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A Farewell to Ears: Hearing the Call and Answering

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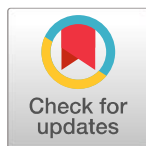
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From the Frontline



A Farewell to Ears: Hearing the Call and Answering A COVID-19 Interprofessional Response

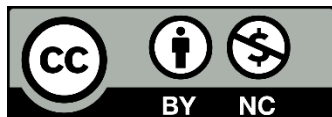
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Occupational therapists (OTs) are collaborative beings by nature. Through their daily interactions with clients in a multitude of settings ranging from hospitals, to outpatient clinics, skilled nursing facilities, and school-based settings; OTs strive to apply their knowledge of the human body and interpersonal relationships to safely and effectively deliver occupational therapy services. Working in a variety of settings, OTs are not only a part of the interprofessional team often consisting of physicians, nurses, physical therapists and speech language pathologists, they also collaborate with clients and their client's families and loved ones to encourage

participation and optimal performance in desired activities of daily living. These activities can include getting in and out of bed, self-care such as bathing or grooming, or making a meal to name just a few. Whichever activity or occupation that the client determines to be meaningful to their life becomes the focus of the occupational therapy practitioner.

The recent COVID-19 pandemic in the United States caused major changes in how healthcare was delivered, with stricter personal protective equipment (PPE) regulations being implemented that mandated workers to wear surgical and/or N95 face masks during all

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interactions with clients. Additionally, the pandemic caused a major disruption to occupational therapy service delivery as officials deemed occupational therapy to be a non-essential service. While OTs were unable to practice, their cohorts of the interprofessional team were still on the front line wearing medical masks for often 8, 10, or 12-hour shifts without relief to their ears from the cutting elastic bands used to hold these PPEs in place. What were OTs left to do? In the true nature of the profession, they utilized their skills to adapt to any situation and they did it to save the ears of America.

March 2020 will be a month that no one will soon forget. It was the month that turned all of their lives upside down. Children were sent home from school, relegated to online classroom settings leaving those who received daily or weekly hands-on occupational therapy services at a loss. Families were split into two camps in their living arrangements. Camp A consisted of the individuals deemed essential and able to continue traveling in the community to work. This group would remain isolated from Camp B which consisted of family members that would find themselves filling “free” moments with Netflix binge-watching, new cooking recipes, dusting off old hobbies, and making up games to entertain themselves and the children.

During a time when individuals would benefit most from occupational therapy services they were ordered to “shelter in place,” cut off from all physical interaction with the outside world. Weeks quickly added up to months, and all hopes of proms, graduations, and summer vacations evaporated, much like the alcohol-based hand-sanitizer that people practically had to sell their first-born child to get. While the

public slowly slumped into adverse behaviors, disputed routines and the “new normal,” those healthcare workers who were allowed to continue in practice implemented new PPE protocols while trying to slow the spread of COVID-19 in healthcare settings. In many states public health mandates required face masks to be worn anytime a person was out in public or in close proximity to another.

Like a majority of the population, OTs were not allowed to practice at the onset of the pandemic. Many experienced the realization that they had been deemed non-essential healthcare professionals, restricted to their homes in order to help flatten the curve of COVID-19 infection, and wearing face mask and gloves when they made their bi-weekly restocking grocery runs. For a few short hours these OTs would wear a mass-produced surgical or a homemade cloth mask and found themselves counting down the seconds until those elastic bands would no longer be cutting into their ears. Up until now, they had taken elastic for granted and underestimated its power. Slowly the elastic slid back and forth, up and down, rubbing and slicing their skin. They couldn’t stop thinking of it, wondering “How do the essential workers deal with it and still provide proper care for their clients?” and “What can we do to help our healthcare cohort?” The answers to these questions were found in an OT’s ability to collaborate.

This is where I enter the scene. My personal journey to apply my newfound OT skills and assist where I might best help the community came in the form of a 3D printer, filament, and a computer software-program. Even with the restrictions placed on me to sign-in from home to class sessions and postpone my Adult Level IIA fieldwork, I knew that I could not be idle,

and these items would be my weapons to combat COVID-19.

From the fall semester I knew that my graduate school’s occupational therapy department was in possession of a 3D printer and so I contacted my weekend cohort’s director and the program director at large to amass my army in the war against COVID-19 and elastic bands. Both directors eagerly listened to my proposal to utilize the 3D printer to create ear-guards from a template found online and dispense them to local healthcare facilities. Without hesitation this pair set in action arrangements for me to liberate the 3D printer from my school’s locked-down campus.

Within 24 hours I was in possession of the 3D printer and I gave myself a crash course in how to make it work, which template had the most downloads and showed the most promise. Ten minutes later I had my first sample ear guard (see Figures 1 and 2), but would it work? So, who better to test it on than myself? After all, there would be no liability forms to fill out and I would know first-hand what needed to be redesigned if anything. At home I wore a mask and ear guard for a 12-hour shift to see if the contour was right, if the length of the band would be enough, and if it would snap under pressure. After several hours of laundry, vacuuming, dish-washing, and on-line chat sessions, I had forgotten that I had a mask on,



Figure 2. [Surgical Mask Strap Remix Short](#) by TCHRMSchmidt (2020), Cults3D. CC BY 3.0. Adapted with permission.



Figure 1. Healthcare worker feeling the relief of an ear guard.

and my ears rejoiced in their freedom. It was a success!

As collaborative beings, I and the directors of my graduate occupational therapy program reached out to other healthcare professionals, both in the clinical and academic settings, and the outpouring of need and support for my little venture was overwhelming. Registered nurses, therapists, administrative assistants, and many others working on the front line all said “Yes, we would LOVE to try them out at the hospital/clinic/etc.!” Donations were given without solicitation for extra filament and production was ramped up within 72 hours. Soon over one hundred ear guards were ready for distribution. My biggest concern was how to get them into the hands of those who need them the most. How would I save more ears?

As an up-and-coming OT I feel that it’s good to know and be an active member of your community. When I thought I had come to an unexpected end to my plan, I remembered that

a registered nurse lived nearby. Once she had been contacted, I could almost hear the tears in her voice as we arranged for a pick-up the next morning for her 7 am shift. I'll always remember that morning, as I tossed a ziplocked bag full of ear guards into her car window as

she drove slowly by. By noon I had photos of whole units of RNs, admissions' staff, aides, and cleaners all showcasing their new fashion accessories. I sat back, took a breath, and smiled behind my mask at another successful occupational intervention.

Acknowledgment

I would like to thank [TCHRMSCHMIDT](#), creator of the 3D printer template Surgical Mask Strap Remix Short (2020) which was used under a Creative Commons Attribution License ([CC-BY 3.0](#)). Without this downloadable template my project would not have been possible. The free and downloadable 3D printer template can be found at <https://cults3d.com/en/3d-model/various/surgical-mask-strap-remix-short>.

Reference

TCHRMSchmidt. (2020). *Surgical Mask Strap Remix Short* [3D printing file].
Cults3D. <https://cults3d.com/en/3d-model/various/surgical-mask-strap-remix-short>