

# IAFC WEBINARS



COVID-19 Weekly Updates  
Mondays at 4 PM ET

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Before we begin

If you have any questions about COVID-19 or information presented in this webinar, please email our taskforce at

[covid19tf@iafc.org](mailto:covid19tf@iafc.org)



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## **INTRODUCTION OF PANELISTS**

Chief Gary Ludwig, IAFC President

Dr. Jim Augustine, MD, FACEP, IAFC COVID-19 TF, EMS Section Representative

Mr. Ken LaSala, IAFC Director of Government Relations

Chief Tom Jenkins, IAFC President 2018-19, Chair Lessons Learned Work Group

## **AND SPECIAL GUESTS**

Fire Chief Steve Pegram, Chair Economic Crisis Task Force

Christina Baxter PhD, Emergency Response Tips, LLC



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Fire Chief Gary Ludwig

IAFC President



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**Dr. James Augustine MD, FACEP**

Member COVID19 Task Force



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## Coronavirus What we are Learning

- Patient symptoms on EMS presentation = wide
- Pulse Oximetry is the best monitor device for the patient to determine “how sick”
- Symptom checking and a thermometer are the best way to check if our members are sick
- Changes in Resuscitation are occurring



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## Patient Approach - Resuscitation

- Scout person – what is the history?
- No mouth-to-mouth
- Compressions and Electricity
- Minimize spray from the patient
- Intubation versus “Other Airway”
- Termination of Resuscitation



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## The EMS Challenges

- Update on Resuscitation
- The (short) title is below, and the link is: <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.120.047463>  
10.1161/CIRCULATIONAHA.120.047463
- **Interim Guidance for Basic and Advanced Life Support in Adults, Children, and Neonates With Suspected or Confirmed COVID-19: From the Emergency Cardiovascular Care Committee and Get With the Guidelines<sup>®</sup>-Resuscitation Adult and Pediatric Task Forces of the American Heart Association in Collaboration with the American Academy of Pediatrics, American Association for Respiratory Care, American College of Emergency Physicians, The Society of Critical Care Anesthesiologists, and American Society of Anesthesiologists:**
- **Supporting Organizations: American Association of Critical Care Nurses and National EMS Physicians**
- **Running Title:** *Edelson et al.: Interim Guidance for Life Support for COVID-19*









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## CDC Guidance Update. April 8

### Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- ▶ **Pre-Screen:** Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- ▶ **Regular Monitoring:** As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
- ▶ **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
- ▶ **Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- ▶ **Disinfect and Clean work spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

If the employee becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.

Employers should implement the recommendations in the Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 to help prevent and slow the spread of COVID-19 in the workplace. Additional information about identifying critical infrastructure during COVID-19 can be found on the DHS CISA website or the CDC's specific First Responder Guidance page.

#### INTERIM GUIDANCE

This interim guidance pertains to critical infrastructure workers, including personnel in 16 different sectors of work including:

- ▶ Federal, state, & local law enforcement
- ▶ 911 call center employees
- ▶ Fusion Center employees
- ▶ Hazardous material responders from government and the private sector
- ▶ Janitorial staff and other custodial staff
- ▶ Workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities

#### ADDITIONAL CONSIDERATIONS

- ▶ Employees should not share headsets or other objects that are near mouth or nose.
- ▶ Employers should increase the frequency of cleaning commonly touched surfaces.
- ▶ Employees and employers should consider pilot testing the use of face masks to ensure they do not interfere with work assignments.
- ▶ Employers should work with facility maintenance staff to increase air exchanges in room.
- ▶ Employees should physically distance when they take breaks together. Stagger breaks and don't congregate in the break room, and don't share food or utensils.





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## Testing for the Virus

- **PCR = Polymerase Chain Reaction**
- A method to analyze for a short sequence of RNA
- A swab of nose or throat
- Some with rapid answers



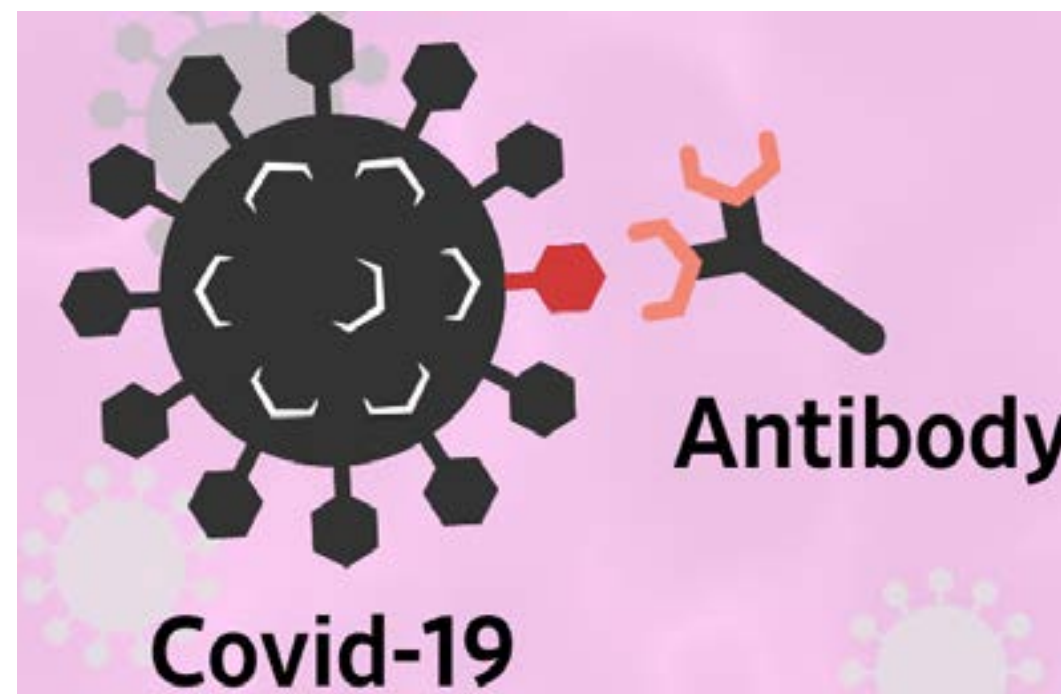


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## Testing for Antibodies

- Antibody Testing
- IgM
- IgG



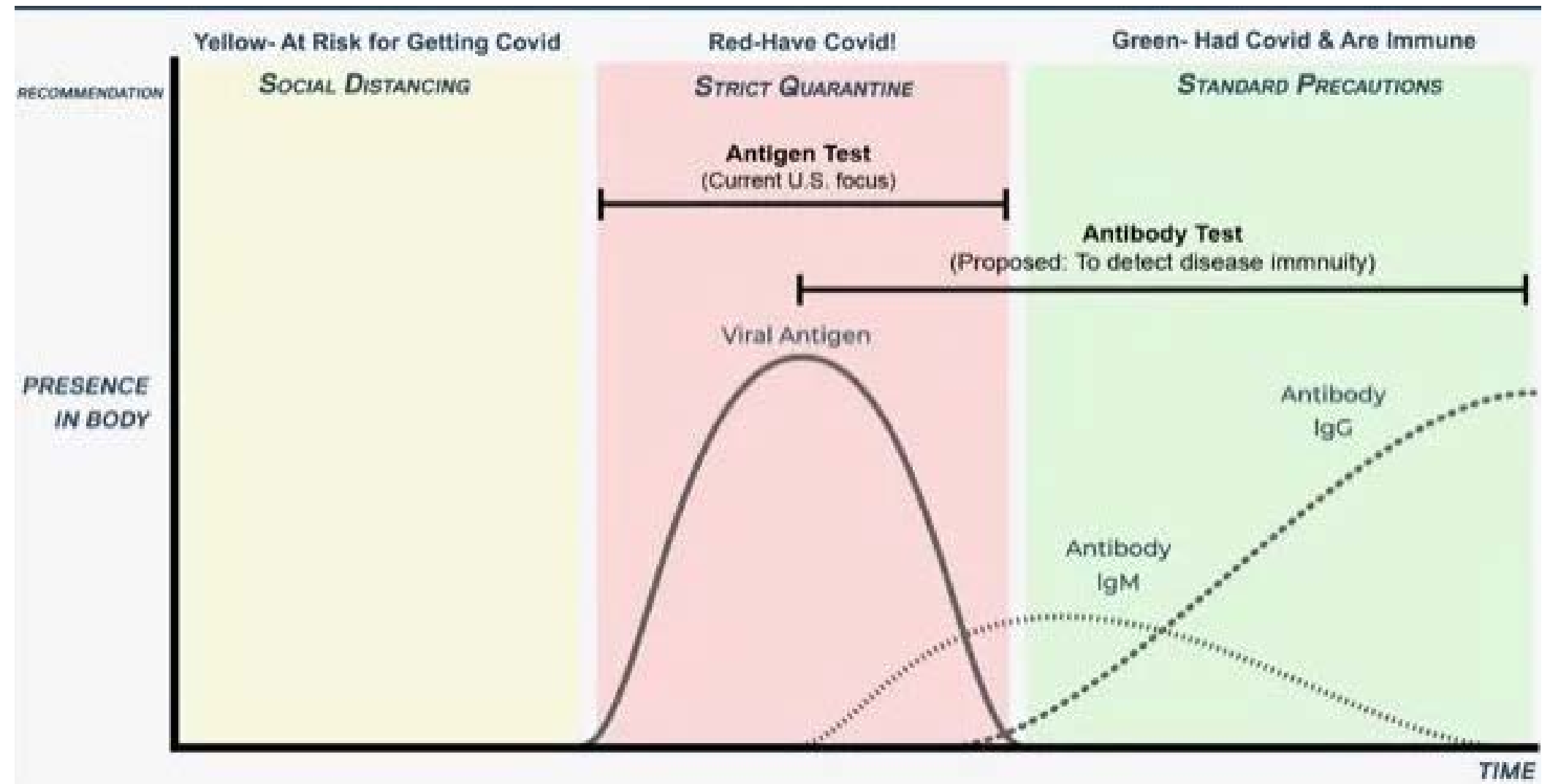


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## Testing for Antibodies

- Some with rapid answers





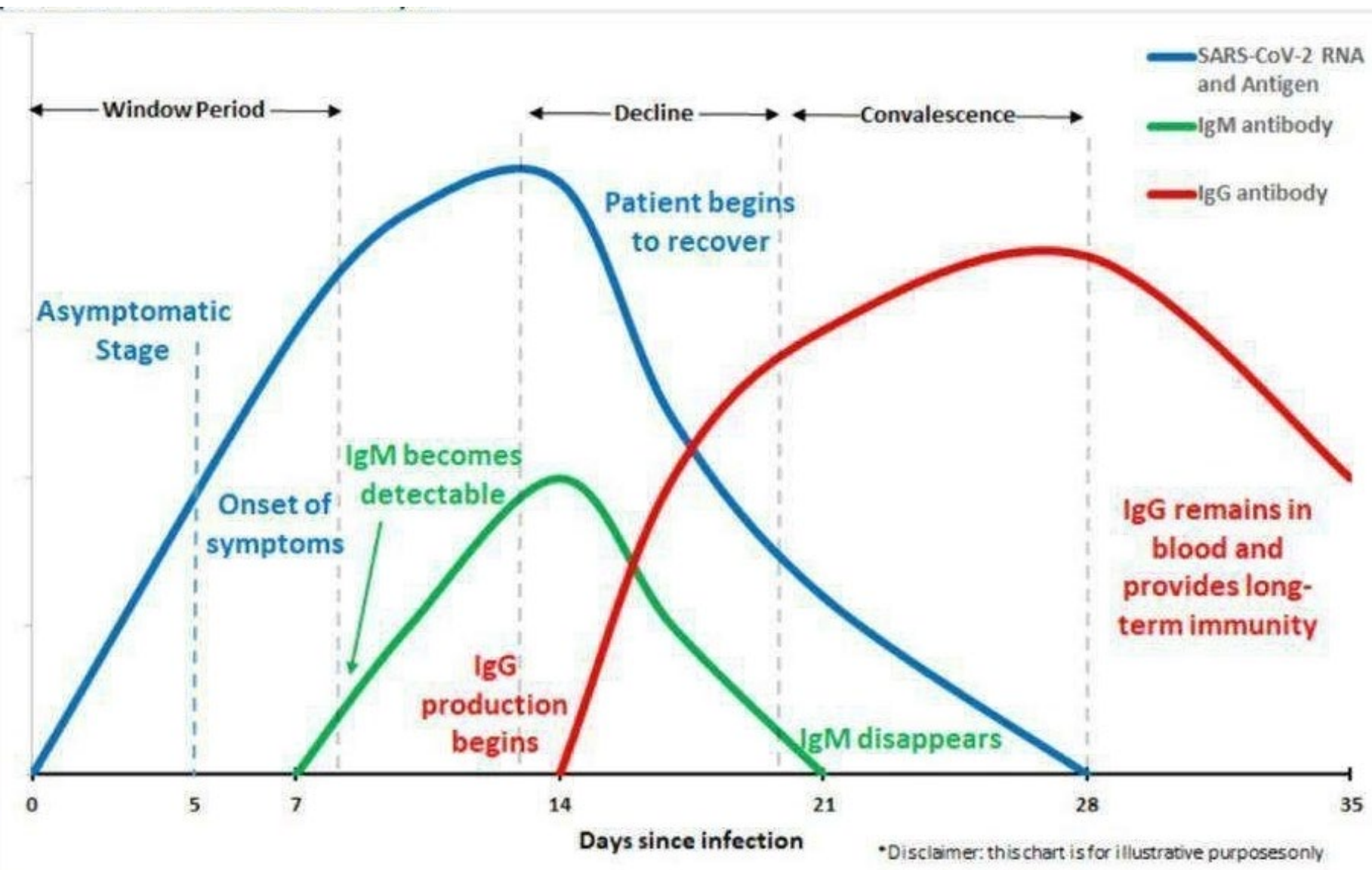


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## COVID Testing Sequence

- Testing is becoming available
- Some with rapid answers looking for the virus
- Then the application of antibody tests



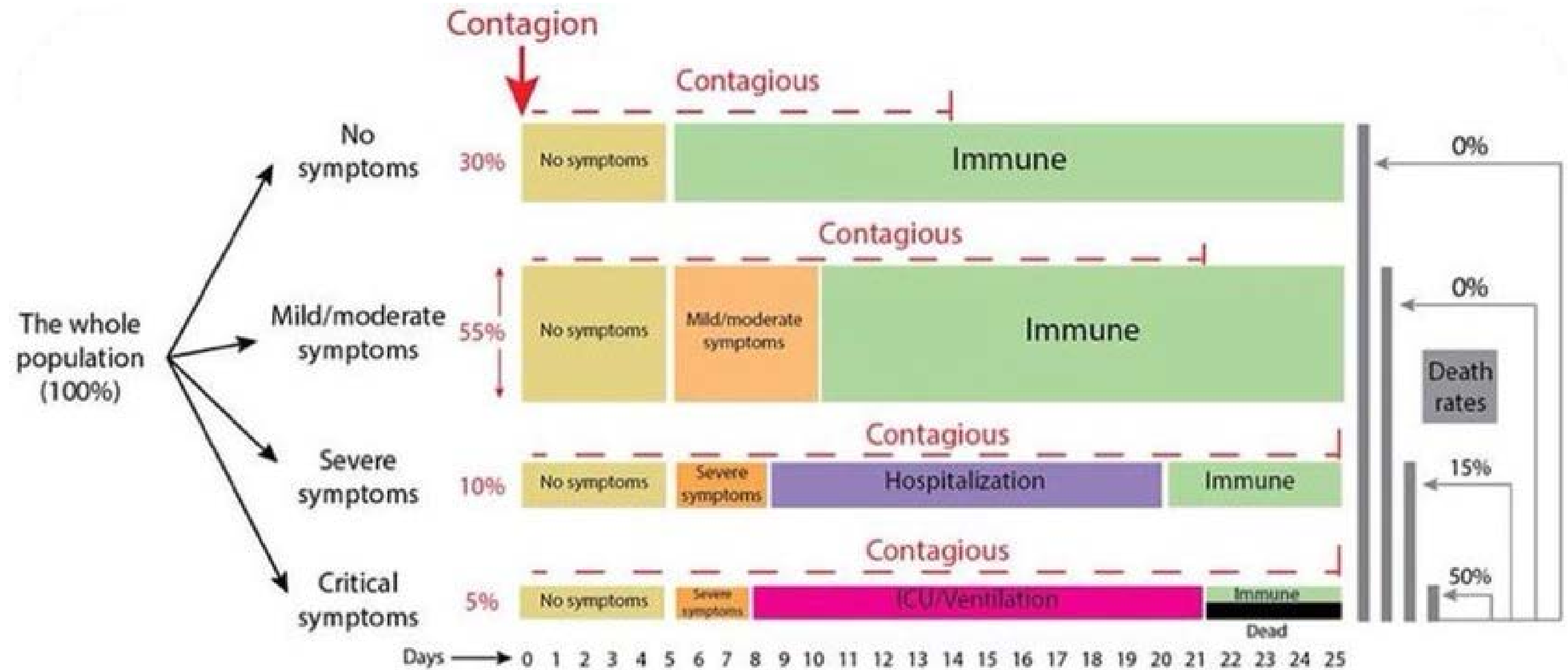
Test Results			Clinical Significance
PCR	IgM	IgG	
+	-	-	Infected, window before antibodies
+	+	-	Infected, early stage
+	+	+	Infected, active stage
+	-	+	Infected, late stage or recurrent
-	+	-	Early stage infection, PCR false negative
-	-	+	Prior infection, with durable immunity



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## Time Sequence



### References:

1. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. Lauer SA et al. Ann Intern Med. 2020 Mar 10.
2. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID19 mortality and healthcare demand. Neil M Ferguson et al. Imperial College COVID-19 Response Team. 16 March 2020.
3. Viral dynamics in mild and severe cases of Covid-19. Yang Liu et al. The Lancet, March 19, 2020.





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## When Will This End?







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Ken LaSala

IAFC Government Relations Director



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## Government Relations

CMS Funding to Fire and EMS organizations

Discussed supply chain issues with USFA

4<sup>th</sup> COVID-19 Bill

Direct Funding to Reimburse Fire & EMS Departments for COVID-19 Response Expenses

Repeal of T-Band Auction

Protect Jobs of Volunteer Fire & EMS



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Fire Chief Steve Pegram  
Goshen (IN) Fire Department  
Chair Economic Crisis Task Force



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## **Economic Task Force**

Goals for the Economic Task Force at this point:

*To help fire and EMS chiefs' access local, state and especially federal funding being made available in response to the coronavirus pandemic.*

*To help fire and EMS chiefs plan and prepare for the economic impact of the pandemic on our communities, both internally at our departments and externally in our communities.*



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## CARES ACT

Non-Profit 501(c)(3) and 501(c)(4) Eligible

Volunteer Departments who pay personnel may be eligible for  
Paycheck Protection Program (PPP)

Up to 2 million Dollar Loans for Working Capital (2.75%  
Interest Rate)



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## **AFG Grant**

100 Million Dollars

Specific for COVID19 PPE Only

FEMA GO Application

Reimbursement and Future Purchase

Late march open date



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## **Member Survey / Dashboards**

Survey on Economic Impact of COVID

Two Areas of interest or concern

1. Cost of Response
2. Impact on Local Economy/Budgets



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**Dr. Christiana Baxter**

CEO, Emergency Response TIPS, LLC

[christinabaxter@emergencyresponsetips.com](mailto:christinabaxter@emergencyresponsetips.com)





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Currently available research supports the possibility that SARS-CoV-2 could be *spread via bioaerosols generated directly by patients' exhalation.*

- National Academy of Sciences Standing Committee on Emerging Infectious Diseases<sup>1</sup>

Current data suggests:

- Bioaerosols collected > 6', but <14' from patients were positive with SARS-CoV-2<sup>2,3,4</sup>
- Viral load from patients in ICU > patients in General Wards<sup>4</sup>
- Highest airborne concentration recorded while patient receiving oxygen via nasal canula<sup>2</sup>
- Cross-contamination from gloves and footwear is significant<sup>3,4</sup>
- High touch surfaces are consistently contaminated (computer mice, trash cans, bed rails, doorknobs).

Currently available evidence supports the use of **Airborne Isolation Precautions**

REF<sup>1</sup>: NAS Standing Committee on Emerging Infectious Diseases letter to OSTP dated 01 APR 2020

REF<sup>2</sup>: Santarpia et al (2020). Transmission potential of SARS-CoV-2 in viral shedding observed at the University of Nebraska Medical Center. In publication.

REF<sup>3</sup>: Lui et al. (2020) Aerodynamic characteristics of RNA concentration of SARS-CoV-2 aerosol in Wuhan hospitals during COVID-19 outbreak. In publication.

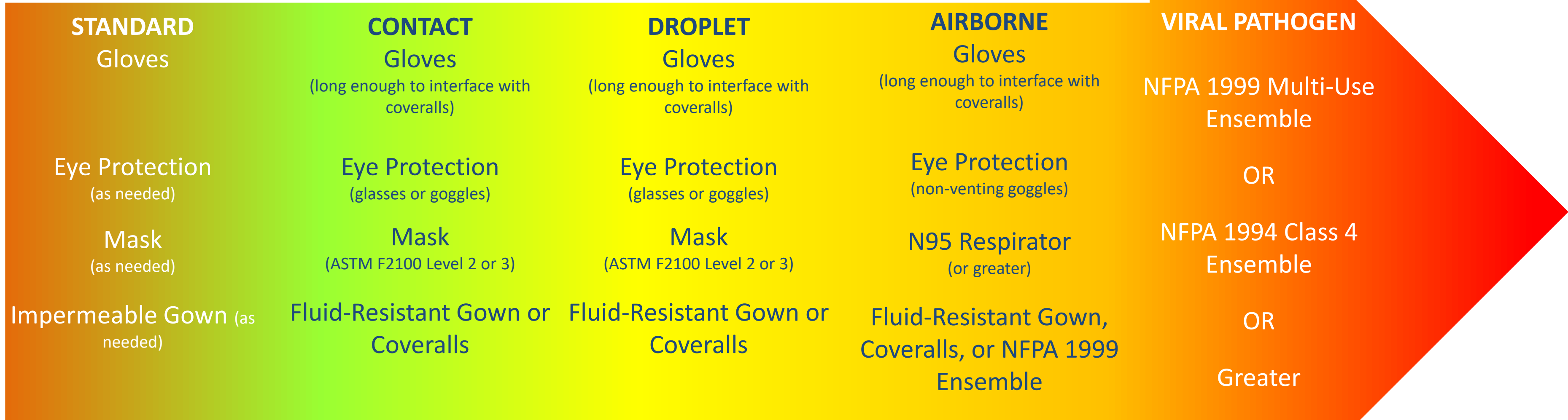
REF<sup>4</sup>: Guo et al. (2020) Aerosol and surface distribution of SARS-CoV-2 in Hospital Wards, Wuhan, China, 2020. Emerging Infectious Diseases Journal. 26(7): in publication.



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## PPE Escalation





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## PPE – Balancing the Risk

	Recommended Best Practice	Minimum Acceptable Protection	Last Resort
<b>Phase 1</b>  <b>When Respirator Supplies are Available</b>	<ul style="list-style-type: none"> <li>N/R/P-100 filtering facepiece respirator (FFR) OR air purifying respirator (APR) or powered air purifying respirator (PAPR) with P100 canister</li> <li>Filters used once and replaced between patients</li> </ul>	<ul style="list-style-type: none"> <li>N/R/P-95 filtering facepiece respirator</li> <li>APR or PAPR with chemical adsorption canister using a P100 pre-filter</li> <li>Interchange of filters and masks that are not certified together is not approved.</li> </ul>	Not Applicable
<b>Phase 2</b>  <b>When Respirator Supplies are Low</b>	<ul style="list-style-type: none"> <li>Use a medical mask OVER the N95 to extend its use. Replace the medical mask between patients.</li> <li>Utilize emergency rule to allow for APR/PAPR canister interchangeability</li> <li>Use masks beyond their “expiration date”</li> </ul>	<ul style="list-style-type: none"> <li>Consider reusing your FFR (store in non-plastic bag between uses)</li> <li>Consider reusing your APR/PAPR canisters (wipe (not spray) down with disinfectant and store in humidity-free environment)</li> </ul> <p style="text-align: center;"><b>DO NOT SPRAY FILTER MEDIA</b></p>	<ul style="list-style-type: none"> <li>Prioritize protection by exposure risk:               <ul style="list-style-type: none"> <li>&gt; 6’ from patient = no mask</li> <li>3’-6’ = medical mask</li> <li>&lt; 3’ = N95 or greater</li> </ul> </li> </ul>
<b>Phase 3</b>  <b>When Respirator Supplies are Depleted</b>	<ul style="list-style-type: none"> <li>Decontaminate FFPs and reuse (do not share FFPs and APR/PAPR filters between people – maintain individual issue)               <ul style="list-style-type: none"> <li>Microwave Generated Steam for 1 minute on each side at 1100-1250W (2 min total); Consider placing a paper towel between FFP and glass plate to prevent melting; Consider placing FFP on container containing 50 mL of water to generate steam</li> <li>Ultraviolet Germicidal Irradiation (UGVI) for 15 minutes on each side using a device fitted with a 40W UV-C bulb.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Utilize medical/surgical face masks with priority given to those meeting ASTM F2100 Level 3 (then Level 2, Level 1, Surgical molded utility masks, and finally, utility masks)</li> <li>Consider adding reusable and cleanable faceshield to minimize direct exposure with droplets</li> </ul>	<ul style="list-style-type: none"> <li>Consider homemade respiratory products using common fabric materials (note that the protection level will be minimal, at best)</li> <li>Requires the use of a reusable and cleanable faceshield to minimize direct exposure with droplets</li> </ul>



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## EMS Escalation

STANDARD	CONTACT	DROPLET	AIRBORNE	VIRAL PATHOGEN
Assess patient from 6', if possible	<b>ALL STANDARD PLUS:</b> Consider plastic sheets (between patient and stretcher)	<b>ALL STANDARD AND CONTACT PLUS:</b> Consider isolating the driver compartment if performing aerosol producing procedures (airway suction, intubation, aerosolized medication administration)	<b>ALL STANDARD, CONTACT, AND DROPLET PLUS:</b> Isolate immediate area & minimize personnel  Minimize personnel exposed to infectious persons	<b>ALL STANDARD, CONTACT, DROPLET, and AIRBORNE</b>
Provide patient with mask (if exhibiting respiratory symptoms)	Not all GI illnesses require droplet precautions (assume C. diff, norovirus, or others until ruled out)	Increase ventilation in patient compartment (place air or heat on non-recirculating cycle and/or open windows)	Isolate driver from patient OR driver dons N95 (minimum)	
Adjust level of precaution as necessary			Consider Portable Isolation Units or Ambulance Draping	
Utilize Exhaust fan in EMS transport unit				



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## Decontamination Escalation

STANDARD	CONTACT	DROPLET	AIRBORNE	VIRAL PATHOGEN
Wash hands	Wash hands	Wash hands	Wash hands	Wash hands
Clean surfaces	Clean surfaces	Clean surfaces	Clean surfaces	Clean surfaces
Disinfect surfaces (EPA-registered)	Disinfect surfaces (EPA-registered)	Disinfect all impacted areas (EPA-registered)	Disinfect all impacted areas* (EPA-registered)	Disinfect all impacted areas* (Peracetic acid-based decontamination)
		Inspect PPE for visible contamination (decon prior to doffing)	Inspect PPE for visible contamination (decon prior to doffing)	Inspect PPE for visible contamination (decon prior to doffing)

\*Remember, adjacent areas could also be impacted



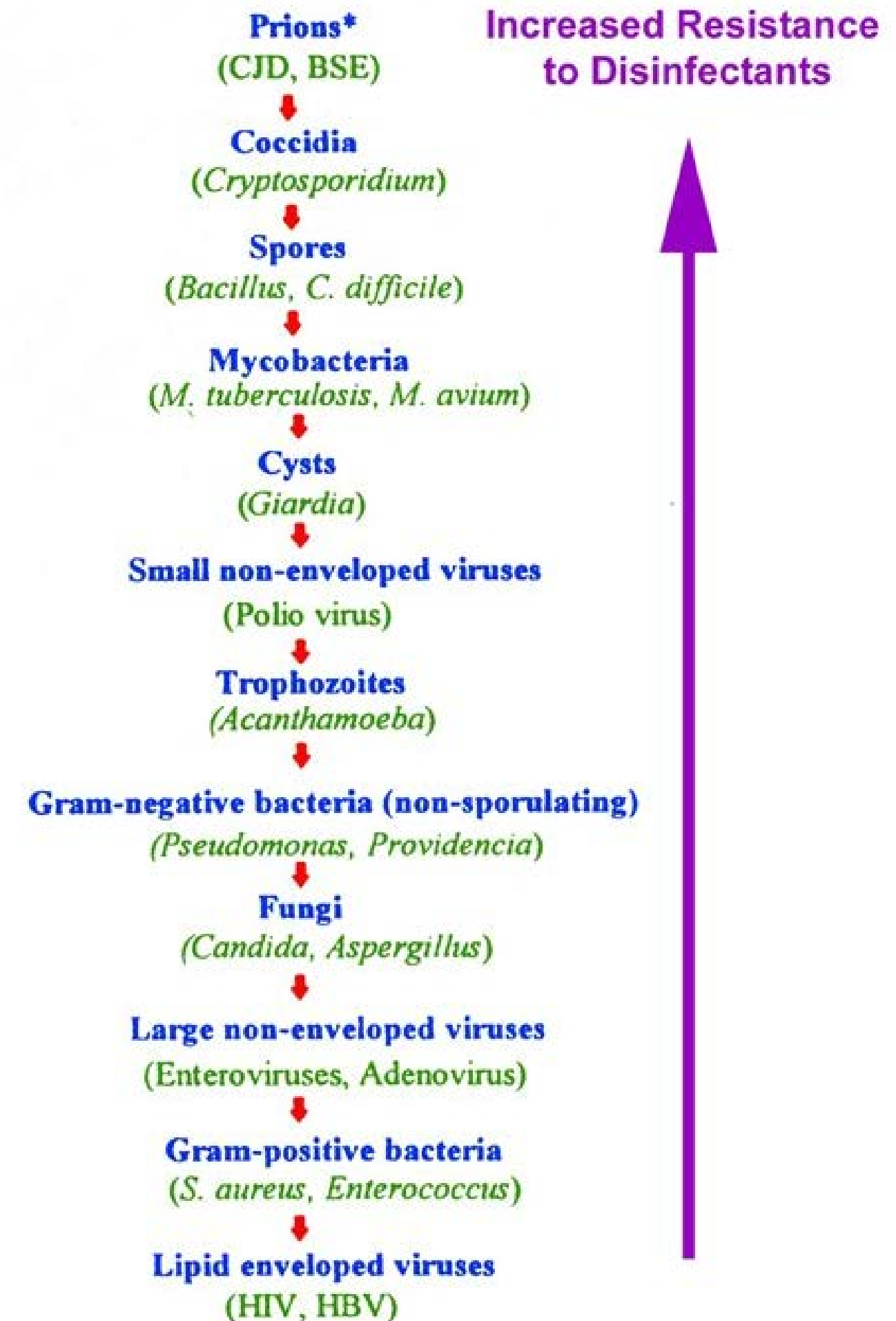


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## Selecting a Disinfectant

- Rapid action, even at low concentrations
- Broad-spectrum activity without toxicity
- Kill claim for *Clostridium difficile* (*C. diff.*)
  - *Hard to destroy*
- pH neutral
- Can be used clothing and sensitive equipment
- Low odor
- Multi-year shelf-life
- Dry materials have longer shelf-lives, but require water to be added
- Easy to mix or use
- Affordability and availability





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## FDA Emergency Use Authorization Issued March 24, 2020

Certification/ Class	N95	FFP2	KN95	P2	1 <sup>st</sup> Class	DS	N95
<b>Country</b>	USA	EU	China	AU/NZ	Korea	Japan	Mexico
<b>Standard</b>	NIOSH-42C-FR84	EN-149-2001	GB2626-2006	AS/NZ 1716:2012	KMOEL-2017-64	JMHLW- Notification-214, 2018	NOM-116-2009
<b>Filter performance</b>	≥ 95%	≥ 94%	≥ 95%	≥ 94%	≥ 94%	≥ 95%	≥ 95%
<b>Test Agent</b>	NaCl	NaCl and paraffin oil	NaCl	NaCl	NaCl and paraffin oil	NaCl	NaCl and paraffin oil
<b>Flow rate</b>	85 L/min	95 L/min	85 L/min	95 L/min	95 L/min	85 L/min	85 L/min
<b>Total inward leakage (TIL)<sup>1</sup></b>	N/A	≤ 8% leakage (arithmetic mean)	≤ 8% leakage (arithmetic mean)	≤ 8% leakage (arithmetic mean)	≤ 8% leakage (arithmetic mean)	Measured and reported in Users Guide	N/A
<b>Inhalation resistance (max. pressure drop)</b>	≤ 343 Pa (at 85 L/min)	≤ 70 Pa (at 30 L/min) ≤ 240 Pa (at 95 L/min) ≤ 500 Pa (clogging)	≤ 350 Pa (at 85 L/min)	≤ 70 Pa (at 30 L/min) ≤ 240 Pa (at 95 L/min)	≤ 70 Pa (at 30 L/min) ≤ 240 Pa (at 95 L/min)	≤ 70 Pa (w/valve) (at 40 L/min) ≤ 50 Pa (no valve) (at 40 L/min)	≤ 343 Pa (at 85 L/min)
<b>Exhalation resistance (max pressure drop)</b>	≤ 245 Pa (at 85 L/min)	≤ 300 Pa (at 160 L/min)	≤ 250 Pa (at 85 L/min)	≤ 120 Pa (at 85 L/min)	≤ 300 Pa at 160 L/min	≤ 70 Pa (w/valve) (at 40 L/min) ≤ 50 Pa (no valve) (at 40 L/min)	≤ 245 Pa (at 85 L/min)
<b>Exhalation valve leakage requirement</b>	Leak rate ≤ 30 mL/min at -245 Pa	N/A	Depressurization to 0 Pa ≥ 20 sec at -1180 Pa	Leak rate ≤ 30 mL/min at -250 Pa	Visual inspection after 300 L/min for 30 sec	Depressurization to 0 Pa ≥ 15 sec at -1470 Pa	N/A
<b>CO2 clearance requirement</b>	N/A	≤ 1%	≤ 1%	≤ 1%	≤ 1%	≤ 1%	N/A

<sup>1</sup>Tested on human subjects performing a series of exercises



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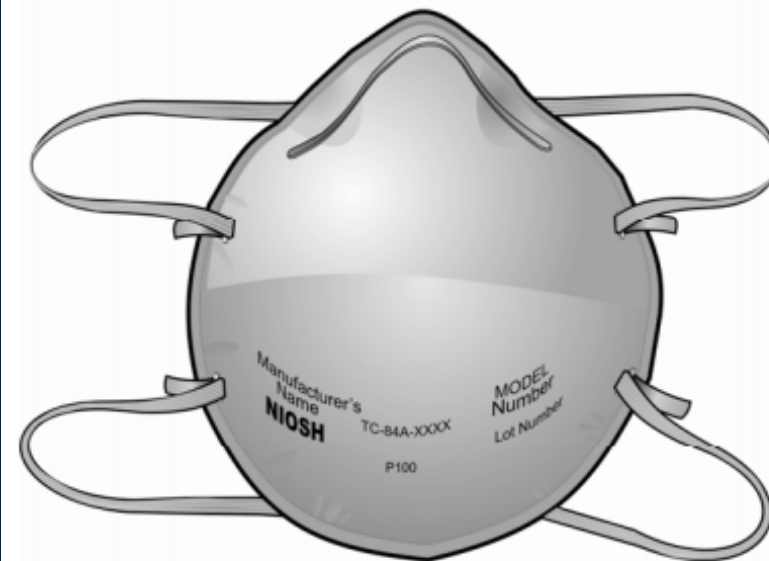
## Verification of NIOSH-Approved N95 Claims

### Required Elements:

- (1) Name of approval holder, manufacturer, or registered trademark
- (2) NIOSH in block letters or the NIOSH logo
- (3) TC Number (TC-84A-XXXX) (NIOSH Testing and Certification approval number)
- (4) Filter Designation (filter series (N/R/P) and filter efficiency level (95/99/100))
- (5) Model Number

\*Lot number is *recommended* on the mask and *required* on the packaging.

\*\*All manufacturers are required to have elements 1 – 5 above [REF: DHHS Letter to All Manufacturers dated 9/3/2008]



### Search the NIOSH Certified Equipment List:

<https://wwwn.cdc.gov/niosh-cel/>

- Use the full TC number to search (84A-XXXX)
- If you do not have a TC number available, go to the Advanced Search Tab
  - Under **Schedules**, select **84A**
  - Under **Protections**, select **N95** under the particulate section
  - Under **Manufacturer or Brand**, select the appropriate **name** from the list.
    - If you don't see the manufacturer's name immediately, type in the first few letters and let the computer search for you as many companies use shortened names on their products, yet the full name is used during certification





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## Verification of AU/NZ-Approved P2 Claims

Search the SAI Global website :

<https://register.saiglobal.com/default.aspx?stype=power>

The screenshot shows a 'Certificate Search' form with the following fields:

- Licence No. (text input) and And (dropdown)
- Company (text input) and And (dropdown)
- Product Certification Only (checkbox)
- Model Name (text input) and And (dropdown)
- Model ID (text input) and And (dropdown)
- Show Products (checkbox)
- Search (button)

- Fill out the search criteria with the information you have available.
- When you do not choose "Show Products" you end up with information about the company, its location, the license number, and the relevant SAI standards.

Company / Trading Name	City	State	Licence No.	Standard
3M Australia Pty Limited	Geelong	NSW	SMK0019	AS/NZS 1881:2002
3M Australia Pty Limited	Geelong	NSW	SMK0218	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK0219	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK0187	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK2101	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK0218	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK0219	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK0187	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK2101	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK0218	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK0219	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK0187	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK2101	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK0218	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK0219	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK0187	AS/NZS 1716:2002
3M Australia Pty Limited	Geelong	NSW	SMK2101	AS/NZS 1716:2002

- Select the License Number to see the current status, expiration date, original date of certification, the SAI standards that they are certified to, and a link to their license certificate.

The screenshot shows the license certificate for 3M Australia Pty Limited, including the license number (SMK0019), company name, and a list of standards (AS/NZS 1716:2002).

- Scroll down to the Standard of Interest

Model ID	Face Piece / Head Covering Type	Filter or Cartridge Type/Class	Filter or Cartridge Model Number	Facepiece/Headcovering Description	Model Name	Size Facepiece/Headcovering	Facepiece/Headcovering- filtration type	Accessories or Comments	Date Endorsed
RDP 2000	Half (1/2) facepiece- Disposable	P2	RDP 2000	No valve. Moulded cup type with 2 attachment bands	Unsafe	Universal	Fiber/Cartridge(Work) Particle		2 Apr 2012
RDP 2000 GV	Half (1/2) facepiece- Disposable	P2	RDP 2000 GV	Moulded mask with turn retention straps and activated carbon layer. Valved	Unsafe	Universal	Fiber/Cartridge(Work) Particle		2 Apr 2012
RDP 2000 V	Half (1/2) facepiece- Disposable	P2	RDP 2000 V	Valve. Moulded cup type with 2 attachment bands	Unsafe	Universal	Fiber/Cartridge(Work) Particle		2 Apr 2012
RDP 2E	Half (1/2) facepiece- Disposable	P2	RDP 2E	No valve. Moulded cup type with 2 attachment bands	Protector	Universal	Fiber/Cartridge(Work) Particle		2 Apr 2012
RDP 2F	Half (1/2) facepiece- Disposable	P2	RDP 2F	No valve. Horizontal flat fold with 2 attachment bands	Unsafe	Universal	Fiber/Cartridge(Work) Particle		2 Apr 2012
RDP 2V	Half (1/2) facepiece- Disposable	P2	RDP 2V	Valve. Moulded cup type with 2 attachment bands	Protector	Universal	Fiber/Cartridge(Work) Particle		2 Apr 2012

- Scroll further down to Product of Interest.

RDP 2000	Half (1/2) facepiece- Disposable	P2	RDP 2000	No valve. Moulded cup type with 2 attachment bands	Unsafe	Universal	Fiber/Cartridge(Work) Particle		2 Apr 2012
RDP 2000 GV	Half (1/2) facepiece- Disposable	P2	RDP 2000 GV	Moulded mask with turn retention straps and activated carbon layer. Valved	Unsafe	Universal	Fiber/Cartridge(Work) Particle		2 Apr 2012
RDP 2000 V	Half (1/2) facepiece- Disposable	P2	RDP 2000 V	Valve. Moulded cup type with 2 attachment bands	Unsafe	Universal	Fiber/Cartridge(Work) Particle		2 Apr 2012
RDP 2E	Half (1/2) facepiece- Disposable	P2	RDP 2E	No valve. Moulded cup type with 2 attachment bands	Protector	Universal	Fiber/Cartridge(Work) Particle		2 Apr 2012
RDP 2F	Half (1/2) facepiece- Disposable	P2	RDP 2F	No valve. Horizontal flat fold with 2 attachment bands	Unsafe	Universal	Fiber/Cartridge(Work) Particle		2 Apr 2012
RDP 2V	Half (1/2) facepiece- Disposable	P2	RDP 2V	Valve. Moulded cup type with 2 attachment bands	Protector	Universal	Fiber/Cartridge(Work) Particle		2 Apr 2012

- Select the Product of Interest. The information provided includes:

- Model ID
- Face piece or head covering type (1/2 facepiece-disposable)
- Filter or cartridge type/class (P2)
- Facepiece/head-covering description
- Model name
- Size facepiece/head-covering
- Facepiece/head-covering filtration type
- Accessories or comments
- Distributor(s)

The screenshot shows the product details for RDP 2F, including the model ID, face piece type, filter class, and description.

# IAFC WEBINARS



COVID-19 Weekly Updates

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