



PART 1: RESPIRATOR SELECTION INFORMATION FORM

Section 1.0 to 4.0 to be completed by the worker and/or the supervisor

1.0 Worker Information						
Date:	Name:		Email:			
UCID#:	Work Contact Number:		Job Title:			
Supervisor Name:	Supervisor Contact Number:		Supervisor Email:			
Rachelle Dahlke	403.220.4488		rachelle.dahlke1@ucalgary.ca			
2.0 Hazard Identification						
<p><i>Potential air contaminants identified for employees teaching in the Faculty of Nursing are bioaerosols that may be encountered during work activities. Referencing the Control Banding Approach for Bioaerosols in Health Care Facilities detailed in CSA Standard Z94.4-11, the following parameters are anticipated for Nursing employees:</i></p>						
Risk Group		Generation Rate		Control Level		
R1 – agents not associated with disease or serious adverse health effects in healthy adult humans.		G1 – patient not coughing or sneezing.		C2 – corridor, patient room, 3 - 6 air changes per hour.		
R2 – agents associated with human disease or adverse health effects that are rarely serious and for which preventive or therapeutic interventions are usually available.		G2 – patient coughing or sneezing with mouth covered.		C3 – negative pressure laboratory, autopsy, 6 - 12 air changes per hour.		
R3 – agents associated with serious or lethal human disease or adverse health effects for which preventive or therapeutic interventions might be available.		G3 – patient coughing or sneezing with mouth uncovered.		C4 – surgery >12 air changes per hour.		
<p><i>The use of a properly fitted N95 respirator is appropriate for providing protection against bioaerosols as per the parameters noted above. If employees are anticipating that they may encounter additional parameters as noted below, then the use of a N95 respirator may not be adequate and protocols as per Alberta Health Services or other partner agencies should be followed.</i></p>						
Risk Group		Generation Rate		Control Level		
R4 – agents likely to cause serious or lethal human disease or adverse health effects for which preventive or therapeutic interventions are not usually available.		G4 – aerosol-generating procedures.		C1 – poorly ventilated, <3 air changes per hour.		
3.0 Hazard Assessment						
Immediately Dangerous to Life and Health (IDLH)?			<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
Oxygen Content	<input type="checkbox"/> Below 19.5%		<input checked="" type="checkbox"/> Ambient		<input type="checkbox"/> Above 21.5%	
Air Contaminant Type(s)	<input type="checkbox"/> Gas / Vapour		<input checked="" type="checkbox"/> Particulate		<input type="checkbox"/> Both	
If particulate, is there oil present?	<input checked="" type="checkbox"/> "N" – No oil present		<input type="checkbox"/> "R" – Oil possible		<input type="checkbox"/> "P" – Oil present	
4.0 Conditions Requiring Respirator Use						
Frequency of use:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input checked="" type="checkbox"/> Varies	<input type="checkbox"/> Rarely
Exertion level:	<input type="checkbox"/> Light	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Heavy	<input type="checkbox"/> Strenuous	<input type="checkbox"/> All	
Duration of use per shift:	<input type="checkbox"/> < ¼ hr	<input type="checkbox"/> > ¼ hr	<input type="checkbox"/> > 2 hr	<input checked="" type="checkbox"/> Variable		
Temperature during use:	<input type="checkbox"/> < 0° C	<input type="checkbox"/> 0 to 25°C	<input type="checkbox"/> > 25°	<input checked="" type="checkbox"/> All temps		

Part 1: Respirator Selection Information Form is to be completed and sent to Staff Wellness via email: staffwellness@ucalgary.ca or fax: (403) 282-8603 for review.

This information is required to assess any medical conditions that you may have which would preclude the wearing of a respirator. Further medical examination by a physician shall be required if this initial assessment determines the need for medical clearance to wear a respirator.

1.0 Respirator User's Health Condition

Check **Yes** or **No** box only. Do **NOT** specify medical information on this form.

(a)	Some conditions can seriously affect the ability to safely use a respirator. Do you have or experience any of the following or another condition which may affect respirator use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> <li style="width: 25%;">• Shortness of breath <li style="width: 25%;">• Breathing difficulties <li style="width: 25%;">• Chronic bronchitis <li style="width: 25%;">• Neuromuscular disease <li style="width: 25%;">• Lung disease <li style="width: 25%;">• Chest pain on exertion <li style="width: 25%;">• Heart problems <li style="width: 25%;">• Temperature susceptibility <li style="width: 25%;">• Hypertension <li style="width: 25%;">• Emphysema <li style="width: 25%;">• Thyroid problems <li style="width: 25%;">• Claustrophobia/fear of heights <li style="width: 25%;">• Allergies <li style="width: 25%;">• Fainting spells <li style="width: 25%;">• Dizziness/nausea <li style="width: 25%;">• Reduced sense of taste <li style="width: 25%;">• Diabetes <li style="width: 25%;">• Seizures <li style="width: 25%;">• Hearing impairment <li style="width: 25%;">• Reduced sense of smell <li style="width: 25%;">• Panic attacks <li style="width: 25%;">• Colour blindness <li style="width: 25%;">• Asthma <li style="width: 25%;">• Cardiovascular disease <li style="width: 25%;">• Vision impairment <li style="width: 25%;">• Pacemaker <li style="width: 25%;">• Back/neck problems <li style="width: 25%;">• Unusual facial or skin conditions <li style="width: 25%;">• Dentures <li style="width: 25%;">• Other condition <li style="width: 25%;">• Prescription medications to control a condition 		
(b)	Have you had previous difficulty while using a respirator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c)	Do you have any concerns about your future ability to use a respirator safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A 'YES' answer to (a), (b), or (c) indicates further assessment by a health care professional is required prior to respirator use. Please contact Staff Wellness at 403.220.2918 to arrange an appointment for further health assessment.

I have answered the questions truthfully, to the best of my ability and knowledge. I agree to report to my department/faculty, Staff Wellness and my physician any change in my physical health that might affect my ability to wear a respirator. I consent to allow Staff Wellness to send information regarding my fitness to wear a respirator to my Supervisor. Please note: this consent expires in one (1) year from date signed.

2.0 Signature – Respiratory Wearer		
Date:	Name (printed):	Signature:

Part 2: Health Screening Questionnaire Form is to be completed and sent to Staff Wellness via email: staffwellness@ucalgary.ca or fax: (403) 282-8603 for review.