

COVID-19: Infection Prevention in Reuse Programs

AT3 Reuse Community of Practice

July 22, 2020

3:00 PM to 4:00 PM

Today's Webinar



We Need Your Feedback

- At the end of this webinar, please complete the survey to provide us with feedback.
- The link to the survey will be available at the end of this webinar session.



Our Learning Objectives

1. To understand the basic factors involved in disease transmission and the risks inherent in AT reuse activities
2. To review authoritative guidance for cleaning, disinfection, and risk mitigation related to COVID-19
3. To identify specific policies, procedures and workflow to optimize the safety of reuse program staff, customers and visitors, in this and future epidemics/pandemics



Thanks to Our Speakers and Other Contributors

Guest Speakers:

Karen Langley, President & CEO
REquipment, DME Reuse Partner
of MassMATCH, the
Massachusetts AT Act Program



Jennifer Baker, Program Director
REquipment, PhD, ATP, CAPS



Other Contributors of Innovations and Operational Changes

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Risk of Disease Transmission in AT Reuse

The Reuse Mantra: Safe, Effective and Appropriate

Safety is the first promise of the AT reuse mantra. That means safe from mechanical and electrical issues, and safe from infectious contamination.

We deliver on this promise by adherence to established healthcare guidance and protocols from the Centers for Disease Control and Prevention (CDC), and the use of approved disinfectants (on List N) and compliance with the Bloodborne Pathogens Standard from the Occupational Safety and Health Administration (OSHA).

For years, we have advocated prevention of infection by:

- 1. Proper cleaning and disinfection of donated devices, and**
- 2. Diligent hand hygiene.**

Highly contagious diseases require additional steps to protect everyone.

What's the big deal?

Sources of potential infection

Strategies should be considered for protection from COVID-19 and other infection threats as standard practice. Pathogens that pose potential problems can be divided into three broad categories:

Viruses: colds, cold sores, chicken pox, measles, mumps, rubella, influenza, hepatitis, cytomegalovirus (CMV,) respiratory syncytial virus (RSV,) polio and human immunodeficiency virus (HIV). Antibiotics do not work against viral infections (only against bacterial infections), but we have vaccines for many of these viral infections.

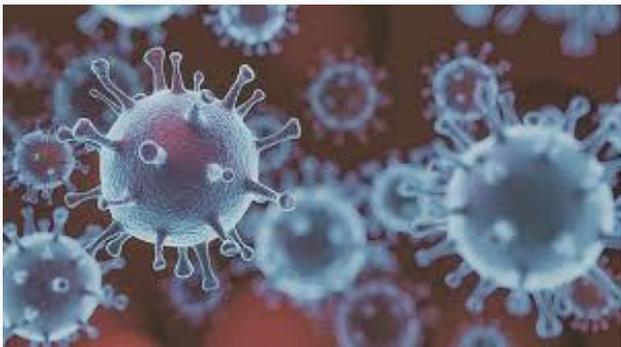
Bacteria: Infections such as staphylococcus aureus, salmonella and the coliforms are caused by vegetative bacteria; other bacterial infections include tetanus (for which we have a vaccine that must be renewed every 5 years), anthrax, tuberculosis, staphylococcus (“staph”), streptococcus (“strep”), and botulism.

Fungi. Molds and mildew are common fungi, and they often become a threat to people with allergies when buildings become contaminated and the fungi become airborne.

The OSHA Bloodborne Pathogens Standard

- The Bloodborne Pathogens Standard (29 CFR 1910.1030) applies to all occupational exposures to blood and other potentially infectious material and the occupational handling of regulated waste.
- Most devices handled in AT reuse programs are *not likely* to pose problems, but that depends on the prior conditions of use and must be considered.
- We must consider that devices used by persons infected with viral, bacterial or fungal infections may pose a threat to workers and subsequent users if the device is contaminated with live pathogens.
- Programs are required to devise a plan if potential exposure exists. See https://www.osha.gov/SLTC/bloodborne pathogens/bloodborne_quickref.html

COVID-19 and Other Common Infections



- Influenza (flu), a seasonal virus, poses a significant risk every year. It survives up to 48 hours on hard surfaces. The number of U.S. deaths varies with severity and strain of the virus (60,000 in 2017-18, but 34,200 in 2018-19). However, we have a newly formulated vaccine annually that offers varying degrees of protection.
- Norovirus, a common cause of gastroenteritis outbreaks, survives more than 3 times longer on solid surfaces than COVID-19, and can develop 12-48 hours after exposure. There are about 900 deaths per year; most people recover.
- COVID-19 virus may survive up to 3 days on hard surfaces. It is distinguished by its severity and possible long term impact. It has caused 132,000 deaths in approximately 6 months. We do not know enough about this virus yet.

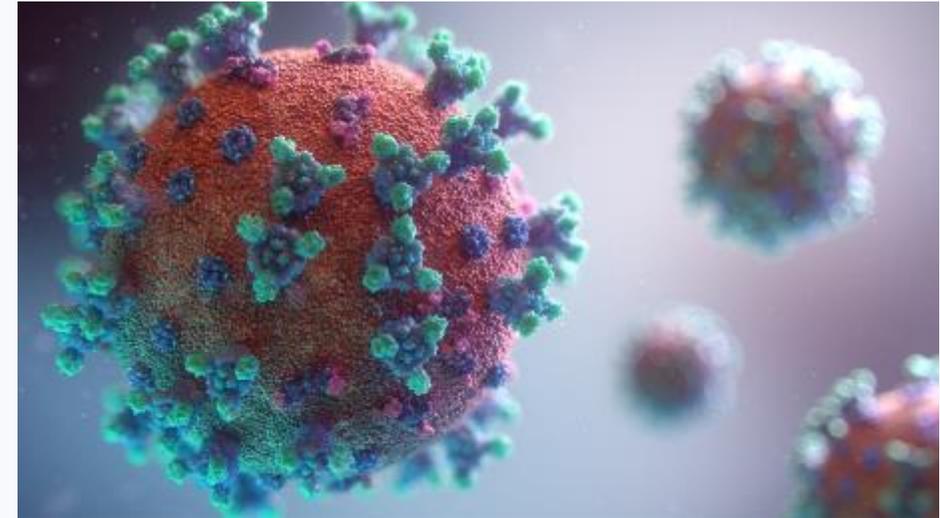
CDC Guidance for Infection Risk Mitigation

Recommended Strategies for Prevention

The primary modes of COVID-19 transmission are inhalation of virus “droplets” from infected persons in the immediate area, airborne virus (tiny floating particles), and transfer of virus from contaminated surfaces to hands followed by touching the face.

The CDC recommends prevention of the spread of infection by:

1. Social distancing
2. Use of personal protective equipment (PPE)
3. Cleaning and disinfection of contaminated surfaces
4. Diligent hand hygiene
5. Self quarantine when appropriate



Social Distancing



The CDC recommends 6 feet between individuals when in public spaces. This often results in the need to create “traffic lanes” for individuals in public places, stores or in the work place.

In places where this distancing is impossible (e.g., check in/check out locations), it may be necessary create protective barriers (of glass, or see-through plastic) for the benefit of customer and worker.

Distancing for classes, meetings, some events, social gatherings, clubs, and even appointments, may be accomplished using video conferencing or audio conferencing tools.

Tips: Limit access to the reuse facility. Lock doors.

Use of Personal Protective Equipment (PPE)

All workers should have PPE appropriate to roles, place, and potential exposure. Masks and gloves are usually adequate for reuse activities. Supplies may be difficult to obtain.

- **Masks** are the most frequently recommended PPE. The N95 mask needed for medical workers dealing with infected patients is not needed for AT reuse. For most, the commercially made “surgical mask” of woven fibers, or a three-layer fabric mask is suitable. (Fabric masks should be washed daily.)
<https://www.youtube.com/watch?v=ML3n1c0FHDI>
- **Gloves.** Disposable gloves may be protective in the workplace and for doing public errands, but they can also transfer virus from one object to another. Diligent hand washing may be more effective.



Hand Hygiene

PURPOSE

- Proper hand hygiene is essential to prevent the spread of disease through surface contact with bacteria, germs or other contaminants.

INDICATION OR FREQUENCY IN THE WORKPLACE

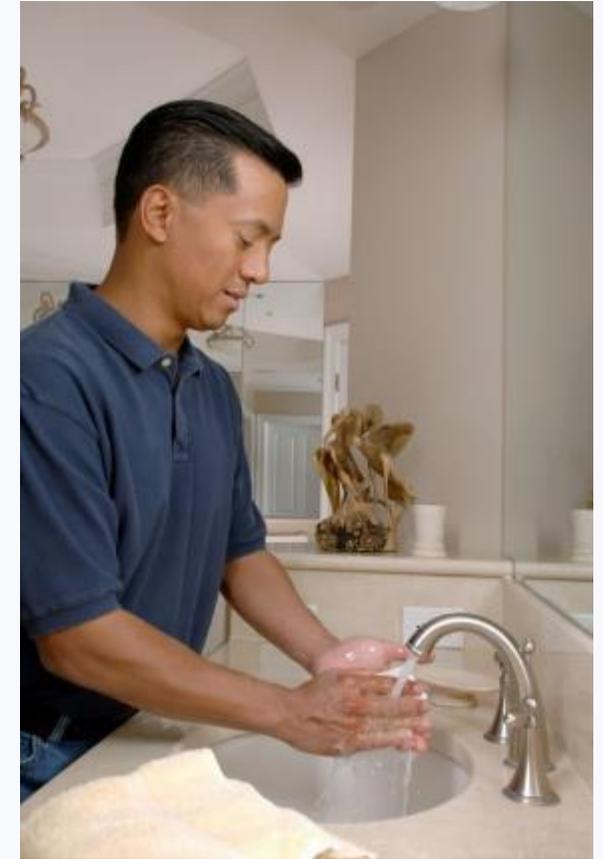
- Before and after having direct contact with individuals
- After contact with potentially contaminated surfaces (AT devices, doorknobs, work surfaces, tools, supply containers, etc.)
- After removing gloves
- After using the restroom

METHODS

- Soap and water for thorough cleaning for 20 seconds see CDC guidance on how to do this properly at

<https://www.cdc.gov/handwashing/when-how-handwashing.html>

or use hand sanitizer.



Cleaning and Disinfection of Devices and Surfaces

- Cleaning involves the physical removal of contaminant to the degree possible.
- Disinfection requires the use of appropriate chemicals (from OSHA's List N) to destroy the virus.

Review updates in the November 2019 webinar, A Framework for Cleaning and Sanitization: Back to Basics and Quick Tips, on the AT3 Center site at <https://us.bbcollab.com/collab/ui/session/playback>.

Tips from programs:

- Identify areas to isolate donated devices to rest for several days prior to handling (for cleaning).
- Allowing people to work from home permitted the configuration of single person work spaces for computer refurbishing.
- Assign a dedicated person to clean up in addition to regular staff.

Workflow: What changes should you consider?

Use a floor plan of the facility to determine whether:

- The workflow path for devices can be changed to minimize contacts, or to provide for social distancing. **(Tip: Restricted access to facility.)**
- Where handwashing access is located;
- If changes could make it possible for customers to visit safely;
- If there is a location away from AC/Heat vents where newly donated devices can rest for 3 days before cleaning and disinfection;
- If it is possible to isolate the air flow to reuse intake and cleaning areas from clean storage and other work areas, and,
- What tasks can be performed from home?

How to Implement the Strategies in Practice

The challenge is the purposeful implementation of the CDC's COVID guidance in a manner that is practical and effective in your environment. Today we will learn how one AT reuse program addressed implementation of the CDC guidance. We heard a number of innovative solutions. They are not identical because:

- The physical facilities have differing characteristics that must be considered in modification of workflow.
- The geography of the service area affects the method of acquisition and distribution of devices.
- The nature of the populations served and the availability of accessible communication infrastructure affect options for communication with customers.

Karen Langley and Jennifer Baker from REquipment, the reuse partner of MassMATCH, will tell us about coping with closure, changes made to operations, and the resumption of services.

Applying CDC Guidance to Reuse Operations:

Experiences from the Front Lines

Karen Langley and Jennifer Baker

**REquipment, DME Reuse Partner of MassMATCH, the
Massachusetts AT Act Program**

Shutdown

- The Massachusetts DME Reuse Program is comprised of 3 components: the statewide coordinating entity (REquipment, Inc.), 4 Reuse Partners (Canton, Worcester, Amherst, and Pittsfield), and 3 drop off location agencies (Salem, Bridgewater, and New Bedford).
- The Governor declared a state of emergency and closed all non-essential agencies and businesses in mid March due to the COVID 19 pandemic. All 7 of the on-site locations for reuse and drop off were closed. Because the staff of the coordinating entity work remotely, the administrative functions were able to be maintained.
- After 3 days, the Governor's list of essential services was released and the provision of DME was listed as an essential service thereby allowing us to resume service. However, our largest reuse partner site located in Worcester is inside a state building which was closed. After a few days we were given limited access to the building and limited to 2 staff at a time. During our shutdown we focused on what would we need to do differently in order to resume operations safely.
- Our biggest challenges initially were getting access to our reuse location in Worcester and getting PPE.

Continuity of Operations Challenge

- We immediately notified the public through our website and social media that we were temporarily shut down. Consumers waiting for drop offs or pick ups were notified by phone.
- We prioritized delivery of equipment requested pre-COVID as most important and put a hold on donation pick ups. Through analysis of our data we identified approximately 120 people awaiting delivery of equipment.
- We stopped all drop off and pick up of equipment at our 7 sites. Our staff would deliver and pick up using protocols established.
- We identified what PPE would be needed and for whom.
- We identified how to make the whole process from signing delivery paperwork to delivery and pick ups as no-contact.

Continuity of Operations Challenge continued

Staff reassignments: Upon reopening of the program in April, only the Worcester reuse site was available for operations. A temp help driver was prohibited from returning by the landlord.

- The cleaner/tech was re-assigned to making deliveries for the 3-week period we were focusing on delivering pre-COVID equipment requests.
- The part-time driver was reassigned from our Canton to Worcester location and makes deliveries in the eastern part of the state 3 days per week.
- All staff including administrative staff were required to view a universal precaution video prior to resuming their duties.

Setting Priorities

Undelivered devices pre-COVID; 120 devices

Prioritizing delivery of most important devices:

- People in at-risk places: keeping or getting people out of hospitals and nursing facilities
- Emergency cases: fall/injury prevention
- Schools closed
- Preserve resources: No recreation devices to be delivered.

Communicating with Customers

- Devised no-contact communication strategies for customers: requests, donations, deliveries, receipts, releases.
- Calls and email to set up deliveries or pickups and paperwork.
- Follow-up call or email within 3 days to ensure equipment received is working and person is able to use with no additional support.

New Strategies for Device Deliveries

- Delivery driver pre-arranges location for delivery drop offs (porch, deck, garage) with recipient or family at home, but no direct contact.
- On day of delivery, confirms health of recipient or person accepting the equipment even though no contact.
- Driver wears mask and gloves and disposes of gloves after each delivery; uses hand sanitizer.
- All delivered items are covered with clear plastic bags indicating equipment has been cleaned and sanitized.
- No deliveries and donation pick ups in the van at the same time.
- Van cleaned daily and between clean delivery or donations pick ups if on the same day.
- Use of email/snail mail for sign-off on delivery receipts and donation receipts.

Acquiring Donations

After 3 weeks of just delivering pre-COVID requested equipment we began accepting donations (late April).

- Prioritized only accepting equipment that we have a great need for: rollators, transport wheelchairs, power chairs.
- No drop offs; pick ups only.
- Driver pre-arranges location where equipment will be made available (deck, porch, garage).
- Day of delivery: health of donor at pick up location verified even with no-contact protocol.
- Delivery paperwork completed electronically or snail mail.
- Donated equipment covered with red or colored bag and quarantined in an off-site storage unit for at least a week.

Changes to Intake and Disinfection Workflow

- Only 2 staff -the FT cleaner/technician and the PT driver, who is reassigned from the temporarily closed Canton location, are allowed in the Worcester reuse site at the same time.
- Prior to restarting operations in Worcester, the site and vans underwent a thorough cleaning.
- All cleaned and ready for delivery equipment is bagged and separated from other equipment in either an on or offsite location.
- Off site equipment in red/colored bags is brought in for assessment, cleaning, refurbishment and sanitizing after 5 days quarantine.
- All items are hand cleaned first, then into the HubScrub (if appropriate) and then hand cleaned/sanitized and bagged.
- Use of handheld UVC disinfecting will begin in the near future after training.

Changes to Intake and Disinfection Workflow (2)

Use of PPE:

The cleaner/tech uses the following PPE: coveralls that are washed daily, hospital mask if doing repairs, KN95 if using high power sprayers and disposable gloves between cleaning/serving individual pieces. Hand sanitizer is also available in the shop area.

- The driver uses the following PPE: coveralls, hospital mask, disposable gloves and hand sanitizer.

Availability of supplies:

- Masks and gloves were the most difficult to find, but using multiple vendors to purchase has resulted in a sufficient supply. However, getting disinfectant is extremely difficult and hand sanitizer price is exorbitant. We use several reputable dealers to meet our PPE and other COVID-related supply needs.

Changes to Policies and Procedures

REquipment DME Reuse was already in the process of reviewing and updating the program policies at the time the pandemic occurred. The pandemic reinforces policies in place that were not being adhered to, such as covering equipment with bags.

New policies and procedures:

- All staff required to review a video on universal precautions before handling any equipment.
- No contact deliveries of equipment or pickup of donations: driver sets up a predetermined place for the equipment to be dropped or picked up -- garage, deck or porch.
- All paperwork – donation forms, equipment receipts and liability forms are handled electronically or by snail mail.

Changes to Policies and Procedures (2)

- Donated equipment must be quarantined off site for at least five days.
- Social distancing of staff in work areas and use of masks.
- Equipment covered with clear (clean equipment) or colored (unclean equipment) bags.
- No clean and unclean equipment in the van at the same time.
- Van disinfected every day.
- Deliveries are triaged. Priority given to people who need equipment for immediate health and safety, getting out of a hospital or nursing home, or prevention of fall.

Changes to Policies and Procedures (3)

- No drop off of donations or pickups of equipment at reuse or drop off sites at this time.
- Follow up call/survey to recipients of equipment to ensure they received it, that it's working, and if they need any instruction in its use.
- Cleaning, delivery and drop off location staff must use PPE: masks, disposable gloves, use hand sanitizer or wash hands frequently.

Questions for our speakers?

- How can we help?
- Post questions to chat



Reuse in the Time of COVID

Participants:

Would you like to share additional suggestions with us?



Webinar Survey Link

Please follow this link for a survey and to provide feedback of today's webinar.

<https://www.surveymonkey.com/r/7JH79CD>

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Thank You

<https://www.at3center.net/>

