

ICARE



Interagency Collaborative Animal Research Education

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ICARE Dialogues: Integrating Covid-19 Restrictions Existing Policies and Programs

Presenters: Interagency Collaborative Animal Research Education (ICARE) Project faculty members: Mindy Hollander, Wayne Barbee, Tanise Jackson, Donna Jarrell, Monte Matthews, Jane Na, and Susan Silk.

A record of this meeting will be posted on the OLAW website (<https://olaw.nih.gov/home.htm>) on the ICARE Project webpage (<https://olaw.nih.gov/education/icare-interagency>).

Silk: It's my pleasure to introduce Mindy Hollander, who will introduce her team. They will be presenting our first **ICARE Dialogue** topic today: **Integrating COVID-19 Restrictions into Existing Policies and Programs**.

Hollander: Thank you, Susan. Welcome, all. Before I get started with the **ICARE Dialogue** and introducing the faculty that will be presenting today, I'd like to invite participants to turn on their cameras, because we really want to see your amazing faces during this discussion. And, yes, I did say "discussion." The other facilitators and I are not going to be here just spewing information. Our purpose is for everyone to participate and share their experiences - both their successful experiences and maybe some challenging experiences they've had during the COVID pandemic. We want to start the conversation, so please feel free to speak up, show your lovely faces, and ask questions. You can ask them directly or you can use the chat feature to ask your questions.

As we all know, Assured and registered animal care and use programs provide humane care and use to research animals according to federal and institutional standards. During this pandemic crisis, additional requirements are being imposed on animal care and use programs across the country. Often these regulations are developed for all of society or institutions by individuals - often upper administration - who are not familiar with the specific needs of animal welfare oversight.

Our discussion will consider ways to integrate state, federal and local restrictions into policies without compromising humane animal care and use. In the session, ICARE faculty will facilitate a discussion about how to incorporate new policies and procedures into existing programs that

are already in place to govern care and use of animals in research, while keeping in mind the unique and individual situations at each institution.

So please let me introduce the ICARE faculty who will be facilitating this particular discussion. We have **Dr. Wayne Barbee**, affiliate professor in the Department of Physiology and Biophysics and former IACUC chair at Virginia Commonwealth University. **Dr. Tanise Jackson** is the Director of Animal Welfare and Research Integrity and attending veterinarian at Florida A&M University. We have **Dr. Donna Jarrell**, the director for the Center for Comparative Medicine and the attending veterinarian at Massachusetts General Hospital Research Institute. We have **Monte Matthews**, director for the Animal Welfare Services and director for the Terrestrial Animal Care Services at the University of Oregon. And we have **Dr. Jane Na**, senior Assurance officer in the Division of Assurances at OLAW. And then myself, **Mindy Hollander**, I'm the administrator for this ICARE program. I would like to invite Monte Matthews to start the discussion.

Matthews: Thanks, Mindy. Good morning, everyone, at least it is morning for me. Thanks again for participating in this **ICARE Dialogue** program. Our first topic is about potential challenges between those of us who are involved with animal care and use and those in administration who are responsible for making decisions related to COVID-19 who may be unaware of the responsibilities and functions of an animal care and use program. So we would like to hear from you about what kind of challenges you have faced or whether or not you feel supported by those in institutional leadership making decisions related to the COVID-19 pandemic. I would like to see that chat box light up or hands raised.

While you're thinking about the answer to that question, I'm going to give you an example from my experience at the University of Oregon. Our institution has an incident management team (IMT) that plays a major role in our animal care and use disaster plan. Our IMT was activated in late February 2020 to monitor and prepare for the COVID-19 pandemic. A pandemic scenario has been a part of our disaster plan ever since H1N1.

Our IMT group is composed of many different stakeholders across the institution. Research is just one of the main group participants, and fortunately both my attending vet and I have been a part of the IMT since its inception - the animal care use program has representatives with a seat at the table. We have a voice, but sometimes our voice doesn't necessarily mean that we're always in agreement or that we're heard. Even though the objectives of the IMT have remained fairly constant, how those objectives are met changes as rapidly as the pandemic itself. For example, each of the areas including research has an executive team that makes decisions or develops policies without necessarily receiving input from all the stakeholders including animal care.

We have to remember that institutional leadership must make decisions that are in alignment with guidance from federal, state and local health authorities. Most of this guidance is fairly broad. I'll give you an example, just in the last couple of week, the IMT research executive team instituted a policy without direct input that anyone who travels out of state cannot gain access

to research core services, including animal care, until seven days have passed since being out of state. Now, understand the intention here is a good one, right?

They want to protect important research cores, but they didn't think how this would impact the animal care program for those animal care employees who travel out of state and now can't return to work until a week has passed.

For a relatively small program, this can have a significant impact on staffing. There are some issues with that guidance, and if they - for instance travel across the border to a national park - then they're still going to have to wait seven days. But, what about traveling within the state to a hotspot county, that's as hot as any in the country? There's no requirement to quarantine. So this is just one example of a challenge that we have faced, even though we have good representation and communication with leadership, there still can be issues that arise. So I want to hear from you. What sort of challenges do you have or do you feel supported?

Silk: Monte, how did you solve that problem or are you still working with it?

Matthews: Still working with it. I'm hoping that we can get some exceptions that are made to that particular policy. They do a good job of communicating that policy, so we have town hall meetings with the research stakeholders, but oftentimes, those town halls are methods for communicating the policies that are developed within the executive team, but they still want to receive input. So I would imagine there will be some changes to that policy, Susan, but it's early on. It's still in its previous stage, and we've gone through various stages, phases, et cetera, in alignment with some of the local health and state health authority guidance.

Silk: I understand that FDA approved a saliva test yesterday or the day before. The one I read about was developed at Yale, but I think there are a number of them coming online, and those will work quickly in the same way that a pregnancy test works. It's a paper strip with a color, and so that should solve some of that problem. Technology will move forward and people will be able to know if they are infected. The infection rates are changing like mad. They change every day.

Matthews: Our own research group has developed tests, but the hurdles to get these tests approved by FDA has been enormous. When you go through one hurdle, all of a sudden there's another hurdle that just shows up.

Silk: That's not the first time I've heard that. [Laughter] On the other hand, we're the country that prohibited the use of thalidomide because of our caution. They're juggling a delicate balance.

We have some very nice comments in the chat. Here is a participant who says, "when our higher administrators made a decision to shut the university down and minimize research, PIs were told to stop breeding research animals, but our animal facility managers were not informed. This quickly resulted in a large increase in cage numbers since breeding pairs were

separated. If our facility manager had been consulted, they would have recommended differently.”

Matthews: Oh boy, I can tell you this was one of the challenges that we faced early on - to determine how much research to allow to continue. When I perused a lot of different institutions across the country to see what kind of policies and decision-making matrices they were developing in terms of reducing research, it was all across the board. Sometimes there were numbers like we need to reduce it by 50%, with no further thought about what that meant. We had about a 20% reduction, but that was largely the result of researchers just stopping their research. We euthanized many of the experimental animals, but kept breeding colonies going, so that would make it easy for them to ramp up, again. But some of those decisions made by the higher-ups to limit the number of people in the animal care program, were made without getting input from animal care representatives themselves. This is a perfect example that the participant gives about not including those who are *boots on the ground* who have to deal with taking care of these animals on a day-to-day basis and informing leadership of the ramifications of those higher-up decisions.

Silk: So it had to do with communication initially, didn't it, Monte?

Matthews: You know, just like anything, Susan, that is really what it boils down to, right? This doesn't necessarily mean that you're always going to agree, but you have to have open channels of communication. And that is the most important element in any kind of disaster plan – that is having the communication network available, because you can't predict all the different scenarios.

Jarrell: We, too, had the same problem with researchers separating their breeders, they actually did, and we saw some populations increase, but in reality, that works because then we didn't have to manage the weaning, separations, genotyping and all of that. We ended up actually having more cages. It didn't necessarily mean that all those cages created more work, because it was a small number of animals per cage, and so the needs of that individual cage changed, meaning generally they could go out a little longer. But we saw our population go up a little more than we thought, because people were doing the right thing and separating their breeders.

Silk: I read that the Jackson Laboratory is just off the charts with cryopreservation requests. That is something to add to your disaster plan.

Jarrell: That was one of the research activities that was actually not only allowed but encouraged - was to perform cryopreservation of mouse lines.

Silk: You're getting a lot of action on the chat line here about lab inspections. Monte, is that something you want to entertain or is that an off-topic subject?

Matthews: I think we may have an opportunity to address that at the end.

Hollander: Yes, I think so. I did see another chat question about team members getting SARS-CoV-2 infections and how to deal with that. We haven't had any team members actually come down with COVID-19, but we have, of course, made plans relating to that. I know other institutions have - by identifying key lab personnel, especially emergency personnel representatives who are already a part of the animal care and use program in terms of their knowledge about how to enter the facility, how to change cages, set up breeders, et cetera. We would call on them, if necessary, to provide staffing, but I know we're going to have a whole section on that later.

Actually, it's a really good lead-into the next section talking about team members getting COVID-19. Another topic we wanted to talk about was just how do institutions protect the actual people from SARS-CoV-2 infections? You had the unique needs of an animal care program. Now you have to think about protecting personnel from transmission of the SARS-CoV-2 at the workplace. Some of the things to think about are do cleaning and disinfecting spaces need to change? Do face coverings need to be added, changed? Exit and entry into animal facilities and the rooms, does that need to change? So does anyone have any examples of how in their animal care program they addressed the potential of SARS-CoV-2 infections happening to personnel in the workplace? Anyone?

I know that Monte talked about, at University of Oregon, how you changed the entry procedure - where the PPE was to enter the facilities.

Matthews: This was the result of me observing someone who hadn't put on their mask yet, had everything else on and was outside my office. They had this big sneeze, and I went, oh, okay, we're going to change that. We basically set up all of our PPE stations as soon as you enter the facility, not 20 feet away, but right when you enter the facility. Basically, the first thing you do is step on a disinfectant floor mat, use the hand sanitizer because there's not a sink immediately available. Put on a face mask. If you go into an animal room, don full PPE; that was a strategy we implemented almost immediately. The change was the position of where we put on our PPE. And even if you're coming into an administrative office, you have to wear a mask.

Hollander: Yes, we'll touch on that a little bit later as well on altering schedules and physical distancing in the facility. This can get complicated depending on the size of your animal rooms and how many principal investigators are involved as well, and we can talk about potential scheduling changes.

I know that Tanise, at her institution, had posted the times that cage changing was taking place so that all the research teams would know that it would be better not to be visiting the animals at that time. Does anyone have anything they want to share about how they did things at their institution?

Jarrell: One simple thing that changed immediately was allowing face masks that were issued at the entrance to the facility to then be worn in our animal facilities. Previously you couldn't

come in with anything, you had to don it all at the animal facility. Afterward that was being recycled, and then they were allowed to leave with that same face mask on. That was trying to conserve PPE. So I just wonder how many people made simple adaptations of reuse of PPE? Was that an easy conversation or a difficult one? Because it was very different from the way we generally approach bioexclusion and PPE.

Silk: You have a comment on that. A participant says PPE is required as soon as you exit your vehicle on campus. If you don't have a mask, one is provided upon entering the research building or hospital. We have a PPE station and tracking sheets to fill out with time in and time out and rooms visited within the vivarium. Another participant asks how others are managing enforcing masks outside of animal vivaria?

Another participant wonders if anyone is having issues with research staff entering the facilities at unusual hours due to schedule staggering. This interferes with the light cycles? That can really screw up your breeding, can't it, participant?

Matthews: You know, I think that is almost always a problem - even pre-COVID. But one of the things that we did was to establish a personnel checklist for the entire facility. Not only are we aware of each individual investigators' research recovery plan, because they've had to submit plans and get buy-in from the IMT group, but we also know who from each of the PI labs is coming in and when they're coming. They put their schedule on the sheet, including the days and the time, so that we know ahead of time. This is integrated into our physical distancing standard operating procedure, because we know it is always important to stagger animal care personnel, but also research personnel to minimize too many people being in one area at the same time.

Hollander: Thank you. What we'll do is hand it over to Tanise Jackson and Wayne Barbee and they're going to lead a discussion that will specifically address issues in the animal care and use facilities that may have to alter during this pandemic, a continuation of the discussion we were just having, so that's great.

Jackson: Thank you, Mindy. Before we get into the nitty gritty of the stuff that Wayne and I are going to talk about, I just wanted to have a little moment of silence. Everyone is going through so much right now, and we have such a diverse community within our animal facilities, and some facilities have lost individuals due to COVID-19 and some people are working extra and have extra stresses. If we could just take a few moments of silence, just to reflect on those that may have been lost and the challenges that everyone is going through.

[Pause]

Thank you so much for that time of reverence. I appreciate that.

We want to talk a little bit about restrictions for physical return to facilities including visitors, vendors, and inspectors, et cetera. Also, were there any policies that were instituted in your facility that changed and how did this go?

Silk: Tanise, you already have a comment about that. The participant says more related to the diversity **ICARE Dialogue**, we heard a complaint about BIPOC [Black, Indigenous, and People of Color] coming to labs after hours and being questioned by campus police department, and they posted a frowny face at the end of their comment.

Jackson: That is a serious issue that has come up - that occurred in other institutions, especially with the staggered work schedule. It's really difficult, and just speaking as a black woman, these are issues that we've had to deal with a lot, just like why are you here? Like, as if you didn't know that we were part of this lab, asking why are you trying to enter this building?

And I think that that speaks to the current times; everybody's guard is up now and everybody's worried, especially with the protests. These are the protests happening at some colleges and institutions for Black Lives Matter and that is increasing the amount of traffic on the campus. Well, the campus had been shut down, and so now that the campuses are opening up, you are having those students come back, so now we're going to probably see a resurgence of that.

I think one thing we noticed and realized when our students come back at my institution, they are not going to do social distancing. All I can do is make sure they social distance within the animal facility, because that's my little purview. I had a discussion with my technician just this morning. We have a lab animal course laboratory. We're going to have these students in this lab and I said, "that's too many students for that space, you will not be able to social distance for that, so we're going to have to revisit how that lab is going to be performed in our facility, because otherwise we're not going to be following the guidelines and rules."

And I know that each of the locations - Wayne, if you kind of want to segue into this - they're all across the board, and some counties have mandatory mask wearing and some don't, and that can make a big difference about people coming into your facility.

Barbee: Yes, to go back to the issue of masks, this can get rather complex depending on the biosecurity levels at your institution. Your attending vet may say, "in this building or on this floor, we just have conventional animals so you can keep your mask on," and that's not a problem, and you want to be safe. But if you're dealing with aseptic animals, then you have certain diseases you might want to be concerned about. And then, particularly in barrier facilities, that's an area where those masks can act as carriers and introduce new diseases particularly if the masks have been in other places. So, despite what's been proposed in terms of masks, you need to respect the biosecurity of your vivaria. Your vet can tell you more about that. What we've done for those aseptic, and particularly the barrier areas, people take off the cloth masks that they donned when they first came on campus and just leave them in their lab coat. In the barrier, the clothing is often covered with an outer layer, then they may or may not

decide to use another mask in addition to that, depending on the nature of the work. So it can get quite complicated. Often you need to consult with your vets on this issue.

Jackson: Has anybody changed how they're receiving deliveries from their vendors? Has any of that changed for you in dealing with COVID-19?

Matthews: Well, I can tell you, Tanise, we're still dealing with that. For delivery services - even though we put a list on the outside door, everything is in lockdown, even the loading dock door. So we put a list of phone numbers and we have ten or 12 numbers there. But they don't call. They're instructed not to call, or they don't feel like using a cell phone. So we got rid of that, and now we put a sign that says please walk around to the front of the building. It's still an ongoing challenge for us, because not every driver, whatever carrier service, is going to pick up the phone and call. I'd like to know how other people are solving that, because it's still an issue for us.

Silk: A participant said, "we didn't change too much with accepting deliveries as much as struggle to get orders placed. But ordering has slowed as research has slowed."

I think the delivery people have an issue, too. They're overwhelmed with deliveries and I don't think their services give them enough time to call and wait for somebody or to walk to another door. That doesn't solve your problem. But somehow to solve it, it seems like you have to think about both sides.

Jackson: We're in the process of ramping back up and so now we're starting to have those deliveries and making sure we have all of our signage posted on the door due to COVID, these are your procedures from now on. We respectfully request - we have a doorbell. But when you're working in staggered work schedules, if they're delivering, and they're ringing the doorbell, there's nobody there to answer. Is anybody changing the way those items are coming into your facility? Is anybody trying to do a special disinfectant of those items coming in or anything like that?

Silk: Here is a participant who tells us, "we receive deliveries at our small garage door and all boxes, pallets are sprayed with bleach and sit for 24 hours before we uncrate. We do have a doorbell and are staffed 8 to 4:30."

Jackson: So that's good. I have a question for you, participant. Was spraying the pallet down a change due to COVID or is that something you already did? Is that already something that is part of your process?

Silk: She tells us it was a change.

Jackson: Yes, I agree. So I think a lot of institutions are struggling with that, do we need to change that or do we not?

Jarrell: I will share. We had an interesting situation, and I don't know if others had it, where the vendors wanted to get information about positive case numbers in the organization. It started when we wanted to know the company's situation as far as COVID, and now they want to know ours. We are a hospital. They would never want to come to the hospital because we are managing COVID-19 cases. So there was a significant effort to bring all the vendors together at MGH to determine what was needed for vendors to feel safe to come into the hospital. And then what was needed for us to feel safe that the vendors understood what was expected of them when they came. That was just something that was interesting that we were getting all these requests to report what was going on in our organization. I don't know if anyone else might have had that experience.

Jackson: So Donna, I'm curious, after those conversations, did you change things? For instance, I could imagine that maybe you reduced the number of dropoff places for the hospital, so instead of going into the hospital and going to certain departments, maybe there was an agreement to just drop off packages for the entire hospital at these one or two places. What were the results of your dialogues with them?

Jarrell: Definitely much more coordination of everything. Bull what I will say is we did have restricted access to every building, and that created a lot of additional challenges for animal research especially when you are dealing with multiple facilities in close proximity to others where researchers are able move animals on their own. If that involved leaving the building, it became a significant challenge even if it was just across the street, and so a big challenge for us was the limited access that was in place. But there was a lot more coordination of receipt.

Jackson: Just one other point that we wanted to bring up - certain procedures that are happening in your facilities, absolutely cannot be social distanced, so how have you all been handling those kinds of situations?

One thing that I did - we're limiting the number of people that can be in our room based on the size of the room. Like Wayne had mentioned, we have our husbandry schedule and sanitation schedule of that room, so we try to make sure that the PIs or any other students, whoever are doing the work, are not in there. But also if there's a procedure that's going to need my assistance or technician's assistance, instead of us normally wearing a mask or gloves, now I'm going to don a little more PPE to go in there since I have to be in close proximity to someone else.

Jarrell: Yes, we're doing the same thing. Our guidance is if you're going to be within six feet for longer than fifteen minutes, then you're going to put on an additional face covering.

Jackson: Right, I'm putting on a face shield and more stuff.

Silk: The way the dentists are doing.

Jackson: Yes, absolutely.

Silk: Here are some comments. A participant says, "we are currently working with our infectious disease department for those times we are unable to social distance." She gives an example. "Resident training where a DVM is required to run the anesthesia. An N95 plus a face shield is required per our infectious disease group." Another participant tells us, "when we cannot physically distance, we suit up with additional PPE, surgical masks, eye protection and even physical barriers. Plexiglass shields with ports that allow us to interact with our students. When we can get them, we also use N95s."

Barbee: Yeah, I just wanted to jump in, at VCU, we tell individuals that we understand there may be times where you cannot respect social distancing, but you need to have a written plan. The idea behind the written plan is just to make sure they think about all this. Our group sees this plan. 95% of the time that's what's going on - there's additional PPE, the N95, the face shield, more attention to sterilization, that sort of thing. Looks like a lot of people are on the same page with regard to that.

Other topics. Other people had to alter the schedules of people working the facilities, animal care staff. How have you done this? It's been options like early morning, late afternoon, any specific things that you've been doing? I will just say at A&M, Tanise has done some shifts. I think one of the best things you can do is indicate when your animal care staff is going to be doing the cage changing so there's a lot less occupancy of the room. At VCU every single room in the vivarium has a limit on personnel that can be in there, and the usual issues with regard to entry and exit.

Do folks have a contingency plan in place if folks are out sick? And if so, what is the contingency plan?

Participant: We have a small program. What we started to do pre-pandemic was cross train members of research laboratories to perform animal husbandry activities. It was all hands on deck, we did virtual training. I've done animal husbandry, occupied a variety of roles in animal research world. I'm also a certified vet tech, so I went through the training very quickly just so I know what happens at our location. I would encourage institutions to have some sort of program like that. Fortunately our husbandry staff has been very helpful. The research personnel are not permitted to be in the facility when the husbandry staff is in there. They're going in very early and very late in the day. We're not permitting research late into the night. This backup plan that was sort of an ideal, really has been helpful, so if members in the husbandry staff do become ill, there's a contingency group which I'm a part of and we're ready to roll.

Barbee: Participant, that was terrific. That was one of the topics I wanted to touch on, so I'm glad you jumped in there and got that one. And in transition, before we move on to the next topic - disaster plans, I will mention that in your disaster plans, there are options for the worst case scenario. You need to think about preserving animals that are necessary for critical research and research activities that are irreplaceable.

Hollander: Thank you, guys. This is a great time to have PIs cryopreserve any important mouse lines that they might have. At West Virginia University, they hired me to come in and do cryo at the beginning of COVID-19. I was doing a lot of cryopreservation, so people wouldn't lose their mouse lines, and they could euthanize animals when they had to reduce numbers so then the animal care staff didn't have many to take care of. So kind of a silver lining is getting those mouse lines cryopreserved. I think that's important.

Silk: Where did you store them? Did you store them on site or send them to the Jackson Lab? Or do you have backup outside of the University?

Hollander: We sent them to Jackson.

Silk: Mindy, did the institution offer to pay for those services, or did you provide those service free in order to encourage more PIs to cryopreserve?

Hollander: My time, I volunteered out of the goodness of my heart, I guess, because my husband had lines that needed to be cryopreserved.

Silk: Preserving her marriage. [Laughter]

Hollander: And then other PIs were asking, so - the PIs paid for the materials, but my time was volunteered, yes.

Barbee: Those services for sperm cryopreservation are cheaper than the old egg cryopreservation and some vendors will keep them for two years.

Hollander: Yep, yep, yep. So now we're going to move on to talk a little bit about the disaster plan. Jane is going to talk about that. And then Donna is going to wrap up with talking about compliance.

Silk: We had a lot of participant interest in inspections. Are you going to circle back to that?

Hollander: We are hoping to circle back to that at the end. We're going to try.

Na: Great, thanks, Mindy. So, you know, we did hit upon some topics that are already probably in your institution's disaster and emergency preparedness plan. For organizations following PHS Policy, the facility must have a disaster plan, and it's a requirement in the *Guide for the Care and Use of Laboratory Animals*, and even if you're not under the oversight of the Office of Laboratory Animal Welfare, a facility disaster plan is useful, especially in these trying times. So if you can or want to participate, raise your hand if your institution has already added to or updated your disaster plan in relation to the COVID-19 pandemic.

We definitely have some people who have updated their disaster plan. Any of those individuals who have their hands raised want to share with us something that was unexpected or a useful story, maybe even a success or a failure, something that you tried to add to your disaster plan? Even administratively how that worked or any kind of processes that were involved?

Participant: We updated disaster planning specifically in relation to COVID-19 using that as an illustration with an eye on the future - that we may change that reference in the disaster plan, but it's germane, so we're going with it. The plan I talked about earlier with cross training in the researcher realm to help with husbandry activities, we placed that in. We've also started intrapandemic, if you will, meetings between animal husbandry, lead PIs, and facility operations. We've had some difficulties with construction on campus impacting animals through noise and vibration. So we had started to have monthly meetings between these three stakeholder groups that got interrupted with the pandemic. We just started them again this week, and so we've added that as in addition. We want to be very careful about what requirements are in the disaster plan, versus this is a good practice. So we're starting to think about creating a best practices section because of the pandemic in the disaster plan. Having this intrastakeholder meeting between these groups is something that we're finding very beneficial. It's really distilling the rumor mill, between these groups, workers, construction work, and facility operations and animal husbandry.

Na: Great, yeah, participant, it sounds like you have an excellent plan and it's a good intro to communication, which I think is one of the most important factors in a successful animal care and use program regardless of pandemic and telework times.

Participant: I don't want folks to be like it's great you did that there, I can't do that here. I've worked for large institutions, and I don't envy you, those that have 200 approved protocols with over a hundred PIs. I'm not sure how you would approach it for larger organization, do it in steps, do it in sections, try to do sections of your campus or program.

Na: Certainly. Good considerations and I don't know if anybody at a large institution [who] has experienced that would address how that works at a very large institution.

A participant says, kudos to her IO. She said that the IO is on top of things and in February asked each of the four IACUC committees to review the disaster plans in light of the pandemic. Of course, we soon were well into our disaster plans. While there had been a few glitches, I think our advance planning really helped.

They were on top of things, thank you so much for sharing that, participant.

Silk: That university is very unique in that it has multiple IACUCs, that's not a situation that you see commonly, is it?

Na: No, it's not a common thing when we're reviewing Assurance documents. The participant commented earlier they're continually updating their disaster plans which is excellent,

especially given the times now where you guys might be so busy, thinking about all the different challenges you're facing, but now is the time to update the disaster plan while it's fresh in your mind and all the little details are there. In ten or twenty, hopefully longer, years from now, when maybe there's another similar situation, you're going to have it written in your disaster plan like, oh, get in contact with the vendors in order to supply up early on. That really is something that would be beneficial and even if you don't think you have time now, you will definitely lose all the details in the future if you do wait.

Silk: What about University of California? Another big system, but the campuses are under separate Assurances.

Na: Jennifer had written the UC system has an MOU for helping each other during disasters that they've been updating for the last few months and previously focused on facilities and animals, but now we've included shared services, so that's wonderful. I know in previous **ICARE Dialogue** sessions, there's been talk about how institutions are helping each other. I think it was in relation to supplies, but services as well are important to keep things running with continuity, so with that, I think due to time, we're going to move on to Donna. But great conversation, everybody. And Donna, could you - when you're talking about compliance, could you touch on staying in compliance with lab inspections during the pandemic?

Jarrell: So let's start there. How have people been able to stay in compliance with inspections, et cetera? Let's start with the word "compliance" around our normal definition of regulatory compliance. Have people been able to continue with inspections, et cetera, or have you made changes?

Participant: Yeah, we've proceeded forward, thank you to everybody at OLAW and USDA, because we have peppered them with questions especially during the spring when everything and the key take-home message I have is they have to be done in real time. They can be done virtually, but we're trying to come up with options for our researchers, especially those that were sending undergraduates home, and they didn't have much staff to rely on in the research setting. So we came up with ideas to video and then submit them and then the IACUC would watch them at the meeting. But it's just not feasible with how the regs are currently structured. So one of the things I found really helpful is conducting a pre-inspection virtual experience with the researchers so we could figure out where in the lab the signal was best, for example. How the lab should be set up before the Zoom attendees join. Having the controlled drugs laid out, having training records managed by the PI for live animal activities laid out, giving them and us, meaning IACUC's side of things, a taste of what this would be like. And I can't tell you how smooth everything ran when we finally did the actual inspections. Because I also did a prep session with our IACUC members, and things didn't change that much - other than they didn't have to find parking and run from teaching or do an experiment to participate. So overall, I think folks on both the research side and the IACUC side were very pleased and felt, man, this is one of the easiest things that's happened during the whole pandemic. But I will say I rely heavily on reaching out to OLAW and saying here is what we'd like to do, talk to us about it, and

then we adapted, and then second, having prep sessions ahead of time so people can figure out how to be best prepared.

Jarrell: Excellent. The compliance part is probably the hardest part of all this. And so I would just ask a general question. How has your compliance changed? The definition of compliance now expands to both your institutional policies and practices associated with COVID-19, along with those regulatory responsibilities. So how do people see compliance at their institutions right now? Has it improved or maybe decreased or stayed the same?

Participant: I can talk about compliance. I'm on the compliance team at my institution. We've actually gone to virtual lab meetings, so we're still trying to reach out to PIs and their staff. But then since everything is being done remotely, we are meeting through Zoom. We're asking in our introductory e-mails if they could, at the same time that the Zoom meeting is scheduled, maybe send procedural records? It would vary from lab to lab depending on how much work is actually being done, but if it's a lab that's actually performing animal procedures - we would ask to see those records via e-mail or they can share a screen or whatever.

Silk: Here is participant that tells us PAM reviews are ongoing but virtual. Records checks are done by uploading and sharing. Currently, only USDA animal surgical procedures are being observed live. For that, she wears PPE and maintains distance. Another participant comments, compliance is our focus, and updating our policies to allow the exceptions OLAW has provided via FAQs has helped us stay on track. We are very fortunate as we are a small private institute.

Jarrell: Excellent. I would just like to comment - there should have been a resources sheet that was sent out to everyone, and there are some links on there that will connect you to help from OLAW. And there's a slide show that was put together by both OLAW and USDA that talks about a lot of the flexibilities that they have, that you can use during the pandemic to help stay in compliance.

Matthews: One thing about the IACUC inspection and compliance, this is the first time we actually did Facetime - we have the facility Oregon Coast Marine Station. Both myself and the attending veterinarian - we're doing Facetime with the director and we went to basically every place where we would normally go. That's the first time we had done that, and we actually may continue to do that, although I love going to the coast.

Jarrell: I have the responsibility of wrapping up today, and I hate doing that because the dialogue gets rich right about the time we have to bring it to a close. First of all, thank you for participating and bringing your experiences to share. Networking is huge, especially during this time. Just to summarize what we've discussed today: We have had to integrate a lot of new policies and practices as a result of COVID-19. It's no doubt our goal today was to talk a little bit about the things that worked well, so we could share those, but also to be frank about the things that we struggle with. A lot of this required additional expectations of our researchers. Sometimes those instructions were clear. Sometimes they weren't so clear, and we ended up

with our census going up instead of down, but in the end, the goal was safety and protection of our staff while maintaining the welfare of our animals.

A lot of people focused, through their institutions and their institutional policies, to ensure that mandatory masks were put in place, had to decide how that would impact the PPE requirements within your own institute. And it sounded like a lot of times, the availability of those supplies created changes in your policy. You also talked about changing your hours of access and having people come into the facilities at different times than you expect. I'll just drop a quick note that we found out that there were some people who were coming in all the time in the middle of the night that we never really knew about, so they weren't changing their practices, we just found them out, [laughter] and so we were able to direct them as to how to do that well without disturbing the light cycles.

Vendors, visitors, deliveries, supplies, all became significant logistical challenges, and you guys talked a lot about all the different ways of engaging with our visitors so that those supplies could be kept, or I think as Jane said, ensuring you had the proper supply as part of your plan to make sure you didn't run out.

But in the end, we are all at the point where we're kind of seeing some new normals, new best practices that we want to make sure that our policies and our IACUC allow for. I think I heard the word exceptions were being drafted and incorporated, and most importantly, everything that you're doing needs to be captured, written down, and incorporated into your disaster plans, as Jane said, in the middle of it, you can kind of forget to somehow record those activities.

Communication was addressed from what you all shared, whether it was virtual lab meetings, whether it was increased access with the people who work on site, and it sounded like a lot of folks had a reduced number of people on site. But just constantly keeping up with what is actually changing, what is happening versus the rumor mill. I heard that advanced planning, and even to walking through some of the logistics around what a virtual semi annual inspection is going to look like. Where do people put the camera? Do we have good reception? How to plan for researchers and IACUC members to engage. All of that is all part of our new normal now.

So I would just say that I hope you all benefited from the shared exchange of information that we've been able to experience in this **ICARE Dialogue**. We're going to continue to have to deal with it so hopefully you got some good points. I know we have a staffing continuity plan that also incorporates our research community to help us in animal care, and if I could say anything, I think our partnership between the IACUC, the animal care program, and the researchers is probably stronger now than we've experienced in the past. Because we're all trying to get our research done in a safe and effective and high quality manner. Again, focused on the animals at the end.

So I will leave it to Mindy to do any final comments, and I just will speak on behalf of the faculty who led this, that we appreciate you and your engagement in these **ICARE Dialogues**, and good luck!

Hollander: Yeah, I think Donna said it all. Thank you, again.