TOWN HALL Q&A: PPE COVID-19

APRIL 24, 2020
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TODAY’S MODERATOR

Ziad Kazzi, MD, FACMT

- Board Member, American College of Medical Toxicology (ACMT)
- President, Middle East & North Africa Clinical Toxicology Association (MENATOX)
Parent company of Lysol warns don’t inject disinfectants to treat COVID-19
PPE TOWN HALL Q&A: PANELISTS
Stephen W. Borron, MD, MS, FAACT, FACMT

- Regional Director and Chief Medical Consultant
- Specialist in Medical Toxicology, Occupational and Environmental Medicine, Emergency Medicine;
  Professor of Emergency Medicine & Division Chief, Medical Toxicology, Paul L. Foster School of Medicine,
  Texas Tech University Health Sciences Center, El Paso
- Medical Director, West Texas Regional Poison Center.
Joseph A. Cocciardi, PhD MS

- Certified Industrial Hygienist (CIH)
- Certified Safety Professional (CSP)
- Registered Sanitarian/Registered Environmental Health Specialist (RS/REHS)
- Founding Principal, Cocciardi and Associates, Inc.
Michael G. Holland, MD, FEAPCCT, FAACT, FACOEM, FACMT, FACEP

- Clinical Professor in the Department of Emergency Medicine, State University of New York (SUNY), Upstate Medical University, Syracuse, NY;
- Principal Medical Toxicologist, CTEH, North Little Rock, AR;
- Employee Health Director, Saratoga Hospital, Saratoga Springs, NY
CONFLICT OF INTEREST

NONE OF OUR SPEAKERS HAVE ANY CONFLICTS OF INTEREST TO DISCLOSE
What is the difference between a face covering, a surgical mask and an N-95 Respirator?

What does N-95 stand for?

Do personal cosmetic products affect the durability of masks?
NIOSH RESPIRATOR FILTERS

Filter Degradation

- **N**ot Resistant to Oil
- **R**esistant to Oil
- **P**roof

Particulate filter efficiency

- **95%** (95 Series)
- **99%** (99 Series)
- **99.97%** (100 Series)
What other equipment do I need to protect myself from getting infected with COVID-19?

Is PPE sufficient to protect me?
HIERARCHY OF HAZARD CONTROLS

Elimination
Substitution
Engineering
Administrative
PPE

Most Effective

“The 6 Foot Rule”
I have never been fit tested or do not recall what was my fit test result.

What do I do?

A respirator is only as good as the seal- Fit Testing is a critical part of use.
PRIOR TO USING A RESPIRATOR, EMPLOYEES MUST BE:

1. Medically Cleared
2. Trained
3. Fit Tested

NOT REQUIRED FOR VOLUNTARY USE

ANNUALLY

QLFT ↔ QNFT

ANNUALLY*
N95 USE: SEAL CHECK

- User seal check each time equipment is donned
  - Positive pressure
  - Negative pressure

(MUST HAVE LESS THAN 24 HOURS OF FACIAL HAIR GROWTH!)

(downward arrows for negative and positive pressure)
Some providers are using PAPRs for procedures like intubation or bronchoscopy. Is this necessary?

What is the difference between a PAPR and an N-95?
POWERED AIR PURIFYING RESPIRATOR

- An air-purifying respirator that uses a battery-powered fan to force the ambient air through air-purifying elements to the inlet covering.
- Tight fitting mask, or loose-fitting hoods/helmets are available
- Purified air is provided under positive pressure

Advantages:
- Higher protection
- Comfort
- Fit testing not always required
- Facial hair acceptable (loose)

Disadvantages:
- Cumbersome
- Battery charging
- Noise
- Not for $O_2$ deficient areas
- Filter change-out

Source: OSHA
One of our local public health professionals was wondering if it would be more cost effective and better to invest in buying cartridge-based respirators.

Do you agree with his assessment?
APR FILTERS AND CARTRIDGES

- Must be contaminant-specific
- Combination filter/cartridges are available
- Color coded
- Respirator brand/model-specific
- NIOSH-certified
- Changeout schedule
I have an N-95 mask, do I need to wear a surgical mask on top of it?
How long can I use an N-95 for? Can I use the same N-95 for multiple encounters?

Can I clean my N-95 mask? How should I clean it?

Where should I store my N-95 mask?
I noticed a few days ago that one of nurses did not have an N-95 on. When asked about it, she stated that she was pregnant and was concerned about the quality and composition of the air she would breathe in.

Should she be concerned?
THANK YOU

PLEASE REACH OUT WITH ANY QUESTIONS
ON-DEMAND RESOURCES

All webinars are recorded and posted to the ACMT website

www.acmt.net/covid19web

Questions? Write to:
info@acmt.net
ACMT COVID-19 Web Series FAQs

Chloroquine and Hydroxychloroquine

There has been a lot of interest in certain anti-microbials' effectiveness in decreasing viral load and shortening time of symptoms from COVID-19 infection. On April 3, 2020, the United States Food and Drug Administration (FDA) issued an “Emergency Use Authorization” (EUA) for chloroquine and hydroxychloroquine. Small studies have also evaluated use in combination with the macrolide, azithromycin. Concerns about medication safety, maintaining availability for already approved indications, and the reliability or applicability of the science regarding efficacy combine to make this a difficult and evolving situation. Please access the ACMT Webinar series and other resources in ACMT Response to COVID-19. Frequently Asked Questions will be added on these pages as the series continues.

FAQs - Chloroquine and Hydroxychloroquine

Last updated: April 15, 2020

- How effective are chloroquine, hydroxychloroquine, or azithromycin in COVID-19?
- What are the recommended doses of Chloroquine or Hydroxychloroquine for COVID-19?
- What kind of monitoring should be done for people taking chloroquine or hydroxychloroquine for COVID-19?
NEXT WEBINAR

TESTING, TESTING, TESTING

Nicole D. Pecora, MD, PhD
Associate Director, Microbiology Laboratory
University of Rochester Medical Center

Wednesday, April 29, 2020
3:00 PM EDT

www.acmt.net/covid19web