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**To:** [Neidhardt, Amalia@DIR](#); [Berg, Eric@DIR](#)  
**Cc:** [Gail Blanchard-Saiger](#)  
**Subject:** Proposed Wildfire Smoke Regulations (August 13, 2019 Draft) - Comments  
**Date:** Monday, September 30, 2019 4:40:44 AM

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Amalia and Eric,

I apologize for the informal nature of my comments on the proposed permanent wildfire smoke regulation. Unfortunately, I did not have the opportunity to draft my comments before I left on vacation and thus I am doing them now-without the benefit of my notes. While I intend to submit more complete comments at the next opportunity, I do want to stress CHA's position on the following points with respect to the proposed permanent regulation:

1. Hospitals are concerned about the health and safety of their employees and their communities. We support the adoption of a permanent regulation addressing the impact of wildfire smoke on outdoor workers, particularly those whose primary duties require that they work outdoors on a regular basis.
2. CHA continues to have serious concerns that the proposed permanent regulation appears to only slightly modify the emergency regulation without addressing the concerns raised by many industries during the emergency regulation process. While we appreciate current subsection (f)(1) relieves a hospital of some requirements during an emergency, it does not adequately address our concerns.
3. In particular, CHA continues to be concerned that the regulation appears to require constant monitoring of air quality when workers are outdoors for more than 1 hour and how that could impact the hospital's disaster response and patient care during an emergency. As I noted during each of the advisory committee meetings, hospital workers rarely work outdoors and if they do so during a wildfire it would be due to the need to evacuate or otherwise deal with a serious emergency. I have conferred with several hospitals that were directly impacted by wildfires and each reported to me that they offered N95s to employees who were required to work outdoors to evacuate patients or triage in-coming patients. They also reported that the obligation to monitor air quality and ensure N95 use during these emergency response situations would divert critical resources away from the disaster response and patient care.
4. As healthcare providers, there is also a concern that the regulation's current and proposed protocols could result in a shortage of N95 masks that could have further adverse consequences. For example, as you know, N95s are critical to infection control with respect to aerosol transmissible diseases. Unfortunately, there is not an unlimited supply of these items and thus they should be used judiciously. This concern has not yet been addressed.
5. We also have concerns about the expansion of the regulation to indoor workplaces that do not have a mechanical ventilation system. It is unclear what is expected for these workplaces. Does this assume that individuals working indoors are exposed to the same risks as individuals working outdoors if the indoor workplace does not have a mechanical ventilation system. Or are employers required to constantly monitor the indoor air quality? The regulations suggest that the monitoring occur at the start of each shift- how would that work for a hospital that operates 24/7? And as noted above, this expansion further depletes the availability of N95 masks that are required to be used by hospital workers in a variety of situations.
6. I have had the opportunity to review the September 30, 2019 letter from the San Francisco Department of Public Health. It is critical that those issues are addressed before moving forward and stakeholders who are qualified to answer those questions must be included.

Thank you for the opportunity to submit these comments. I look forward to continuing to participate in the Cal/OSHA Advisory Committee process.

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