Intro to the Zoom Platform

Online

- Controls at the bottom
- Interpreter Channel or Globe Icon (EN or ES)
- Q&A feature/tool: Technical questions regarding presentation
- Chat feature/tool: Zoom issues/general info
- Raise Hand Option: For live questions at the end of the presentation

Phone

- To raise/lower hand use *9
- To mute/unmute use *6

NOTE: Speakers will be speaking slowly because of concurrent interpretation. Please be patient.

Wildfire Smoke Stakeholder Meeting: Respirators for Exposed Workers

L&I Division of Occupational Safety and Health (DOSH) August 10, 2022



Agenda for Today's Meeting

August 10, 2022

- Next steps for permanent rulemaking
- PM_{2.5} and the Hazard of Wildfire Smoke
 - Background on the hazard of PM_{2.5} in wildfire smoke
 - Historic levels of PM_{2.5} from wildfire smoke in Washington State
- 5-minute break
- Respirators
 - The purpose of respirators and how they work
 - Elements of a required use respiratory protection program
- Policy Options for Respirator Use in the Permanent Rule
- 10-minute break
- Question & answer session

L&I Rulemaking re: Wildfire Smoke

- Today: discussing wildfire smoke data and thresholds for the required use of respirators
- Next up: Stakeholder meeting in late September or October 2022 where the permanent rule draft will be shared and reviewed
- L&I intends to adopt permanent rules by summer 2023
- Stakeholder input and experience feedback will help rulemaking team to develop the most effective proposed rule

A Little Background on Wildfire Smoke Hazards

- Extensive hazard information presented at earlier stakeholder meetings
- Primary pollutant in wildfire smoke is PM_{2.5} (very small particles), which is incorporated into EPA's Air Quality Index (AQI)
- Short-term and long-term exposures to PM_{2.5} can cause:
 - Hospitalization or death
 - Cardiovascular effects
 - Respiratory effects
 - Nervous system effects
 - Cancer

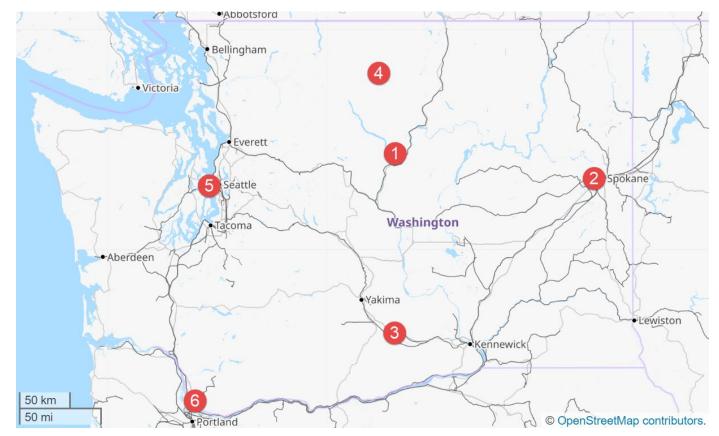


How we measure wildfire smoke

- PM_{2.5} is the primary pollutant in wildfire smoke.
- PM_{2.5} measures mass of small particles per volume of air (μg/m³) and is a scientific calculation of particulate air pollution
- The EPA produces the AQI index, which incorporates PM_{2.5} concentration
- AQI is not an especially protective communication tool for human health; most other organizations set hazard messaging lower
- AQI is nonlinear. The difference between AQI 101 and 151 is 20 μg/m³, the difference between 151 and 201 is 100 μg/m³

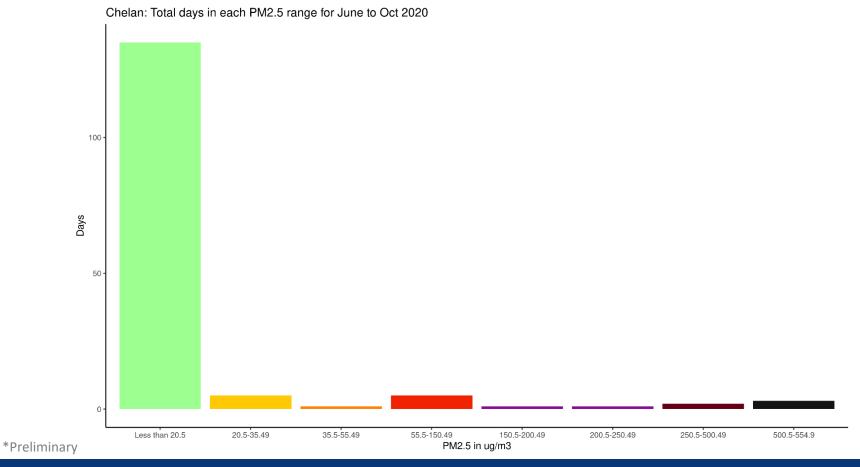
PM _{2.5}	AQI Message A			
0 μg/m ³	Good	0		
12.1 μg/m ³		51		
35.5 μg/m ³		101		
55.5 μg/m ³	Unhealthy	151		
150.5 μg/m ³	Very Unhealthy	201		
250.5 μg/m ³	Hazardous	301		
500.4 μg/m ³		500		
Beyond the AQI				

Historic levels of PM2.5 from wildfire smoke in WA

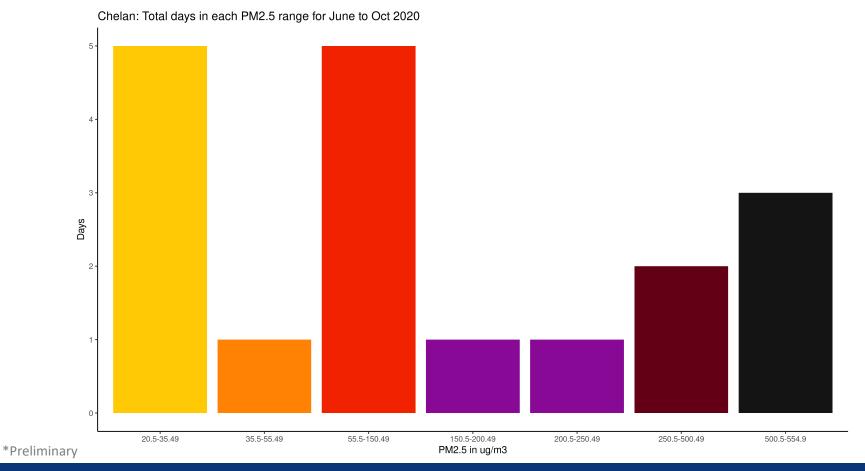


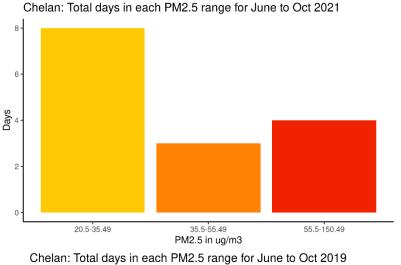
^{*}Preliminary

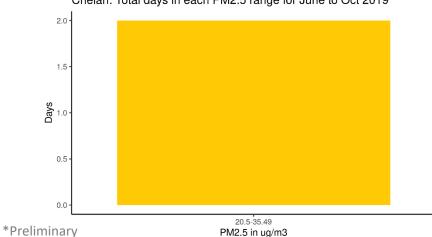
Historic levels of PM2.5 from wildfire smoke in WA



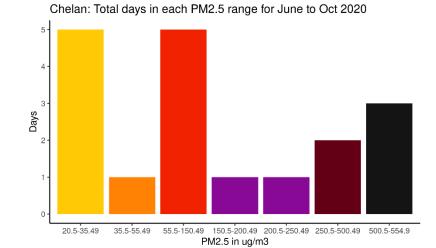
Historic levels of PM2.5 from wildfire smoke in WA

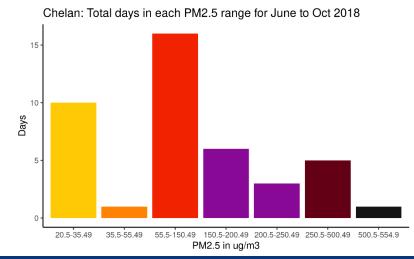


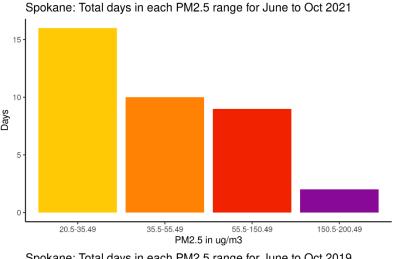




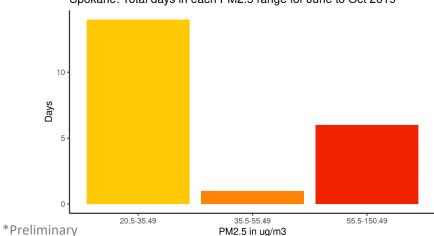
PM2.5 in ug/m3



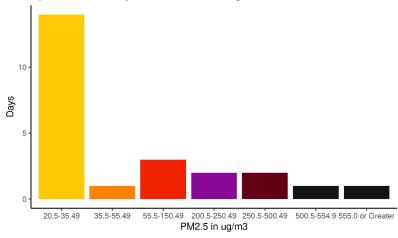




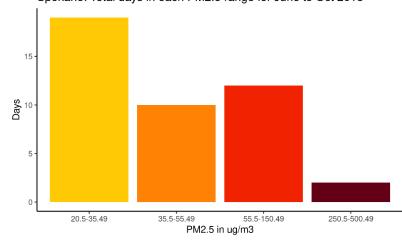




Spokane: Total days in each PM2.5 range for June to Oct 2020



Spokane: Total days in each PM2.5 range for June to Oct 2018



Sunnyside: Total days in each PM2.5 range for June to Oct 2021

Sunnyside: Total days in each PM2.5 range for June to Oct 2019

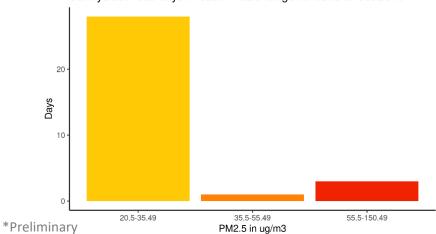
PM2.5 in ug/m3

35.5-55.49

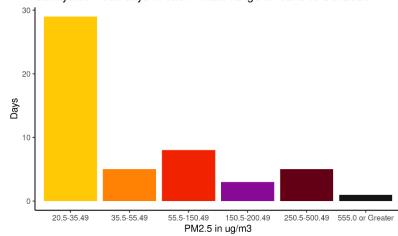
20.5-35.49

55.5-150.49

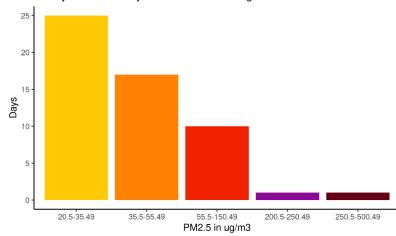
250.5-500.49

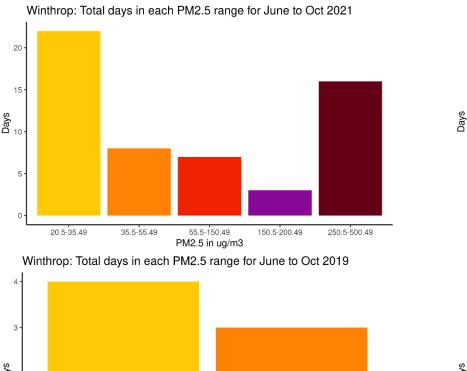






Sunnyside: Total days in each PM2.5 range for June to Oct 2018



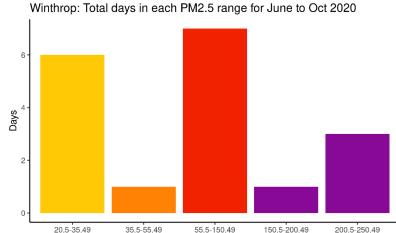


35.5-55.49

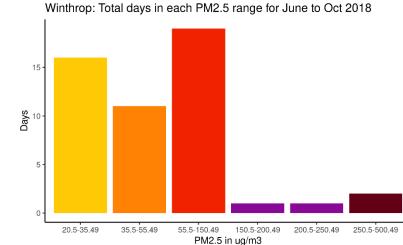
PM2.5 in ug/m3

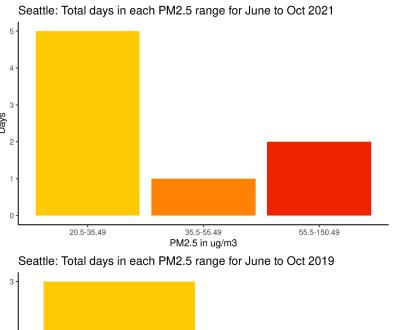
20.5-35.49

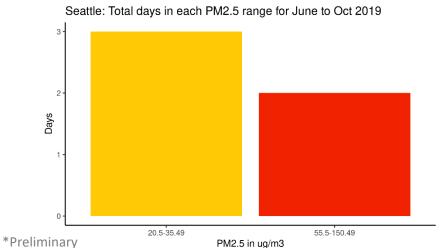
*Preliminary

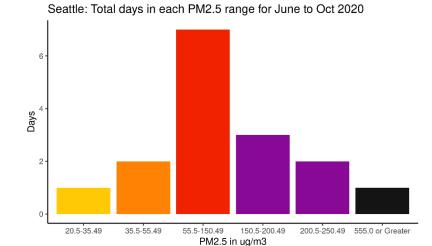


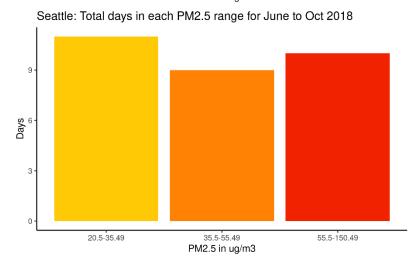
PM2.5 in ug/m3

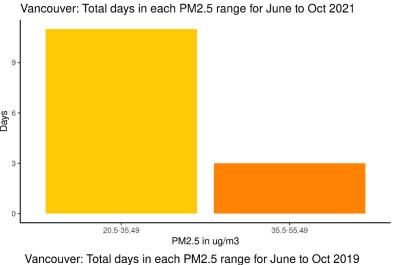


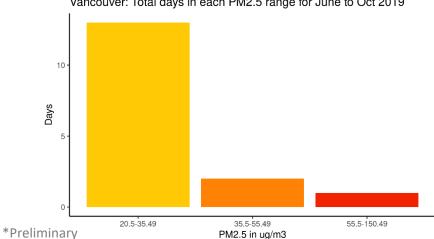


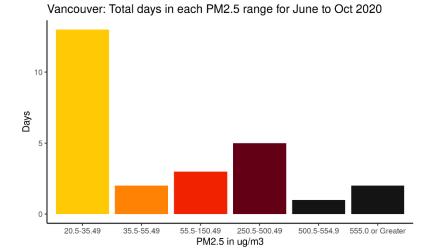


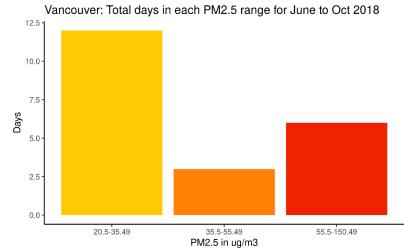








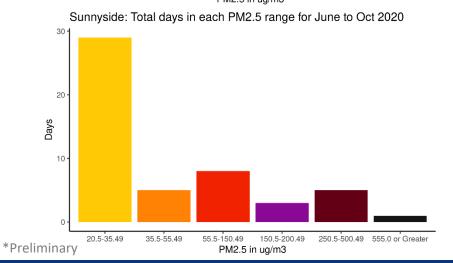


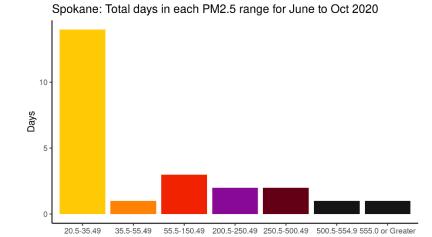


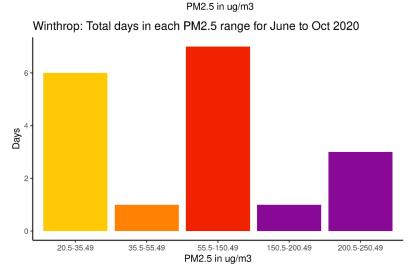
Chelan: Total days in each PM2.5 range for June to Oct 2020

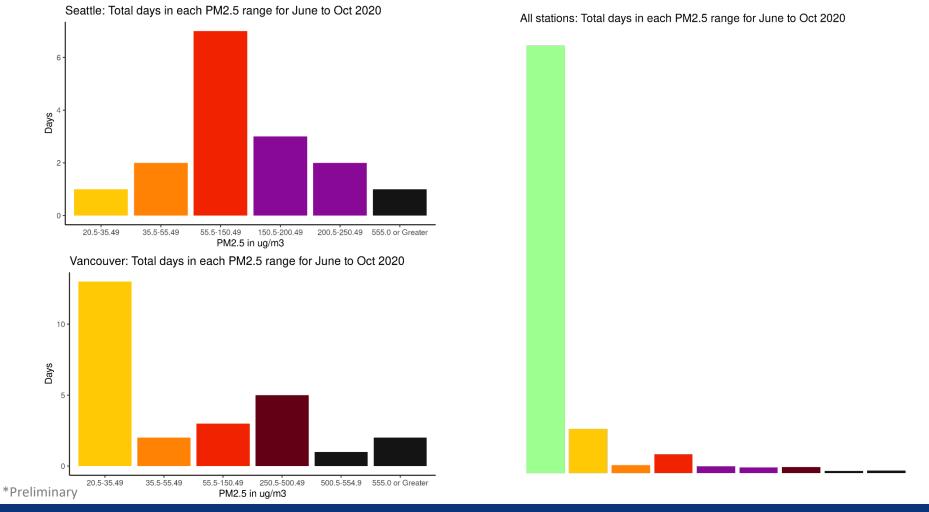
5
4
20.5-35.49 35.5-55.49 55.5-150.49 150.5-200.49 200.5-250.49 250.5-500.49 500.5-554.9

PM2.5 in ug/m3









L&I DOSH Wildfire Smoke Rulemaking:

5 minute break

Please see Zoom chat for return time

A chance to stretch your legs and take a deep breath

What is a respirator?

- A respirator is a type of personal protective equipment (PPE) designed to protect the wearer from contaminants in the air when properly fitted
- Respirators are regulated by Chapter 296-842 WAC, Respirators

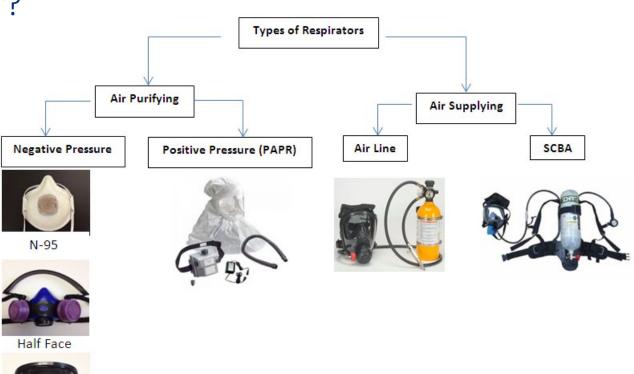


Image credit: UMass Amherst

Full Face

Source Control vs. Respirators

Protections for COVID-19 and wildfire smoke are different

Mask for source control, not wildfire smoke

- If someone has an infectious disease, they may wear Source Control (a mask) to protect people near them from the infectious disease
- Source Control is an important way to protect one another from COVID-19
- Source Control does not ensure that the wearer is adequately protected from infectious diseases
- Source control will not protect the wearer from wildfire smoke, or other fine particulates in the air

Respirator for personal protection

- Respirators protect the wearer from contaminants in the air, including wildfire smoke and COVID-19
- Respirators are certified by the National Institute of Occupational Safety and Health (NIOSH)
- Respirators may also function as source control



Photos sourced from Shutterstock



Elements of a required use respiratory protection program?

Use of respirators is regulated by Chapter 296-842 WAC. There are 6 elements to a required use respiratory protection program:

- 1. A written program that details the employer's plan for implementing respiratory protection
- 2. A medical evaluation to ensure that it is safe for an employee to wear a respirator

May be done with a questionnaire, online, or in-person

3. A **fit-test** to ensure the respirator is providing protection to the employee

May be performed by the employer or a third party

- 4. Employee **training** to ensure employees properly and safely use respirators
- 5. Providing respirators to the employees
- 6. Ensuring employees have **no facial hair** that interferes with the respirator seal.

^{*} Fit-test and shaving are not required for employees who use loose-fitting powered air purifying respirators (PAPR)

What is a respirator medical evaluation?

- A medical evaluation determines a worker's ability to select and wear a respirator.
- Some workers have medical conditions that would make it hazardous to wear certain respirators, including:
 - Certain cardiovascular conditions, claustrophobia, and others
- Medical evaluations involve filling out a survey and/or being examined by a healthcare provider
 - May be done online, in-person, or via telehealth

How do you fit-test N95 respirators?

- Ensures that the respirator provides the wearer with the expected level of protection from air contaminants
- Qualitative Fit-Testing: is used to detect respirator fit leaks
- Without fit-testing, there is often undetected leakage into the respirator
 - A wearer's sense of smell is not a good indicator of whether they are safe
 - Wearing a respirator that has not been fit-tested could mean a worker is exposed to hazardous levels of an air contaminant
 - The fit-testing process includes assistance selecting and ensuring the respirator fits

Effectiveness of N95 respirators without fit-testing?

"Fit is critical to the level of protection offered by respirators. For an N95 respirator to provide the promised protection, it must fit the participant. Performing a fit check via NHS self assessment guidelines was an unreliable way of determining fit."

 O'Kelly et al. 2021: Comparing the fit of N95, KN95, surgical, and cloth face masks and assessing the accuracy of fit checking

"...fit-testing of N95 respirators is necessary to ensure that the user receives the expected level of protection."

- Coffey et al. 1999: Simulated Workplace Performance of N95 Respirators

PM2.5 Concentration Inside Respirator (µg/m3)

The impact of fit-testing

PM _{2.5} (μg/m³) EPA A0	QI Unfitt	ed N95	Fit-tested N95	Loose-fitting powered air purifying respirator	Full facepiece air purifying respirator	Full facepiece powered air purifying respirator
20.5 AQI 69-	100	10	2	1	0	0
35.5 AQI 101	1-150 31	18	4	1	1	0
55.5 AQI 151	1-200 49	28	6	2	1	0
100	88	50	10	4	2	0
150.5 AQI 201	1-300 132	75	15	6	3	0
175	154	88	18	7	4	0
200	176	100	20	8	4	0
250.5 AQI 301	1-500 220	125	25	10	5	0
300	264	150	30	12	6	0
350	308	175	35	14	7	0
400	352	200	40	16	8	0
450	396	225	45	18	9	0
500.4	440	250	50	20	10	1
555 Beyond	the AQI 488	278	56	22	11	1
Assigned Protection Factor (APF)	NA	NA	10	25	50	1000

Required use respiratory protection program vs. partial respirator program

Required use respiratory protection program includes*:

- 1. Written program
- 2. Medical evaluation
- 3. Fit-testing
- 4. Worker training
- 5. Providing and requiring the use of respirators
- 6. Shaving of facial hair, if applicable

Partial respirator program will include:

- Providing and requiring the use of respirators
- 2. Worker training
- Modified medical evaluation

If modified medical evaluation indicates:

4. Fit-testing

^{*} Per WAC 296-842. Fit-test and shaving are not required for employees who use loose-fitting powered air purifying respirators (PAPR)

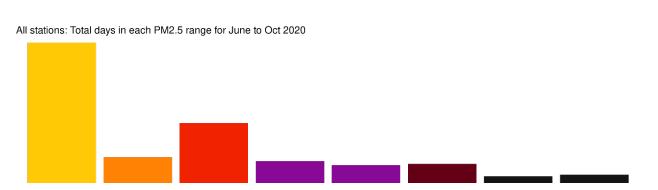
Permanent Rule Respirator Policy Discussions

Topic	2022 Emergency Rule	Permanent Rule
Employers must provide filtering face- piece (N95) respirators for voluntary use	35μg/m³ (101 AQI)	35μg/m³ (101 AQI)
Employers must establish a partial respirator program	None	To be determined: seeking your feedback
Employers must establish a required use respiratory protection program	None	To be determined: seeking your feedback
More protective respirators threshold	555μg/m³ (Beyond AQI)	555μg/m³ (Beyond AQI)

Partial Respirator Program

 $PM_{2.5}$ thresholds under consideration:

- **35.5 μg/m³ (**AQI 101)
- **55.5 μg/m³** (AQI 151)
- **150.5 μg/m³ (**AQI 201)
- **200.9** μg/m³ (AQI 251)

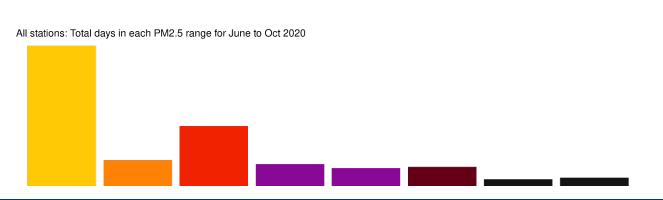


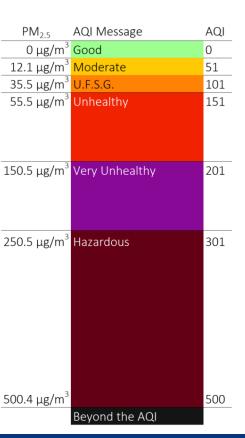


Required Respiratory Protection Program

 $PM_{2.5}$ thresholds under consideration:

- **150.5** μg/m³ (AQI 201)
- **250.5** μg/m³ (AQI 301)
- 500.4 µg/m³ (AQI 500)





L&I DOSH Wildfire Smoke Rulemaking:

10 minute break

Please see Zoom chat for return time

A chance to stretch your legs and take a deep breath

Please provide us written feedback!

- We realize this is a complex topic and we may not get to all comments today
- Please provide us any written feedback on this topic by August 24, 2022. Please consider the following questions:
 - 1. What is important to take into consideration when selecting the thresholds for partial respirator program and required use respiratory protection program?
 - 2. What concerns do you have regarding worker protection?
 - 3. What concerns do you have regarding feasibility?
- Please send comments to Cindy Ireland: <u>Cynthia.Ireland@Lni.wa.gov</u>

Question & Answer Session

- There are two ways to participate:
 - Write and submit questions and/or comments regarding the rule in the Q&A feature. We will
 answer questions in the order in which they are asked.
 - Raise your hand to speak aloud. The meeting facilitator will call on everyone who wishes to speak. If you raise your hand, you will be allowed 2 minutes to speak as we have limited time for comments.
 Please say your name and the organization you represent if you raise your hand.
- You may also submit questions or comments after the meeting to our designated staff.
- A court reporter will be recording questions and answers, which will be available on our website.
- Please speak slowly to ensure adequate interpretation and transcription

Note: If you are on the phone, to raise/lower hand use *9. To mute/unmute use *6.

Thank you!

Please send questions or comments to:

Technical: Chris Pyke or Dr. Nicholas Reul

Chris.pyke@Lni.wa.gov

Nicholas.reul@Lni.wa.gov

Process: Cindy Ireland

Cynthia.Ireland@Lni.wa.gov