



UPDATE FROM CDPH

Kristin J. Cummings, MD, MPH
Occupational Health Branch

CIHC Professional Development Seminar
November 3, 2025

Agenda

- **Introduction to OHB**
- **Losses at NIOSH**
- **OHB Activities**
 - Lead Poisoning
 - Silicosis
 - Work-Related Asthma
 - Los Angeles Fires

Introduction to OHB

The background is a solid purple color. On the right side, there is a decorative graphic consisting of several thin, dark purple lines that intersect at a central point, creating a starburst or web-like pattern. The lines extend towards the right edge of the frame.

Occupational Health Branch (OHB)

- Established after 1970s dibromochloropropane (DBCP) episode
- Focused on prevention of injury and illness
- Carries out multiple preventive functions

Occupational Health Branch (OHB)

- Established after 1970s dibromochloropropane (DBCP) episode
- Focused on prevention of injury and illness
- Carries out multiple preventive functions
 - Investigate workplace hazards, injuries, and diseases
 - Collect/summarize/analyze data (“surveillance”)
 - Issue “early warning” on emerging hazards
 - Provide education and technical assistance
 - Recommend new or revised occupational standards

OHB's Mission

**Promoting safe and healthy
workplaces across California**

OHB Programs

- Hazard Evaluation System and Information Service (HESIS)
- Occupational Health Surveillance and Evaluation Program (OHSEP)
- Occupational Lead Poisoning Prevention Program (OLPPP)
- California Safe Cosmetics Program (CSCP)
- Emerging Workplace Hazards Unit (EWHU)

Meet OHB's Industrial Hygienists

Justine Weinberg



Jennifer McNary



Jacqueline Chan



Kyle Peerless



Elon Ullman



Constancia Dominguez-Voong



Losses at NIOSH



Occupational Safety and Health Act

April 28, 1971

“...to assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources....”

- Occupational Safety and Health Administration (OSHA)
 - Department of Labor
 - Regulatory authority
- National Institute for Occupational Safety and Health (NIOSH)
 - Department of Health and Human Services
 - Public health/research institute

Executive Order 14210

February 11, 2025

- **Department of Government Efficiency (DOGE)**
- **Large-Scale Reduction in Force (RIF)**
 - Functions not mandated by law
 - Employees not designated as essential
- **Agency Reorganization Plans**
 - Identify statutes establishing agencies
 - Discuss elimination/consolidation of agencies

EXECUTIVE ORDER

14210

- - - - -

IMPLEMENTING THE PRESIDENT'S "DEPARTMENT OF GOVERNMENT EFFICIENCY" WORKFORCE OPTIMIZATION INITIATIVE

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

Section 1. Purpose. To restore accountability to the American public, this order commences a critical transformation of the Federal bureaucracy. By eliminating waste, bloat, and insularity, my Administration will empower American families, workers, taxpayers, and our system of Government itself.

Sec. 2. Definitions. (a) "Agency" has the meaning given to it in section 3502 of title 44, United States Code, except that such term does not include the Executive Office of the President or any components thereof.

(b) "Agency Head" means the highest-ranking official of an agency, such as the Secretary, Administrator, Chairman, or Director, unless otherwise specified in this order.

Reduction in Force (RIF)

April 1, 2025



HHS Announces Transformation to Make America Healthy Again

Washington, D.C. — March 27, 2025 — Today, the U.S. Department of Health and Human Services (HHS) announced a dramatic restructuring in accordance with President Trump's Executive Order, "Implementing the President's 'Department of Government Efficiency' Workforce Optimization Initiative."

The restructuring will address this and serve multiple goals without impacting critical services. First, it will save taxpayers \$1.8 billion per year through a reduction in workforce of about 10,000 full-time employees who are part of this most recent transformation. When combined with HHS' other efforts, including early retirement and Fork in the Road, the restructuring results in a total downsizing from 82,000 to 62,000 full-time employees.

Secondly, it will streamline the functions of the Department. Currently, the 28 divisions of the HHS contain many redundant units. The restructuring plan will consolidate them into 15 new divisions, including a new Administration for a Healthy America, or AHA, and will centralize core functions such as Human Resources, Information Technology, Procurement, External Affairs, and Policy. Regional offices will be reduced from 10 to 5.

Third, the overhaul will implement the new HHS priority of ending America's epidemic of chronic illness by focusing on safe, wholesome food, clean water, and the elimination of environmental toxins. These priorities will be reflected in the reorganization of HHS.

Finally, the restructuring will improve Americans' experience with HHS by making the agency more responsive and efficient, while ensuring that Medicare, Medicaid, and other essential health services remain intact.

"We aren't just reducing bureaucratic sprawl. We are realigning the organization with its core mission and our new priorities in reversing the chronic disease epidemic," HHS Secretary Robert F. Kennedy, Jr. said. "This Department will do more – a lot more – at a lower cost to the taxpayer."

The specific contents of the restructuring plan that have been announced so far are as follows:

- Creation of the Administration for a Healthy America (AHA), which will combine multiple agencies — the Office of the Assistant Secretary for Health (OASH), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Agency for Toxic Substances and Disease Registry (ATSDR), and National Institute for Occupational Safety and Health (NIOSH) — into a new, unified entity. This centralization will improve coordination of health resources for low-income Americans and will focus on areas including, Primary Care,

- 10,000 Dept Health and Human Services employees (12%)
- >800 NIOSH employees (>60%)
- Administrative leave until June 2025 termination

Response to NIOSH RIF

- **Mobilization of stakeholders**
 - Labor, industry, professional societies
- **Lawsuits**
 - AFGE et al. v. Trump (4/3/25) → government-wide
 - Wiley v. Kennedy (4/7/25) → NIOSH Coal Workers' Health Surveillance
 - State of NY et al. v. Kennedy (5/5/25) → HHS
 - AFL-CIO et al. v. Kennedy (5/14/25) → NIOSH
- **Recission of RIF notice (5/13/25)**
 - 300 NIOSH employees reinstated
- **Multiple court orders**
 - 46% of NIOSH employees remain on administrative leave

OHB's Involvement

THE LANCET *Regional Health Americas*

Health Policy

Ensuring respiratory protection to improve population health, economic vitality, and national security

Stephanie M. Holm,^{a,*} Kristin J. Cummings,^b Sundaresan Jayaraman,^c and Shawn G. Gibbs^d

^aStephanie Holm Consulting, Vancouver, BC, Canada

^bOccupational Health Branch, California Department of Public Health, Richmond, CA, USA

^cSchool of Materials Science and Engineering, Georgia Institute of Technology, Atlanta, GA, 30332-0295, USA

^dTexas A&M University School of Public Health, USA



UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND

STATE OF NEW YORK, et al.

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official capacity as
SECRETARY OF THE U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES, et al.,

Defendants.

Case No. 1:25-cv-196

DECLARATION OF KRISTIN J. CUMMINGS, MD, MPH, ATSF

I, Kristin J. Cummings, MD, MPH, ATSF, declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct:

1. I am the Branch Chief of the Occupational Health Branch (OHB) at the California

American Journal of Respiratory and Critical Care Medicine

Home > American Journal of Respiratory and Critical Care Medicine > List of Issues > Just Accepted

What Losing the National Institute for Occupational Safety and Health Means for Respiratory Health

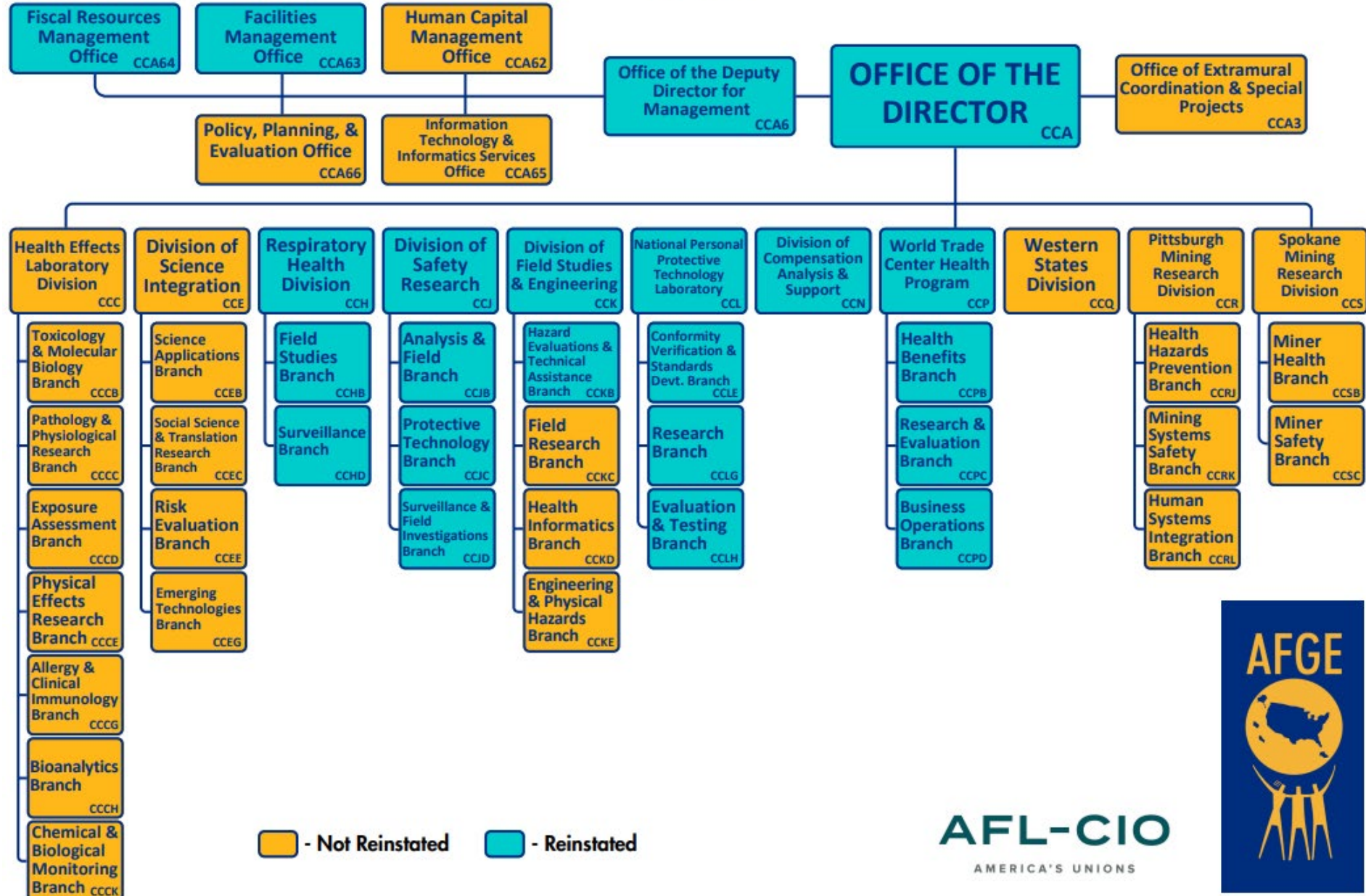
Kristin J. Cummings, and Robert Harrison ;

(CDPH). I have personal knowledge of the facts set forth in this

to testify, would and could competently do so.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

NIOSH



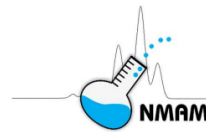
AFL-CIO
AMERICA'S UNIONS



NIOSH Budget

- **FY 24-25**
 - \$363 million for 1,300 employees and core programs
- **FY25-26**
 - President's proposal: 80% reduction
 - House Appropriations Committee: 14% reduction
 - Senate Appropriations Committee: full funding
 - “This funding level is sufficient to maintain the programs and activities...as well as the staff...in place on March 30, 2025.”

Impacts on California: Research and Guidance



NIOSH List of Hazardous Drugs in Healthcare Settings, 2024

NIOSH Manual of Analytical Methods (NMAM), 5th Edition

February, 2020

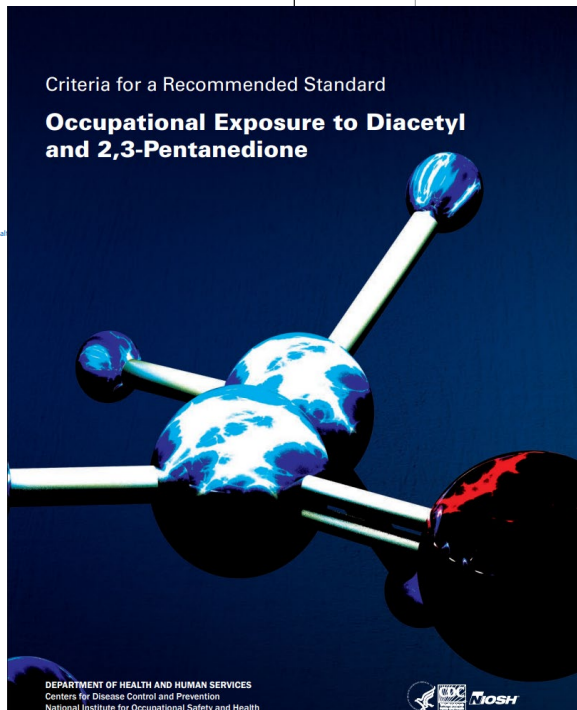
EXTERNAL REVIEW DRAFT
NIOSH Hazard Review
Wildland Fire Smoke Exposure Among Farmworkers and Other Outdoor Workers

D. and Paula Fey O'Connor, NIOSH

of the publication date above and will be periodically updated. For methods and guidance chapters, please visit the NMAM website at

Criteria for a Recommended Standard

Occupational Exposure to Diacetyl and 2,3-Pentanedione



Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health



Worker Exposure to Silica during Countertop Manufacturing, Finishing and Installation

The Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH) have identified exposure to silica as a health hazard to workers involved in manufacturing, finishing and installing natural and manufactured stone countertop products, both in fabrication shops and during in-home finishing/installation. This hazard can be mitigated with simple and effective dust controls in most countertop operations.



Preventing Falls through the Design of Roof Parapets



Prevention through Design (PtD)

PtD addresses worker exposure to hazards during the design stages of a project. When a building is designed, risks of fall-related injuries and fatalities can be minimized with a life-cycle approach to address fall hazards for the workers who construct, operate, maintain, and eventually demolish a building. This approach can include using a building's features to address fall hazards in construction plans, considering safety when buying equipment, and communicating risks to building owners and facilities personnel (Behm 2005).

- Summary
- Description of Exposure
- Case Study
- Design Solutions
- Standards
- Cost Savings/Advantages
- Recommendations
- Acknowledgments
- References

Summary

Workers are exposed to risks from falls during construction, operation, maintenance, and demolition of buildings. Parapets are the parts of the wall assembly that extend above the roof [Rafterman and Gambrose 2013] and can prevent falls from low-sloped (flat) roofs. Other design features that can prevent falls include using guardrail systems and permanent anchor points (for use with personal fall arrest systems and lifelines) [See NIOSH 2013 for more information].

Description of Exposure

Construction is one of the most dangerous industries [Toole and Gambrose 2008], and falls are a frequent cause of fatal and nonfatal injuries. Of the 4,609 fatal work injuries that occurred in 2011, 341 (12%) were the result of falls to a lower level [BLS 2012]. Worker's compensation providers estimate that each fall from elevation (fatal or non-fatal) in construction costs between \$50,000 and \$106,000 [OSHA 2012].

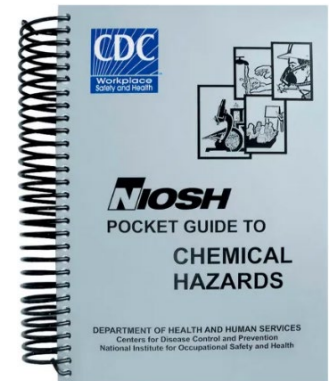
Workers may be close to roof edges and exposed to fall hazards when accessing

building roofs during construction and for operation and maintenance tasks after the building has been completed. Workers may be close to roof edges when transferring material to and from the roof, accessing rooftop equipment, and communicating with coworkers on the ground. To prevent falls, parapets can be built on the roof edges during building construction. The need for additional fall arrest roof anchors (and related personal fall arrest equipment), temporary barricades, or signs during operation and maintenance tasks would thus be minimized or even eliminated if parapets are more than 39 inches tall [29 CFR 1926.502(b)(1)].

The NIOSH Fatality Assessment and Control Evaluation (FACE) program (an activity of the NIOSH Division of Safety Research (DSR) investigates worker fatalities to determine causes, and recommends injury prevention measures. Behm [2005] analyzed 224 FACE case reports and found that 42% of fatalities might be linked to the building design, and 6 fatalities may have been prevented if the building designs had included parapets for fall protection.

*Code of Federal Regulations. See CFR in References.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health



NIOSH
POCKET GUIDE TO
CHEMICAL HAZARDS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health



U.S. Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

Impacts on California: Respirators and other PPE

- National Personal Protective Technology Laboratory (NPPTL)
 - Respirator Approval Program
 - Research and guidance on other PPE



Impacts on California: Other Services

- Health Hazard Evaluation Program
- B-Reader Program
- Spirometry Training Program
- Fatality Assessment and Control Evaluation (FACE) Program
- NIOSH Industry and Occupation Computerized Coding System (NIOCCS)



Impacts on California: NIOSH Centers

- **Education and Research Centers (ERCs)**
 - Training in industrial hygiene, occupational medicine, related disciplines
- **California Labor Lab: Total Worker Health Center**
 - “New economy” and its impact on health
- **Western Center for Agricultural Safety and Health**
 - Prevention of illness and injury in western agriculture



Takeaways

- NIOSH is the only U.S. research institute focused on OSH
- NIOSH's staff have been disproportionately impacted by federal cuts
 - Enormous loss of expertise, institutional knowledge
 - Future of the institute is uncertain
- Many adverse impacts on California's diverse stakeholders
- California's OSH leadership is more critical than ever

Lead Poisoning



Occupational Lead Poisoning Prevention Program (OLPPP)

- Established in 1991, supported by fees on employers
- Manages the California Occupational Blood Lead Registry
- Investigates work-related lead poisoning cases
- Provides information and technical assistance to employers, workers, physicians, and others
- Conducts projects to prevent and reduce lead poisoning in California workplaces
- Not enforcement

ADULTS

Brain

Memory loss, lack of concentration, headaches, irritability, depression.

Body

Fatigue, joint and muscle pain

Cardiovascular

High blood pressure

Kidneys

Abnormal function and damage

Reproductive System

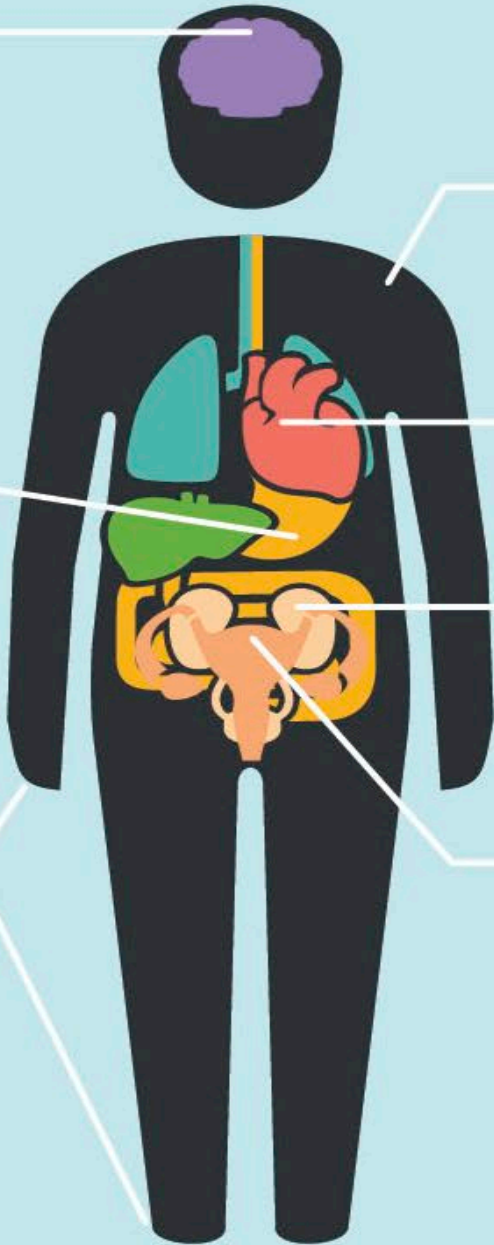
Men: Decreased sex drive and sperm count, and sperm anomalies.
Women: Spontaneous miscarriage

Digestive System

Constipation, nausea and poor appetite

Nervous System

Damage including numbness and pain in the extremities



Exposure to high levels of lead can cause severe damage to the brain, blood and kidneys. Children under six are most at risk from lead poisoning. Even low levels of lead exposure have been found to permanently reduce cognitive ability and cause hyperactivity in children.

CHILDREN

Brain

Behavior problems, lower IQ, hearing loss, learning disabilities

Body

decreased bone and muscle growth

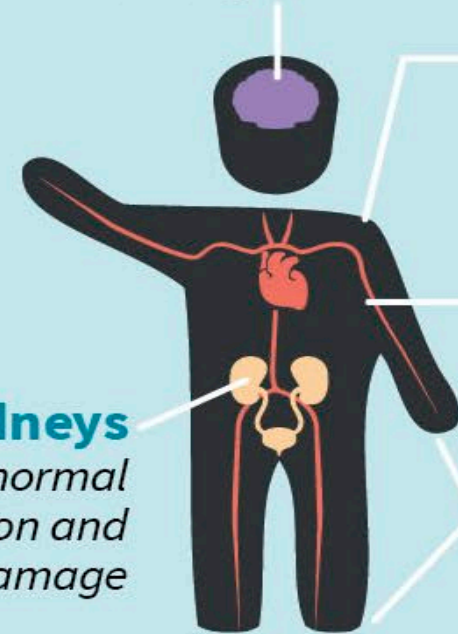
Blood

Anemia

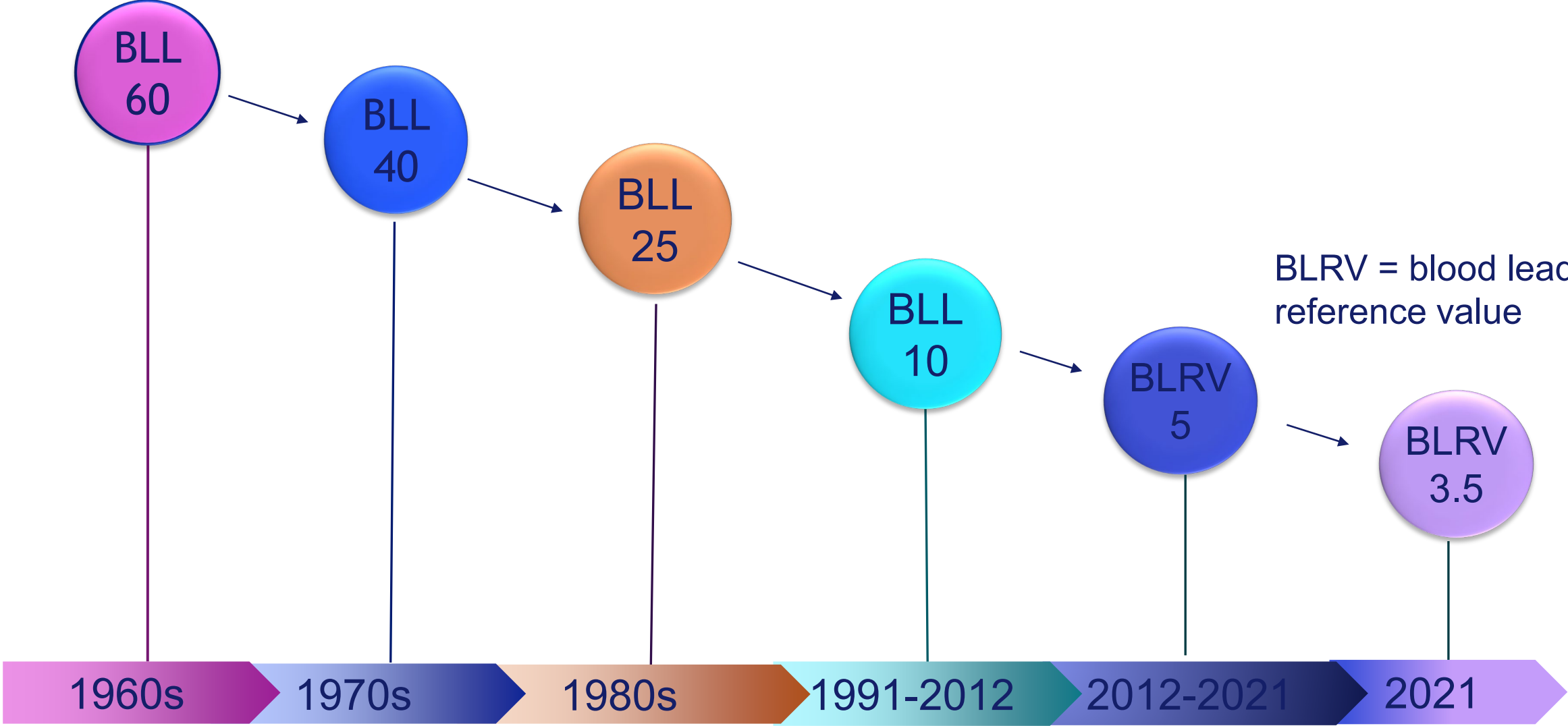
Nervous System

Damage

Kidneys
Abnormal function and damage

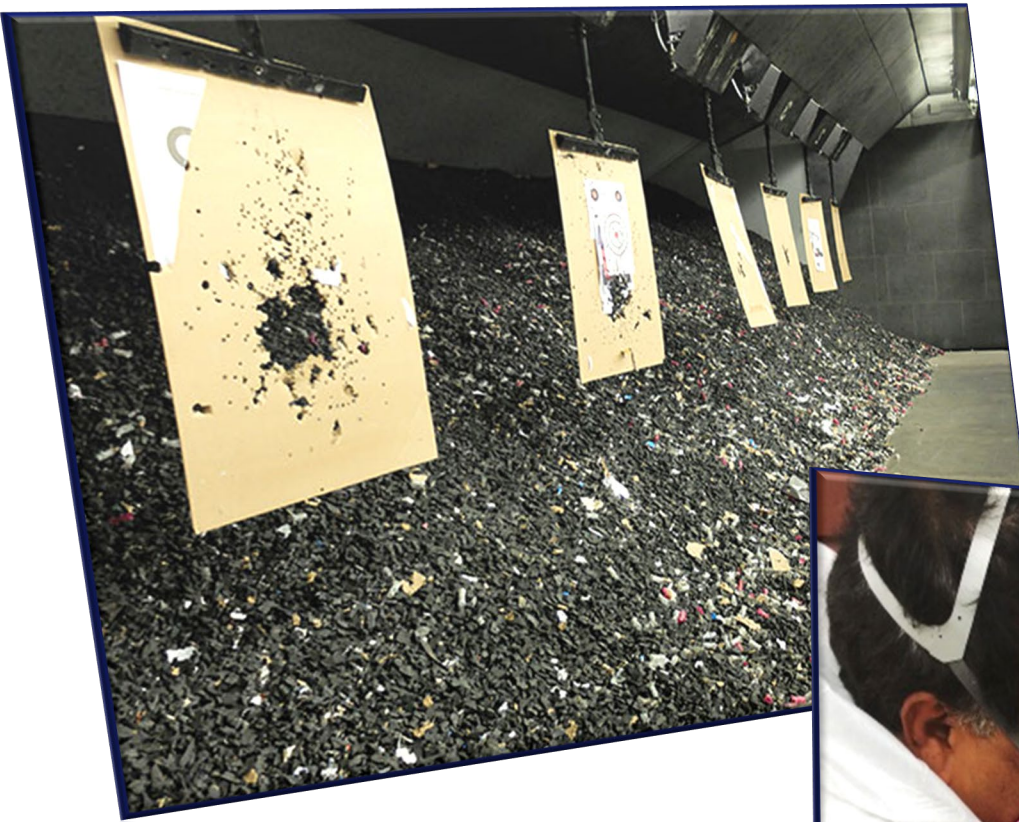


CDC Blood Lead Level (BLL) of Concern ($\mu\text{g}/\text{dL}$)



**Among adults with known lead exposures
and BLLs of 10 µg/dL or more,
~ 90% had occupational exposure**

(<https://www.cdc.gov/niosh/lead/data/index.html>)



Updated Lead Standards

- February 5, 2024: Cal/OSHA Standards Board voted 5-2 to approve proposed amendments to the lead standards
- Regulations became effective January 1, 2025
- This was a longstanding OHB priority dating back more than a decade, when OLPPP recommended that Cal/OSHA revise its regulations

Lead Standards Changes - Highlights

- Lower air levels of lead (PEL = 50 → 10 $\mu\text{g}/\text{m}^3$; AL = 30 → 2 $\mu\text{g}/\text{m}^3$)
- More frequent BLL testing
- More effective medical removal protections
- Stricter hygiene requirements regardless of air lead levels
- More stringent training requirements

Upcoming Presentation

- Jacqueline Chan, MPH, MS
- Chief, Occupational Lead Poisoning Prevention Program, OHB, CDPH
- “The Basis for the New Lead PEL”
- Tuesday November 4th @3:40pm

Silicosis

The background is a solid teal color. On the right side, there are several overlapping, semi-transparent teal shapes that create a starburst or geometric pattern. These shapes are composed of various polygons and lines, some of which are darker than others, creating a layered effect.

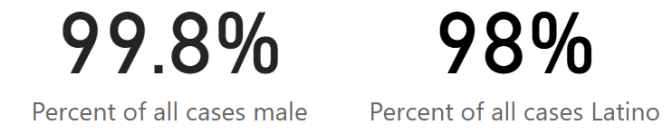
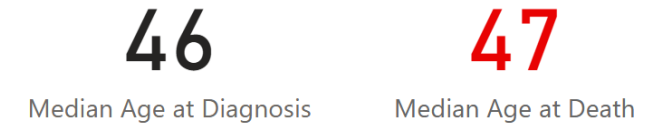
Silicosis: Old Disease, New Risk

- Silicosis is a **severe, incurable** lung disease caused by inhaling silica dust particles.
- Engineered stone (artificial stone, quartz), material used for kitchen countertops, contains **especially high levels of silica (>90%)**.
- Workers who **cut and grind engineered stone** (stone fabricators) can be exposed to **hazardous levels of silica dust**.

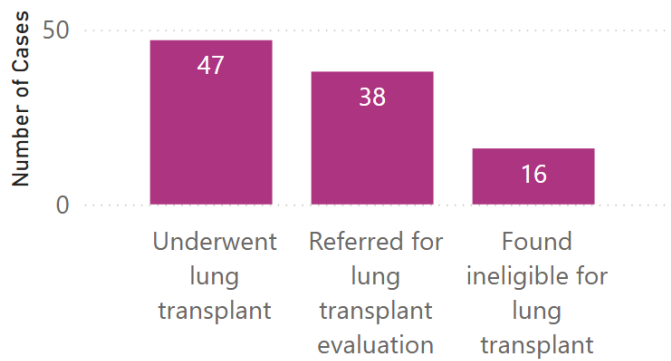


California Engineered Stone (ES) Silicosis Surveillance Dashboard

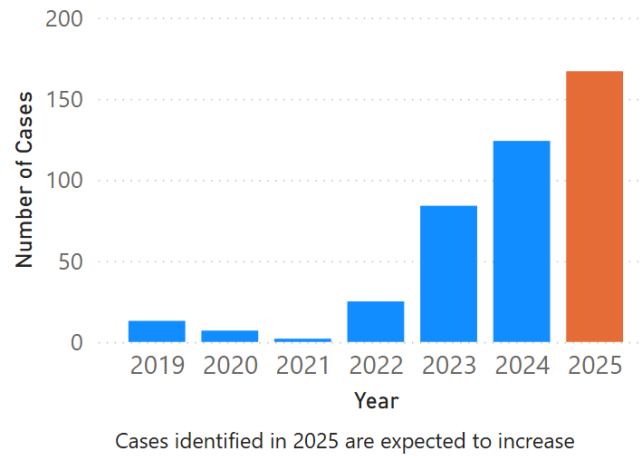
Date last updated: 10/23/2025



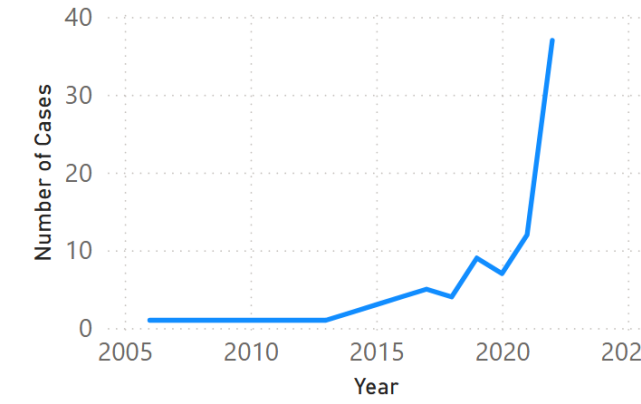
Last known transplant status for confirmed ES Silicosis cases



Year confirmed ES Silicosis cases identified by CDPH



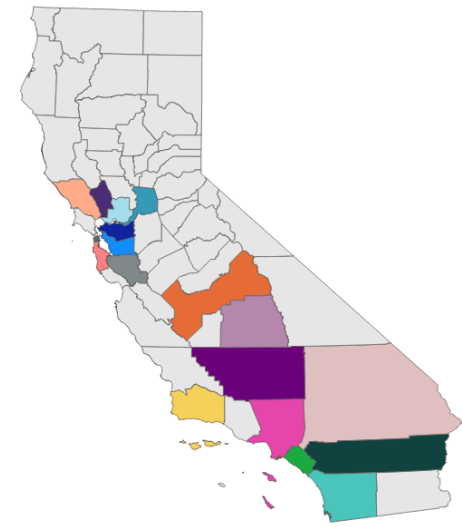
Year of diagnosis* for confirmed ES Silicosis cases



*Known years of diagnosis are displayed through 2022; data for more recent years are incomplete due to reporting lags. Diagnosis year is missing for some cases.

Confirmed ES Silicosis cases have been identified in the following counties:

- Alameda
- Contra Costa
- Fresno
- Kern
- Los Angeles
- Napa
- Orange
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San Francisco
- San Mateo
- Santa Barbara
- Santa Clara



County of residence

All

County	Count
Alameda	15
Alpine	No known cases
Amador	No known cases
Butte	No known cases



New Laws in 2025

- **Title 8, Section 5204: Cal/OSHA Silica Standard for General Industry**
 - Permanent changes went into effect in February 2025
 - Bans dry cutting, requires PAPRs, adds chest CT to medical screening
- **Title 17, Section 2500: Reportable Diseases and Conditions**
 - Silicosis added in July 2025
 - Healthcare providers required to report cases to public health
- **SB 20: Silicosis Training, Outreach, and Prevention (STOP) Act**
 - Signed by Governor Newsom in October 2025
 - Bans dry cutting, requires employer attestation of training, requires CDPH surveillance, education, and technical assistance

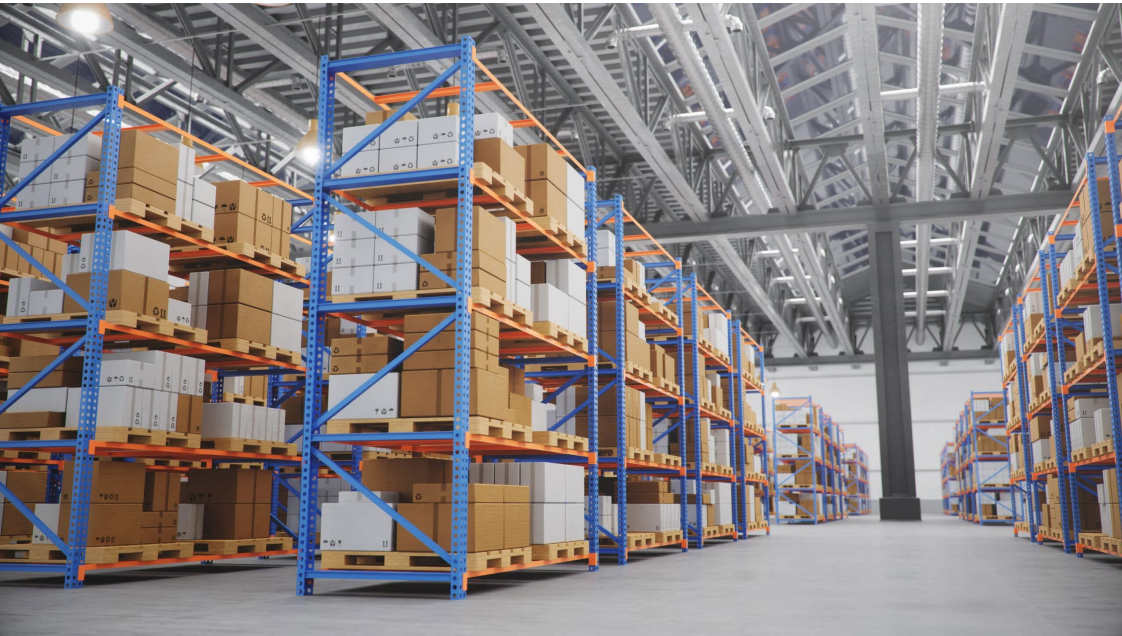
Upcoming Presentation

- Alya Khan, MD, MS, FACOEM
- Public Health Medical Officer, OHB, CDPH
- “Protecting Workers from Silica: CDPH’s Efforts and Strategies”
- Tuesday November 4th @11:05am

Work-Related Asthma



Asthma Fatality in a Cannabis Worker



- Man in his mid-20's worked in a cannabis warehouse connected to a dispensary, packaged raw product
- After a few months, developed shortness of breath and wheezing; used mother's inhaler
- Symptoms improved when took 6 weeks of paternity leave. After 2 months of return to work, had severe asthma attack and died at work.
- The warehouse has discontinued grinding and packaging. He had an appt to see his mother's asthma doctor for the week after he died.



WRA is asthma that is caused or made worse by conditions or substances at work.

Work-Related Asthma Prevention Program (WRAPP)

- Since 1993
- Part of Sentinel Event Notification System for Occupational Risks (SENSOR)
- Funded by NIOSH
- Conducts public health surveillance, case follow-up, makes prevention and intervention recommendations
- Program in 5 states: CA, MA, MI, WA, WI

WRA tracking sources of data

Health Care Provider Reports

Workers' Compensation Data



Hospital Discharge data

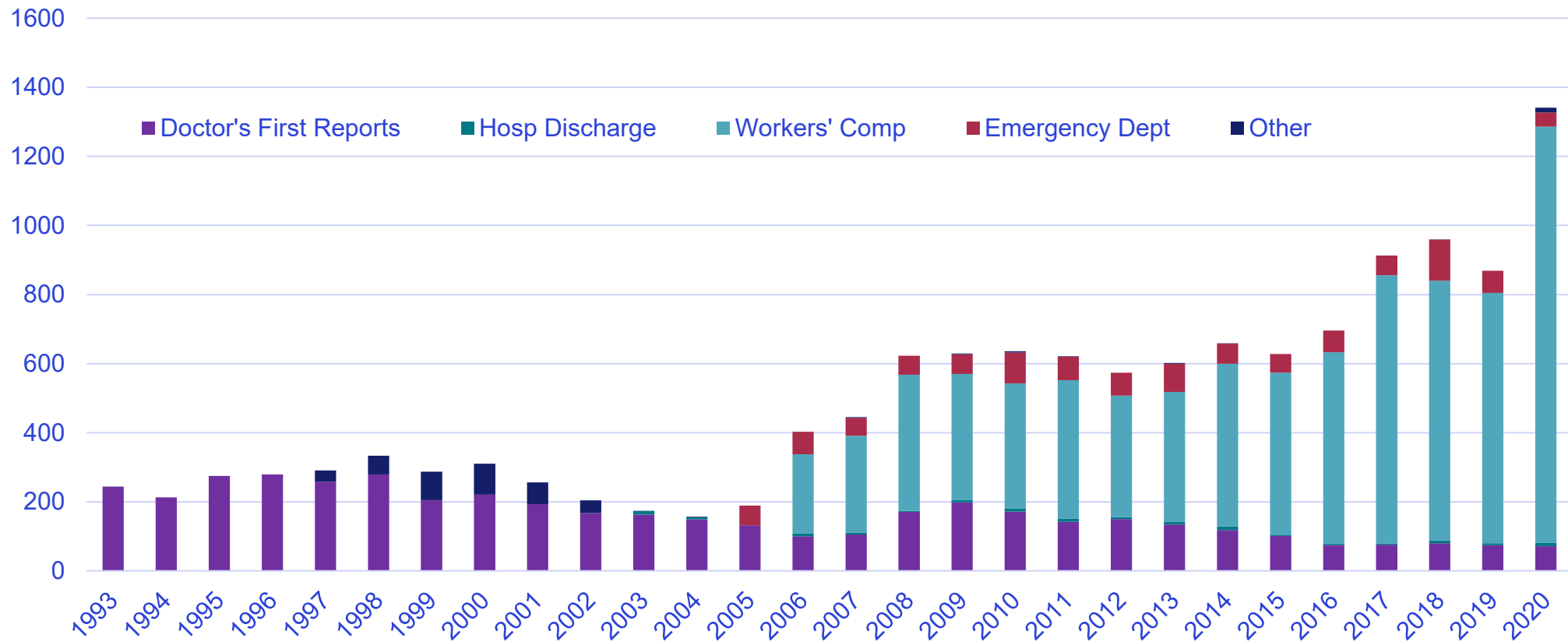
Emergency Department data

Tracking details

- Confirmed 14,343 confirmed cases since 1993 (rule out ~7% of cases reported)
- Telephone interviews (1/3) and med rec reviews, characterize risk factors, identify clusters
- Doesn't capture everybody
- Case reports

Cases are increasing

Confirmed WRA cases by year and report source



Exposure

Essential to understand and prevent WRA

- Self-reported
- Association of Occupational and Environmental Clinics (AOEC) list of exposures
- Protocol for determining if a substance is an 'asthmagen' –capable of causing new asthma
- Nearly 400 substances designated as asthmagens
- Especially important for prevention

20 exposures most reported by WRA patients

- Dust
- Unspecified chemicals
- Smoke
- Mold
- Indoor air pollutants
- Cleaning chemicals
- Indoor air pollutants from building renovation
- Paint
- Perfume
- Pesticides
- COVID-19
- Bleach
- Cigarette smoke
- Exercise
- Plant materials
- Glues
- Heat
- Diesel exhaust
- Pepper spray
- Chlorine

20 asthmagens most reported by WRA patients

- Bleach
- Chlorine
- Diesel exhaust
- Ammonia solution
- Latex
- Sulfuric acid
- Formaldehyde
- Quaternary ammonium compounds
- Glutaraldehyde
- Diisocyanates
- Rat dander
- Flour
- Cat dander
- Epoxy
- Hydrochloric acid
- Mice
- California Redwood
- Anhydrous ammonia
- Cannabis (dust or smoke)
- Mites

Examples of common exposures by occupation

Occupation	Most Common Exposures
Firefighters	Smoke, diesel exhaust
Science Technicians	Acids, chemicals, animal dander
Health Care Workers	Disinfectants, cleaning chemicals, smoke, latex, perfume, pharmaceuticals
Beauty Workers	Dyes, chemicals, adhesives
Construction Workers	Cement dust, wood dust, exhaust, glues, paint
Landscaping	Pollen, pesticides, dust, plant materials
Police and Correctional Officers	Pepper spray, smoke, dust, mold
Auto Painters	Isocyanates
Cleaning Workers	Cleaning chemicals, disinfectants, mites, animal dander
Food Service, Bakers	Flour, grains, cleaning chemicals

Impacts of WRA

- **Workplace exposures**
 - 56% of patients still working at job where WRA occurred
 - 26% are still exposed to the conditions associated with their WRA
 - 45% knew a median of 2 others at work with similar breathing problems
- **Disease severity**
 - 86% had to take more meds or new meds since WRA occurred
 - 62% had to go the ER for asthma associated with work
 - 16% had to be hospitalized
- **Compensation**
 - 63% applied for workers' comp; 59% received it

Los Angeles Fires

LA Fires, January 2025

- Palisades Fire (Pacific Palisades)
 - 23,000 acres burned
 - 6,800 structures destroyed
 - 12 fatalities
- Eaton Fire (Altadena)
 - 14,000 acres burned
 - 9,400 structures destroyed
 - 19 fatalities



Harmful Exposures

- **Everyday materials release hazardous substances when burned**
 - Plastics, electronics, furniture, appliances, vehicles, household chemicals
- **Ash and debris can be toxic**
 - Heavy metals, chemicals can enter air during clean-up activities and be inhaled
- **US ACE estimated 4.5 million tons of fire-damaged debris**
 - 100,000 to 150,000 fully loaded dump trucks
- **Many opportunities for workers to be exposed**

Debris Removal

- **Phase 1: US EPA**
 - Not optional
 - Hazardous materials (lithium batteries, paints, solvents)
 - Completed February 26, 2025
- **Phase 2: US ACE**
 - Required right of entry authorization; can opt in (10,082) or out (1,931)
 - Structural debris (soil, chimneys, hazardous trees, foundation, vehicles)
 - Completed October 13, 2025



Respiratory Protection

- More than just putting on a mask!



Respiratory Protection

- More than just putting on a mask!
- Respirator selection
- Appropriate filters/cartridges
- Medical evaluation
- Fit testing
- Maintenance
- Storage



PPE for Phase 2 Debris Removal

- **US ACE contractors**
 - “Level C”
 - Includes half-face elastomeric respirator with P100 filters
- **Other workers (including private companies, day laborers)**
 - Cal/OSHA has similar requirements

WORKER SAFETY CHECKLIST FOR FIRE CLEANUP SITES



Fire cleanup, removal and demolition work is dangerous. It can expose workers to toxic ash and debris, asbestos, chemical substances, unstable structures and other hazards. Under Cal/OSHA's workplace safety regulations, employers are required to identify these hazards and provide workers with proper training, personal protective equipment (PPE) and other protections. Fire cleanup work, including ash, soot, and debris removal and cleaning of fire or smoke-damaged structures, is not household domestic service. Employees performing this work are covered by Cal/OSHA's health and safety standards. For more information on Cal/OSHA's worker safety requirements during fire cleanup, see:

Site safety and health: <https://www.dir.ca.gov/dosh/wildfire/worker-health-and-safety-during-fire-cleanup.html>

Respiratory protection: https://www.dir.ca.gov/dosh/fire_resp_protection.html

Personal Protective Equipment (PPE): <https://www.dir.ca.gov/dosh/wildfire/Protective-Equipment-During-Fire-Cleanup.html>

PLANNING AND TRAINING

Before starting work, employers are required to:

1. Establish an effective plan to identify hazards on the site and communicate them to workers;
2. Ensure that workers have completed a 40-hour Hazardous Waste Operations and Emergency Response (HAZWOPER) training; and
3. Provide workers with proper PPE, including respiratory protection.

EXAMPLES OF SITE HAZARDS

- Electricity, downed powerlines, solar panels
- Unstable structures, trenches, and trees
- Asbestos insulation, tiles, and siding
- Toxic ash and dust, pesticides, fuels, chemical products
- Compressed gas cylinders, aboveground and underground fuel tanks

- Heavy equipment and vehicular traffic
- Heat illness
- Carbon monoxide from the use of gasoline-powered equipment in enclosed spaces

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Employers are required to provide workers with the following PPE at fire cleanup, removal and demolition sites. Workers must be trained in the use, maintenance and limitations of the PPE.

- An elastomeric air-purifying respirator (APRs) equipped with a high-efficiency particulate air (HEPA) filter, combined with an organic vapor (OV) and formaldehyde cartridge. A P100, N100 or R100 filter may be used in place of a HEPA filter (T8CCR 5.144).
- To avoid counterfeit products, please visit the [NIOSH Certified Equipment List \(https://www.cdc.gov/niosh/nppt/topics/respirators/cel/default.html\)](https://www.cdc.gov/niosh/nppt/topics/respirators/cel/default.html).

Day Laborers' Role in Disaster Relief Efforts

- Who are day laborers?
- Organizations like the National Day Laborer Organizing Network (NDLON) play a vital role in advocating for the rights of day laborers and providing/ connecting them to resources



Day laborers, as part of NDLON's fire brigades, cleaning streets in Pasadena after Eaton Fire.
Source: [Los Angeles Times](#).

Barriers to Respiratory Protection



*Day laborers wait near a home improvement store in hope of finding work.
Source: Laist.com*

- Temporary employer, may be homeowner
- Knowledge (hazards, PPE)
- Access (availability of training, fit testing)
- Cost (respirator, replacement filters/cartridges)
- Language
- Competing priorities
- Trust

CDPH Collaboration with UCLA



- Partner with Day Labor Centers and others for strategic outreach
- Provide Spanish-language respiratory protection awareness training
- Administer OSHA Respirator Medical Evaluation Questionnaire
- Perform respirator fit testing per Cal/OSHA standard
- Provide respirators and cartridges/filters per Cal/OSHA guidance

Project Status

- 346 workers trained
- 300 workers fit tested
- Goal: 650 workers
- **Incredible opportunity to expand respiratory protection to an underserved workforce!**



Contact CDPH/OHB

Subscribe to our Newsletter
Occupational Health Watch



- **Toxic chemicals**
 - Workplace Hazard Helpline: (866) 282-5516
- **Lead**
 - Workplace Lead Info Line: (510) 620-5740
 - Email: OLPPP-Registry@cdph.ca.gov
- **Silica**
 - Email: silicosis@cdph.ca.gov
- **Work-Related Asthma Prevention Program**
 - Email: workrelatedasthma@cdph.ca.gov
- **Occupational Health Watch Newsletter**
 - <https://www.cdph.ca.gov/Programs/CCDPHP/DEO/DC/OHB/Pages/OHWArchive.aspx#>

Acknowledgments

- **CDPH**

- Jacqueline Chan
- Constanca Dominguez-Voong
- Jennifer Flattery
- Kathryn Gibb
- Robert Harrison
- Justine Weinberg

- **UCLA**

- Lizbeth Diaz
- Rachael Jones
- Veronica Ponce De Leon



Questions?

Kristin J. Cummings, MD, MPH
Chief, Occupational Health Branch

kristin.cummings@cdph.ca.gov

(510) 393-2643