[ORGANIZATIONAL LETTERHEAD]

[Send to [oshsb@dir.ca.gov](mailto:oshsb@dir.ca.gov) and cc [jtrang@worksafe.org](mailto:jtrang@worksafe.org) by August 12, 2020]

[DATE]

Chairman David Thomas

Occupational Safety and Health Standards Board

2520 Venture Oaks Way, Suite 350

Sacramento, CA 95833

EMAIL: [oshsb@dir.ca.gov](mailto:oshsb@dir.ca.gov)

*Sent via email*

Re: Revisions to the Proposed Permanent Wildfire Smoke Standard to Protect Workers

Dear Chairman Thomas and Members of the Board:

On behalf of [insert organization name], thank you for the opportunity to provide comments to finalize key protections for workers who are exposed to wildfire smoke.

[Insert information about your organization and how your members/clients are impacted by wildfires, specifically regarding access to breaks, training, and personal protective equipment (PPE).]

In order to protect the workforce that we advocate for, we urge the following changes:

1. Reduce the threshold for this standard from 151 Air Quality Index (AQI) for the fine and harmful particulate matter found in wildfire smoke (PM2.5) to 101 to protect sensitive populations, such as workers who already have occupational asthma or other occupational illnesses. [Explain why this change is important to you, especially if your members/clients are part of a sensitive group i.e. farmworkers, day laborers, domestic workers, others who already have pre-existing conditions occupational health concerns. For example, you can say: “We represent domestic workers who are low-wage and vulnerable workers, many with pre-existing occupational health concerns, who would be exposed to this hazard. Many of these workers are neither provided with the appropriate PPE nor are they given timely warnings by their employees about wildfire smoke hazards. Keeping this trigger at a higher threshold means that they are more likely to be exposed longer without adequate or effective warning.”]
2. Reduce the threshold for respiratory protection with fit test and medical evaluation from 501 AQI for PM2.5 to 301 to protect workers **before** the levels rise to beyond hazardous. [Explain why this change is important for your members/clients to ensure they are working with the most appropriate kind of PPE. For example, you can say: “If the levels are kept at their current high threshold, our workers would be exposed to dangerous levels of toxicity before triggering fit testing and medical evaluations.”]

We agree with the recommendations detailed in the August 12th, 2020 comment letter submitted by Worksafe, California Rural Legal Assistance Foundation, the California Labor Federation, and the State Building & Construction Trades Council and reiterate them here. Employers must:

* Provide an in-person training to employees, who must complete it before beginning any work tasks where the AQI for PM 2.5 is higher than 101 due to wildfire smoke;
* Require pre-shift meetings for review each day modeled on the outdoor heat illness prevention regulation; and
* Ensure prompt access to medical treatment and plan for evacuation if needed, without fear of retaliation.

Furthermore, the standard must contain requirements:

* For the replacement of disposable filtering facepiece respirators, at minimum, at the beginning of each shift;
* That employers take measures to “*reasonably anticipate”* that workers may be exposed to wildfire smoke so that the appropriate safety and preventative wildfire smoke control measures can be implemented;
* To prohibit work in voluntary or mandatory evacuation zones except work permitted by the authority which has ordered the evacuation;
* To ensure protections of workers in enclosed structures with proper ventilation and exits and entrances, such as grocery store and other retail workers; and
* To reduce the threshold for respiratory protection with fit test and medical evaluation from 501 AQI for PM2.5 to 301, to protect workers **before** the levels rise to beyond hazardous.

Finally, the coronavirus pandemic has heightened the need for a fully protective and enforceable wildfire smoke protection standard. PM 2.5 exposure may increase the severity of a COVID-19 infection *directly* by reducing the lungs’ ability to clear pathogens and *indirectly* by worsening underlying respiratory and cardiovascular disease. It is imperative that the standard adequately protect workers through the changes suggested above.

Thank you for your consideration of these comments.

Sincerely,

Name

Title

Organization