

# COVID-19 Q&A Hour for Long Term Care



WASHINGTON STATE DEPARTMENT OF HEALTH

Healthcare-Associated Infections (HAI) Program

Shoreline, WA

# Housekeeping



Attendees will be in listen only mode



Self-mute your lines when not speaking



Type questions into the question window. Please include the type of facility you are from in your question (e.g., NH) and indicate your county.



Nursing Home

Participants from long-term care, regulatory, public health



No confidential information presented or discussed. This is an educational webinar and does not constitute legal advice.



Local guidance may differ, please consult with your Local Health Jurisdiction (LHJ):

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

# This is the LTC COVID-19 Q&A Hour!

A chance to connect, ask questions, and learn about the COVID-19 response and infection prevention guidance



# COVID-19 Q&A Call Expectations

---

- Be present
- Assume positive intent
- Focus on solutions
- Speak and chat respectfully
- Give constructive feedback
- Express disagreements professionally and tactfully



# Panelists

---





# WASHINGTON STATE DEPARTMENT OF HEALTH

## ICAR PROGRAM DETAILS

*Our free, non-regulatory ICARs provide facilities with infection prevention recommendations and resources on how to keep residents and staff safe.*

### What We Do

- Provide support with an infection prevention expert
- Assist with addressing gaps in your current infection control protocols for COVID-19 or other infections
- Offer up-to-date guidance and resources

### Who We Serve

- Long Term Care Facilities (Assisted, Skilled, Behavioral Health, Nursing facilities, and Adult Family Homes)
- Outpatient Settings
- Acute and Critical Access Hospitals

### To Learn More or Schedule an In-Person or Virtual Visit:

<http://doh.wa.gov/ICAR>

### Contact Us:

[HAI-FieldTeam@doh.wa.gov](mailto:HAI-FieldTeam@doh.wa.gov) (General)



### In Partnership With

- Local Health Jurisdictions
- LeadingAge Washington
- Washington Health Care Association
- Adult Family Home Council of WA State
- Washington State Hospital Association



## WASHINGTON STATE DEPARTMENT OF HEALTH

### HAI-AR SECTION EMAIL ADDRESSES

*Please refer to the table below to find the email most appropriate for your needs*

Email Path	Description
<a href="mailto:HAI@doh.wa.gov">HAI@doh.wa.gov</a>	General healthcare associated infection questions
<a href="mailto:HAI-Covid@doh.wa.gov">HAI-Covid@doh.wa.gov</a>	COVID19-specific healthcare associated infection questions
<a href="mailto:HAIEpiOutbreakTeam@doh.wa.gov">HAIEpiOutbreakTeam@doh.wa.gov</a>	Epidemiological outbreak assistance and healthcare associated infection questions
<a href="mailto:HAI-FieldTeam@doh.wa.gov">HAI-FieldTeam@doh.wa.gov</a>	Schedule an ICAR for your facility
<a href="mailto:HAI-FITTesting@doh.wa.gov">HAI-FITTesting@doh.wa.gov</a>	Respiratory Protection related questions <a href="http://www.doh.wa.gov/ltrcpp">www.doh.wa.gov/ltrcpp</a>

# Respiratory Protection Program LTC Facility Support

---

Learn to conduct your own N95 fit test for your staff!

Next webinar: **October 4<sup>th</sup> at 1pm**

Visit our website: [Fit Testing Training | Washington State Department of Health \(www.doh.wa.gov/lcrpp\)](https://www.doh.wa.gov/lcrpp)

- Step 1 – Pre-training education
- Step 2 – Sign up for a Virtual Fit Test Training webinar
- Step 3 – Hands-on training with our Fit Test Vendor

**NOTE:** Each participant will need to register individually



Email questions to: [HAI-FitTest@doh.wa.gov](mailto:HAI-FitTest@doh.wa.gov)



# AFH Training Opportunity

---

Protecting Residents from Influenza in Your Adult Family Home

What: Flu webinar

Where: Online

When: October 5, 2022, 1:30-3:00pm

Cost: No cost

[Registration link](#)

For more information visit our [Special Projects](#) web page

# Enhanced Barrier Precautions Webinars for Nursing Facilities

Join DOH and RCS for a webinar on the recently [updated CDC recommendations for use of Enhanced Barrier Precautions \(EBP\) in nursing facilities](#). EBP is an important tool to prevent the spread of multi-drug-resistant organisms in your facility. This webinar will provide an overview of EBP and resources to assist with implementation and information from RCS.

## EBP Webinars schedule:

- **Tuesday, Oct 11 2-3 pm:**
  - Registration link:  
[https://us02web.zoom.us/webinar/register/WN\\_jwqIP3TDRs22eNxpIID64w](https://us02web.zoom.us/webinar/register/WN_jwqIP3TDRs22eNxpIID64w)
  - **Tuesday, Oct 25 2-3 pm:**
  - Registration link:  
[https://us02web.zoom.us/webinar/register/WN\\_n5oDMo2ES5CuY7XkMi3iGA](https://us02web.zoom.us/webinar/register/WN_n5oDMo2ES5CuY7XkMi3iGA)

<https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/healthcare-associated-infections/special-projects>

# Project Firstline Podcast

---

## Episodes



1. Introduction and HAIs
2. PPE
3. Hand Hygiene
4. MDROs
5. ALFs and SNFs
6. Hospital Settings
7. *Candida auris*
8. Respiratory Protection
9. Vaccine Preventable Diseases
10. *New* Dental Settings

## Purpose



- Discuss and identify the importance and impact of infection prevention on our lives and the lives of our community
- [Project Firstline | Washington State Department of Health](#)



Summer Awardees  
Announced Soon!

Gain recognition for  
staff vaccine work you  
are already doing!

**NEW**

Semi-Annual Fall Award  
Cycle begins 9/1/2022 -  
2/28/23. Report by  
3/3/23.



[Long-Term Care COVID-19 Immunization Champion Award | Washington State Department of Health](#)

ty Name

can reduce the hospitalization and deaths of residents and staff with COVID-19 vaccinations and if indicated, bringing up to date with a booster shot.

**Vaccinate WA**  
VaccineWA.org

Call 800-525-0127  
for an interpreter.

# Vaccination Support

Vaccinate WA postcard mailed to all LTC facilities!

- COVID-19 booster dose recommendations
- How to access support for COVID-19 vaccinations
- LTC COVID-19 Immunization Champion Award
- Infection Control Assessment Response Program
- Respiratory Protection Program for LTC

# Comagine Health Events for September

## Vaccination Station

Please tune in to the Comagine Health **Vaccination Station** every *second Tuesday of the month* at 10 a.m. PT/11 a.m. MT. These interactive sessions are designed to address questions about barriers or issues regarding adult vaccinations and offer opportunities for problem-solving and discussion. During our meeting, we will share community risk data, updates to immunization regulations or current guidance, as well as educational resources.

**Second Tuesday | 10 a.m. PT**

[Register here](#)

## NHSN Open Office Hours

Join Comagine Health every *fourth Wednesday of the month* at 11 a.m. PT/noon MT for **NHSN Open Office Hours**, a half-hour open conversation and technical assistance on NHSN reporting. Our subject matter expert, Lisa Barton, will provide reporting updates, answer questions and troubleshoot any reporting issues your building is experiencing.

**Fourth Wednesday starting Sept. 28 | 11 a.m. PT**

[Register Here](#)

## Driving Clinical Excellence

How do you take limited time frame, a burnt-out workforce, ever-changing leadership and little appetite to try “one new thing” and turn it into a successful, high-functioning team? Join Comagine Health every *first Thursday of the month* at 11 a.m. PT/ noon MT for **Driving Clinical Excellence**, an interactive and collaborative learning series that combines education, small-group consultation, peer-sharing and microlearning opportunities on effective clinical and change concepts.

**First Thursday through Nov. 2, 2023 | 11 a.m. PT**

[Register here](#)

## We want to hear from you!

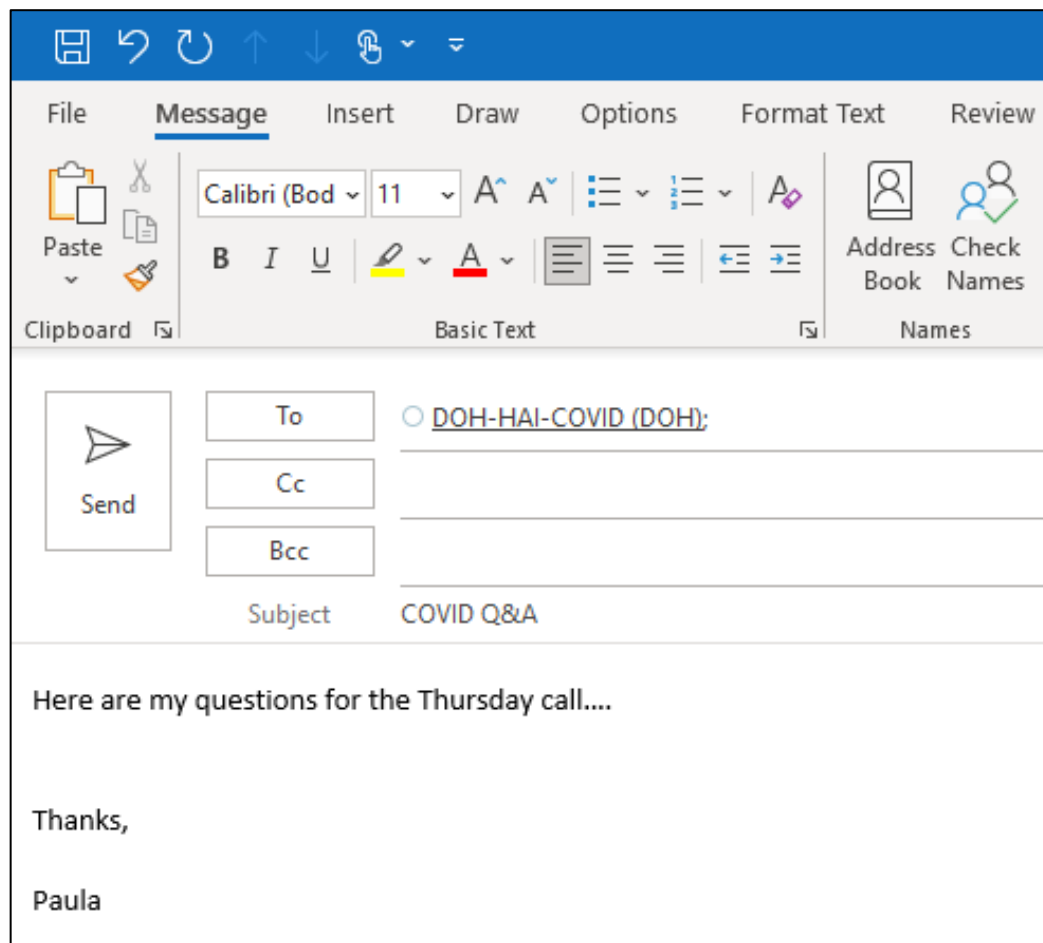
- Micro learning topics – what do you want to learn more about that will help with your facility infection control practices?
- Input your ideas into Question window noting “Topics: ...”
- Or send to [HAI-COVID@doh.wa.gov](mailto:HAI-COVID@doh.wa.gov)
- *Thank you!*

# How to Submit Your Questions

**Subject Line:**  
COVID Q&A Call

**Email:**  
[HAI-COVID@doh.wa.gov](mailto:HAI-COVID@doh.wa.gov)

**Due by:** COB Monday





# Upcoming LTC Q&A Micro Learning Presentations

## Today's presentation:

- Success Story: Chehalis West Assisted Living Memory Care Unit Outbreak

**Oct 6 & 13** - Immunization Records Polling

**Reschedule TBD** - Medical Test Site Waiver

**Oct 27** - 2022-2023 Seasonal Influenza Preparation and Outbreak Response

This Q&A call series ends Oct 27.

# Memory Care Unit Outbreak!

Peer Case Study Presentation

Chehalis West Assisted Living

Nikki Storms

Executive Director

# Situation

13 Bed Memory Care wing, with a focus on gathering and community

Float staff that operated between AL and MCU

A very high level of family involvement and visits

PPE and testing supply shortages

First outbreak in resident population

# Challenge or Barrier

ISOLATION IN  
MCU! THIS  
DOES NOT  
WORK!

Crossover  
staffing model

RCC, DNS and  
ED crossover  
essential

Communication  
with family

# Implementation

## Resources!

- Door signs
- Sanitizers
- Work-flow tables
- PPE
- Carts

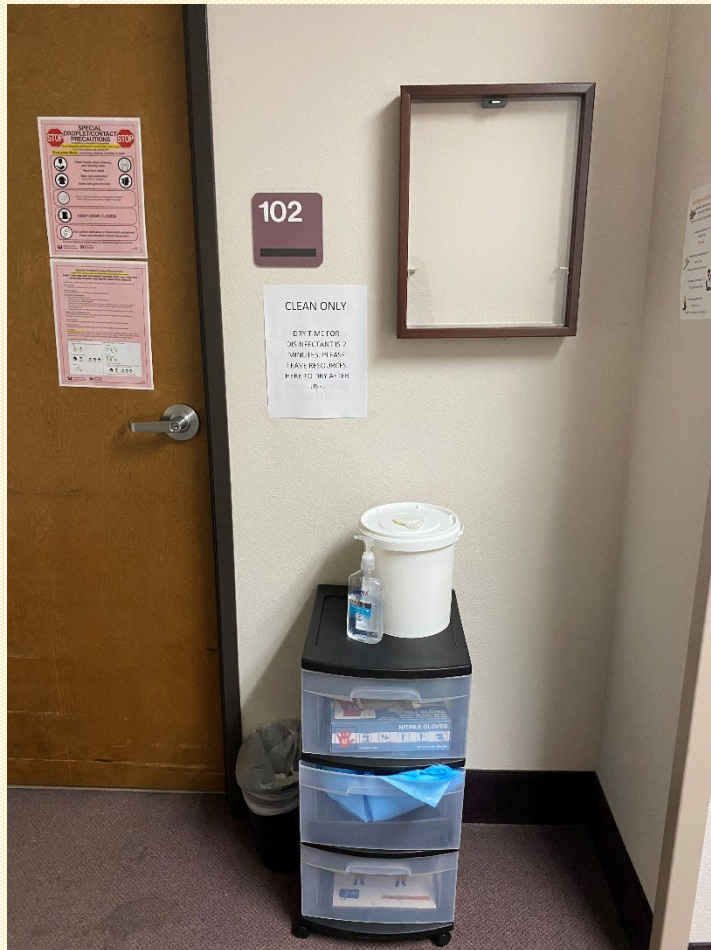
## Education!

- Donning and Doffing PPE
- Spread dynamics
- Expectations
- Contingency plans
- Be available!

Dedicated COVID wing entrance/exit

# Carts and Workflow

**Clean Side**



**Dirty Side**



# Manage Entry Ways

## Entry Signs AL to MCU



## Family and Employee Entry



A dedicated entry set up to MCU from an outside door, to limit the amount of pass-through between MCU and AL by visitors and employees.



# Resident Room Door Signs!

Exposed resident



## Quarantine PRECAUTIONS

In addition to Standard Precautions



Only essential personnel should enter this room  
*If you have questions, ask nursing staff*

Everyone Must: including visitors, doctors & staff



Clean hands when entering and leaving room



Wear respirator  
Fit tested N95



Wear eye protection  
(face shield or goggles)



Gown and glove



Use resident dedicated or disposable equipment.  
Clean and disinfect shared equipment.

Contact Infection Control prior to discontinuing Precautions



Updated 3/16/2022  
DOH 420-314

Adapted from Washington State Hospital Association



## Quarantine Precautions

### LIMIT VISITORS AND DOCUMENT ANYONE THAT HAS CONTACT WITH THE PATIENT AND NOTIFY EMPLOYEE HEALTH

Display sign outside the door. At resident discharge, remove sign after room is terminally cleaned.

#### For use with:

- Asymptomatic residents
  - Newly admitted residents
  - Residents with frequent visits outside the facility (e.g. dialysis, etc.)
  - Residents with known exposure to COVID-19

#### Dishes/Utensils:

No special precautions. Kitchenware sanitized in dishwasher.

#### Equipment and Supplies:

- Only essential supplies in room.
- Use dedicated or disposable equipment when available.
- Minimize use of cellphones/pagers.
- Clean and disinfect reusable equipment including intravenous pumps, cell phone or pagers (if used in room), and other electronics, supplies, and other equipment prior to removing from resident's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between residents.

#### Waste and Linen Management:

For COVID-19, follow local and state public health guidelines Category B for medical waste handling. Bag linen in the resident's room.

#### Private Room:

If not available, cohort based on symptoms and risk of exposure, e.g. cohort two symptomatic residents with tests pending, cohort two asymptomatic residents with known exposure).

#### Room Cleaning:

Routine cleaning procedures with addition of cubical curtain changes per hospital procedure.

#### Transport:

Essential transport only. Resident should remain in room except for medical necessity. Resident should wash their hands. Place resident in clean gown. Place surgical mask on resident. Clean and disinfect transport vehicle. Alert receiving department regarding resident's isolation precaution status.

#### Personal Protective Equipment:

Put ON in this order:

1. **WASH or GEL HANDS (even if gloves used)**
2. Gown



3. Respirator and eye cover



4. Gloves



Take OFF & dispose in this order:

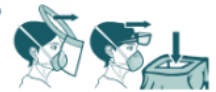
1. Gloves



2. Gown

3. **WASH or GEL HANDS**

4. Respirator and eye cover: Remove from earpiece or ties to discard - do not grab from front of respirator.

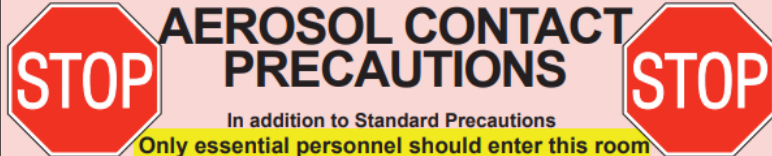


5. **WASH or GEL HANDS (even if gloves used)**



# Resident Room Door Signs!

COVID positive resident



## AEROSOL CONTACT PRECAUTIONS

In addition to Standard Precautions

**Only essential personnel should enter this room**

*If you have questions ask nursing staff*

**Everyone Must:** including visitors, doctors & staff

**Clean hands when entering and leaving room**



### Respirator

Use a NIOSH-approved N95 or equivalent or higher-level respirator especially during aerosolizing procedures\*



**Wear eye protection**  
(face shield or goggles)



**Gown and glove at door**



*\*Facilities should follow CDC's PPE Optimization Strategies to conserve PPE.*



**KEEP DOOR CLOSED**



**Use patient dedicated or disposable equipment**  
**Clean and disinfect shared equipment**

**Contact Infection Control prior to discontinuing Precautions**

## Aerosol Contact Precautions

**If patient has diarrhea and/or C. difficile add Contact Enteric Precautions**

**LIMIT VISITORS AND DOCUMENT ANYONE WHO HAS CONTACT WITH THE PATIENT AND NOTIFY EMPLOYEE HEALTH**

Display sign outside the door. At patient discharge, remove sign after room is terminally cleaned.

**For use with:**

- Novel respiratory viruses including COVID-19

**Dishes/Utensils:**

No special precautions. Kitchenware sanitized in dishwasher.

**Equipment and Supplies:**

- Only essential supplies in room.
- Use dedicated or disposable equipment when available.
- Minimize use of cellphones/pagers.
- Clean and disinfect reusable equipment including intravenous pumps, cellphone or pagers (if used in room), and other electronics, supplies, and other equipment prior to removing from patient's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between patients.

**Waste and Linen Management:**

For COVID-19, follow local and state public health guidelines Category B for medical waste handling. Bag linen in the patient's room.

**Private Room:**

If not available, room with patients that have the same organism but no other infection.

**Room Cleaning:**

Routine cleaning procedures with addition of cubical curtain changes per hospital procedure.

**Transport:**

**Essential transport only.** Patient should remain in room except for medical necessity. Patient should wash their hands. Place patient in clean gown. Place surgical mask on patient. Clean and disinfect transport vehicle. Alert receiving department regarding patient's isolation precaution status.

**Personal Protective Equipment:**

Facilities should follow CDC's PPE Optimization Strategies to conserve PPE.

Put <b>ON</b> in this order:	Take <b>OFF</b> & dispose in this order:
1. <b>WASH or GEL HANDS (even if gloves used)</b>	1. Gloves
2. Gown	2. Gown
3. Respirator and eye cover	3. <b>WASH or GEL HANDS</b>
4. Gloves	4. Respirator and eye cover: Remove from earpiece or ties to discard - do not grab from front of respirator.
	5. <b>WASH or GEL HANDS (even if gloves used)</b>

## Things to keep in mind!

Residents need interaction! Plan to have at least two aides for all waking hours, one to monitor hallways and one to be direct care.

Take residents, one or two at a time (depending on space) into the activities room or dining room. They need to get out!

Disinfect like crazy. Keep wipes available in all public spaces, in a locked cupboard. Keep wipes inside of each isolation cart. Give aides small hand sanitizers, so they can sanitize resident hands each time they come out of their room.

Modify the story for residents if needed! COVID doesn't mean anything to most of our MCU residents, so we used words like, "flu" or "under the weather."

# Managing Two Fronts

## Staff:

- Spend time with the crew! MCU residents have more behaviors to manage, and your floor staff is best equipped to tell you who will need the most support!
- Plan to be short staffed! Have a person ready to be called to work MCU at any time. Once they are there, they should not come back to AL on the same workday.
- Keep dedicated staff to the best extent possible.
- Communicate with staff often! Make sure the plan is still working and adapt as needed.
- Retrain on donning and doffing PPE. Use the door signs as reminders! Identify those who “got it,” and ask them to help train!

## Families:

- Talk with the families. I call POA’s for every resident to explain the situation and answer questions.
- Update families with COVID positive residents. They want to know how everything is going!
- Do not refuse visits, but clearly state the timeline for safe visits. For example, “families are always welcome, however, we would like to see one full week of no new positives, just to ensure everyone's safety.”
- Be available for families to call and talk to. This can be a very scary time for them!
- Provide means to communicate via electronics. We have a dedicated iPad to connect virtually. It is easy to disinfect and set up.

# Use your resources!

## DOH ICAR team



Facility visits with non-punitive review



Phone and email support for specific questions



Training materials and forms (like door signs and PPE charts)

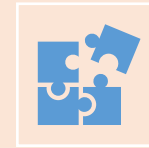


Feel safe asking the question!

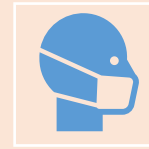
## LHJ and State DOH



Report all positives! Talk through exposure and make plans



Helps to clarify the process for reporting: who, what, when

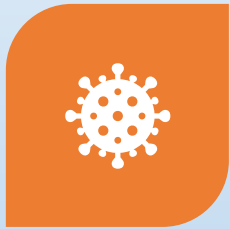


Access to emergency PPE and testing supplies

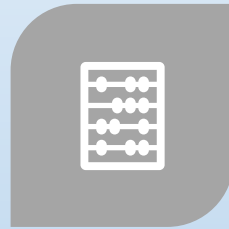


Feel safe asking the question!

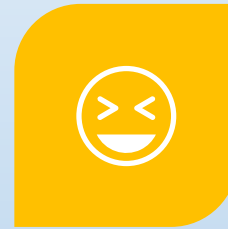
# Outcomes



THROUGH LIMITED EXPOSURE AND EXTRA PRECAUTIONS, WE WERE ABLE TO KEEP THE MCU SPREAD CONTAINED TO 3 RESIDENTS, 2 OF WHICH WERE HUSBAND AND WIFE.



THROUGH FAMILY AND STAFF COMMUNICATION, WE WERE ABLE TO UPDATE AND MODIFY THE PLAN AS NEEDED, TO KEEP EVERYONE ON THE SAME PAGE.



BY BEING IMAGINATIVE IN OUR STORY, WE WERE ABLE TO KEEP RESIDENTS PARTICIPATING IN THE SOLUTIONS.



HAVING A CONTINGENCY PLAN IN PLACE ALLOWED US TO NOT EXPERIENCE PANIC WITH STAFF POSITIVES, CALL-OUTS, AND UNFORESEEN EVENTS.


During this outbreak, we had a census of 10 in MCU, and a census of 37 in AL. By committing to dedicated sides (even if a director had to work) we were able to keep COVID in two rooms, and the other 44 residents safe!

# Takeaways


The more we train and communicate with staff, the more confident and capable they become.




Use your resources! The ICAR team came out and provided updated guidance and recommendations. The DOH was a constant support, in providing tests and PPE, and in reviewing and making plans.



Keep your humor. The more stressed we become as leaders, the more stressed our team feels.



Be adaptable. At one point, we were using garbage sacks and bath aide gloves as gowns. When the situation becomes hairy, think outside the box!



Remember, this is just a phase in time. The more we work to get it under control, the faster we return to business as usual!

Questions?



Nikki Storms, Executive Director

Chehalis West Assisted Living Center



# MAILBOX QUESTION AND ANSWER





# Universal Healthcare Masking

---

- The updated CDC guidance does not affect The Secretary of Health Mask Order
- The order currently requires universal masking in Healthcare settings, with few exceptions (this is an enforceable policy)
- Masking in Healthcare will **NOT** end with the recission of the remaining COVID-19 emergency orders on Oct. 31st



# CDC Updates

- DOH is working diligently to review the changes and determine how it impacts WA DOH's IPC guidance
- We will communicate changes as they happen
- Keep doing what you are doing
- Please continue to follow the [Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings, DOH 420-391 \(wa.gov\)](#)



# Vaccine Talk

---

- **Q:** After someone receive the bivalent booster, are they considered up to date after two weeks like with the previous vaccines?
- **A:** you are considered up to date after you have received the most recent booster recommended for you
  - Note: if you have completed your primary series, but are not yet eligible for a booster, you are also considered up to date.
  - [Stay Up to Date with COVID-19 Vaccines Including Boosters | CDC](#)

# Vaccine Talk

---

- **Q:** If a person has recently tested positive for COVID-19, is there an amount of time they should wait before getting the bivalent vaccine?
- **A:** An individual who has had a COVID infection within the last 90 days can choose to wait to get a bivalent vaccine. However, you can receive the bivalent earlier than 90 days if you have recovered from acute illness and have met criteria for discontinuing of isolation.

# Vaccine Talk

---

- **Q:** Can admission to LTCF be denied based on their vaccine status, so if they declined all vaccines thus far?
- **A:** If a resident will be a new admission, then the LTCF can deny admission based on not being up to date with vaccine; however, if this is a readmission the resident cannot be denied if not vaccinated or up to date with COVID-19 vaccines
  - The facility has the right to deny anyone whose needs they believe may impede the health and safety of others in the facility
  - Just a reminder to please follow federal discrimination laws (e.g., can't deny based on race, religion, sexual orientation...)

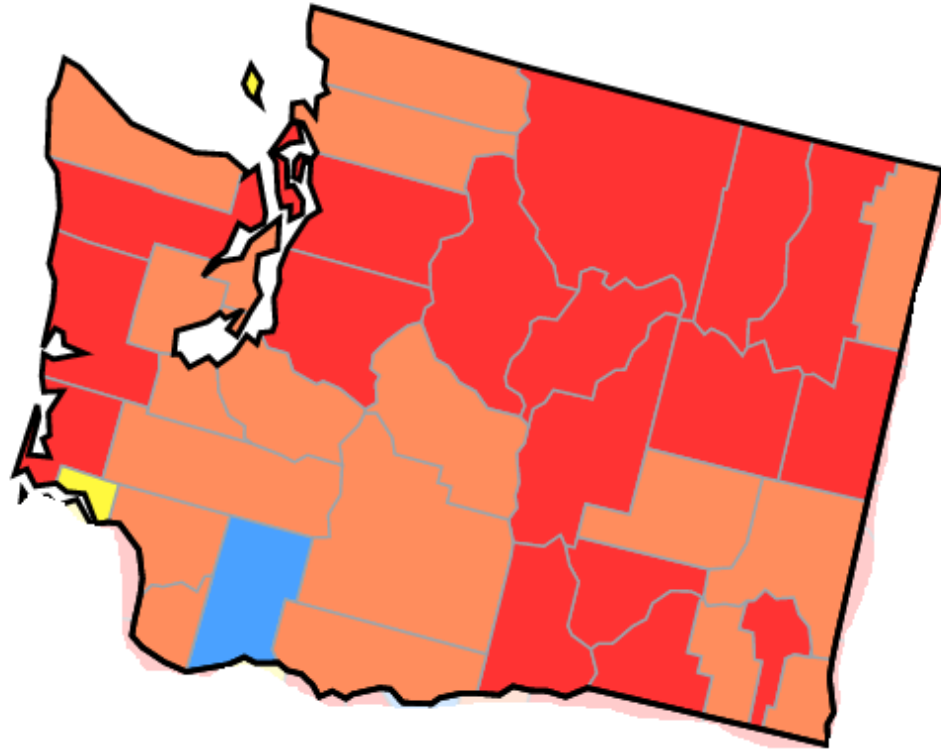


# Vaccine Talk

---

- **Q:** I am doing a booster clinic today. I am only able to get the Pfizer Bivalent as Moderna Bivalent is not available in my area. Some of my residents do not want to interchange manufacturer. Despite education on it being ok to interchange Pfizer and Moderna. If the Bivalent vaccine is available but not the "brand" they want are they still UTD?
- **A:** If a resident has bivalent vaccine available and they choose not to take it, if different from their primary series, they would still be considered NOT up to date.

# Today's COVID-19 Community Transmission rates



- Key
- High
  - Substantial
  - Moderate
  - Low
  - No Data

[CDC COVID Data Tracker: County View](#)

# Q & A Section

---

Please type your questions into the question window and tell us what type of facility you are from (e.g., ALF, SNF, AFH) and what county you are in.





Advancing Adult Immunization Equity & Access

## IMMUNIZATION RECORDS WA IIS LTC Needs



Office of Immunization, Adult Immunization Data Quality, 9/2022

# Normalizing Operations

---

THANKS to YOU, LTC Providers! Amazing work done to vaccinate residents & save lives!

1. Moving beyond the pandemic, return the focus back to regular work
2. Office of Immunizations conducts upstream quality improvement work for all populations
3. Advance LTC access & equity to immunization data = DOH regular work
4. Advance supports available to assist LTC partners with staff access and use of WA IIS
5. SHARED GOALS for best resident services & outcomes:  
minimize vaccine preventable diseases, improve care outcomes, advance LTC immunization service quality, and work to meet or exceed national standards for benchmark immunization performance

# Enhancing LTCF Immunizations

---

Thank YOU for your continued partnership,  
LTC WA IIS Support Project continues progress in 2022!

## Overview of Project & What to Expect

Fall phase of project: complete formal LTCF baseline needs assessment for all care levels

**Process:** informal surveys, formal survey, develop interventions, launch pilot program & test interventions, then broadly spread best practices across LTC settings

**Plan:** assess gaps, develop LTC supports, & provide for needs

Thank you for Helping  
Advance LTC WA IIS Access & Support:

Partnership Milestones Completed in 2022:

---

1. SHORT FACILITY POLLS ON LTC WA IIS USE (MAY & JUNE)
2. WA IIS PRESENTATION & MICRO LEARNING (JUNE)
3. SNF SURVEY: PARTNERED W/ DSHS, WCHA & LEADING AGE (JULY)
4. SHORT BENCHMARK SURVEY DEVELOPED FOR ALL LTCF (AUG)

## PARTNERSHIP NEXT STEPS:

1. Deeper Dive (expanded survey, learn needs, all care levels)  
Define Specific Challenges & Needs by setting

### 2. Develop Program Resources

Provide necessary supports. Develop & share LTCF resources and tools.

3. Deliver bridge supports to LTCFs to help advance access, equity & quality  
Include 1:1 supports, training & at the elbow assistance

Please help us learn your LTC needs related to immunization data supports:



## ANSWER 13 QUESTIONS

Share your experiences & challenges!

TAKE THE LTCF WA IIS USE SURVEY NOW!

Let us know if you'd like to be in a LTC pilot project. [YOU can master WAIS!](#)

THANK YOU TO OUR PROJECT PLANNING TEAM & DOH LTC Q&A CALL PARTNERS:

Amy Abbot, DSHS  
Elena Madrid, WHCA  
Laura Hoffman, Leading Age WA

Jill Carter, HAI  
Paula Parsons, HAI



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

It's Polling Time!

---



## SURVEY PART 3: Q.#3

---

Our facility would like to be included in a pilot project with DOH to improve immunization information system access. The estimated total time required from 1 facility staff member is 1-3 hours maximum, broken into multiple contacts which may include a group participant 30-minute meeting, and at the elbow virtual assistance as required, to ensure necessary support for system use & user comfort with understanding for successful system navigation.

Yes

No

Unsure