, but don’t be intimidated by it. Good teams stay focused on what they know and can do well.

**Frame Five**

This frame is a cartoon depicting a group of scent hounds and their law enforcement handlers. They are in a forest and preparing to embark on a mission. The dogs are huddled around a laptop. One officer observing the dogs says, ‘First they do an online search.’ You can search the web for many reputable and informative sources to learn preparedness recommendations. I won’t be reviewing information that is common knowledge. Rather, we will explore ideas that you may have overlooked. There are simple steps you can take in your own home to make an emergency response go smoothly.

**Frame Six**

There are several layers of bureaucracy between the local, state, and federal level. You should become familiar with the response structure of your state. Where is your closest firehouse? If that crew is on a call, where is the second closest? Are they staffed 24/7? Is your ambulance service based from a hospital, fire department, or private company? Do they have protocols for the transport of guide dogs? The time to find these answers is now, before you need the service. During an incident is not the time to negotiate a solution.  
Some metropolitan areas have a liaison to communicate with unique populations. This is the person to call to learn of operational procedures for managing calls involving guide dogs. Some agencies have public education, EMS training, or other representatives to answer concerns about response protocols.

**Frame Seven**

What steps can you take in advance that will help reduce the impact of an incident that you cannot prevent?

9-1-1 service is one of the few government responses that a citizen can request that has not changed a lot over the years. They ask only a few questions to get the apparatus on the street: What is your location? What’s the problem? The questions may be asked in a few different ways, but the message is essentially the same. Do you need police, fire, or ambulance? How simple should this be? There are no forms, paperwork, or signatures required. Simply answer the questions, and in some regions there is enhanced 9-1-1. The use of location and GPS technologies may assist the 9-1-1 call-taker in identifying your location. Emergency services have streamlined the front-end of getting experts deployed to your door.

**Frame Eight**

So what can you do to help? First, it is essential that your address be prominently displayed on your residence. Follow these guidelines:

* For multi-family homes, address numbers should be 6 inches tall.
* For existing detached homes, numbers can be 4 inches tall, but upon replacement should be 5 inches tall.
* New detached homes should have 5 inch tall numbers  
  Numbers should be visible from the street and have a reflective coating or background for night visibility.
* Ensure that overgrown shrubs or trees are pruned back to prevent obstruction of the address numbers.
* And if you live in a rural area where the mailbox is posted on the street, be sure that the numbers are placed on both sides of the box so that responders can see them from any direction.
* To determine the local codes where you live, you can call the local or state fire Marshall’s office.

**Frame Nine**

There is an old Irish proverb that says, ‘Every dog is bold on its own doorstep.’ Keeping this concept in mind, follow these tips if responders are coming to your home. If your dog is working, then ensure he is in harness and properly dressed in his uniform. All other dogs, cats, ferrets, reptiles, and any other critter should be confined to a separate room before any responders arrive. It creates stress for some animals to have loud strangers invade their home, carrying gear, issuing orders with squawking portable radios, and generally disrupting the household routine. I cannot stress the importance of isolating pets to prevent them from escaping. Responders are not thinking about Fluffy perched at the front door waiting for the opportunity to bolt. Responders should have a clear path to your front door. Don’t make them do a 50 yard sprint being chased by Buster, only to be told “He won’t bite, he just wants to say hello…”

**Frame Ten**

Titles two and three of the ADA, revised in March 2011, states that a “Service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition.

**Frame Eleven**

How does the ADA apply to 9-1-1 service?

Ambulance Patients with disabilities who use service animals cannot be treated less favorably than other patients.

EMS services are not permitted to charge fees that are not charged to patients’ without service animals. However, be aware that many ambulance services charge transport and treatment fees to all patients. In this case, you can be charged the fee for service, and it would not be impacted by the presence of your guide dog.

**Frame Twelve**

Under the ADA, service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal’s work or the individual’s disability prevents using these devices.

In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.

**Frame Thirteen**

According to the ADA, a person with a disability cannot be asked to remove his service animal unless the dog is out of control and the handler does not take effective action to control it or the dog is not housebroken.

**Frame Fourteen**

Title III of the Americans with Disabilities Act does not require proof or “certification” of a service dog’s training. You may not be asked for proof of license or certification from emergency personnel. This point is illustrated in the cartoon of a bartender checking a dog’s ID tags to see if he is licensed.

**Frame Fifteen**

First responders may exclude a service animal from transport with its handler when the animal’s behavior “is out of control” and the handler does not or cannot take effective action to control it. For example, a service animal that displays vicious behavior towards first responders may be excluded.

They may not make assumptions about how a particular animal is likely to behave based on past experience with other animals. Each situation must be considered individually.

**Frame Sixteen**

During an incident, first responders will ask many questions to assess the situation. There are two questions they are permitted to ask about the service dog “Is the service dog required because of a disability?”  
“Is the service dog trained to perform a task?”

**Frame Seventeen**

What Questions Are NOT Permitted? They are not permitted to ask extraneous questions such as:

* Do you have proof of certification?
* Is your dog vicious?
* Does your dog bite?
* Can’t you just take my arm and leave the dog?

**Frame Eighteen**

Allergies and fear of dogs are not valid reasons for denying access or refusing service to people using guide dogs. A guide dog may not be segregated due to fear, allergies, or suspected bad behavior. This point is illustrated in a cartoon. Two women are visiting and enjoying a cup of tea. The dog defiantly smokes a cigarette in the corner. The dismayed owner says, “We think he picked up the habit in the kennel.”

**Frame Nineteen**

Hospitals and EMS providers are not exempt from civil rights laws regarding service animal teams. Mercy Medical Center in Arkansas entered a settlement agreement in January 2012 after the Office of Civil Rights of Health and Human Services determined Mercy had discriminated against a disabled man by refusing him entry because he had a service dog. The Office of Civil Rights found that Mercy’s excuses for denying entry to the service dog team were unspecific and borne of ignorance. Mercy was ordered to modify its policies, practices, and training.

**Frame Twenty**

The take-away message of the protracted dispute with Mercy Medical Center is that people partnered with guide dogs should receive the same level of service as their nondisabled peers. Keep in mind, there are some exceptions, which we have discussed.

**Frame Twenty One**

Regarding the concern of a service dog contaminating a health care setting, the Centers for Disease Control has issued extensive guidance on environmental infection control in healthcare facilities. In summary, no evidence suggests that animals pose a more significant risk of transmitting infection than people; therefore, service animals should not be excluded from health-care facilities, unless an individual patient’s situation or a particular animal poses greater risk that cannot be mitigated through reasonable measures. The photo shows a child with a disability and his German shepherd service dog waiting in a hospital hallway.

**Frame Twenty Two**

While we are on the topic of medical facilities, if you are going to a hospital; think ahead about all the circumstances you will likely encounter as a handler. Hospitals operate on their own timeline, and are not going to yield to your dog’s schedule for feeding, parking, and the like. Regardless of how quick you think it will be, pack food, bowl, bags, etc. It is better to over-prepare and not need it. If you are going as a patient, consider your resources. Do you have a dependable friend or family member to feed and park your guide dog? Will they join you at the hospital? This concept is illustrated in a cartoon. A dog owner is so consumed with his computer that he has lost track of time and forgotten his dogs. Two dogs wait in anticipation for supper. One dog says to the other, “Isn’t it about time for www.feedthedogs.com?”

**Frame Twenty Three**

A basic task in preparedness planning is identifying a few people who can serve as emergency contacts to take temporary responsibility for your guide dog. Start thinking about this plan today, well in advance of any crisis. Given the unpredictable nature of emergencies, it is advised to have more than one contact. Consider friends, family, neighbors, or colleagues that have demonstrated interest and capability. In order to minimize the disruption to your guide dog, emergency contacts should be knowledgeable in your dog’s schedule and habits. After your emergency contacts have consented to serve in this capacity, provide them with your dog’s vital information. This should include veterinarian contact information, vaccination history, and printed instructions about any medication prescribed to your dog. It is also wise to include your dog’s AVID number and a brief description of AVID if the emergency contact is unfamiliar with the program. Be sure to keep vital information up to date as your dog ages.

**Frame Twenty Four**

Let’s discuss some circumstances when you may need to activate your emergency contact plan. Of course, we want what is best for our guide dogs’ health, safety, and career. As a responsible handler, you must be aware of situations where environmental factors may create hazards for your guide dog. For example, direct exposure to fireworks or loud rock concerts is generally frowned upon. When determining if your guide dog should be left with an emergency contact, think ahead about the chain of events that are likely to occur. For example, if you are being transported by ambulance to the hospital for chest pain: you will likely need numerous tests and studies. The hospital will not take responsibility for your dog’s safety and welfare. Do you have an emergency contact who can care for your guide dog at the hospital? Would you feel more comfortable having the emergency contact come directly to your home to care for your dog? Each situation must be evaluated on its own merits. Of paramount importance is keeping your guide dog safe when you are not able to work with the dog. You should plan for the unexpected, and do not wait for an emergency to occur to start considering your options.

**Frame Twenty Five**

Moving on, let’s talk about warning systems. Dogs bark for a variety of reasons such as boredom, urgency, excitement, and sometimes as a warning. The public, though, needs warnings that are more specific than a dog’s bark. The recipient of a message may not understand the difference between a watch, warning, or advisory. Risk communications are focused on motivating listeners to heed the warnings. So why do people resist recommendations to evacuate in advance of a storm? Perhaps this is because risk is defined by the audience, not the agency issuing the warning. In other words, what I consider an incident, someone else might believe is a crisis. A seizure in the Walmart parking lot and a hurricane brewing off of the Atlantic are both incidents, but they are clearly not similar.

Do not let optimism diminish information. Don’t limit yourself to traditional sources of warnings and advisories, such as TV and radio. Social media has become the conduit for updates in real time. Most metropolitan areas have full time social media personnel to monitor official channels and provide updates.

A somewhat controversial tool that has gained popularity is a voluntary registry for people with disabilities. The registry is usually maintained by the local emergency operations center and is a way to alert the EOC to your residence in the event of an evacuation. During a crisis, resources are outstripped quickly. The registry allows emergency managers to rapidly assess who needs assistance for evacuation. As I mentioned, registries are a radioactive topic among unique populations. Contact your local EOC to learn more about the registry and if it is available in your area.

**Frame Twenty Six**

A photograph shows a black lab guide dog sitting in the patient compartment of a paramedic unit. A first responder sits nearby.

As a guide dog user, I have always found it more efficient to be pro-active rather than reactive. As an advocate, it is much more difficult, and sometimes impossible to persuade an agency to change a protocol or bend to the needs of a guide dog team. Institutional change must be more than simply a departmental order. It must be integrated with training. There are many forms and schemes of training: in-service training, roll-call training, continuing Ed, recertification, and so on.

Modern disasters cause a broad range of collateral problems for responders, communities, and victims. Training and preparedness activities have long been planning tools. The training process is never closed. It must evolve and accommodate changes and developments. Planners need to incorporate new bodies of knowledge as communities change. Your state emergency management office conducts mass casualty drills to fulfill training requirements for responders. These drills often involve hundreds of volunteer ‘patients’. This is where you can help. After you return home and get settled, go to the website for your state’s emergency management agency. Call the training and exercise office of the agency and inquire about volunteering as a patient for the upcoming drill.

**Frame Twenty Seven**

Before we begin to discuss specific scenarios, I want to remind you that you need to identify your allies. You want to know who is in charge, but it also important to know who can make the decisions. Depending on the size and configuration of your local agencies, you may want to initiate communication with the office of community policing, the chief’s liaison, public fire education, or the citizen’s emergency response team (CERT).

Don’t forget your more immediate support system. Your network of neighbors, colleagues, and community service leaders all have their own networks. You might be surprised where you find support and advocacy help. You may need to activate this network if you are suddenly injured or hospitalized and need someone to help with your guide dog. Choose your requests carefully so that you don’t deplete your resources. This concept is illustrated in a cartoon depicting a cat trying to identify his local allies. The cat mistakenly thinks the neighbor’s dog is an ally. The cat gives the dog a Valentine’s card. The dog is dismayed and irritated and says, “You’re kidding, right?”

**Frame Twenty Eight**

Let’s discuss some common incidents and the challenges they present. We will briefly discuss a Pedestrian Struck, and an attack from an unrestrained and aggressive dog. We will finish with best practices for the transport of a guide dog team

**Frame Twenty Nine**

Populations that have a high exposure to traffic are at greater risk of traumatic injuries from being struck by a vehicle. The Guide or service dog may also be injured. First Responder agencies should develop standard operating procedures (SOPs) to address transportation arrangements to a 24 hour veterinary hospital.

In 2009, 4,092 pedestrians were killed and an estimated 59,000 were injured in traffic crashes in the United States. 72% of pedestrian fatalities occurred in an urban setting. And 76% of pedestrian fatalities occurred at non-intersections. Blind pedestrians and their guide dogs are all too familiar with this phenomenon.

In 2004, Baltimore County Fire and Police departments issued a standing order to allow the transport of an injured guide dog to the local 24 hour veterinary hospital, when the blind handler has been transported to the hospital by BCFD.

This policy has facilitated the smooth management of emergencies involving guide dog teams. In 2009, a Baltimore County Police Officer transported a guide dog that had been shot with pellet guns while working. Such policies exist when agencies pre-plan and develop agreements with the local animal emergency medical providers.

**Frame Thirty**

Attacks on service animals by pet dogs are a common problem and cause serious mobility problems for disabled persons. They require immediate attention, and you must convey this to the 9-1-1 call taker. The handler is vulnerable to injury from the aggressor dog and exposed to traffic and environmental hazards. Guide dogs may be unable to defend themselves because they are harnessed and leashed. Recent surveys show that nearly 45% of guide dog teams have experienced an attack by an aggressive dog. In one study that examined 100 dog attacks on guide dogs, 20% of handlers suffered dog bite injuries from the aggressor dog.

**Frame Thirty One**

One of the most frequently asked questions from guide dog handlers is what should I do if we are attacked by another dog? There are few situations as frightening and destabilizing. While I can’t advise on issues about dog behavior or protection devices, I can give you advice on getting help. Guide dog handlers are knowledgeable in planning routes and establishing travel patterns. This is very important. Remember the two questions that get help dispatched, what is your location and what is the nature of your emergency? If you don’t have the street address of your location, try to determine if your route has landmarks such as restaurants, government buildings, gas stations, and other permanent fixtures. For example, “I think I am near Eastport Elementary School”.

Be specific about your complaint or reason for calling 911, such as “I have been attacked by a stray dog and I am injured”.

Identify other co-existing environmental hazards or problems that are directly related to your situation or emergency. For example, “I am in traffic and might get hit by a car” or “I have a heart condition and am having chest pain”.

**Frame Thirty Two**

What should you do if you feel that your emergency is not being handled appropriately? Remember, your call to 911 is recorded. Laws regarding the release of 911 recordings to the public vary by state. However, if you make a formal departmental complaint later, your 911 call will be retained and reviewed with meticulous attention to detail. So choose your words carefully and be concise. If the call-taker does not seem to understand the nature of your problem, be sure to convey the urgency of your situation clearly. For example, rather than “My dog was attacked by a loose dog,” you could rephrase to “I am blind and my guide dog and I were attacked by an aggressive dog”. The message has the same content but gives clarity to the emergency. Do not understate the symptoms of the handler. While you want to get help to your guide dog, you need to convey your injuries to the 911 call-taker in order to get help dispatched. Be truthful and don’t embellish the facts.

During the management of your incident, if you are not able to resolve an issue with the on-scene responders, you may request that the duty officer or shift commander respond. Factors such as distance or higher priority calls could make a supervisor unavailable. You may be able to communicate with a supervisor by phone. Always be respectful and polite when communicating with responders. While you may disagree with a decision, they are likely following the standard operating procedures set forth by their department. Always ask for the business card or contact information for the incident commander. This reference is helpful when following up on an incident.

**Frame Thirty Three**

You can follow up on your incident with a complimentary letter if you had a positive experience with the responders. Letters of appreciation are just as valued as letters of criticism. Most jurisdictions retain letters of appreciation in the personnel jacket and they are included in the annual performance appraisal of the responder. Whether you write a critical or complimentary letter, you should include your name, date, location, and time of incident, responding units and a narrative. The narrative should stick to facts of your encounter.

If you are making a complaint, don’t stray into dictating strategy, because you may not have all the facts of the situation or the department’s response. Carefully consider if your complaint is related to your guide dog, or perhaps a different issue that could not be helped. For example, many times I had a patient demand to be transported to a certain hospital that was on reroute, and could not accept ambulance patients because no beds were available. In this case, we would have to transport the patient to a different facility. Despite repeated explanations of the policy, the patient and their family were un-persuaded. This was clearly circumstances beyond our control.

**Frame Thirty Four**

Let’s review some best practices for transporting a Guide Dog Team in an ambulance. There are no regulations to specify where the guide dog should be placed during transport. The size of the dog, condition of the patient, and space configurations of the apparatus will drive this decision.

* Flexibility is key to adjusting to the elevation of the ambulance.  
  The first question is: Will the guide dog be transported with you, the handler?  
  Each incident must be evaluated on its own merits. You should not be separated from your guide dog simply because it presents a perceived inconvenience.
* The next question is: can the guide dog be accommodated in the patient compartment? Where is the optimal location for the guide dog to be safely transported? You may need to select a method to tether your guide dog in the patient compartment. We will discuss two methods in detail later in the program.
* You may need to modify leash or collar to secure guide dog. Be sure to place the leash on the appropriate collar ring to prevent injury or asphyxiation.
* And finally, cover sharp surfaces in perforated running boards to prevent lacerations to paws.

**Frame Thirty Five**

Can the guide dog be accommodated in patient compartment?

In some situations, the guide dog can be tucked behind the stretcher at the patient’s head. This frame is a photograph of a black lab guide dog tucked behind the patient stretcher. Once it has been determined that the guide dog will be transported with its handler, always secure the patient stretcher first before placing the guide dog in the patient compartment.

**Frame Thirty Six**

If space configurations prevent the guide dog from transport in the patient compartment, the cab may be a viable option. Notice that I said the cab, not a cab. The cab is where the driver and passenger sit. Again, this will depend on how much floor space exists. As a practical matter, the harness may need to be removed to allow the guide dog to fit the space. In this frame, the harness was removed from the petite lab to allow her to fit the space in the cab of an ambulance.

**Frame Thirty Seven**

Always secure the patient in the apparatus before embarking the guide dog. Connecting the leash to the stretcher should never occur prior to the stretcher being secured for transport. The leash or other suitable device should be secured to a permanent fixture or the stretcher during transport.

The guide dog is at risk of injury if it is leashed to the stretcher while the stretcher is unsecured.

**Frame Thirty Eight**

Let’s take a few minutes to talk about safely transporting your guide dog in an ambulance. There are no regulations that specify a protocol under these circumstances. In addition, there is no one size fits all solution that applies to every situation. This topic generates a great deal of discussion and disagreement among handlers. When it comes to tethering your guide dog in the patient compartment, some handlers prefer to use the leash and collar, while others prefer to tether the harness with a leash, strap, or other device. We will review both methods. However, keep in mind, that none of these methods will protect your guide dog in the event of an accident. Tethering is simply a mechanism to prevent the guide dog from roaming during the treatment and transport of the handler. The tether will not protect your dog from injury. Although responders often have defensive driving and emergency vehicle operations training, there are no guarantees that the apparatus won’t be involved in a collision. In the event of an accident, your guide dog could suffer critical, even fatal, injuries. The photo shows the aftermath of an ambulance that rolled on its side and hit a tree. The roof of the vehicle has collapsed into the patient compartment.

**Frame Thirty Nine**

For those who prefer to tether by the harness; a tie down, leash, or canvas strap can be modified to secure one end to the harness clip, or through a harness loop. The other end can be secured to a fixed or stationary object in the patient compartment.

**Frame Forty**

In this frame, a canvas strap similar to a seat belt is used to tether the guide dog by looping it through a strap on the harness. The other end is fastened or looped through a fixed or stationary object. Remember, the purpose of tethering the guide dog is to prevent him from walking and relocating while the handler is receiving treatment or transportation.

**Frame Forty One**

For ambulances with the stretcher positioned in the center, the guide dog is placed next to the handler but clear of the EMS provider. The other method of tethering your guide dog is to connect the leash, tie down, or other device to a fixed or stationary object on one end and keep the other end clipped to the collar. This is appropriate when the dog can lie quietly next to you. Care must be taken to ensure that the leash is not connected to any moving ring on the collar. This photo demonstrates a black lab guide dog in the down position between the patient stretcher and ambulance wall.

**Frame Forty Two**

If the guide dog is wearing a collar with a sliding ring, move the leash hook to the non-sliding ring to prevent injury or asphyxiation during transport. The graphic demonstrates the non-sliding ring on a training collar.

**Frame Forty Three**

As the guide dog enters and exits the ambulance, be sure to cover sharp perforations that may lacerate the paws. Perforated surfaces are used to provide traction in bumpers and running boards, and tend to be on the exterior of apparatus. The photo in this frame provides a zoom view of a perforated diamond deck surface commonly found on running boards.

**Frame Forty Four**

Don’t forget to unhook the guide dog’s leash from the stretcher or stationary device prior to disembarking.

Allow the guide dog to exit the patient compartment. This frame shows the guide dog exiting the ambulance through the side door.

**Frame Forty Five**

We have talked about some common incidents that are pertinent to guide dog teams. The message I must emphasize is that we, as patients, victims, or bystanders, must understand that in emergencies, as in life; tools break, personnel call out sick, back-up systems fail, and citizens refuse to cooperate. At times, the public has an unrealistic expectation that an event will unfold like it does on TV. So what can you expect when you experience an emergency? You should expect, and not be surprised by compressed times frames and poor communications. This tends to cause chaos and confusion. Do your best to stay calm. Don’t get emotional and excited. If you have prepared for various hazards, connected with responder agencies, and learned the procedures regarding guide dogs, you have done your homework.

Don’t forget to follow real time alerts during a disaster. If evacuation is recommended, don’t be a martyr, be a model to other guide dog teams. Remember, you are part of a team. During a disaster, never leave your dog behind.

**Frame Forty Six**

Our presentation concludes with a cartoon showing several puppies napping at the office. One dog comments to the others, “It’s been moved that we adjourn for an afternoon nap. Is there a second?”  
This frame is followed by a list of references cited in the presentation.

**Frame Forty Seven**

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**Frame Forty Eight**

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