



# Guidelines for Powered Air Purifying Respiratory (PAPR) Use

## ENTITY/DEPARTMENT

_____ CMH		_____ Bolster
_____ <b>x</b>	Bridgton Hospital	_____ Central Maine Medical Group
_____ <b>x</b>	Central Maine Medical Center	_____ Rumford Community Home
_____ <b>x</b>	Rumford Hospital	

**Category: Clinical**  
**Approved by: CNO**

**Contact Person: Professional Development Manager**

**SCOPE (Performed By):** Staff members caring for high-risk patients in high-risk situations involving aerosol-generating procedure.

**POLICY/PURPOSE STATEMENT:** To provide information of when a PAPR is utilized and the process for obtaining a PAPR

### DEFINITIONS:

### PROCEDURE:

PAPRs will be used under the following conditions:

1. The disposable N95 respirator cannot form a tight seal due to facial hair or facial structure
2. Lack of N95 mask supply
3. Highly aerosol-generating procedures involving high-risk patients. These include:
  - a. Intubation, extubation, bag-masking, bronchoscopy, chest-tubes
  - b. Electrocautery of blood, gastrointestinal tissue, any body fluids
  - c. Laproscopy/endoscopy

Procedure:

1. Unit staff will obtain the PAPR from the Sterile Processing Department (SPD) in a blue transport bag.
2. Staff will obtain PAPR prior to the start of their shift and will return the PAPR at the end of their shift.
3. Staff will complete sign-out log when collecting PAPR. The following information will be collected: Date, unit, expected date of return and staff name
4. SPD staff will screen for completion of PAPR training by the Safety Department by confirming an orange sticker is present on the staff member's badge. PAPR is not released unless training is complete. Staff will be directed to the Safety Department to schedule training.
5. **PAPR usage should be limited to high-risk patients in high-risk situations involving highly aerosol-generating procedure.** These procedures should be done with minimal staff in near vicinity, thus reducing overall PAPR need (for example, intubation can be

performed with 1-2 total individuals while others can be further away and do not require PAPR). Prolonged use may be needed when a provider is working in a cohorted unit with multiple infected patients.

6. PAPR will be returned to SPD soon after use for cleaning. Used PAPR will be placed in a clear plastic bag and labeled with a biohazard sticker. Ensure the PAPR hood is stored in a way to avoid getting crushed or damaged. Blue transport bag will be used to transport the bagged PAPR. Bring PAPR to the soiled utility room and place on the metal cart.

**SPECIAL CONSIDERATIONS:**

**DISCLAIMER STATEMENTS:**

Disclaimer Statements: Each policy should include a disclaimer to remind staff members that they must use their judgment to determine if all parts of the policy and procedure apply to each situation, or whether some type of modification is warranted. Disclaimer statements include the following:

1. A policy statement is intended to describe the reason why the associated procedure has been issued and to explain the context,
2. Procedures are resources to assist staff in carrying out specific actions. Procedures do not specify all circumstances to which they apply,
3. Procedures cannot, in themselves, guarantee safety. Safety is promoted by people being skilled at judging when and how (and when not) to adapt procedures to local circumstances,
4. Clinical situations may warrant adaptation due to unique patient characteristics,
5. Extenuating circumstances may necessitate adaptation.

**REFERENCES:**

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**CROSS REFERENCES:**

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**SUPERCEDES:**

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**ORIGINAL APPROVED DATE:**

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**ORIGINAL EFFECTIVE DATE:**

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**CURRENT REVISION EFFECTIVE DATE:**

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**NEXT REVIEW DATE:**

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**REVIEW DATE(S):**

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**REVISED DATE(S):**

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