Webinar: #5208 AT3 webinar

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Carolyn Phillips: Welcome, everybody. We're going to get started in just a moment. I wanted to make sure that my Mike is coming through and it's wonderful to see so many of you on today. Thank you for joining us.

Liz Persaud: Thank you, Carolyn. You sound great.

Carolyn Phillips: Hello, everybody. Welcome. We're glad you're on with us today. It's wonderful seeing so many of you and we do hope that everybody is doing well and staying safe. We appreciate you tuning in to this important conversation about COVID-19 and really looking at infection prevention when thinking about and considering reuse programs. We're grateful for our collaboration with AT3. We appreciate all that you're doing in putting this together and hosting this important reuse community of practice. My name is Carolyn Phillips. I am the director here at Tools for

Life and work with the AT3. I have the great honor of working with both Liz Persaud and Trish Redmon. I'm going to have them introduce themselves.

Liz Persaud: Hey, I'm Liz Persaud for those who don't know me. I'm the outreach manager. Hopefully, everyone can hear me.

Carolyn Phillips: Sure can.

Liz Persaud: Great. I'm Liz Persaud. I'm the program and outreach manager for Tools for Life which is here at the Center for Inclusive Design and Innovation at Georgia Tech. And obviously along with Carolyn and Trish doing great work with the AT3 team and excited to be here with y'all to talk about some of the great work that happening and solutions for living in this time of COVID and sanitization perfection.

>> Trish Redmon: This is Trish Redmon. I've had the privilege of working with Carolyn and Liz at Tools for Life for 14 years. I'm excited to be involved in the national reuse efforts. [Inaudible]. Thank you for being here today.

Carolyn Phillips: Thank you so much Trish. We appreciate it. So we do have some -- a few slides we want to go over. We need your feedback. We listen to you. We take what you're telling us seriously so that we can continue helping everybody grow as we continue to

serve folks throughout the U.S. and every state and territory with reuse and making sure we're doing that safely and appropriately. Liz, do you want to talk about how we're going to get feedback?

Liz Persaud: We need your feedback. At the end of this webinar we're going to be posting a link to a survey in the chat area. We appreciate if you can take a few moments to click on the link at the end of the webinar and spend 5 minutes giving us feedback. We also want to hear about what other topics related to assistive technology reuse that you want to know more about. So please share that information with us. I want to let everyone know we're recording today's webinar as Carolyn mentioned earlier. We do not have the microphone turned on for all participants, but you can type in the chat area. If you look in the lower right corner of the screen within black board you will see the chat area. We have Tori and Sam looking in the chat making sure to read out your comments and question throughout our time together. We have learning objectives, so you know where we're taking you as we dive deeper in this conversation. We have three learning objectives. First is to understand the basic factors involved in disease transmission and the risks in AT reuse activities. The second one is to review authoritative guidance for

cleaning, disinfection and risk mitigation related to COVID-19 and lastly we're going to identify specific policy and procedures to optimize workflow in this and any other pandemic.

We're excited to have two guest speakers on with us today. They will be joining in a few moments to talk about what's going on in their neck of the woods and what they're doing with their programs. We're happy to have Karen Langley who is the president and CEO at REquipment at massmatch. We're excited to share that Jennifer Baker is on with us. Jennifer is the program director at REquipment. Thank you for building this awesome content that we'll be sharing today.

It's important to give recognition to our other contributors of innovation and operational changes. Thank you to Jane, Alvin, and Jackie. [Reading from PowerPoint].

Along with Karen and Jennifer a lot of great contributors of folks in our community sharing this information for all of you.

Carolyn Phillips: You're so right Liz. It's amazing really the feedback that we've gotten from y'all. We appreciate that you send us the information. Karen and Jane I appreciate your updates and hearing what's going on. We appreciate everybody taking a deeper

dive and helping the community learn and as we continue to go and grow.

I want to let you know we're working closely with the center for disease control in Atlanta. Trish and Liz and I just got off a call with them. This information we're going to be sharing with you come of it comes from the CDC and then other information. We're excited about -- that you're interested. So thank you for taking the time. Time is the most valuable thing we've got. So thank you for taking the time to learn more as we continue to learn more.

The risk of disease transmission when it comes to assistive technology reuse is one of the key topics that we want to go over with y'all. One of the key pieces here.

It goes back to something we've been talking about for years within our community, but we found that it maybe that just us -- we were the ones here within this Community of Practice were the folks focusing on safety as a top piece. Really and truly we're now hearing folks talk about things that we've been talking about for years. It was interesting whenever I guess back in March when folks were talking about PPE and they would say what is PPE. I was like oh, gosh I guess people don't talk about personal protective equipment

and making sure that you're safe.

So safety is the promise. It's one of the first things we think about with AT reuse. It's really the mantra. It's looking at safe from every angle. Whether it's from whether the device is working mechanically correctly and also safe from infectious contamination. We deliver on this promise collectively by adherence to healthcare guidance and paying attention to science and research and what folks are finding. There's excellent protocols from the CDC that we're pulling from. The list of approved disinfectants and compliance with bloodborne pathogen standards from OSHA. So for years we have advocated for the prevention of infection by making sure that a lot of us in this community of folks who are making sure that folks can acquire -- people with disabilities can acquire assistive technology that we're following proper cleaning and disinfection type of protocols of donated devices and that we make sure we're practicing sanitization, hand hygiene and all of those. Highly contagious diseases require additional steps. In some ways there's still a lot of questions out there as far as how long do we find disease processes or viruses living and if we use the sanitization processes, how much does that help. I think it helps a lot. It's a game changer really.

So what's the big deal? This is one of those things that I think a lot of folks have not taken seriously. I appreciate that you take it seriously. All that equipment, those surfaces, all of it could be sources of potential infection. Just think about that. So strategies should be considered when talking about protection from COVID-19 and actually other threats. There's -- we've been talking about this for years. COVID-19 is what we're looking at right now but being proactive so we're always ready and making sure it's just part of our standard of practice. Pathogens that pose potential problems really can be divided into three different broad categories. We have viruses and we've talked a lot about that within our reuse community of making sure that we are addressing that, so we don't pass on HIV, influenza, hepatitis, measles, cold sores. Antibiotics don't work against viral infections. We do have vaccines for a lot of the viral infections. So making sure we are aware of that category. Also thinking about bacteria. There's a whole host of vegetative bacteria that cause folks to be ill and can create havoc within people's respiratory systems. There's also things like anthrax. A lot of us are familiar with that. Tuberculosis. There's staff. There are people that have come in that let us know that the person who had this

wheelchair had STAPH or a bacterial infection. Strep is in that category too. The other piece that I find that is really common, especially when looking at some of the durable medical equipment, some of the seating and thinking about some equipment that might not be cleaned by some of our individuals. I've seen this often where fungi and a wheelchair will come in and it has mold on T. The person may not realize it. So making sure that we're taking that seriously also so that we don't cause more infection. We're talking about molds and mildew. That can become a threat, especially to those who have a respiratory and allergies. So thinking about that. I'm finding that our conversation nationally is changing because people are starting to understand a lot more about these categories and then also understanding the importance of cleaning high touch areas. The whole conversation around air born and aerosols also.

Obviously, it is a big deal. Liz, will you jump in on this one?

Liz Persaud: Yes. So obviously when it comes to the OSHA bloodborne pathogen standards there are some specific guidelines to follow with that. So the bloodborne pathogens standard applies to all occupational exposures to blood and other potentially infectious material and the occupational handling of

regulated waste. So it's important to think if somebody was bleeding and the important ways to handle that. Most devices handled in AT reuse programs are not likely to pose problems, but it depends on the prior conditions of use and that needs to be taken into consideration. It's important to look at the devices used by the person infected with the viral, bacterial, or fungal infection that might pose a threat to any staff in the center that's working on the cleaning as well too. There's a link here for devising a plan if potential exposure were to happen. So this is directly from the OSHA website for guidelines dealing with bloodborne pathogens.

So we've got more here when it comes to COVID-19 and other common infections. So many people have been listening to the news and we've heard about the flu.... [Reading from PowerPoint]. [Norovirus-reading from PowerPoint].

[COVID-19-reading from PowerPoint]. Unfortunately, we don't know enough about this virus. There's new information coming out every day. It's important to stick to these guidelines. In the next section we're going to talk about guidance from the CDC for infection and risk management.

Carolyn Phillips: Thank you. I think that's very important. As we're talking about the differences and

why we do what we do and why do we need to consider all of this, some of those recommended strategies are one we're familiar with. We go ahead and will post these. One of the things we've been talking about with the CDC is making sure that all of the signage is accessible. If within your center or reuse program, making sure that folks understand how you're implementing some of this for prevention. The primary modes of COVID-19 transmission really as we're starting to learn is about inhalation, droplets from a person who has it in the immediate area. So air born and tiny particles transfer from the virus from a contaminated surface. Liz would send me these texts that say don't touch your face. I know I know. It's just something we have to pay attention to. And also being mindful about all of that. The CDC recommends -- as we're going through this part, I encourage you to think about the layout of your reuse program. Think about the work space and how can we actually help naturally and through the environment create some of this so that it really does help. I have found that we're reengineering environments now. We're doing that at Georgia Tech and reuse programs. Reengineering through the lens of COVID-19. So what the CDC recommends is pre/SREPBZ of the spread of infection by social distancing. So when somebody is dropping off

equipment, where can you have a safe space for that? When somebody's picking up equipment? So social distancing throughout your program. The use of personal protective equipment, PPE, throughout the whole process and even as folks are working throughout the day. There's times where I have been out and I'm seeing more and more masks which is great but especially within our programs. Then cleaning and disinfecting of contaminated areas and diligent about hand hygiene and self-quarantining when appropriate. I think this is very important. The six feet. They're still recommending that. Some people say maybe ten feet. We're still learning. One thing I've started to see and hear from some of you is that you have designed your reuse or your area, your center so that it's more of a natural -- having six feet between people and even marking that out with tape and there's already been signs produced that you can put on the floor. There's an image on this slide that says one way traffic in operation. So basically having directions of where you don't go. You go in one door and out another. So creating traffic lanes for people is helpful.

In places where distancing is impossible and we have seen some of that, it may be necessary to create those protective barriers. Starting to see more and more

of that through plexiglass and allowing for people to be safe in every phrase of interaction with the public and interaction with each other. When we're talking about the work that we do, some of the classes, meetings or what have you, seeing what we can do when it comes to video conferencing.

I have seen from several of you that the way that you're doing some of the process when it comes to reuse and looking at the initial request and then all the way through to matching and making sure that people have the right equipment. Some of that is becoming more virtual. So I think we're actually learning a lot about efficient and effective ways of doing our work. So if you're doing something like that, let us know.

Limit access to the reuse facility. I have seen also where there are even assigned times where you can say you can come in at this specific time. And locked doors and that creates that.

Talking about personal protective equipment, PPE, everybody should have that. Everybody should have masks and gloves when talking about reuse. Supplies can be difficult to obtain. We recognize that and see that. So once again, just being mindful and trying to partner. There are within our community a lot of sharing which I appreciate and sharing of the masks that have the cut

out for people who lip read. That's something else to think about within our community specifically.

Masks are often the N95. A lot of people have heard about those. Those are needed for folks in the medical field. We know that. Often they are much closer to individuals. Even within inches of an individual's mouth. So honestly we're not doing that within the AT reuse community. So often we're finding that commercially made surgical mask will definitely help. You're looking for a three layered fabric mask or something that has the protection to T. We have a link about masks and really good guidance there.

Same with gloves. Making sure that folks are diligent about washing their hands and wearing gloves when appropriate.

Hand hygiene but hygiene in general. Washing your hands. We've been doing this for a long time in the reuse community, but any time we have equipment that we're interacting with whether in your triage area -- what we're encouraging is a place for people to have a place to wash their hands and sanitize quickly. It looks like we have a question. I'm going to pause and have Liz read that question.

Liz Persaud: This is from Hannah our friend in Hawaii. She is asking if we can include clickable links

here. We can do that. We'll be sharing the webinar afterward if that works. We can certainly attach some links here in the chat. I'm happy to do that while Carolyn is presenting.

Carolyn Phillips: Thank you so much. Great question and aloha. When we're thinking about methods -- this has been one of those tricky things -- as we think about all the touching we do in our reuse practices and making sure we wash our hands often, 20 seconds makes a difference. Making sure we have the availability. You can use hand sanitizer or soap. That breaks down COVID-19 just fine.

We also have seen where some people now have it written into job descriptions or responsibilities to have somebody that goes throughout the whole center and does high touch sanitization every hour where they go through and wipe down the door handles, wipe down counters and all of that. Just making sure that it becomes part of our routine. We want everybody to stay safe. Also when thinking about planning and disinfection of devices and surfaces, cleaning is about physically removing contaminants as much as we can to the greatest degree possible.

Sometimes people get those confused where they say I cleaned that. There's a difference between

cleaning and disinfecting. Disinfecting requires the use of appropriate chemicals. Really it's about looking at OSHA's list but it's about destroying the virus. So making sure you're actively saying that. I know sometimes I hear folks say we clean the equipment but what's in the back of my mind is do you actually disinfect. Going ahead during this time and being proactive and telling folks we disinfect. That's what this means. We're using chemicals in this way and they are appropriate and approved.

You can find out a whole bunch more about that and you can review some of the updates in the November 2019 webinar. So many of you reached out and thanked us for doing that webinar. Thanks to AT3 also for supporting the development of that. It was right on.

Where we did a webinar called the framework for cleaning and sanitization back to basics and quick tips. It's on the AT3 center site and Liz is posting that. Thank you for doing that in the chat.

Some of the tips. We did hear from you. Thanks to Trish for the time she has dedicated to this to have those conversations and thanks to all of you who have weighed in. Some of the things we learned is you're identifying and marking off -- it could be a room to itself or using tape that identifies areas where -- to

isolate donated devices. So that it can rest for several days prior to handling. We are doing that also. And so we actually have a room where people drop off things and they are there for at least 48 hours. We don't touch it. That's the minimum, 48 hours. Sometimes it could be 72 hours or longer. Just to give it space and time to rest and for the virus to die if you will. That's a good step. Thank you for sharing that.

Another one. I think this is really great and goes back to reengineering our reuse programs but allowing people to work from home has permitted for the reconfiguration of single work spaces -- our good friends in Indiana, Alvin we appreciate you sharing that for your computer reuse people are able to spread out. That's very helpful. Assigning a dedicated person to clean up in addition to regular staff. Once again, putting that within somebody's roles and responsibilities. We have that in our own home. We also have that within our own work space now.

It's everybody's job to clean up. It's everybody's job to sanitize and also having the dedicated person can be helpful.

Also thinking about workflow. We've been talking about this and some of the changes that we would encourage you to think about. When thinking about the

floor plan of your reuse center, think about what is a natural way for the workflow, the path for devices so they can be changed to minimize contact. The fewer times you have to touch it. Also that provide for social distancing. So maybe having specific spaces where within your workflow and within your policies and procedures to have that spelled out. We encourage you to think about even if you need to restrict access to that facility to your center. That can be helpful when talking about workflow and making sure everybody stays safe. Making sure that you designate where the hand washing stations are. Think about where is the line up to have visitors safely. Marking physical spaces of what six feet looks like. Helping people understand that.

And then also thinking if there's a location away from air condition and heating vents. We're starting to hear for a little bit of time that this is air borne. It's an aerosol if you will. So consideration when it comes to ventilation and having consideration of where do you put the equipment so that it's not constantly being in the way or near the vents. So paying attention to all of that.

Three days is one of the things that we have been talking about. 48 hours at least but definitely three days or more.

If possible to utilize the air flow to the reuse intake within your specific program and to the cleaning areas from clean to storage and thinking about all of those pieces would be excellent. Also thinking I would encourage you to think about what parts of your reuse program can be performed from home and what parts can be done remotely. So thinking about those pieces and also are there any pieces that it could be not only remote, but you can archive a video about how to do specific things. I'm happy to talk with all of you about that.

The other thing we want to make sure you're thinking about is it's one thing to know about policies and science and research. The piece that makes a difference obviously is how to implement. I would love it if you could -- if you implement any of this, send us examples of that. Some of you have sent me examples. It's great to see. It helps our whole community learn. Gosh here's how I designated six feet and how we figured out signage around that resting for the equipment and giving it 72 hours. All of that stuff is helpful for our collective work as we serve folks in every state and territory.

So the challenge is thinking about the implementation and how to do that in a practical way for your environment. I'm excited because we're going to be

learning from Karen and Jennifer our awesome partners in REquipment. They will talk in more detail. I think it's -- as we were talking with all of you and as Trish was talking with you we did hear a number of innovative solutions. They're not identical because what we're finding is our work space looks different. Facilities have all kinds of differences. So thinking about how do you modify or here's some overarching ideas but how do you make it happen?

Also the geography of your service area absolutely affects the method of acquisition and how you distribute devices. There's certain parts of our state that we've held back on. So think about that. Also the nature of the population served. I'm going to turn this over. Karen and Jennifer take it away.

Liz Persaud: Before Karen and Jennifer start speaking I want to say that we have a question in the chat area. This is from Stacy with the Missouri AT program. She says if you have donations coming in daily and isolating equipment for /PAOERDZ of time, do the donations move through a pattern out or is all equipment put in the same place and left for the following week. How do you not contaminate items that are already in the isolation room?

Carolyn Phillips: We have seen different

practices where people are putting -- if you have the space put them in different rooms. Say these are available on this specific dates. Then you don't use that room. And then the next room is available for another date. I'm curious to see if Jennifer and Karen do you want to talk about how you're handling that?

>> We'll be addressing that. We have a couple slides about how we're handling donations and quarantining.

Carolyn Phillips: Thank you. You can go ahead.

>> Hi, this is Karen Langley. I wanted to give you a little bit of sense of Massachusetts size and population and our program as a precursor because changes do depend on a whole bunch of factors. Massachusetts is pretty small. From Boston to across the state to New York is about 3 and a half hour drive. We have 6.5 million people. Our reuse program is made up of three different components. There's the state-wide entity. That's what Jen and I do. We coordinate everything. The donations, the reassignments, the e-mails, reports. Then we have reuse partners and we have four of those located across the state starting in canton which is near Boston. We have three drop off locations which are small local areas that are regionally based. One is in Salem, east bridge water and

new Bedford which is near the cape. So those are the components. The Governor declared a state of emergency and closed all non-essential agencies in midMarch. So all of those locations for both reuse and drop off were closed. The coordinating entity which consist of myself and Jen and our donation coordinator are already home based. We have a virtual phone system. We use 365 office and share point. We didn't have to shut down. We have access to the website where all of our equipment is posted. We could continue to do our work. What we were faced with was our four partner sites that do the refurbishment were shut down. What happened was within the first 3 or 4 days the Governor and his folks established a list of what agencies and services that would be considered essential. The provision of durable medical equipment was essential. So our DME reuse programs could technically reopen if the business reopens. So we have two partners that are physically located in offices that are rented by state government. So they give us that space for free. The other two are located in local nonprofits. So the Worcester location was in a state building. The building was closed but they allowed our reuse portion of the building to reopen. They had caveats that only two people could be located in the space at the same time. We could not come

through the main area. And we could not go into the rest of the building. We could get in to the office and refurbish equipment. The other location in canton is located in a residential school for children. So that pretty much was shut down. So really the biggest challenge during that first shut off was getting reuse location in the Worcester and accessing PPE. Another thing was to notify the public. We did that through our social media and website. And also our staff contacted anybody who was waiting for equipment drop offs. So we let them know that we were temporarily shutting down deliveries of equipment and pickups of donations until we got an appropriate PPE.

The other thing we wanted to do is we wanted to prioritize the delivery of equipment that was requested pre-COVID as the most important thing to do and for us to hold off on any of the donation pickups. Jen was able to go back through the data and identify approximately 120 people who were waiting for delivery of their equipment. So we looked at what were the things that were most important, and we did some triage and making determinations of when we were ready to go what would go first.

Then we also wanted to establish protocols. We wanted to make sure our staff would know what were the

protocols that we wanted to have for deliveries and pickups and what PPE those people would need and when would they use it.

So that first couple of weeks we were trying to identify how to change our operations and how to make the process from signing of the delivery paperwork to the actual deliveries and how to do that with no contact. The driver would come to somebody's home and do certain things with them which would end with having the person signing a form. So one of the things we had to do was staff reassignments.

We were going to be reopening the program in April after receiving the PPE and really only our Worcester location was able to open as quickly as possible.

We did lose a cleaner. It was a part-time person that they would not allow us to have come back into the building. It was only people who were employees. We had the canton site shut down which was the site that was in the hospital for children. We had a part-time driver assigned there. We decided to reassign that driver to our Worcester location. He lives in the area around Boston. He gets the vehicle at our canton site and then goes to Worcester and does his pickups from there. So we had some reassignments.

We also in the short-term got to focus our attention on specifically on the deliveries of items that had been requested prior to COVID. Those were going to happen first. So the person who was the cleaner tech in our Worcester location was assigned to do deliveries. So for that three week period we focused on the full-time person and the part-time person getting those 120 deliveries out. I think we were successful in doing that. We did have a couple of situations where Jen would get the call and we would triages. If somebody was in a nursing facility and they need today get out right away and we had a piece of equipment to make that happen, we would prioritize. [Inaudible] prior to resuming duties they had to watch a universal precaution video. Everybody had to see that video prior to resuming their duties and there was a sign off that indicated that they did. Every staff person did that.

Liz Persaud: We have a couple comments that I want to get to them because you may be able to answer some of these. To back track. Amanda mentioned that we have an area where we accept donations and blast them with ozone before moving them to another space where we power wash them if possible. She made a comment about the AAA in our area used to do that and I think that was in regards to some of the points you just mentioned.

Nicole had a question about -- what are your thoughts about using a shed about equipment isolation. I know some equipment cannot be put in the shed because it would be damaged by the heat Jennifer will go into how we set the priorities and how we did it. We used a number of offsite locations. Jen will tell you more about how we came to that.

>> Jennifer: Thank you. We started to identify people in at risk places getting people out of hospitals and nursing facilities. We were on the fence because right now once we reopened to now we do everything no contact. We don't want to be within 10 feet of any of our consumers right now. I got a phone call from a woman whose hospital has end stage ALS. She went to transfer him from the bed to the wheelchair and he ended up in the hospital with significant injuries. He was the first person we delivered to and we brought him a sling lift. That is the emergency cases. We don't want anybody falling. That puts them in facilities that we want to help people get out of. We have requests for equipment that were going to go to schools. We know schools are closed. So we put those down to the bottom of the list. We wanted to make sure that we preserved our resources. PPE is difficult to get. It takes a long time and is expensive. We frequently get adaptive tricycles and

beach chairs. We decided we wouldn't deliver those until we had enough PPE. People can wait for that stuff but cannot wait for wheel chairs and sling lifts.

So we came up with a no contact communication strategy for our consumers. They request everything online. We get it processed. Donations goes to the donation coordinator and he determines what we want right now and what we don't. Right now we have 15 standers on our website. I want the manual wheel chairs and the tub benches. So we're careful to screen that out. Same with deliveries. We're making sure that our driver calls a day or so before he gets there and determined where he's going to leave this piece of equipment because he's not bringing it into anybody's house. Whether he leaves it on the porch or garage. We don't want to blindly leave something in a driveway. Receipts are electronic. Or through the postal mail. We do calls and e-mails to set up deliveries and pick up. Sometimes we have to hound people for it. A couple of days after people get their equipment, my assignment coordinator calls to make sure that the piece of equipment was what they were expecting, that it's working, they were able to get it in the home okay and that the person is able to use it without additional support. That's really important and so far that's been

going really well. I haven't had anybody say they have had a problem. That's been working fairly well.

The new strategy for deliveries, the deliver prearranges the location. Make sure that somebody is home to make sure they will get the equipment in the house right away. We don't want to leave it out there. Day of delivery we confirm the health of the recipient even though it's no contact. I want to make sure all my staff are protected and healthy.

The driver does wear a mask and gloves and changes his gloves after each delivery. All of the delivered items are covered with clear plastic bags. That works well especially if you're leaving a piece of equipment in a driveway. You don't want it to get dirty while it's out there. We do deliveries and donations separately. You will never see clean and dirty equipment in the van at the same time. We'll generally do one week doing deliveries and the next week is only donation pickups. The van gets cleaned every day. They clean it really well every day. We're doing all our paperwork by electronic form.

When we're taking donations -- I know this was a big question. Again, we're only accepting equipment that we have a big need for. We started doing that late April. We're not having anybody drop anything off to our

facilities. None of our facilities are allowing the general public to be there. So it's pickups only. The driver pre-arranges the location where the equipment will be available. The health of the donor is verified at the location. Deliver paperwork is electronic or snail mail. The donated equipment is covered with a red or colored back and quarantined off site for at least a week. We have state run buildings that won't allow us to have unprocessed equipment in their facility. So it needs to be quarantined and then the cleaner takes out what he wants to clean, they take it and disinfect it outside and then bring it in and go through the whole cleaning and sterilization process.

In our biggest facility in Worcester we can only have two staff in there at a time. That's all they allow us. They have to keep their distance. As Karen mentioned, our canton location is closed. We're working on being able to work out of there again. We're hoping in the next month or so. Again, this changes to the intake and disinfection workflow. The site and vans -- we went through and everything got totally disinfected. It got cleaned, sprayed, and scrubbed. Once we get the equipment clean and ready for delivery, it's bagged and separated from other equipment in any location. The not processed equipment gets brought in.

It has been bagged. It comes in for assessment, cleaning and refurbishment and has been in a storage unit for at least a week. All the items are hand cleaned. Then they come in and we do hub scrubs which look like big giant dish washers. I say 65% of our equipment can go through the hub scrub. We can't put anything that's power. No power chairs or scooters. You can't put anything in there made of wood. That plasticky stuff can't go in but bathroom equipment and manual chairs can go in. With the hub scrub not only does it dispense the disinfectant while washing but it has a UVC cycle. We have a couple hand held UVC disinfecting containers. We haven't started using them yet. That's supposed to be great. We'll be able to use those when we have a unit that can't go through the hub scrub.

So with the use of PPE, our cleaner tech does use the cover alls that are used daily. He does use the N95 mask -- KN95 mask while doing repairs because we have the high powered sprayers going around. I don't want him breathing that in. He's the only one using the KN95 masks. Everybody else is using the hospital masks. We use disposable gloves. They get changed between each piece of equipment that they touch. There's also all kinds of hand sanitizer. Our driver depending on where he is going uses the cover alls. He has a specific

container where the used gloves go, and he disposed of them at the end of the day. Masks and gloves have been extremely difficult to acquire. Karen has been fabulous at hunting them down. She's using multiple vendors. It's starting to get easier as time goes on. It's getting easier as time goes on. If you use simple green, what you need to understand is there's 5 types of it and there's only one that we can use that will actually sanitize. So you have to be careful what you're looking at. The hand sanitizer was so price gouged. We found representable dealers to meet our PPE needs. Karen has been working on that. That's been the bane of her existence for the last few months.

Karen do you want to talk about policy and procedures or keep going?

>> Karen: We were in the process of reviewing and updating our program policies prior to the pandemic. Amy Goldman had ideas for reviewing policies and procedures. So Amy looked at our policies and giving us feedback on those. We took those and looked at the COVID related things and Jen did additional stuff. So we finalized those for July 1. One of the requirements is to review the universal video on handle equipment. One of our sites was using a lot of volunteers. People were coming in -- they had an off the street business. People

would come in and talk to the volunteer and got stuff handed to them. So we wanted to make sure that the people who were handling the equipment really understood the issues of universal precautions. We have the no contact of the deliveries and the pickups and the predetermined place for equipment. People say why are you asking about whether a person is sick? Because people come out. Even though you tell them not to come out, they come out. So we want to make sure that people -- we have a sense of what's going on and that we're making sure our staff are maintaining that social distance and wearing the mask and the gloves. All the paperwork is now electronic. Some of the paperwork was handled electronically.

We quarantine it. At the time from April-July we had a large container -- 40 foot container in Worcester and 6 other off site units. Two of them were down in canton. Three in Worcester and another one in [Inaudible]. Those were to either have totally clean equipment in or have those items that were under quarantine. We had to consolidate some of those because of money issues but we're going to find a way to maintain those quarantine units as well. We're requiring social distancing for the 2 or 3 staff in the work area, the use of masks and the use of clear or colored bags

for the equipment. So it's very easy to see how many pieces need to be cleaned and how many are ready. Not having pieces of equipment in the van at the same time. I have to admit that we did that. Now we're not going to. We asked the vans to be cleaned in the past. They're not cleaned the way they are now. Our vans are disinfected every day. Jan is triaging the deliveries and prioritizing those who are trying to get out of hospitals or prevention falls. The other thing we were able to do /R*ULT of this is Massachusetts had opened up some recovery centers around the state. Most of those were for either people who are on the front lines that couldn't go home -- people who worked in hospitals that couldn't go home because they would infect their families or people who were sick and didn't have a place to live. They contacted us.

We got a call from FEMA. It happened to be equipment that we don't normally have but because we have relationships with these regional programs, we were able to identify all the equipment they needed, and they arranged to get that to meet the needs of the Native American population that were sick. So that were some of the changes that we made to some of the policies and procedures.

Our drop off locations are still closed down. We

have a call with them this Friday. We'll be going over with them what would we expect in terms of drop offs of equipment. All drop offs are prearranged anyway. We're going to go over what their staff would need to do in terms of receiving it. Having the proper PPE to do that, where the storage would happen, et cetera. Jen has staff person doing follow up calls to make sure they're using the equipment and do they need instructions. If we can get them a YouTube video or whatever they need. And then making sure that we have all the cleaning and delivery and PPE that everybody's going to use. As Jen said, it's been a little bit difficult getting that. The hand sanitizer is outrageously expensive. The gloves have been a little better. And that's about it.

Carolyn Phillips: That was excellent. Thank you so much. We really do appreciate that. I see that you gave a great amount for us to think about and a lot of details and we appreciate that. We do have several questions. If we don't have the answers -- I think we have answers to a lot of this, but it looks like there's themes here around electronics and straps and things like that. Liz, do you mind reading questions out loud for us. It may be that we need to do more information around electronics.

Liz Persaud: Great information. Lots of

information coming through the chat here. Here's the first question from Gale... [Reading]