<table>
<thead>
<tr>
<th>WEBINAR SERIES PARTNERS</th>
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<tr>
<td>American Academy of Clinical Toxicology (AACT)</td>
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<td>American Academy of Emergency Medicine (AAEM)</td>
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<td>American Association of Poison Control Centers (AAPCC)</td>
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<td>American College of Medical Toxicology (ACMT)</td>
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<td>Asia Pacific Association of Medical Toxicologists (APAMT)</td>
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<td>European Association of Poison Centers and Clinical Toxicologists (EAPCCT)</td>
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<td>Middle East &amp; North Africa Clinical Toxicology Association (MENATOX)</td>
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ON-DEMAND RESOURCES

All webinars are recorded and posted to the ACMT website

www.acmt.net/covid19web

Questions?
Write to: info@acmt.net
## FAQs - Personal Protective Equipment (PPE)

*Last updated: May 13, 2020*

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<th>Question</th>
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<td>What is the difference between a respirator and a face covering or mask?</td>
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<td>How does data on virus viability on surfaces apply to re-use of masks, storage conditions and timeframe?</td>
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<td>Can surgical masks be cleaned/disinfected and re-used?</td>
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<td>What are reasonable cleaning/disinfection/sterilization methods for N95 respirators?</td>
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<td>Can other PPE (gowns, face shields, goggles) be cleaned and re-used?</td>
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<td>What do the designations “N”, “R”, and “P” mean when talking about fitted masks?</td>
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<td>What do the particulate exclusion ratings mean for protection against viruses?</td>
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<td>What is appropriate PPE for treating COVID-19 patients</td>
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<td>What is a reasonable hierarchy of allotment or use of available PPE in time of scarcity?</td>
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<td>At the current time, for those who have been fit-tested previously, what is the minimum required testing?</td>
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<tr>
<td>At the current time, for those who have never been fit tested previously, what is the minimum required testing protocol? What about workers who have asthma or who are pregnant?</td>
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<tr>
<td>How long can an individual continue to use a single N95 or other fitted respirator?</td>
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<tr>
<td>What is reasonable re-use criteria for N95 (or P100, etc.) respirators?</td>
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Q&A will be at end of the Webinar

Please type your questions into the Q&A or Chat function during the webinar and we will get to as many as we can

We monitor all platforms, including YouTube and Facebook, for questions
NONE OF OUR SPEAKERS HAVE ANY CONFLICTS OF INTEREST TO DISCLOSE
MODERATORS

Paul M. Wax, MD FACMT
Executive Director, American College of Medical Toxicology (ACMT)

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Board Member, American College of Medical Toxicology (ACMT);
President, Middle East & North Africa Clinical Toxicology Association (MENATOX)
BUILDING PSYCHOLOGICAL RESILIENCE DURING COVID-19 AND BEYOND

MEDICAL AND PUBLIC HEALTH CONSIDERATIONS OF COVID-19

Nadine J. Kaslow, PhD, ABPP
Past President, American Psychological Association (APA)
Professor, Psychiatry and Behavioral Sciences; Vice Chair for Faculty Development, Diversity, Equity, and Inclusion Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA
nkaslow@emory.edu
PSYCHOLOGICAL IMPACT – HEALTHCARE WORKERS
MAJOR STRESSES

- Limited access to childcare and competent teacher’s for children
- Lack of adequate support from partners
- Unable to be with loved ones for fear of infecting them
  - Pfefferbaum et al., 2020; Shanafelt et al., 2020
MAJOR STRESSES

- Communications that are not clear, consistent, current, and transparent
- Limited resources to provide expected quality of care – PPE, ventilators, people
- Exposure to COVID-19 at work
  - Pfefferbaum et al., 2020; Shanafelt et al., 2020
MAJOR STRESSES

- Added demands (long hours, practice beyond traditional bounds of competence, deployed to unfamiliar services)
- Witness people ill and dying and often serve as the compassionate person for these patients
  - Bansai et al., 2020; Pfefferbaum et al., 2020; Shanafelt et al., 2020; Silva, 2020; Stahl, 2020
MAJOR STRESSES

- Get in trouble/fired if speak out
- Abuse by community members
- Problems trusting their organization to support/take care of their personal and family needs
  - Pfefferbaum et al., 2020; Shanafelt et al., 2020
ADDED STRESSES

- Burnout
- Mental health challenges
- Concerns about dying
  - CDC COVID-19 Response Team, 2020; Faraz, 2020; Greenberg, 2020; Pelley, 2020; Pfefferbaum et al., 2020; Shanafelt et al., 2020; Smith, 2020; Topol, 2020
GUILT

- Dominant reaction – multiple sources
  - Survivor guilt
  - Guilt about being at work
  - Guilt about not being at work
  - Moral distress/injury related to need to make ethically fraught decisions
GRIEF

- More patient deaths than usual
- Patients dying alone
- Families who cannot be with their loved ones who are dying
- High rates of COVID-related deaths among colleagues
  - CDC COVID-19 Response Team, 2020
SUICIDAL BEHAVIOR

- Rates unknown but anecdotal reports
  - In one day, two health care workers, a 34-yo nurse in Italy, and a U.K. nurse in her 20s died by suicide
  - The New York Times reports that an E.R. doctor died by suicide on April 26, 2020
REASONS FOR INCREASED SUICIDAL BEHAVIOR

- Healthcare professionals at baseline have an increased risk for suicidal behavior, including death by suicide
- Overwhelmed caring for COVID-19 patients
  - Trauma associated with the horrors experienced on the frontline
  - Feel helpless, powerless, and hopeless
  - Fear infecting others
    - Panayi, 2020
SYMPTOMS – CHINA

- Symptoms of depression – 47-50%
- Symptoms of anxiety – 45-98%
- Insomnia – 34%
- Distress - 72%
  - Guo et al., 2020; Lai et al., 2020
SYMPTOMS – CHINA

- Most severe symptoms
  - Nurses
  - Women
  - Frontline workers
  - Younger healthcare providers
  - Those in Wuhan
    - Guo et al., 2020; Lai et al., 2020
Symptoms – China

- Compared to nonmedical health workers, medical health workers have more
  - Insomnia
  - Anxiety
  - Depression
  - Somatization
  - Obsessive-compulsive symptoms
    - Zhang et al., 2020
RESILIENCE, POSITIVE GROWTH, & MEANING-MAKING
COVID-19 PANDEMIC

- Collective trauma –
  - We are struggling with mortality, including our own
  - We are at a crossroads and we need to choose how to respond
Optimally, we can respond to this global pandemic by:
- Being resilient
- Growing in response to this trauma – post-traumatic growth
- Finding purpose and meaning
Adapt well in the face of
- Adversity
- Trauma
- Tragedy
- Threats
- Significant sources of stress
BEING RESILIENT

- Use a range of coping strategies
- Bounce back from difficult experiences and maintain hope
- Invest in profound personal growth in the face of life-changing and stressful situations
- Grow even while experience pain and distress
GROWING FROM THE TRAUMA

- Make life changing psychological shifts in thinking and relating to others and the world as a result of the adversity that lead to
  - A meaningful personal process of change
  - A higher level of functioning
  - Greater strength
  - Tedeschi & Calhoun, 2004
GROWING FROM COVID-19

- Embrace the learning and growth
- Adapt and change in response to new circumstances
- Rise to challenges that emerge
- Recognize new and stronger sides of oneself and one’s professional community
  - McKinnon et al., 2020; Ritvo, 2020
GROWING FROM COVID-19

- Use humor and creativity to connect and thrive
- Rebuild communities so they emerge stronger and more connected
  - Ritvo, 2020
Making Meaning

- Final stage in the grief process – necessary for healing
- Makes us healthier, more energetic, and more productive
- Furnishes us with values to guide our actions
- Boosts our self-worth, sense of control, and life satisfaction
- Provides a purpose for our lives
- Enriches and inspires us so feel part of something greater than oneself

Smith, 2017
MAKING MEANING

- Exercise responsibility - look after own health and others’ well-being
- Commit to a ‘we culture’ – all in it together
- Grieve what has been lost
  - Frankl, 1946/1992
MAKING MEANING

- Pursue meaning and hope in how life has changed
  - Take this time to care for self and loved ones
  - Discover solace in new forms of social connecting
- Be creative
  - Frankl, 1946/1992
MAKING MEANING

- Cultivate hope that we can
  - Get through this difficult time
  - Be strengthened and focused on what is valuable
- Grow through pain and develop personal strengths through the experience
- Appreciate the small things in life, our own life, and the lives of our loved ones
MAKING MEANING

- Develop new perspectives and remember resilient experiences during other crises and past successes
- Nourish social support and recognize and appreciate the support offered from those around us

- Bansal et al., 2020
MAKING MEANING

- Promoting the compassionate helper principle – learning from traumatic experiences by extending compassion to ourselves and others
  - Bansal et al., 2020
CONCLUDING COMMENTS
We will not go back to normal. *Normal never was.* Our pre-corona existence was not normal other than we normalized greed, inequity, exhaustion, depletion, extraction, disconnection, confusion, rage, hoarding, hate and lack. We should not long to return, my friends. We are being given the opportunity to *stitch a new garment.* One that fits all of humanity and nature.
GOING FORWARD TO A NEW NORMAL

- Capitalize on your strengths to optimize your coping
- Grow from this pandemic experience
- Engage in meaning making both professionally and personally
  - Critical for what we cannot control and in our darkest hours, which is so much of COVID-19
ASK YOURSELF - WHO DO I WANT TO BE DURING COVID-19 AND BEYOND?
THANK YOU

PLEASE REACH OUT WITH ANY QUESTIONS

Nadine J. Kaslow, PhD, ABPP
Past President, American Psychological Association (APA)
Professor, Psychiatry and Behavioral Sciences; Vice Chair for Faculty Development, Diversity, Equity, and Inclusion Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA
nkaslow@emory.edu
THE CONTROL OF INFECTIOUS AEROSOLS USING AIR EXCHANGE, FILTRATION AND SOURCE CONTROL

MEDICAL AND PUBLIC HEALTH CONSIDERATIONS OF COVID-19

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DISCLAIMERS

• The findings and conclusions in this discussion are those of the speaker and do not necessarily represent the views of the Centers for Disease Control and Prevention (CDC) or the National Institute for Occupational Safety and Health (NIOSH)

• This discussion should not be considered to represent official positions by CDC or NIOSH on COVID-19. Individuals seeking official CDC positions on COVID-19 should go to: www.cdc.gov
Some Links of Interest

1. Everything COVID:
   https://www.coronavirus.gov/

2. Hierarchy of controls:
   https://www.cdc.gov/niosh/topics/hierarchy/default.html

3. Aerosol settling:
   https://www.cdc.gov/niosh/topics/aerosols/pdfs/Aerosol_101.pdf (slide 12)

4. ACH vs Time-to-purge Table:
   https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1

5. Source Control:
   https://blogs.cdc.gov/niosh-science-blog/2020/04/14/ventilated-headboard/

6. Master Question List (DHS):

Non-governmental Healthcare Engineering Resources: www.ashrae.org, www.ashe.org, ...
Questions???

• COVID-19 questions:
  • CDC-Info: [https://wwwn.cdc.gov/dcs/contactus/form](https://wwwn.cdc.gov/dcs/contactus/form)

• Healthcare engineering interventions:
  • kmead@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)

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Q&A
ON-DEMAND RESOURCES

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NEXT IN OUR COVID19 WEBINAR SERIES

Panel on Mitigating the Intersection of COVID19 and Opioid Use Disorder

Wednesday, May 20, 2020
3:00 PM EDT

www.acmt.net/covid19web
NEXT IN OUR COVID19 WEBINAR SERIES

Pulmonary Manifestations of COVID19

Wednesday, May 27, 2020
3:00 PM EDT

www.acmt.net/covid19web