



N95/Face Shield or CAPR Use

- A.** Either CAPRs or N-95/face shield are indicated (regardless of COVID status) for the following situations:
- Codes (code blue, RRT, code stroke, anesthesia stat)
 - Urgent/emergent airway management
 - Aerosol-generating procedures

Aerosol-generating procedures include, but may not be limited to: tracheal intubation, extubation, non-invasive ventilation, nebulized medication treatments, nasal oxygen flows greater than or equal to 6 LPM (high-flow oxygen) tracheostomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy.

Note: A surgical mask with face shield should be worn when caring for COVID and PUI patients who do NOT require aerosol-generating procedures.

For the purpose of codes and urgent/emergent airway management, three carts have been created and distributed throughout Rhode Island Hospital. The cart on JB4N will respond to events in the Jane Brown Building. The cart on the RICU will respond to events in the Main Building. The cart in CCU will respond to all other events on the campus, including the Bridge, Coop and Hasbro buildings, and non-clinical settings.

For units that do NOT overhead page events, to obtain the CAPR cart from the unit call the unit directly:

JB4N: ext 4-5937

RICU: ext 4-5773

CCU: ext 4-3875

- B.** Additional locations with CAPRs assigned to the department are the Anderson ED, the Hasbro ED and the OR/anesthesia. These sites will manage the CAPRs assigned.
- C.** Other situations in which a CAPR may be requested from the Command Center and obtained from CSD are:
- For care of a patient on airborne precautions by a staff person who cannot be fit tested.
 - For use by a staff person on a warm unit that has been directed by infection prevention to wear N-95 masks at all times, if that staff person cannot be fit tested.
- The CAPR should be signed out to the individual, and not to a unit. The CAPR is to be returned at the end of the shift or the end of the use.
- D.** CAPRs for “standby” or “just in case” location on a clinical unit are discouraged. The CAPR cart will respond as indicated in **A.** If a unit suspects that a patient / patients are deteriorating and may need urgent intervention, they can request up to 2 CAPRs from the Command Center, to be obtained from CSD to be located on the unit for up to 8 hours, after which they must be re-evaluated and if the risk remains, signed out again. If the risk has diminished, the CAPRs must be returned to CSD at that point.

