



University of Virginia Medical Center Tuberculosis Respirator Medical Questionnaire
This questionnaire was adapted from 29 CFR 1910.134 Appendix C, June 5, 2001

ID#

Notes to the supervisor: If the employee cannot read or understand the questionnaire, document who assisted the employee with the questionnaire:

Employee Assisted by: _____ Phone #: _____

Note to employee: 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 shall review it.

1. **Today's Date:** _____ 2. **Your Name:** _____

3. **Your age (Year):** _____ 4. **Sex (circle one):** **Male** **Female**

5.

Your height: <i>ft. in.</i>	Your weight: <i>Lbs.</i>	Your job title:
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8. **Daytime phone number where you can be reached regarding your answers:** _____

9. **The best time to phone you at this number:** _____

10. **Have you worn a protective respirator while caring for tuberculosis patients?** Yes No

If yes, have you done so at the University of Virginia? Yes No

11. **Do you understand how to fit check a respirator before entering a tuberculosis patient room?** Yes No

12. **Do you currently smoke?** Yes No

13. **How many years have you smoked tobacco?** (circle one) Never 1-10 years 11-20 years >20 years

14. **If any, on average how many cigarettes a day do/did you smoke?** _____

15. **Have you ever had any of the following conditions?**

- allergic reactions that interfere with your breathing Yes No
- claustrophobia (fear of closed-in places) Yes No
- trouble smelling odors Yes No

Explanation: _____

16. **Have you ever had any of the following pulmonary or lung problems?**

- asthma Yes No
- chronic bronchitis Yes No
- emphysema Yes No
- pneumonia Yes No
- tuberculosis Yes No
- silicosis
- any other lung problem that you have been told about Yes No

If yes, please name it here: _____

17. **Do you currently have any of the following symptoms?**

- shortness of breath at rest Yes No
- shortness of breath when walking fast on level ground or walking up a slight hill or incline Yes No
- shortness of breath when walking with other people at an ordinary pace on level ground Yes No
- have to stop for breath when walking at your own pace on level ground Yes No
- shortness of breath when washing or dressing yourself Yes No
- shortness of breath that interferes with your job Yes No
- coughing that produces phlegm (sputum) Yes No

- | | | |
|---|-----|----|
| • coughing that wakes you in the morning | Yes | No |
| • coughing that occurs mostly when you are lying down | Yes | No |
| • coughing up blood in the last month | Yes | No |
| • wheezing that interferes with your job | Yes | No |
| • chest pain when you breathe deeply | Yes | No |
| • any other symptoms that you think may be related to lung problems | Yes | No |

Explanation: _____

18. Have you ever had any of the following cardiovascular or heart problems?

- | | | |
|---|-----|----|
| • heart attack | Yes | No |
| • stroke | Yes | No |
| • angina | Yes | No |
| • heart failure | Yes | No |
| • swelling in your legs or feet | Yes | No |
| • heart arrhythmia (heart beating irregularly) | Yes | No |
| • high blood pressure | Yes | No |
| • any other heart problem that you have been told about | Yes | No |

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

- | | | |
|---|-----|----|
| • frequent pain or tightness in your chest | Yes | No |
| • pain or tightness in your chest during physical activity | Yes | No |
| • pain or tightness in your chest that interferes with your job | Yes | No |
| • in the past two years, have you noticed your heart skipping or missing a beat | Yes | No |
| • heartburn or indigestion that is not related to eating | Yes | No |
| • any other symptoms that you think may be related to heart or circulation problems | Yes | No |

Explanation: _____

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

- | | | |
|------------------------------|-----|----|
| • breathing or lung problems | Yes | No |
| • heart trouble | Yes | No |
| • blood pressure | Yes | No |
| • seizures | Yes | No |

21. If you have used a respirator, have you ever had any of the following problems after using one?

(if you have never used a respirator, check the following space and go to question 22)

- | | | |
|---|-----|----|
| • eye irritation | Yes | No |
| • skin allergies or rash | Yes | No |
| • anxiety | Yes | No |
| • general weakness or fatigue | Yes | No |
| • any other problems that interfere with your use of a respirator | Yes | No |

22. Do you have now, or have you ever had

- | | | |
|--|-----|----|
| • reduced lung function on a breathing test | Yes | No |
| • abnormal chest x-ray | Yes | No |
| • unexplained or repeated bouts of fainting | Yes | No |
| • do you wear dentures | Yes | No |
| • facial injury, facial surgery or deformity | Yes | No |
| • a nervous or emotional disorder | Yes | No |



Education for Respiratory Fit Testing

The occupational hazard (tuberculosis) and the possible consequences of being exposed without respiratory protection:

- Microscopic organisms, which are airborne for long periods of time
- Spread by coughing, sneezing, breathing (not droplets)
- Enters through the lungs, however, can lodge in other organs
- Symptoms: weight loss, cough (not always bloody), night sweats
- Without proper protection you could contract tuberculosis

The respirator's (N-95) capabilities, limitations and possible malfunctions:

- Particulate respirator designed to filter out particles the size of tuberculosis. Good for dusty environments
- Not good for organic vapors, oxygen deficient atmosphere, acid environments or oily environments
- Poor fitting respirators (not snug) let in tuberculosis germs by pulling in air around face seal
- Damaged, wet respirators allow tuberculosis germs to get through the respirator material

How to inspect, and fit a respirator:

- Visually inspect for
 - Holes or tears
 - Worn areas or creases
 - Sturdy strap connection
 - Do not use if any concern about adequacy of respirator
- A good fit should cover from top of nose to under chin with room enough for the mouth to open, generously cover mouth from side to side when smiling and be reasonable comfortable. Points to check
 - Position of mask on nose
 - Room for eye protection or glasses
 - Room to talk
 - Position of mask on face and cheeks
 - Adequate strap tension

How to check the seals of the respirator (positive and negative pressure seal checks)

- Positive pressure user seal check – for respirators without valves:
 - Place both hands completely and lightly over respirator and inhale and exhale several times. The respirator should collapse slightly during inhalation and bulge/expand when you exhale. You should not feel any air leaking between your face and respirator. If you feel air leaks or the respirator does not collapse or bulge, work the straps back along the side of the head for a proper fit
- Negative pressure user seal check – for respirators with valves
 - Place both hands on the respirator and inhale sharply. The respirator should collapse slightly. If air leaks at the edges, reposition it and readjust the nose clip for a more secure fit. Tighten straps if needed

Employee responsibilities

- Notify supervisor of facial changes that would affect the respirator's fit such as weight loss or gain, facial surgery, braces, or dentures, and beards or mustaches below the mouth

- Notify employee health of any permanent changes in your medical condition that would affect your abilities to wear a respirator, such as, asthma, chronic obstructive lung disease, chronic bronchitis, or heart conditions
- Contact employee health if you experience any difficulty in breathing, angina, chest pain, nausea or symptoms associated with heart or lung problems while wearing a respirator
- Every time a respirator is to be put on, inspect it prior to use and perform a user seal check
- Verify with supervisor where to find respirators and how to obtain a respirator of your size and make if it is not available
- Stay clean-shaven daily. Stubble will keep the respirator from sealing properly. If you decide to grow facial hair, you must inform your supervisor and contact clinical engineering (4-2391) for education on a PAPR (powered air purifying respirator) and equipment

Signature

Date

Why am I being educated about respiratory protection and respirators?

JCAHO requires hospitals to be compliant with OSHA (Occupational Safety and Health Administration) Standards. The OSHA Standard for Tuberculosis is CFR 1910.139. Other applicable standards include the Respiratory Protection Standard, CFR 1910.134. If the University of Virginia Health System is not compliant and loses the JCAHO accreditation, it will be an enormous loss of income to the health system.

What is a respirator?

A respirator is a personal respiratory protection device. At the University of Virginia Health System, the most commonly used respirator is a filtering face piece (also called an N-95 respirator) to prevent exposure to tuberculosis and other airborne microorganisms. They are sometimes called duckbill masks, isolation masks or dust masks.

Why does this apply to me?

The OSHA Standard states that all employees required to wear a respirator to perform their job must be educated about:

- the occupational hazard (tuberculosis) for which respiratory protection is being provided
- possible consequences, which may occur if exposed to the hazard without respiratory protection
- the respirator's capabilities and limitations and possible malfunctions
- the employee's responsibility for inspection of the respirator prior to use
- how long a respirator can be used and when it is not safe to use
- how to inspect, put on, take off, and use the respirator
- how to check the seals of the respirator (positive and negative pressure seal checks)
- medical signs and symptoms and physical changes that may limit or prevent effective use of the respirator

What else will I have to do?

OSHA requires employee to be physically able to wear a respirator and perform their work. A designated physician shall determine what health and physical conditions are pertinent to their use and the respirator user's medical status will be reviewed. This means you will:

- fill out a confidential UVa Health system Tuberculosis Respirator Medical Questionnaire. An employee health nurse will review this
- respond to requests for additional information from the employee health nurse if needed
- participate in a medical exam, if your medical history requires it
- report to your supervisor any physical changes that would change the shape of your face, such as weight gain/loss, injuries, surgery or dentures, or changes in your health, such as asthma, heart disease or lung changes, which would affect your ability to wear a respirator

OSHA requires employees to be fit tested to assure that the chosen respirator will provide protections. a respiratory fit test takes about 15-20minutes. You will choose a comfortable respirator that passes a seal check. Then while wearing the respirator you will:

- breathe normally for 80 seconds
- breathe deeply for 80 seconds
- turn head from side to side for 80 seconds
- nod head up and down for 80 seconds
- speak aloud for 80 seconds
- breathe normally for 80 seconds

Is there anything I need to do before a fit check?

- Do not eat, drink (except water) or smoke for 30 minutes before the test
- If you wear eyeglasses to do your work, bring them with you