

# DOSH DIRECTIVE

Department of Labor and Industries  
Division of Occupational Safety and Health  
*Keeping Washington Safe and Working*

## 11.80

# Temporary Enforcement Guidance

## Annual Fit-Testing, Respiratory Protection and Face Coverings during COVID-19 Pandemic

Updated: May 22, 2020

### 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, including Agriculture and Construction. 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 apply until further notification.

This updated Directive, with a revised title, supersedes DD 11.80, dated May 1, 2020.

### III. References

- Chapter 296-842 WAC, Respirators
- WAC 296-842-22010, Follow these fit-testing procedures for tight-fitting respirators.
- WAC 296-842-22020, Follow procedures established for seal checking respirators.
- Chapter 296-307-594-622 WAC, Respirators in Agriculture
- Chapter 296-307-606, Follow these fit-testing procedures for tight-fitting respirators.

- Chapter 296-307-61205, Follow procedures established for seal checking respirators.
- CDC Guidance for COVID-19 Infection Control
- OSHA – Expanded Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the Coronavirus Disease 2019 (COVID-19) Pandemic

#### 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.**

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For additional guidance, see COVID-19 Hospital Preparedness Assessment Tool, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html>.

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 for filtering facepieces 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 additional guidance, see Strategies for Optimizing the Supply of N95 Respirators, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html>.

For Employers in all industries, the COVID-19 outbreak, which the World Health Organization recently declared a global pandemic, has increased demand for N95 filtering facepiece respirators. Availability of N95 respirators is limited, and their use is prioritized to protect workers in healthcare and emergency response from exposure to the COVID-19 virus. Public health authorities (CDC, health departments, and the Governor's office) recommend the use of cloth face coverings when people are in group settings, including work. These recommendations are meant to enhance social distancing recommendations to stay more than 6 feet from other people and practice good hand hygiene. In some cases, where workers cannot avoid being in close proximity with other people, a respirator may be needed for protection. These guidelines in no way replace the required use of respirators needed to protect employees from exposure to other hazards during job tasks or activities.

Several of the Governor's Orders require the use of face coverings while working such as the [Phase 1 Construction Restart COVID-19 Job Site Requirements](#) and the [Phase 1 Car Wash Industry COVID-19 Requirements](#). Other Governor's Orders may also require the use of face coverings as businesses begin to reopen.

Unlike exceptions being made for Health Care Providers during this pandemic, when respiratory protection is required to protect employees against exposure to an air contaminant, filtering facepiece respirator use cannot be extended by cleaning and sanitizing. This applies to industries such as (but not limited to) Manufacturing, Construction and Agriculture. When a filtering facepiece (N95 to P100) respirator is used and contaminated with chemicals such as oil or pesticides, it must be disposed of after use. All cartridge and canister change-out schedules for air-purifying respirators must be followed, with the extension of use delineated below for cartridges and canisters used in Agriculture during pesticide application when only particulate protection is required.

For pesticide application in Agriculture, if only particulate protection is required by the pesticide label and replaceable air purifying respirators with cartridges or canisters are provided, use of those canisters or cartridges may exceed the work day under all of the following re-use conditions:

- No breakthrough or odor is detected.
- Particulate cartridges or canisters may be appropriately cleaned on the outside, are not saturated or damaged, are stored in a way to prevent further contamination.
- A change-out schedule based on exposure and using one of the methods specified in the Respirator rule is followed, and use is not extended beyond a maximum of a consecutive week.

## 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:

- 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.
- Make a good-faith effort to comply with Chapter 296-842 WAC, Respirators.
- Use only NIOSH-certified respirators or approved foreign equivalents (see note below).
- Implement CDC and OSHA strategies for optimizing the supply of N95 filtering facepiece respirators and prioritizing their use for healthcare and COVID-19, as discussed above.
- Inform workers after an initial, successful fit-test 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 another 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.
  - 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 and activities.
- Employers, particularly outside of healthcare, must look at their respirator selection criteria and identify where other respirators may be appropriately used. Use of half- and full-face elastomeric respirators will free up filtering facepiece respirators for critical needs in healthcare. These elastomeric 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. For example, employers should consider whether it is possible to increase the use of wet methods, closed systems for pesticides, portable local exhaust systems, enclosed cabs with appropriate ventilation controls such as MERV-16 filtration under positive pressure, or to move operations outdoors. In some instances, an employer may also consider taking steps to temporarily suspend certain non-essential operations. Engineering controls are to be implemented if feasible, and respirators are to be worn if engineering controls are not feasible, or if the engineering controls do not reduce the exposures to below the applicable permissible exposure limit.
  - 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 (Very Low) 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 do not extend to other manufacturer's N95, or a different model from 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, medical evaluation, 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, and non-healthcare industries including Agriculture and Construction, 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

[\[See Appendix A below\]](#)

**APPENDIX A: Washington State Coronavirus Hazard Considerations for Employers (Except COVID-19 Care in Hospitals and Clinics)  
Face Coverings, Masks, and Respirator Choices  
May 22, 2020**

<b>Worksite Tasks</b>	<b>Negligible Transmission Risk</b>	<b>Low Transmission Risk</b>	<b>Medium Transmission Risk</b>	<b>High Transmission Risk</b>	<b>Extremely High Risk</b>
<b>Health status of people around you</b>	Healthy/Asymptomatic (no COVID-19 symptoms)	Healthy/Asymptomatic	Healthy/Asymptomatic	Healthy/Asymptomatic	Probable or known COVID-19 source or direct human mouth, nose, eye interactions
<b>Example of Work Conditions</b> *, **	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 <b>always maintained</b> . Tools are not shared or are sanitized between different users.	Crews outside on large worksite where at least 6 foot distance is <b>easily maintained fulltime</b> and only broken intermittently in passing up to several times a day. Tools are not shared or are sanitized between different users.	Large crews outside where at least 6 foot distance is <b>mostly maintained</b> , 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.	Work in close quarters, such as a multiple occupancy permit-required confined space or inside a room with 10 or more people where at least 6 foot distance is <b>not maintained</b> and includes job tasks <b>requiring sustained</b> close together (less than 3 feet apart) work for more than 10 minutes in an hour multiple times a day.	Transporting/caring for <b>symptomatic patients with probable or active COVID-19</b> within 6 feet in vehicle; or non-hospital setting or a residence with no sanitization protocols in place.
	Worksite with controlled and low public interaction, where at least 6 foot distance <b>always maintained</b> and only broken in passing once or twice a day.	Work inside in structure/office where number present allows for at least 6 foot distance to be <b>easily maintained fulltime</b> and only broken intermittently in passing up to several times a day.	Work inside in structure/office where at least 6 foot distance <b>is mostly maintained</b> , but with job tasks that <b>require sustained</b> several minutes of 6 foot distance broken several times a day without sneeze guards or other mitigations.	Work cleaning and sanitization of surfaces and floor after confirmed active COVID-19 employee was present in the area.  Also includes work that cannot be delayed performing services in home of quarantined confirmed COVID-19 clients. Examples include emergency plumbing repair or in-home pet euthanasia.	Healthcare work involving face-to-face close proximity or potential for coughing or sneezing while working with <b>healthy or asymptomatic people</b> . Potential for droplets of biological material or fluids to become airborne within the breathing zone of the employee. Examples include tonometry during eye exams, visual examination of the oral and nasal cavities, visual examination of the eyes, swab sampling in the mouth or nose.

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		<p>Non-healthcare work involving personal services (such as haircuts) where there are 1 or 2 workers inside room. All clients assumed to be wearing cloth face coverings or higher level of protection.</p>	<p>Non-healthcare work involving personal services (such as haircuts) where there are 3-6 workers inside a room where at least 6 foot distance is not maintained and job tasks require sustained close together (less than 3 feet apart) work. All clients assumed to be wearing cloth face coverings or higher level of protection.</p>	<p>Healthcare work involving procedures in close proximity to healthy or asymptomatic people with potential for aerosols generated from saliva or mucous from the mouth or nose. Examples include dental work with an ultrasonic scaler, air/water syringe, or hand piece, administering medicines with a nebulizer, spirometry, deep or forced breathing exercises.</p>	
<p><b>Number of people and conditions in Work Vehicle</b></p> <p><b>Note: Vehicles must be sanitized between different drivers and occupants.</b></p>	<p>Vehicle operation: employees ride alone and vehicles are sanitized between different drivers.</p>	<p>Vehicle with more than one occupant but can maintain 6 foot distance that is only broken intermittently up to several times a day.</p>	<p>Vehicle with more than one occupant but <b>mostly maintain</b> 6 foot distance with job tasks that require several minutes of 6 foot distance broken several times a day.</p>	<p>Vehicle with more than one occupant where at least 6 foot distance <b>is not maintained</b> and includes job tasks requiring close together (less than 3 feet apart) work for more than 10 minutes in an hour more than once a day.</p>	<p>Vehicle with more than one occupant where at least 6 foot distance is <b>not maintained</b> and includes job tasks requiring close together (less than 3 feet apart) work for more than 10 minutes in an hour at least once a day.</p>



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<b>Minimum required mask or respiratory protection for employees without additional engineering controls or PPE ***</b>	Reusable cloth face covering that fully covers mouth and nose are required for employees covered by Governor Executive Order industry agreements except when working alone in room, vehicle, or on jobsite.	Reusable cloth face covering that fully covers mouth and nose are required for employees covered by Governor Executive Order industry agreements except when working alone in room, vehicle, or on jobsite.	Non-cloth disposables: Dust mask, KN95 or other non-approved foreign system NIOSH style filtering facepiece respirators, or non-FDA approved procedure masks.	Elastomeric ½ or full face respirator with particulate filters **** --OR-- Powered-air purifying respirator (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****).	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. Powered-air purifying respirator (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.
<b>Strongly recommended worksite protections</b>	Reusable cloth face covering that fully covers mouth and nose for all employees not working alone.	Use multiple engineering and administrative controls together to reduce frequency and risk of touch and airborne transmission between people. Ask workers for suggestions on further improvements to controls.	Use face shield combined with minimum face covering to lower risk category where work or job task allows.	Minimize number of workers present in high risk work tasks. Consider all possible ways to accomplish the work without people in close proximity.	Add face-shield to surgical masks 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.



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Worksite Tasks	Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Risk
<b>Comment</b>	<b>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.</b>				
<p>*Social Distancing is at least 6 feet apart between employee to employee, or employee to any other human.</p> <p>**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.</p> <p>*** Without additional engineering controls or PPE for employees like barriers or face shields or local ventilation.</p> <p>**** 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:</p> <ul style="list-style-type: none"> <li>▪ Australia: AS/NZS 1716:2012</li> <li>▪ Brazil: ABNT/NBR 13694:1996; ABNT/NBR 13697:1996; and ABNT/NBR 13698:2011</li> <li>▪ People's Republic of China: GB 2626-2006; and GB 2626-2019</li> <li>▪ European Union: EN 140-1999; EN 143-2000; and EN 149-2001</li> <li>▪ Japan: JMHLW-2000</li> <li>▪ Republic of Korea: KMOEL-2014-46; and KMOEL-2017-64</li> <li>▪ Mexico: NOM-116-2009</li> </ul>					