

N95 Respirator and PAPR/CAPR Guidance

Best Practices

PAPR/CAPR Management

- Utilize a PPE Patrol in your Medical Center to ensure the correct PPE is being used in the correct situation
- Take inventory of all PAPRs and CAPRs, use a PPE Coordinator
- Identify which locations within your medical center will need to use PAPRs/CAPRs
 - Recommended departments include; intubation teams, ICU, COVID-19 unit, ED, Pulmonary, Anesthesiology, and other essential teams/departments
 - PAPRs/CAPRs should not be assigned to specific people, but departments or teams
- Designate one or several distribution/collection/storage space for PAPRs/CAPRs when not in immediate use
 - When not in use, PAPRs/CAPRs should be returned to designated location(s)
 - User to check in and check out PAPR/CAPR
- Staff the PAPR/CAPR distribution/collection/storage space 24/7 from labor pool

In the event that a PAPR/CAPR is not available, an N95 with a full face shield is an appropriate alternative

N95 Respirator and PAPR/CAPR Guidelines for Use

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N95 Respirator

- Caring for a patient that is in a negative pressure room (e.g. TB, measles, chicken pox, etc.)
- Caring for a known or suspect (PUI) COVID-19 patient who is requiring frequent suctioning or high peak flow ventilator support
- While performing high hazard (aerosol generating) procedures* (CPR, intubation, bronchoscopy, etc.) on a patient with no known or suspect Airborne Infectious Disease (foreign body removal, cardiac arrest, etc.)
- In place of a PAPR/CAPR during critical surge when PAPR/CAPR need is greater than supply. **USE with FULL FACESHIELD**

PAPR/CAPR

- While performing a high hazard (aerosol generating) procedure* on a known or suspect Airborne Infectious Disease (TB, measles, chicken pox, etc.)
- While performing a high hazard (aerosol generating) procedure* on a known or suspect (PUI) COVID-19 patient
- In place of a N95 respirator if HCW is unable to be properly fit tested

*High Hazard Aerosol Generating Procedures

Tracheal aspiration (in intubated patients)	Cardio-thoracic surgeries
BiPAP/CPAP	Nasal / pharyngeal / neck surgeries
Bronchoscopy	Intestinal tract surgeries
CPR	ERCP
TEE	Use of bone saw and/or drill
Intubation/extubation	EGD
Colonoscopy	Sputum Induction
Open line suctioning	Nebulizer treatment

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PAPR/CAPR Management

Sample Scenario continue

- On the COVID-19 floor (20 ICU beds and 40 medical beds). Set up the PAPR/CAPR distribution location centrally (ex. in a visitor waiting room). Assess how many procedures are done on a daily basis and at any given time how many employees would be doing procedures requiring PAPR/CAPR. Example: keep **15** PAPR/CAPRs in this location. HCW must return equipment after use. PAPR/CAPR are not intended to be kept by one HCW all day unless they will be doing procedures all day long.

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PAPR/CAPR Management

Sample Scenario continue

- **5** PAPR/CAPR for intubation team and at the start of their shift have the members check out the equipment from a designated location and return at the end of shift for additional disinfection and equipment check by a PPE coordinator.
- **4** PAPR/CAPR for the OR to check in and out
- **4** PAPR/CAPR for Pulmonary to check in and out
- **4** PAPR/CAPR for Anesthesiology to check in and out
- **2** PAPR/CAPR for other department to check in and out

N95 Respirator and PAPR/CAPR Guidelines for Use

Disinfection of PAPR

Doffing

- ❑ To remove gown and gloves, pull from the front of the gown down, rolling sleeves into a ball including removal of gloves



- ❑ Remove hood: lean forward and carefully remove hood and hang hood in designated area for reuse
NOTE: PAPR hood is not cleanable, but may be reused if not visibly soiled or contaminated or damaged



Refer to Medical Center specific policy for additional steps in the process

PAPR Cleaning Guidelines

PPE needed for PAPR Cleaning = Isolation mask, goggles or face shield, gown, gloves

- If blood and/or bodily fluids contaminate the filter, dispose of the Filter Cartridge according to the hospital's contaminated waste disposal protocol.
- Do NOT submerge the battery, blower/filtration, or hood/helmet in liquid
- Use hospital-approved disinfectant wipes: Red, Green, Blue, Orange, or Purple tops

Cleaning Steps:

- ❑ Disconnect all component parts of PAPR blower unit, battery, hose, and hood.
- ❑ Clean and disinfect all parts with hospital-approved disinfectant wipes and allow to dry.
- ❑ Wipe the surfaces used for cleaning with hospital-approved disinfectant before doffing PPE.

- Wipe outside of CAPR device: take one wipe and wipe back to front the entire helmet. Use a hospital approved disinfectant wipe: White Top, Red Top, Green Top, Blue Top, Purple Top, or Orange Top only. **NOTE: Allow to dry**



CAPR Cleaning Guidelines

PPE needed for CAPR Cleaning = Isolation mask, goggles or face shield, gown, gloves

- Do NOT submerge the battery, blower/filtration, or hood/helmet in liquid
- Use hospital-approved disinfectant wipes: Red, Green, Blue, Orange, or Purple tops
- ❑ Disconnect all component parts of the CAPR: helmet, helmet liner, filter cover cap, rear headband cushion, battery, and battery cord
- ❑ Clean and disinfect all parts with hospital-approved disinfectant wipes and allow to dry.
- For helmet: start on the inside, begin with cleanest area inside helmet, then clean outside of helmet.
- ❑ Wipe the surfaces used for cleaning with hospital-approved disinfectant before doffing PPE

- Remove helmet from head in the forward direction
- Remove disposable lens cuff by grasping both sides at the connector. Pull forward and place or hang in designated area for reuse

NOTE: Disposable lens cuff cannot be cleaned but can be reused if not visibly soiled, contaminated, or damaged



- Remove comfort strips from helmet and hang or place in designated area for reuse



Disinfection of CAPR