UCONN
ENVIRONMENTAL HEALTH AND SAFETY

RESPIRATOR PROGRAM PROCEDURES FOR STUDENT EMPLOYEES

When student employees are potentially exposed to airborne hazards that cannot be eliminated or reduced to safe levels by ventilation or other means, respirators will be required. However, **before assigning a respirator to a student employee, supervisors must ensure that the employee has been medically evaluated, trained, and fit-tested** to the respirator they are assigned. All costs incurred by the medical evaluation process and purchase of respiratory protection are the responsibility of the employees' department.

Step 1. Arrange for a Medical Evaluation with Student Health and Wellness (SHaW) or CorpCare in South Windsor

(Note: a Medical Evaluation is not necessarily a physical examination. Typically, it will consist of having an employee complete a detailed questionnaire. A physician or other licensed healthcare professional will then review the questionnaire and make a determination based on the answers received and any follow-up medical examinations, as deemed necessary by the reviewing healthcare professional.)

a. **To use SHaW - Have student employee(s) complete a medical questionnaire (appended to this document). Department business manager must complete a SHaW Request for Services Form. To request a RFS form, contact Kathy Aldrich, at kathy.aldrich@uconn.edu, or 860-486-9239.**

   i. Students must upload questionnaire to the **Student Health Portal**.

   ii. Departments must send SHaW Request for Services Form (RSF) to Kathy Aldrich at SHaW, otherwise, student's fee bill will be charged. If respirator use is covered by the ***Occupational Health & Safety Program for Animal Handlers***, notify William (Bill) Field at EHS, 860-486-1376, rather than completing an RSF form.

   iii. Questions about the SHaW process should be directed to Kathy Aldrich at 860-486-9239. Questions on costs of reviews and examinations (when medically necessary) should be directed to Sheyda Younessi at 860-486-0741.

b. **To use CorpCare -** Have student employee(s) complete the medical questionnaire (appended to this document). The department business manager must contact CorpCare to request a review of a respirator questionnaire and to arrange for invoicing 860-647-4796. If respirator use is covered by the ***Occupational Health & Safety Program for Animal Handlers***, notify Bill Field at EHS, 860-486-1376, rather than contacting CorpCare for invoicing.

   i. For privacy purposes, direct student employee(s) to put questionnaire in an envelope, seal completely and mark '**CONFIDENTIAL**.'

   ii. Send sealed envelopes to:
   CorpCare, 2800 Tamarack Ave Suite 001
   South Windsor, CT 06074

Step 2. Upon receipt of the Written Medical Approval signed form from physician, register for Respiratory Protection Initial (Medical Required) classroom training for new respirator users through HuskySMS or take refresher training through HuskySMS. Online and classroom modalities are available.

Step 3. After successful completion of training, respirator fit testing can be scheduled. Go to Respiratory Protection Fit Testing (Medical Required) in HuskySMS to arrange. New respirator users will receive fit testing as part of the Respiratory Protection Initial classroom training.

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Fit testing cannot occur without EHS receipt of a copy of the written medical approval and documentation of current training.

For more information, refer to the University's Respirator Program, or contact Environmental Health and Safety at 860-486-3613.

Medical Questionnaire: Annual Respirator Clearance Review

TO THE EMPLOYEE:

Can you read? 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) Every employee who has been selected to use any type of respirator must provide the following information.

1. Today's date:

2a. Your full name: SIGNATURE:

2b. Home address:

3a. Your birthdate: 3b. Your age (to nearest year):

4. Gender: Male ☐ Female ☐

5. Your height: ft. in. 6. Your weight: lbs.

7a. Your job title:

7b. Your Dept. Name: 7c. Your Unit#:

7d. Supervisor Name: 7e. Supervisor Unit#:

8. A phone number where the health care professional who reviews this questionnaire can reach you:

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?**

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 types (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

If "Other", select all that applies:

☐ ½ Face | ☐ Full-Face | ☐ Loose Fitting Hood | ☐ PAPR | ☐ Supplied-Air | ☐ Self-Contained Breathing Apparatus

12. Have you worn a respirator? Yes ☐ No ☐

If yes, what type(s):

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 select yes or no).

#	Question	Yes	No
1	**Do you currently smoke tobacco, or have you smoked tobacco in the last month**	☐	☐
2	**Have you ever had any of the following conditions?**		
a	Seizures (fits)	☐	☐
b	Diabetes (sugar disease)	☐	☐
c	Allergic reactions that interfere with your breathing	☐	☐
d	Claustrophobia (fear of closed-in places)	☐	☐
e	Trouble smelling odors	☐	☐
3	**Have you ever had any of the following pulmonary or lung problems?**	**Yes**	**No**
a	Asbestosis	☐	☐
b	Asthma	☐	☐
c	Chronic bronchitis	☐	☐
d	Emphysema	☐	☐
e	Pneumonia	☐	☐
f	Tuberculosis	☐	☐
g	Silicosis	☐	☐
h	Pneumothorax (collapsed lung)	☐	☐
i	Lung cancer	☐	☐
j	Broken ribs	☐	☐
k	Any chest injuries or surgeries	☐	☐
l	Any other lung problem that you've been told about	☐	☐
4	**Do you currently have any of the following symptoms of pulmonary or lung illness?**	**Yes**	**No**
a	Shortness of breath	☐	☐
b	Shortness of breath when walking fast on level ground or walking up a slight hill or incline	☐	☐
c	Shortness of breath when walking with other people at an ordinary pace on level ground	☐	☐
d	Have to stop for breath when walking at your own pace on level ground	☐	☐
e	Shortness of breath when washing or dressing yourself	☐	☐
f	Shortness of breath that interferes with your job	☐	☐
g	Coughing that produces phlegm (thick sputum)	☐	☐
h	Coughing that wakes you early in the morning	☐	☐
i	Coughing that occurs mostly when you are lying down	☐	☐
j	Coughing up blood in the last month	☐	☐
k	Wheezing	☐	☐
l	Wheezing that interferes with your job	☐	☐
m	Chest pain when you breathe deeply	☐	☐
n	Any other symptoms that you think may be related to lung problems	☐	☐
5	**Have you ever had any of the following cardiovascular or heart problems?**	**Yes**	**No**
a	Heart attack	☐	☐
b	Stroke	☐	☐
c	Angina	☐	☐
d	Heart failure	☐	☐
e	Swelling in your legs or feet (not caused by walking)	☐	☐
f	Heart arrhythmia (heart beating irregularly)	☐	☐
g	High blood pressure	☐	☐
h	Any other heart problem that you've been told about	☐	☐
6	**Have you ever had any of the following cardiovascular or heart symptoms?**	**Yes**	**No**
a	Frequent pain or tightness in your chest	☐	☐
b	Pain or tightness in your chest during physical activity	☐	☐
c	Pain or tightness in your chest that interferes with your job	☐	☐
d	In the past two years, have you noticed your heart skipping or missing a beat	☐	☐
e	Heartburn or indigestion that is not related to eating	☐	☐
f	Any other symptoms that you think may be related to heart or circulation problems	☐	☐
7	**Do you currently take medication for any of the following problems?**	Yes	No
a	Breathing or lung problems	☐	☐
b	Heart trouble	☐	☐
c	Blood pressure	☐	☐
d	Seizures (fits)	☐	☐

8	**If you have used a respirator, have you ever had any of the following problems?**	**Yes**	**No**
*	**If you've never used a respirator, check here and go to question 9**		
a	Eye irritation	☐	☐
b	Skin allergies or rashes	☐	☐
c	Anxiety	☐	☐
d	General weakness or fatigue	☐	☐
e	Any other problem that interferes with your use of a respirator	☐	☐
9	**Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?**	☐	☐
10	**Have you ever lost vision in either eye (temporarily or permanently?**	☐	☐
11	**Do you currently have any of the following vision problems?**	**Yes**	**No**
a	Wear contact lenses	☐	☐
b	Wear glasses	☐	☐
c	Color blind	☐	☐
d	Any other eye or vision problem	☐	☐
12	**Have you ever had an injury to your ears, including a broken eardrum?**	☐	☐
13	**Do you currently have any of the following hearing problems?**	**Yes**	**No**
a	Difficulty hearing	☐	☐
b	Wear a hearing aid	☐	☐
c	Any other hearing or ear problem	☐	☐
14	**Have you ever had a back injury?**	☐	☐
15	**Do you currently have any of the following musculoskeletal problems?**	**Yes**	**No**
a	Weakness in any of your arms, hands, legs, or feet	☐	☐
b	Back pain	☐	☐
c	Difficulty fully moving your arms and legs	☐	☐
d	Pain or stiffness when you lean forward or backward at the waist	☐	☐
e	Difficulty fully moving your head up or down	☐	☐
f	Difficulty fully moving your head side to side	☐	☐
g	Difficulty bending at your knees	☐	☐
h	Difficulty squatting to the ground	☐	☐
i	Climbing a flight of stairs or a ladder carrying more than 25 lbs.	☐	☐
j	Any other muscle or skeletal problem that interferes with using a respirator	☐	☐
16	**How often are you expected to use the respirator(s)? Select yes or no for all answers that apply to you.**	**Yes**	**No**
a	Escape only (no rescue)	☐	☐
b	Emergency rescue only	☐	☐
c	Less than 5 hours per week	☐	☐
d	Less than 2 hours per day	☐	☐
e	2 to 4 hours per day	☐	☐
f	Over 4 hours per day	☐	☐
17	**During the period you are using the respirator(s), is your work effort**	**Yes**	**No**
a	Light (less than 200 kcal per hour)	☐	☐
	If yes, how long does this period last during the average shift: hrs. mins		
Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1–3 lbs.) or controlling machines.			
b	Moderate (200 to 350 kcal per hour)	☐	☐
	If yes, how long does this period last during the average shift: hrs. mins.		
Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.			
c	Heavy (above 350 kcal per hour)	☐	☐
	If yes, how long does this period last during the average shift: hrs. mins.		
Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).			
18	**Will you be wearing protective clothing and/or equipment (other than the respirator) when you are using your respirator? If yes, describe this protective clothing and/or equipment:**	☐	☐
19	**Will you be working under hot conditions (temperature exceeding 77°F)?**	☐	☐
20	**Will you be working under humid conditions?**	☐	☐