

Powered Air Purifying Respirator (PAPR) Request Checklist

All requests for PAPRs in Ambulatory settings will be reviewed by a central team including Ambulatory Management, Infection Control, and Environmental Health and Safety. If you are requesting a PAPR to support respiratory protection in your area, please complete the checklist below and submit to the Ambulatory Management e-mail box.

Name of Requ	esting Manager:
Date of Reque	st:
Contact of Rec	uesting Manager:
Practio	ce Name/Location:
Email:	
Phone	;
Employee Ev	aluation:
Does t	he employee meet Respiratory Protection Criteria? No
0	HCW who provides direct patient care, with patients that are suspected or confirmed to have disease that requires Enhanced Respiratory Isolation or Airborne Isolation and who cannot be masked, in an enclosed space (within 6 feet) of the patient for > 10 minutes HCW who do not provide direct patient care but work in an enclosed space (e.g. patient room, exam room) within 6 feet of patients, with patients that are suspected or confirmed to have disease that requires Enhanced Respiratory Isolation or Airborne Isolation and who cannot be masked, for > 10 minutes or who must enter the enclosed space after an aerosol-generating procedure during the room airing period HCW who do not provide direct patient care but may regularly be in an enclosed space (e.g. patient room) within 6 feet of a patient for cumulatively >10 minutes (e.g. transport in elevators or HCWs who visit multiple patients for short periods of time), where the patient cannot be masked
Does t	he employee have facial hair that interferes with an N95 respirator? No
	If yes, has the employee been asked to consider shaving? No
	e employee been unable to be fitted (with a fit-test) to any of the available N95 ators? No
	ork be shifted/rescheduled to (an) other employee(s) at this location who have been sfully fitted to N95 respirators? No
Numb	er of employees requiring PAPRs at this location: