

UVM Written Respiratory Protection Program

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1. Introduction

University of Vermont (UVM) employees and students in various positions may be exposed to respiratory hazards during routine job duties. These hazards may include particulates, vapors, biological aerosols, and wood dust. Substitution, engineering, and administrative controls must be used to the extent feasible to minimize employee exposure to respiratory hazards. These methods are effective because they physically change the work environment. Such controls include, but are not limited to:

- Substitute less hazardous substances (i.e. latex paints vs. oil-based paints);
- Isolate or enclose of the work process or of employees (i.e., seal the doorway to where work is being performed);
- Use local exhaust, general dilution, and air filtering ventilation (i.e., chemical fume hoods, building exhaust, and biological safety cabinets); and
- Change the work process (i.e. wet mop vs. dry sweep).

However, such controls are not always feasible for some job tasks or operations at UVM, and in some cases, may not reduce exposures enough to ensure a safe work environment. In these situations, respirators are required to provide protection from respiratory hazards. Respirators may also be required during non-routine or emergency operations.

2. Scope

This Respiratory Protection Program is based on the American National Standards Institute publication, "The American National Standard Practices for Respiratory Protection" (ANSI Z88.2 1992) and OSHA 29 CFR 1910.134. The Department of Risk Management and Safety (RM&S) and the Training and Compliance Office (TCO) of the Physical Plant Department (PPD) developed this program in an effort to ensure safe work practices for UVM employees and students who wear respirators and have known or

potential exposure to airborne pollutants. UVM employees and students participating in this program do so at no cost to themselves.

This program applies to all UVM employees and UVM students who are required to wear respirators during normal work operations or course of study, and during some non-routine or emergency operations. It also applies to non-UVM employees or students who are working on University property as part of a UVM-funded research program. Sections of this program also apply to any UVM employee or student who chooses to wear a respirator in environments where it has been determined that respirators are not required or recommended under the Voluntary Use definition of OSHA 1910.134.

This program does not apply to UVM divers that use self-contained underwater breathing apparatus (SCUBA), contractors, or other non-UVM employees working on University property who are not part of a UVM-funded research program.

3. Student Respirator Policy

This Program applies to University students who may be exposed to respiratory hazards in the classroom, research laboratory, or workshop. Lab supervisors, teaching assistants, or the professor should assist students in filling out a respirator request form. If a student is required to wear a respirator, they must comply with all sections of this Program, including annual medical evaluation, fit testing, and training requirements. The Voluntary Use section of this Program applies to students who wish to wear respirators for comfort reasons after it has been determined that no respiratory hazards exist.

Students covered by this Program will fill out the same OSHA Respirator Medical Evaluation Questionnaire (Appendix D) as UVM employees and follow the same submission instructions. UVM Student Health Services will review all student questionnaires and provide follow up medical exams when necessary at no cost to the student. If further medical testing is required, students may be referred to Champlain Medical Urgent Care.

Risk Management and Safety is able to conduct fit tests for individual students. However, due to lack of space and equipment, RM&S is unable to accommodate classes or large groups of students. In these cases, the school or department should arrange fit testing with an outside vendor so that students can be fit tested in a timely manner.

4. Responsibilities

Program Administrator

The TCO Safety Programs Manager, or designee, is the Program Administrator for all PPD employees. The Senior Assistant Director for Safety and Health in RM&S, or designee, is the Program Administrator for all other UVM employees and students.

The duties of the Program Administrators include:

- Assisting Supervisors in identifying work processes, tasks, or areas that require employees to wear respirators;
- Conducting a hazard assessment of a job task or process to determine the appropriate type of respirator;
- Selecting respirators and appropriate filters or cartridges;

- Monitoring respirator use, storage, cleaning, and maintenance of respirators;
- Conducting and arranging for annual training and annual fit testing;
- Administering the medical surveillance section of this Program;
- Ensuring appropriate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;
- Evaluating the program on an annual basis; and
- Updating the program as needed.

Supervisors

Supervisors include laboratory supervisors, principal investigators, and department/unit management. Supervisors are responsible for determining which job tasks or work processes within their unit or department have potential respiratory hazards for which engineering controls are not effective, not available, or not feasible. These determinations are specific to the unit and may not apply to other units or departments. Supervisors are responsible for implementing this Respiratory Protection Program in their particular unit, laboratory, or department.

Duties of Supervisors include:

- Identifying job tasks or processes that require the use of the respirator;
- Ensuring that employees, including new hires, have received appropriate medical evaluations, fit testing, and training;
- Ensuring the availability of appropriate respirators types and sizes as well as any additional accessories;
- Documenting repair and maintenance of respirators used by employees
- Assisting employees in filling out a Respirator Request Form;
- Enforcing the proper use of respiratory protection where necessary;
- Ensuring that respirators are cleaned, maintained, inspected, and stored according to the respiratory protection program; and
- Coordinating with the Program Administrator on how to address new or emerging respiratory hazards.

Employees and Students

UVM employees and students covered by this Program have the responsibility to:

- Wear their assigned respirator when and where it is required in the matter they were trained;
- Care for and maintain their respirator as instructed and keep it stored in a clean location;
- Inform their Supervisor if the respirator no longer fits or becomes uncomfortable to wear;
- Inform their Supervisor or the Program Administrator of any respiratory hazards they feel are not adequately addressed in their workplace; and
- Participate in the annual requirements of this program.

5. Hazard Assessment

Before an employee can wear a respirator, he or she must complete a Respirator Request Form and submit the form to the appropriate Program Administrator. The Supervisor must include the manufacturer's Safety Data Sheet(s) (SDS) and any other standard operating procedure, policy or

activity-related information for the contaminant of concern, if applicable, with the Respirator Request Form. A hazard assessment will be performed by the appropriate Program Administrator or other qualified individual(s) designated by RM&S based on the information provided in the Respirator Request Form.

As part of the hazard assessment, the Program Administrator must make a reasonable estimate of the anticipated employee exposures, including those likely to be encountered in reasonably foreseeable emergency situations. Immediately Dangerous to Life or Health (IDLH) conditions must be assumed where sources of airborne hazards are evident and employee exposures have not been, or cannot be estimated. Three options are used to estimate employee exposure: Initial Exposure Assessment, Historical Data, and/or Objective Data. When using Initial Exposure and Historical Data, a periodic monitoring plan must be in place to ensure exposure levels are acceptable. The Supervisor is responsible for initiating and maintaining that plan with the support of the Program Administrator. The hazard assessment will also include a review of the work process to determine where potential exposures to respiratory hazards may occur. This may involve observations of the work task, talking with the Supervisor or employees, or a walkthrough or survey of the workspace.

After the hazard assessment is conducted, the Program Administrator will complete and return a Respiratory Hazard Assessment form to the employee and Supervisor. This form will indicate whether a respirator is required or not required for the activity or job task.

6. Respirator Selection

If a respirator is required for a specific job task or work area, the Program Administrator will specify the type of respirator on the Respiratory Hazard Assessment form. The Program Administrator will select a respirator that is appropriate for the respiratory hazard. The Program Administrator will refer to the Assigned Protection Factors listed in Table 1 of OSHA 29 CFR 1910.134 to select a respirator that meets or exceeds the required level of protection. All respirators provided by UVM are NIOSH-certified and bear a NIOSH approval number. This includes all replaceable parts, disposable filters and fit testing equipment. Different brands, models and sizes will be available for the individual to achieve the most comfortable fit. Modifications of respirator equipment are not permitted beyond the manufacturer's intent, instructions or accessories.

The University uses two classes of respirators:

1. Air-Purifying Respirators (APR) have filters, cartridges, or canisters that remove contaminants from the air before it reaches the user. Particulate filters provide protection from solid or liquid particles found in the air such as dust, dirt, mists, and biological aerosols. Cartridges and canisters provide protection from gases and vapors. Some particulate respirators are disposable and should be discarded after each use. Elastomeric cartridge or canister respirators are reusable, as long as the cartridges or canisters are replaced before they reach the end of their service life. These respirators come in half-facepiece or full facepiece designs.

Most air-purifying respirators require a tight seal around the face and must be fit tested before use. These tight fitting respirators cannot be used if facial hair compromises the seal. If the employee is not receptive to removal of facial hair or if the assigned activity cannot be transferred to another employee, a loose-fitting powered air-purifying respirator (PAPR) must

be used, given that the respirator provides adequate protection. Employees may wear corrective lenses or goggles as long as they do not interfere with the fit of the respirator. The University will provide spectacle kits for use with tight-fitting full-facepiece respirators when necessary. Contact lenses may be worn but they are not recommended in dusty environments while wearing a half-facepiece respirator.

If requiring the use of an air-purifying respirator, the Program Administer will specify the type of filter, cartridge, or canister that is appropriate for the type of respiratory hazard.

2. Atmosphere-Supplying Respirators supply clean air directly to the user from an uncontaminated source. These are used in Immediately Dangerous to Life and Health (IDLH) environments, such as when the air lacks sufficient oxygen or when the level of contamination is such that an exposure would be life threatening. These type of respirators include self-contained breathing apparatus (SCBA) and supplied-air respirators.

Atmosphere-supplying respirators are only used by UVM employees who are members of the Confined Space Rescue Team and by Physical Plant employees who work in the Asbestos Management Program.

Respirator Use in IDLH Environments

Immediately Dangerous to Life and Health environments require the highest level of respiratory protection and reliability. The University considers all oxygen deficient atmospheres to be IDLH. No UVM employee, other than members of the Confined Space Rescue Team, should be exposed to IDLH atmospheres.

7. Respirator Medical Evaluation

The use of a respirator adds resistance to the normal breathing functions of the body, and breathing may become laborious under certain conditions. For these reasons, a medical evaluation is required before an employee is permitted to wear a respirator on the job. If an employee refuses to be medically evaluated for the use of a respirator, he or she will not be allowed to perform a job that requires a respirator. The University will provide respirator medical evaluations to employees at no cost. Respirator medical evaluations will be administered confidentially. The University's access to information is limited to the information contained in the designated Physician or Licensed Health Care Professional's (PLHCP) written recommendation.

The medical evaluation will be conducted using the OSHA Respirator Medical Evaluation Questionnaire. The Program Administrator will provide a copy of the questionnaire to any employee who has been approved to wear a respirator. The employee will fill out the questionnaire, sign the consent form, and mail both documents to the Respiratory Protection Program Coordinator at RM&S. The Program Coordinator will forward the medical questionnaire to the University's PLHCP. The University has contracted with Champlain Medical Urgent Care of South Burlington, Vermont and Concentra Urgent Care of South Burlington, Vermont to review medical evaluation questionnaires for UVM employees and provide any necessary follow up exams. The PLHCP is available to discuss the results of the questionnaire with the employee.

Respirator medical evaluations are an annual requirement for all UVM employees in the Respiratory Protection Program. Employees who are required to wear respirators at work must fill out and submit the OSHA Respirator Medical Evaluation Questionnaire every year. It is the Supervisor's responsibility to ensure that all employees under their supervision have received their annual medical evaluation.

A PLHCP, based on the information obtained from the medical evaluation, will make the following determinations:

- Whether or not the employee is medically able to use a respirator;
- If there are any limitations on respirator use related to the medical condition of the employee or to the workplace conditions in which the respirator will be used; and
- If there is a need for a follow-up medical examination.

Medical Follow-Up Examinations

A follow-up medical examination may be required for employees who give a positive response on the OSHA Respirator Medical Evaluation Questionnaire. A PLHCP may also investigate a medical condition that is not addressed in the questionnaire if the PLHCP has reason to believe that the condition could affect the employee's ability to wear a respirator. Examinations will be made available during the employee's normal working hours or at a time convenient to the employee. The follow-up medical examination will include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination and will take into account the physiological and psychological conditions pertinent to the wearing of different types of respirators for an employee.

The PLHCP may recommend an employee follow up with their personal physician regarding a health condition that does not affect their ability to wear respirator. In these cases, the employee is responsible for any costs incurred during the diagnosis and treatment of a non-work-related health condition.

8. Fit Testing

Fit testing is required before an employee is permitted to wear a respirator on the job. Fit testing is required initially for all employees wearing tight-fitting respirators, whenever a different (make, model, size) facepiece is used, and annually thereafter. The fit test will be repeated when an employee receives a new or different respirator, after dental surgery, facial surgery, a weight gain or loss greater than 20% and at any time, or as requested by the employee. Fit testing is not required for loose-fitting PAPRs. It is the Supervisor's responsibility to ensure that their employees are fit tested every year.

The fit test is performed in accordance with Appendix A of OSHA 29 CFR 1910.134. The TCO Program Administrator will arrange fit testing for all PPD employees and the Respiratory Protection Program Coordinator at RM&S will arrange fit testing for all other UVM employees. Employees will be fit tested with the make, model, and size of respirator that they will wear on the job. There will be several models and sizes available so employees can get the appropriate fit.

9. Training Requirements

Training is an annual requirement for all employees who are required to wear respirators on the job. Supervisors will ensure their employees are trained annually or more often as needed. Employees must

be retrained if they are assigned a different respirator, change jobs or departments, or have been observed using or storing the respirator inappropriately.

Training is administered online or in person by the RM&S Program Administrator. The TCO Program Administrator will arrange training for Physical Plant employees. The training will cover:

- Why the respirator is necessary and how improper fit, usage or maintenance can compromise the effectiveness of the respirator;
- The limitations and capabilities of the respirator;
- How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;
- How to put on and take off (don and doff) the respirator;
- How to inspect, use, and check the seals of the respirator;
- How to conduct a positive and negative pressure check specified in Appendix B-1 of OSHA 29 CFR 1910.134;
- Maintenance and storage procedures for the respirator;
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and
- The general requirements of the OSHA Respirator Standard 29 CFR 1910.134.

10. Respirator Use, Care, and Maintenance

Respirator Use

Employees must wear their respirator when and where it is appropriate, and wear the make, model, and size respirator for which they were fit tested and medically cleared in accordance with the training they have received. Employees must perform a user seal check prior to every use and before entering the work area. The purpose of the seal check is to make sure the respirator is properly positioned on the face. A negative user seal check is conducted by sealing the filter openings and inhaling. Air leakage should not be detectable. A positive user seal check is conducted after sealing the exhalation valve and exhaling until a slight bulge is achieved in the nose cup. Air leakage should not be detectable. If leaks are detected, the respirator should be removed and inspected for signs of wear and tear. If none are detected, the seal check should be repeated and the respirator repositioned on the face until a proper fit is achieved.

Cleaning and Storage

Respirator maintenance and care is chiefly the responsibility of the employee to which it is assigned. Reusable respirator facepieces and associated parts must be cleaned and disinfected as often as necessary or at least once a day following the manufacturer's instructions. Employees must keep track of their respirators and may not share or use someone else's respirator. Respirators will be stored in a clean, dry area free from excessive dust, sunlight, temperatures, moisture, and chemicals when not in use. Cartridges will be stored separately from the respirator in a clean, dry space. The storage area should be large enough to accommodate the respirator without disfiguring it. Supervisors will identify proper storage locations.

Disposable filtering facepieces, such as N95s, cannot be disinfected or cleaned. Disposable respirators must be discarded when soiled, physically damaged, when the employee experiences resistance breathing through the filter, at the end of the work day, or at the end of service life as specified by the manufacturer. Stricter disposal procedures may be necessary for employees wearing N95s for protection from biological agents. These will be documented on the hazard assessment form and communicated to employees by the supervisor.

Maintenance

Respirators are to be properly maintained at all times to ensure that they function properly. Before each use, employees must perform a visual inspection of the respirator and respirator parts for cleanliness and defects. Worn or deteriorated parts must be replaced prior to use. Disposable respirators that are damaged must be discarded. Employees using PAPRs must check the airflow, airflow alarms, and battery life in accordance with the manufacturer's instructions before use. Battery packs must be charged and/or replaced in accordance with the manufacturer's instructions. Respirator replacement parts will be stocked and readily available (i.e. filters, straps, gaskets, valve seals, etc.) in the employee's department.

Change Schedule

Employees wearing elastomeric air purifying respirators or PAPRs with particulate filters should change the filter in accordance with the manufacturer's guidelines, or when they first begin to experience resistance breathing while wearing the respirator. Gas and vapor cartridges need to be replaced in accordance with a change-out schedule that is developed by the Program Administrator and Supervisors. The change-out schedule is based on the hazard assessment for the particular job task, the employee's estimated or actual exposure, the duration of exposure, and environmental factors such as temperature and humidity.

11. Voluntary Respirator Use Policy

The UVM Respiratory Protection Program is intended to protect employees against recognized health hazards. However, an employee may be irritated by the presence of non-hazardous air contaminants (such as dust, pollen or dander), or work in an area where respiratory protection is not required or recommended. In this case, the University will permit an employee to wear a disposable N95 respirator for comfort reasons and will consider this Voluntary Use under OSHA 29 CFR 1910.134(c)(2).

Respirator use is not considered voluntary if a Program Administrator or other qualified person designated by RM&S recommends a respirator be used when working in certain locations or performing certain procedures. However, it is considered voluntary use if a lab instructor hands out N95 respirators to students and allows them to wear during a procedure, if a hazard assessment has shown the absence of a hazardous atmosphere.

Determining Voluntary Use

Employees who desire to use a disposable N95 respirator for comfort reasons must first notify their Supervisor of this request. The Supervisor should assist the employee in completing and submitting a Respirator Request Form.

The Program Administrator will review the completed form and conduct a hazard assessment of the procedure or work area. A hazard assessment allows a determination to be made as to whether or not UVM will approve the individual for "Required Respirator Use" or "Voluntary Respirator Use."

"Voluntary Respirator Use" will be approved if the work process involves a non-hazardous substance or a contaminant at a concentration below the occupational exposure limit, and if wearing a respirator poses no health risk to the employee. Voluntary use of N95s for biological agents will be determined by the UVM biosafety officer on a case-by-case basis and will depend on workplace practices, engineering controls, exposure routes, and aerosolization potential of the agent.

Once approved for Voluntary Respirator Use, the employee must:

- Complete the online "Voluntary Disposable Respirator Use" training, which includes OSHA 29 CFR 1910.134 Appendix D available at: <https://riskmgmt.w3.uvm.edu/courses/> and;
- Report any changes, questions or concerns in your work environment that may affect respirator use to the supervisor.

Voluntary use of N95 respirators does not require compliance with the Medical Evaluation, Fit Testing, and Annual Training Requirement sections of this program.

12. Documentation & Evaluation

The Program Administrator will keep records for all employees and students covered in this program including the completed respirator request form, hazardous assessment, exposure monitoring results (if conducted), medical clearance provided by the PLHCP, training records, and fit test results. For laboratory use of respirators, such records will be maintained in the Lab Safety Notebook. The employee record is available to the respective employee, the immediate Supervisor and any individual who has received approval from RM&S. The Supervisor will document repair and maintenance of respirators including the dates of respirator repairs, the name of the respirator user, the type of repair and parts used.

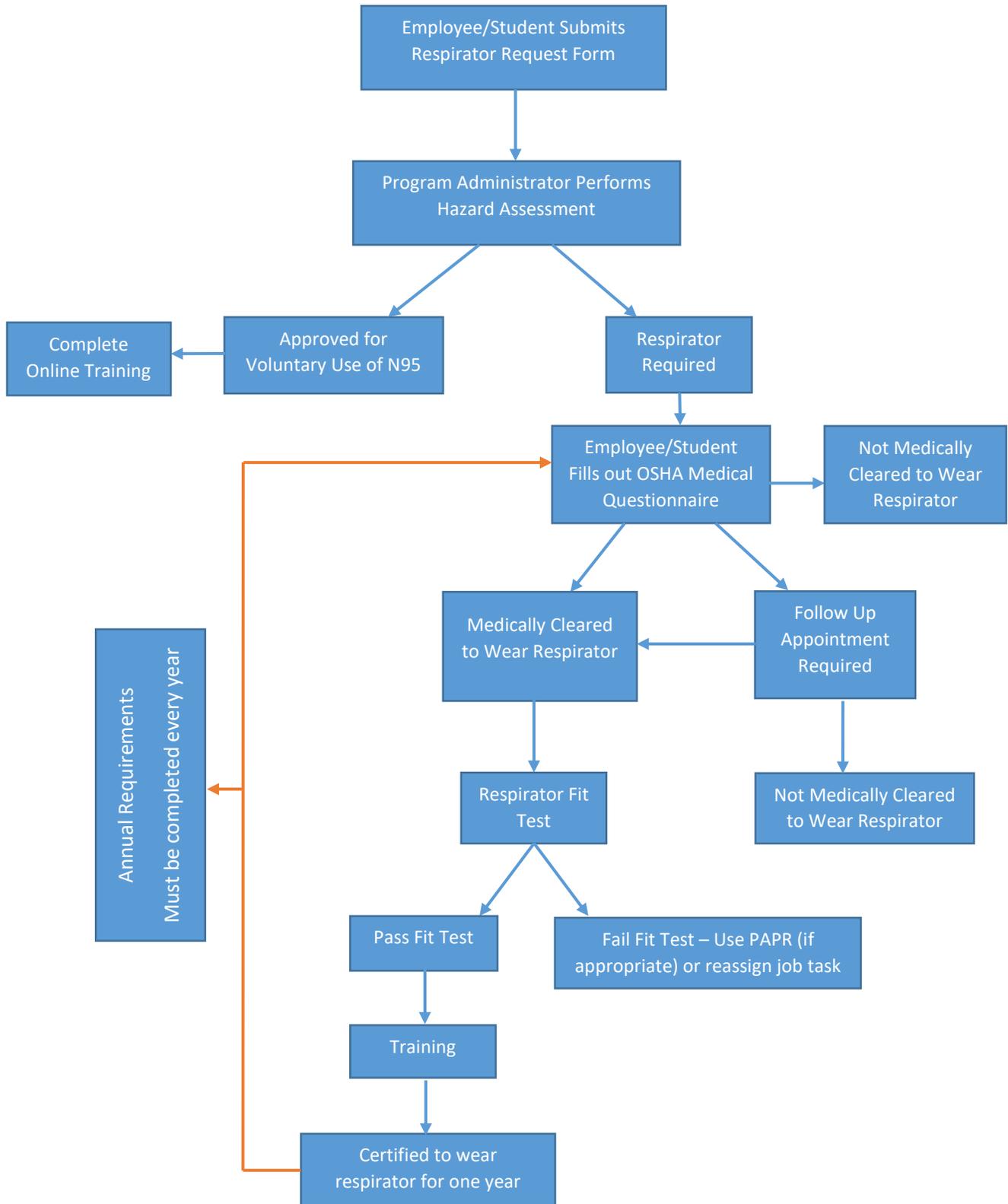
Supervisors, Program Administrators, and qualified individuals from RM&S will periodically monitor respirator use to ensure procedures are being followed in accordance with the elements of this program.

A written copy of this program is available online and provided to any employee to wishes to see it. The Program Administrator will evaluate this Program annually.

Date Last Updated:

April 2018

Respiratory Protection Program Flow Chart





Respirator Request Form

Instructions to UVM Employees and/or Supervisors: Please complete the following form to receive approval to wear a respirator at work. Please submit the completed form to your Lab Safety Coordinator or to ohhealth@uvm.edu.

Employee Information (all fields are required)

Last Name:	First Name:	UVM NetID:
Department:	Job Title:	Phone:
Work Address:	Email:	
Supervisor Name:		Supervisor Phone:
Supervisor Email:		

Work Activities

Please check all of the following that apply to your work at UVM:

- Animal Care
 Confined Space Entry
 Emergency Services
 Facilities
 Health Care
 Research
 Student
 Other (please specify: _____)

Air Contaminants

Please check all of the following that apply to your work at UVM. List all related hazards, agents, or products by name, and where applicable, attach the Safety Data Sheets (SDS) to this form.

<input type="checkbox"/> Acids	
<input type="checkbox"/> Asbestos	
<input type="checkbox"/> Bases	
<input type="checkbox"/> Biological Agents	
<input type="checkbox"/> Heavy Metals	
<input type="checkbox"/> Lead	
<input type="checkbox"/> Mold/Fungi	
<input type="checkbox"/> Nuisance Dust (i.e. wood shavings, chalk, etc)	
<input type="checkbox"/> Organics	
<input type="checkbox"/> Pesticides	
<input type="checkbox"/> Radiological Agents	
<input type="checkbox"/> Silica	
<input type="checkbox"/> Other (please specify)	

Appendix B

Work Conditions (check all that apply)

Frequency of Use:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Varies	<input type="checkbox"/> Rarely
Exertion Level:	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy	<input type="checkbox"/> Strenuous		
Duration of Use Per Shift:	<input type="checkbox"/> < ¼ hour	<input type="checkbox"/> > ¼ hour	<input type="checkbox"/> > 2 hours	<input type="checkbox"/> Variable		
Temperature During Shift:	<input type="checkbox"/> < 0° C	<input type="checkbox"/> 0-25° C	<input type="checkbox"/> > 25° C	<input type="checkbox"/> Variable		
Location of Use:	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Indoors (No A/C)	<input type="checkbox"/> Indoors (with A/C)	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Other

Other Types of Personal Protective Equipment Used (check all that apply)

- Hard Hat
 Eye Protection
 Boots
 Hearing Protection
 Protective clothing

Have you previously been assigned a respirator at UVM?

- No
 Yes If yes, what make and model? _____

Employee Signature: _____

Date: _____



The University of Vermont

Respiratory Hazard Assessment

Employee Information

Last Name:	First Name:	UVM NetID:
Department:	Job Title:	Phone:
Work Address:	Email:	
Supervisor Name:	Supervisor Phone:	
Supervisor Email:		

Hazard Assessment

Describe the job being performed and potential contaminant(s):
Oxygen Deficient Atmosphere? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide percent range:
Estimate of Employee Exposure: <input type="checkbox"/> Historical Data <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Objective Data
Hazard Ratio ($\frac{\text{Employee Exposure}}{PEL}$) :
Additional Requirements Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:

Respirator Selection

Use the hazard ratio to select a respirator with the appropriate Assigned Protection Factor (APF) <i>Note: The APF must be at least as high as the hazard ratio)</i>	
APF	Type of Respirator
10	<input type="checkbox"/> Disposable filtering facepiece (N95) <input type="checkbox"/> Half mask APR <input type="checkbox"/> Half mask SCBA in demand mode
25	<input type="checkbox"/> Loose fitting PAPR or PAPR with hood
50	<input type="checkbox"/> Full facepiece APR <input type="checkbox"/> Half mask PAPR <input type="checkbox"/> Full facepiece SCBA in demand mode



The University of Vermont

**University of Vermont Respiratory Protection Program
OSHA Respirator Medical Evaluation Questionnaire (Mandatory)**

UVM employees who are required to wear a respirator must complete this form annually and be medically cleared by the University's designated Physician or Licensed Health Care Professionals (PLHCP) who will perform medical evaluations using the information provided on this medical questionnaire. The completed form will be maintained in accordance with the Health Insurance Portability and Accountability Act (HIPPA), which in this case means that only designated PLHCP and clinic staff that require this information to support the employee's health and safety will see and/or maintain medical information will be the only people that have access to these records. Employees found to have risk factors that require further medical evaluation will be contacted by the designated PLHCP to schedule an appointment.

Submission Instructions: Place pages 3-7 of the completed questionnaire in a sealed envelope with your name on the outside and mail it with this page and the signed consent form (next page) in an intra-office envelope to the Respiratory Protection Program Coordinator:

Amy Kutchukian
Risk Management
004 Rowell
Burlington, VT 05405

You must sign the next page to consent to review of your questionnaire

Date: _____ Employee/Student Name: _____ Date of Birth _____

Job Title: _____ Campus Address: _____

Email Address: _____

Best Phone and Time for Healthcare Provider to reach you: _____

Supervisor Name: _____ Email: _____

**University of Vermont Respiratory Protection Program
OSHA Respirator Medical Evaluation**

General Consent for Review and Release of Medical Information

I certify that the statements herein are true, complete, and correct to the best of my knowledge and belief.

I consent to review of this information by Champlain Medical Urgent Care on behalf of the University of Vermont. I understand that this review is undertaken for my safety in the job environment and understand that I may be further contacted by a medical provider either for clarifications or further evaluation. Further evaluation may include, but is not limited to, a physical examination, blood tests, an evaluation of lung function, and other diagnostic tests as necessary. Costs for evaluation and testing will be covered by the University.

I further understand that the determination of whether I can safely wear a respirator will be based on the information gathered and this determination as it relates to my job and the performance of essential job functions will be released to me, my supervisor and the Respiratory Protection Program Coordinator.

Employee Signature:

Employee Printed Name:

Date Signed: _____

OR

I understand that if I decline participation in the Respiratory Protection Program, my employment status might change to meet acceptable safety and wellbeing standards.

Employee Signature:

Employee Printed Name:

Date Signed: _____

You will be contacted by Champlain Medical directly if applicable sections are not complete.

Champlain Medical Urgent Care Use Only:

Reviewed by: _____

Date: _____

Appendix D

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee: Can you read (check one): Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory)

The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex (check one): Male Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title: _____
8. A phone number where you can be reached by the healthcare professional who reviews this questionnaire (include the Area Code): _____
9. The best time to phone you at this number:
10. Has your employer told you how to contact the health care professional who will review this questionnaire (check one): Yes No
11. Check the type of respirator you will use (you can check more than one category)
 - a. N, R, or P disposable respirator (filter-mask, non- cartridge type only).
 - b. Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (check one): Yes No
If "yes," what type(s): _____

Appendix D

Part A. Section 2. (Mandatory)

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check “yes” or “no”).

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes No
2. Have you ever had any of the following conditions?
- a. Seizures (fits): Yes No
 - b. Diabetes (sugar disease): Yes No
 - c. Allergic reactions that interfere with your breathing Yes No
 - d. Claustrophobia (fear of closed-in places): Yes No
 - e. Trouble smelling odors: Yes No
3. Have you ever had any of the following pulmonary or lung problems?
- a. Asbestosis: Yes No
 - b. Asthma: Yes No
 - c. Chronic bronchitis: Yes No
 - d. Emphysema: Yes No
 - e. Pneumonia: Yes No
 - f. Tuberculosis: Yes No
 - g. Silicosis: Yes No
 - h. Pneumothorax (collapsed lung): Yes No
 - i. Lung cancer: Yes No
 - j. Broken ribs: Yes No
 - k. Any chest injuries or surgeries: Yes No
 - l. Any other lung problem that you’ve been told about: Yes No

Appendix D

4. Do you currently have any of the following symptoms of pulmonary or lung illness?
- a. Shortness of breath: Yes No
 - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes No
 - d. Have to stop for breath when walking at your own pace on level ground: Yes No
 - e. Shortness of breath when washing or dressing yourself: Yes No
 - f. Shortness of breath that interferes with your job: Yes No
 - g. Coughing that produces phlegm (thick sputum): Yes No
 - h. Coughing that wakes you early in the morning: Yes No
 - i. Coughing that occurs mostly when you are lying down: Yes No
 - j. Coughing up blood in the last month: Yes No
 - k. Wheezing: Yes No
 - l. Wheezing that interferes with your job: Yes No
 - m. Chest pain when you breathe deeply: Yes No
 - n. Any other symptoms that you think may be related to lung problems: Yes No
5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart attack: Yes No
 - b. Stroke: Yes No
 - c. Angina: Yes No
 - d. Heart failure: Yes No
 - e. Swelling in your legs or feet (not caused by walking): Yes No
 - f. Heart arrhythmia (heart beating irregularly): Yes No
 - g. High blood pressure: Yes No
 - h. Any other heart problem that you've been told about: Yes No

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6. Have you ever had any of the following cardiovascular or heart symptoms?

- a. Frequent pain or tightness in your chest: Yes No
- b. Pain or tightness in your chest during physical activity: Yes No
- c. Pain or tightness in your chest that interferes with your job: Yes No
- d. In the past two years, have you noticed your heart skipping or missing a beat: Yes No
- e. Heartburn or indigestion that is not related to eating: Yes No
- f. Any other symptoms that you think may be related to heart or circulation problems: Yes No

7. Do you currently take medication for any of the following problems?

- a. Breathing or lung problems: Yes No
- b. Heart trouble: Yes No
- c. Blood pressure: Yes No
- d. Seizures (fits): Yes No

8. If you have used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

- a. Eye irritation: Yes No
- b. Skin allergies or rashes: Yes No
- c. Anxiety: Yes No
- d. General weakness or fatigue: Yes No
- e. Any other problem that interferes with your use of a respirator: Yes No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?

Yes No

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Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes No
11. Do you currently have any of the following vision problems?
- a. Wear contact lenses: Yes No
 - b. Wear glasses: Yes No
 - c. Color blind: Yes No
 - d. Any other eye or vision problem: Yes No
12. Have you ever had an injury to your ears, including a broken eardrum: Yes No
13. Do you currently have any of the following hearing problems?
- a. Difficulty hearing: Yes No
 - b. Wear a hearing aid: Yes No
 - c. Any other hearing or ear problem: Yes No
14. Have you ever had a back injury? Yes No
15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: Yes No
 - b. Back pain: Yes No
 - c. Difficulty fully moving your arms and legs: Yes No
 - d. Pain or stiffness when you lean forward or backward at the waist: Yes No
 - e. Difficulty fully moving your head up or down: Yes No
 - f. Difficulty fully moving your head side to side: Yes No
 - g. Difficulty bending at your knees: Yes No
 - h. Difficulty squatting to the ground: Yes No
 - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes No

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j. Any other muscle or skeletal problem that interferes with using a respirator:

Yes No