I. **Purpose**

This Directive provides temporary enforcement guidance to Compliance Safety and Health Officers for enforcing Chapter 296-842 WAC, Respirators, with regard to supply shortages of N95 filtering facepiece respirators due to the COVID-19 outbreak. The Respiratory Protection standard has specific requirements, including a written program, medical evaluation, fit-testing, and training, that employers must follow to ensure workers are provided and are properly using appropriate respiratory protection when necessary to protect their health.

On March 11, 2020, the President directed the Department of Labor to take all appropriate and necessary steps to increase the availability of general use respirators for emergency use by healthcare personnel in healthcare facilities. In light of the Presidential Memorandum, OSHA provided temporary guidance for 29 CFR § 1910.134, regarding required annual fit-testing (paragraph (f)(2)), which is to take effect from the date of their memorandum and remain in effect until further notice.

DOSH is updating this Directive to extend the guidance to all industries. In addition, information is provided for assessment of use of cloth face coverings and use of respirators for COVID-19 hazards in non-healthcare employment.

II. **Scope and Application**

DOSH is adopting this Directive to provide direction to our staff consistent with the Department of Health, CDC, and OSHA memoranda and guidance for Washington employers. This temporary enforcement discretion policy will no longer apply upon notification.

This updated Directive, with a revised title, supersedes the March 17, 2020 version of DD 11.80 (Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces during the COVID-19 Outbreak).

III. **References**

- Chapter 296-842 WAC, Respirators
- Chapter 296-842-22010, Follow these fit-testing procedures for tight-fitting respirators.
- Chapter 296-842-22020, Follow procedures established for seal checking respirators.
IV. Background

The Centers for Disease Control and Prevention (CDC) currently recommends that Health Care Providers (HCP), who are providing direct care of patients with known or suspected COVID-19, practice infection control procedures. These include engineering controls (e.g., airborne infection isolation rooms), administrative controls (e.g., cohorting patients, designated HCP), work practices (e.g., handwashing, disinfecting surfaces), and appropriate use of personal protective equipment (PPE), such as gloves, face shields or other eye protection, and gowns.

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Appropriate respiratory protection is required for all healthcare personnel providing direct care of these patients.
**


DOSH recommends HCP employers follow existing CDC guidelines, including taking measures to conserve supplies of these respirators while safeguarding HCP.

- One such measure is that healthcare employers may provide HCP with another respirator of equal or higher protection, such as N99 or N100 filtering facepieces, reusable elastomeric respirators with appropriate filters or cartridges, or powered air purifying respirators (PAPR).

- Another measure is that healthcare employers may change the method of fit-testing from a destructive method (i.e., quantitative) to a non-destructive method (i.e., qualitative). For filtering facepiece respirators, qualitative and quantitative fit-testing methods are both effective at determining whether the respirator fits properly. The fitted respirator can then be safely used by that employee for work tasks that require respiratory protection. Once the N95 has been used by an employee for fit-testing or any other use, no other employee is to use that same N95.


For Employers in all industries there are recommendations from public health authorities (CDC, health departments, and the Governor’s office) for use of cloth face coverings when people are in group settings, including work. These recommendations are meant to enhance social distancing recommendations about staying more than 6 feet from other people and practicing good hand hygiene. In some cases, where workers cannot avoid being in close proximity with other people, a respirator may be needed for protection.

V. Enforcement Policy

A. DOSH compliance staff will exercise enforcement discretion concerning the annual fit-testing requirement of N95 respirators, WAC 296-842-15005(1)(b), as long as employers:

- Make a good-faith effort to comply with Chapter 296-842 WAC, Respirators;
- Use only NIOSH-certified respirators or foreign equivalents (see note below);
• Implement CDC and OSHA strategies for optimizing the supply of N95 filtering facepiece respirators and prioritizing their use, as discussed above;

• Perform initial fit-tests for each worker with the same model, style, and size respirator that the worker will be required to wear for protection against COVID-19 and all other airborne hazards (initial fit-testing is essential to determine if the respirator properly fits the worker and is capable of providing the expected level of protection);

• Inform workers that the employer is temporarily suspending the annual fit-testing of N95 filtering facepiece respirators to preserve and prioritize the supply of respirators for use in situations where they are required to be worn;

• Explain to workers the importance of performing a user seal check (i.e., a fit-check) at each donning to make sure they are getting an adequate seal from their respirator, in accordance with the procedures outlined in WAC 296-842-22020, Follow procedures established for seal checking respirators.

• Conduct a fit-test if they observe visual changes in the employee’s physical condition that could affect respirator fit (e.g., facial scarring, dental changes, cosmetic surgery, or obvious changes in body weight) and explain to workers that, if their face shape has changed since their last fit-test, they may no longer be getting a good facial seal with the respirator and, thus, are not being adequately protected; and,

• Remind workers that they should inform their supervisor or their respirator program administrator if the integrity and/or fit of their N95 filtering facepiece respirator is compromised.

B. Given concerns regarding a shortage of fit-testing kits and test solutions (Bitrex™ and sodium saccharin USP), employers are further encouraged to take necessary steps to prioritize use of fit-testing supplies to protect employees who must use respirators for high-hazard procedures.

• Employers, particularly outside of healthcare, must look at their respirator selection criteria and identify where other respirators are appropriate. Use of half- and full-face elastomeric respirators when appropriate will free up filtering facepiece respirators for critical needs in healthcare. These respirators can also be easily fit-tested with quantitative systems, limiting the use of qualitative fit-testing supplies.

• Employers must also assess their engineering controls, work practices, and administrative controls on an ongoing basis to identify changes they can make to decrease the need for N95s or other filtering face-piece respirators. When reassessing these types of controls and practices, employers should, for example, consider whether it is possible to increase the use of wet methods or portable local exhaust systems or to move operations outdoors. In some instances, an employer may also consider taking steps to temporarily suspend certain non-essential operations.

• Employers should check with respirator manufacturers for information on equivalent-fitting respirator models. Most respirator manufacturers produce multiple models that use the same basic sealing surface geometry. Initial fit-testing is not required when a worker is provided a respirator that has a manufacturer identified fit equivalent to a respirator for which the worker has a successful initial fit-test.
• The use of respirators may be enforced for potential exposure to the COVID-19 virus in work tasks meeting the “High Transmission Risk” or “Extremely High Risk” situations as described in the attached Appendix A. The CSHO must document the specific exposure, including worker proximity to others and the activity. Requirements in Chapter 296-842 WAC, Respirators, applicable to the respirator and use situation may be considered.

• For work tasks in the “Negligible Transmission Risk”, “Low Transmission Risk” and “Medium Transmission Risk” the CSHO may review use of cloth face coverings and other respirators as part of the employer’s programs. Where the employer’s programs or training interfere with good social distancing practices, refer to DD 1.70, General Coronavirus Prevention Under Stay Home-Stay Healthy Order, for citation guidance.

NOTE: Respirators released from strategic stockpiles, are often beyond the manufacturer’s expiration date. These respirators have been evaluated by NIOSH and verified to meet NIOSH standards for filtration. As with any respirator, workers should visually inspect the N95 respirator to determine if the structural and functional integrity of the respirator has been compromised. Over time, components such as the straps, nose bridge, and nose foam material may degrade, which can affect the quality of the fit and seal. If the structural and functional integrity of any part of the respirator is compromised, or if a successful user seal check cannot be performed, discard the respirator and try another respirator.

Respirators received from strategic stockpiles may be of a different style or manufacturer than the respirators currently in use. In that case, everyone using respirators from a different manufacturer than their current respirator is required to go through a new initial fit-test. Fit-tests of one manufacturer/style does not extend to other manufacture’s N95 or a different model of the same manufacturer.

Where the use of respiratory protection is required and an employer fails to comply with any other requirements, such as initial fit-testing, maintenance, care, and training in the Respiratory Protection standard, cite the applicable requirements of Chapter 296-842 WAC, Respirators.

VI. Point of Contact
DOSH staff should contact Compliance Operations if there are questions about applicability of WISHA rules to an infectious disease in the workplace. Technical Services may be contacted with technical questions about workplace practices.

VII. Review and Expiration
To emphasize, this is an enforcement discretion policy, beginning from the date of this Directive, and applicable where respirators are needed to protect healthcare personnel during the COVID-19 outbreak. This Directive will remain effective until superseded or canceled.

Approved: 
Anne F. Soiza, L&I Assistant Director
Division of Occupational Safety and Health

[See Appendix A below]
<table>
<thead>
<tr>
<th>Worksite Tasks</th>
<th>Negligible Transmission Risk</th>
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<th>Medium Transmission Risk</th>
<th>High Transmission Risk</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Health status of people around you</td>
<td>Healthy/Asymptomatic (no COVID-19 symptoms)</td>
<td>Healthy/Asymptomatic</td>
<td>Healthy/Asymptomatic</td>
<td>Healthy/Asymptomatic</td>
<td>Probable or known COVID-19 human source</td>
</tr>
<tr>
<td><strong>Example of Worksite Conditions</strong>, <strong>,</strong></td>
<td>Employee working alone, or, all outside or 1-9 total persons inside building/structure with outside or HVAC air, where at least 6 foot distance is <strong>always maintained</strong>. Tools are not shared or are sanitized between different users.</td>
<td>Crews outside on large worksite where at least 6 foot distance is <strong>easily maintained fulltime</strong> and only broken intermittently in passing up to several times a day. Tools are not shared or are sanitized between different users.</td>
<td>Large crews outside where at least 6 foot distance is <strong>mostly maintained</strong> but with job tasks that require several minutes of 6 foot distance broken several times a day. Tools are shared and sanitized between different users.</td>
<td>Work consists of close quarters, such as multiple occupancy confined space work or inside room presence of more than 10 humans where at least 6 foot distance is <strong>not maintained</strong> and includes job tasks requiring close together (less than 3 feet apart) work for more than 10 minutes in an hour multiple times a day.</td>
<td>Transporting/caring for symptomatic clients with probable or active COVID-19 patient within 6 feet in vehicle; or non-hospital setting or a residence with no sanitization protocols in place.</td>
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<tr>
<td><strong>(blank)</strong></td>
<td>Worksite with controlled and low public interaction, where at least 6 foot distance <strong>always maintained</strong> and only broken in passing once or twice a day.</td>
<td>Work is inside in structure/office where number present allows for at least 6 foot distance to be <strong>easily maintained fulltime</strong> and only broken intermittently in passing up to several times a day.</td>
<td>Work is inside in structure/office where at least 6 foot distance is <strong>mostly maintained</strong> but with job tasks that require several minutes of 6 foot distance broken several times a day.</td>
<td>Work is cleaning and sanitization of surfaces and floor after known active COVID-19 infection employee was present in area.</td>
<td><strong>(blank)</strong></td>
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## APPENDIX A
WASHINGTON STATE CORONAVIRUS HAZARD CONSIDERATIONS FOR EMPLOYERS (EXCEPT HOSPITALS AND CLINICS)
FACE COVERINGS, MASKS, AND RESPIRATOR CHOICES

<table>
<thead>
<tr>
<th>Worksite Tasks</th>
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<tr>
<td>Number of people and conditions in Work Vehicle</td>
<td>Vehicle operation: employees ride alone and vehicles are sanitized between different drivers.</td>
<td>Vehicle with more than one occupant but can maintain 6 foot distance and only broken intermittently up to several times a day. Vehicles must be sanitized between different drivers and occupants.</td>
<td>Vehicle with more than one occupant but mostly maintain 6 foot distance with job tasks that require several minutes of 6 foot distance broken several times a day. Vehicles must be sanitized between different drivers and occupants.</td>
<td>Vehicle with more than one occupant where at least 6 foot distance is not maintained and include job tasks requiring close together (less than 3 feet apart) work for more than 10 minutes in an hour at least once a day. Vehicles must be sanitized between different drivers and occupants.</td>
<td>Vehicle with more than one occupant where at least 6 foot distance is not maintained and include job tasks requiring close together (less than 3 feet apart) work for more than 10 minutes in an hour at least once a day. Vehicles must be sanitized between different drivers and occupants.</td>
</tr>
<tr>
<td>Minimum required mask or respiratory protection for employees without additional engineering controls or PPE ***</td>
<td>None required unless and except under Governor ordered agreement.</td>
<td>None required unless and except under Governor ordered agreement.</td>
<td>Dust mask, foreign system non-NIOSH approved filtering facepiece respirator (such as KN95), or medical procedure masks.</td>
<td>Elastomeric ½ or full face respirator with particulate filters **** --OR-- PAPR with particulate filter. (Tight fitting respirators must be fit-tested and the wearer must be clean-shaven. No fit-testing is required for loose fitting systems.) --OR— Industrial use N95, R95 or P95 or foreign system non-NIOSH approved filtering facepiece respirator (or other particulate respirator****)</td>
<td>FDA approved surgical mask or healthcare N95 filtering facepiece respirator**** or elastomeric respirator with particulate filters. Tight fitting respirators must be fit-tested and the wearer must be clean-shaven. PAPR with particulate filter may be used; no fit testing is required for loose fitting models. When feasible, client with COVID-19 should also wear an FDA approved surgical N95 or surgical mask.</td>
</tr>
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</table>
## APPENDIX A
WASHINGTON STATE CORONAVIRUS HAZARD CONSIDERATIONS FOR EMPLOYERS (EXCEPT HOSPITALS AND CLINICS)

### FACE COVERINGS, MASKS, AND RESPIRATOR CHOICES

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</tr>
</thead>
<tbody>
<tr>
<td>Strongly recommended worksite protections</td>
<td>Cloth face covering that fully covers mouth and nose or higher protection, if more than one human present.</td>
<td>Cloth face covering that fully covers mouth and nose or higher protection.</td>
<td>Use multiple engineering and administrative controls together to reduce frequency and risk of touch and airborne transmission between humans. Ask workers for suggestions on further improvements to controls.</td>
<td>Minimize number of workers present in high risk work tasks. Use multiple engineering and administrative controls together to reduce frequency and risk of touch and airborne transmission between humans. Ask workers for suggestions on further improvements to controls and look for ways to accomplish the work without people in close proximity.</td>
<td>Add face-shield or eye goggles to half face disposable respirators and non-permeable disposable upper body coverings; Powered Air Purifying Respirator System, Elastomeric full face respirators with particulate filters or higher protection.</td>
</tr>
</tbody>
</table>

### Comment
Employees should be strongly encouraged not to carpool to and from work unless wearing facial covering or mask protection. This is suspected as a source of several national outbreaks.

*Social Distancing is at least 6 feet apart between employee to employee, or employee to any other human.

**Other respirators or PPE may be required due to other hazards such as chemical exposures or projectile exposures. The PPE ensemble must protect the worker from all hazards that are not otherwise controlled.

*** Without additional engineering controls or PPE for employees like barriers or face shields or local ventilation.

**** Particulate filtering respirators are rated by NIOSH for oil mist resistance (N, R, or P) and filtering efficiency (95, 99, and 100). An N-95 respirator is the least resistant to oil mists and lowest filter efficiency. For protection from the COVID-19 virus, an N-95 rated respirator is sufficient and any other particulate respirator can be substituted. Foreign certified respirators below may be used:

- Australia: AS/NZS 1716:2012
- People's Republic of China: GB 2626-2006; and GB 2626-2019
- European Union: EN 140-1999; EN 143-2000; and EN 149-2001
- Japan: JMHLW-2000
- Republic of Korea: KMOEL-2014-46; and KMOEL-2017-64
- Mexico: NOM-116-2009