

**Comments/Notes from Wildfire Smoke Stakeholder Meeting  
April 20, 2021**

<b>Rulemaking Comments</b>
If this rule change is an emergency order when will this be in effect for this summer? If it will when will we see what is expected of employers including respiratory protection requirements please?
Is there a timeline on when any EO or final order will be in affect?
Will there be a draft of the emergency rule released for public comment? Is there a timeline for when it will be released vs. when it will become effective?
With the emergency rule change how much time will be given to get a written program? In addition, due to COVID N95s are hard to come by how would we comply?
Are you actively accepting comments/recommendations, or asking for comment today?
So what makes this an emergency and basis for emergency rule writing?
<b>Purpose/Definitions</b>
Define long-term exposure
Would like to know the number of hospitalizations due to wildfire smoke?
<b>Enforcement/Consultation</b>
I would emphasize that if a written program and training are requirements in the emergency rule that the department include sample programs (in English and Spanish) to assist employers with compliance.
<b>California Rule Comments</b>
Have you obtained any info from CA regarding the effectiveness of the rule this past year in limiting health impacts on the workforce?
Understand COVID limited CALOSHA activity but the health impacts could also show in the various medical uses throughout their state. ED visits lower with the rule vs. pre-rule, asthma cases, etc. Hopefully it's being tracked...
<b>PM 2.5, AQI and WAQA Comments</b>
In the fall of 2020 we had construction projects across the street from each other that had different responses to the challenges that the wildfire smoke posed to the workers on their sites, again they were across the street from each other. Is there a single source from which employers can get the AQI, or WAQA (if they are the same, only one should be specified if they are not) so that they can take any actions that the presence of wildfire smoke might require for mitigation, up to and including sending the workers home?
It needs to be consistent; we had employers shut down jobs directly across the street from projects that stayed working. The one employer reported the sources were not consistent and they took the lowest reading as their guide. That does not protect our workers.
In one of the studies, you quoted elevated health effects with an AQI above 80. Is this correct. AQI of 80 is in the moderate range.
Are there air monitors in the state? Is there a record of locations?

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Is there an app for monitoring air quality, or does the website work well on mobile devices?
ECY also has an app for air monitoring: AirQualityWA
CA rule follows AQI and the trigger for the rule to be effective is 151. Are you considering following WAQA with a trigger of 80.5?
Those workers who have no choice to stop work based on the chart that was provided how will that be address. would that be address thru PPE'S
How is Thurston County with quality air?
At each of the proposed thresholds, is there a time limit, i.e. one hour in an 8-hour workday?
At what threshold will respirators be required?
What type of interventions are you proposing?
How long do you have to be at these levels for the measures to apply?
Are these thresholds based on 24-hr average or forecast projections?
We would be against a threshold that is lower than CA
Is L&I open to other threshold levels as the action level, given the AQI and WAQA have a different population to protect/different scope than EPA or Ecology?
Why if you use 150 wouldn't you follow CALOSHA and what OROSHA are discussing and reference AQI of 151?
2-way communication, while great, may be difficult to achieve particularly where geographical interference exists for both cellular and radio communications. Not all employers will be able to achieve this.
A threshold lower than CA will be difficult for employees who work in both states.
Just a comment that the WAQA / AQI issue is confusing. City of Seattle adopted Puget Sound Clean Air Agency as the primary notification source and it appears PSCAA uses AQI not WAQA.
Use CA rule, going below 151 is risky for emergency rule, possibly go below 151 for permanent rule after a cost benefit analysis has been completed, going through the APA process. Lack of support if below 151. Opposition to ER.
Will employers have to use the EPA readings or can employers use their own air quality test equipment?
Did you go over what is the unhealthy AQI for healthy individuals? No other rule is written for sensitive worker groups.
Cal ruling AQI is one hour of exposure. is that continuously or cumulative
I would assume for operations based different shifts a day, the determination would be by shift times, correct?
Threshold should not be set due to the sensitive group and at the AQI of 100 you said that is where children would be effected, children would not be in the work force so I would say the AQI 150 would be the threshold should be used
Regarding the low cost monitors for on-site/direct-reading, can you share what the criteria may be? The price range is widely varied from \$50 - \$4000 with some <\$200 models listed on a sensor performance site.
If we used basic L&I exposure limits for PM10 (Respirable), we would use 5000 ug/m3 (5mg/m3) as the exposure limit per WAC 296-841 for basic particles not otherwise regulated, or 10,000 ug/m3 for total particulate. Understood that there are other components in wildfire smoke besides only particles. Understood PM2.5 and PM10 are different, but would like to submit other options for action level. Thank you for holding these public meetings and taking feedback.
Two points regarding proposed thresholds: 1. As an occupational safety and health rule, AQI triggers should not be set based on advisement for sensitive groups. 2. AQI trigger should be aligned with CA,

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at 151, for consistency across state lines and to align with EPA AIRNOW’s definition of “unhealthy.” California did extensive research, including economic analysis during the emergency and final rulemaking process - the cost to provide respirators at 100/68 will be very high. COVID demonstrated that. Also, one issue in California was employer/employee confusion on which agency to follow; California went with EPA.
Please look at the California numbers, they have put a lot of time and thought coming to these numbers. Please consider how and why they elected to go this route on their initial roll out.
Cal/OSHA exposure is: “Employees exposed to a current AQI PM2.5 of 151 or greater for a total of one hour or less during a shift.”
Is the AQI scale a logarithmic function?
<b>Respiratory Protection Comments</b>
Has there been an analysis of the supply chain for respirators to make this rule feasible even for voluntary use? Last year there were severe supply chain limits that made acquiring any respirators challenging.
Will the emergency rule explicitly state that fit testing and/or medical monitoring will not be required for FFRs/N95s?
Any consideration on the use of KN-95’s for voluntary use?
What respirators are you thinking of requiring employers to provide? N95+?
So for 2021 KN95 will be acceptable?
What frequency would the employers be required to provide a respirator (each shift, day, week)?
<b>Outdoor vs Indoor Comments</b>
Are you going to at differences between indoors/outdoors, level of exertion. Smoke can be everywhere. Voluntary vs. required. Go lightly, severe economic damage.
Is there a designated work/rest cycle or exposure limit for outdoor workers that L&I regulates?
My purpose for asking work /rest or exposure limit is for state employees, WA National Guard, and supporting employees working in a response role. Thank you for addressing.
Will the department work have a different set of criteria for critical infrastructure worker such as police, paramedics/fire, and public works staff who must work outside?
Will the recommendation to cancel outdoor events during hazardous AQI levels be contingent upon the issuance of a public health officer order, or is that a recommendation from L&I that the responsible event organizer is going to be held accountable for?
Are you considering any differences in requirements based on the level of work being performed outside, lower level of intensity vs very strenuous?
Will you be addressing some sort of PEL for wildfire smoke? You have said that CALOSHA talks about exposures over an hour...is this consecutive time or cumulative? This is more in consideration for workers that have duties both inside and outside throughout their shift; where they are not necessarily outside all day.
<b>Exemptions</b>
Controlled burns, prescribed burns – we need an exemption similar to CA rule.
<b>Utility Work</b>

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For electrical linemen who are required to wear FR clothing, I am not aware of any N95 or KN95 that can meet FR requirements. Do you have an alternative in this case?
<b>Other Comments</b>
Will the department be taking into consideration employers using telecommuting as a control method for COVID and that many older homes in WA may not have HVAC systems and how that may negatively be impacted with wildfire smoke exposure?
Is some training for employers in case of emergency requiring for people who contract workers?
City workers, i.e., police, public works, paramedics – these workers have to work, availability of KN-95's will be an issue, we cannot quickly comply, everyone will need them.
How will the WA Wildfire Rule be connected to the Fed/WA regulations on hazard communication and WA right-to-know provisions? It seems like the worker training and written programs should be mandatory, not voluntary.
Can you review adverse health excess risk specific to workers? Much of the data appears to be general population, which includes people at much higher risk, the very old, the very young, the infirm. EPA information indicates increased risk for people <18 yr and >65 yr (generally outside worker age). Do you have adverse health effect excess risk specific for workers (not-comingled with general population)? You have noted excess risk at 0.68% and 2%. This level of excess risk is lower than studies indicating excess risk of 3% for daylight safety time changes. <a href="https://pubmed.ncbi.nlm.nih.gov/32131514/">https://pubmed.ncbi.nlm.nih.gov/32131514/</a>
You really should look at the data at Sunnyside and Yakima as those cities are historically higher than on the West side of the mountains.
What is the date/time of the next stakeholder meeting?
Did you say when some draft rules would be available