Bottom line: During the Coronavirus pandemic, when N-95 masks may not be available due to preference given to first responders and healthcare workers, wearing simple face coverings, like scarves and bandanas, as recommended by CDC and required by DoD, should be considered, especially when working in close proximity to other workers or the public.

Introduction

There has been confusing information about whether, and to what extent, essential, non-healthcare workers should be using respiratory protective measures to prevent exposure to, or transmission of, coronavirus (COVID-19). Respiratory protection, specifically from coronavirus, is a broad term and can include a variety of facial respirators, masks, and other coverings. All afford some protection and all are treated differently under OSHA regulatory requirements.

Classifying Worker Exposure Risk

Employers should review OSHA’s workplace classification scheme for worker exposure potential to COVID-19 (see page 18 @ https://www.osha.gov/Publications/OSHA3990.pdf). While road construction work could generally be considered “low risk” for viral transmission, some road construction tasks or activities may involve working with others in proximity closer than 6 feet. For example, hand work, setting-up traffic control, and equipment maintenance may require such close-quarters work. Historically, to cut-down on excessive stationary vehicles adjacent to, or inside of the work zone, transportation of crews to a paving site have involved more than one person in the same vehicle. Therefore, these types of close-quarter activities might be considered as “medium risk” under the agency’s risk pyramid.

Regardless, OSHA’s current recommendation is to utilize respiratory protection only for those in “very high” or “high” risk exposure potential like healthcare workers, especially working in close quarters. See https://www.osha.gov/Publications/OSHA3219.pdf “Respirators offer the best protection for workers who must work closely (either in contact with or within 6 feet) with people who have influenza-like symptoms. These generally include those workers who work in occupations classified as very high exposure risk or high exposure risk to pandemic influenza.”
While explicitly silent on respiratory protection recommendations for non-healthcare workers, CDC currently “recommends” wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain. Similarly, Department of Defense (DoD) now requires all DoD contractors and other individuals on DoD property to “wear cloth face coverings when they cannot maintain six feet of social distance.”

In addition to these recommendations and requirements, other non-specific information and reports suggest such simple face coverings may provide certain individuals additional protection over-and-above current social distancing recommendations of 6 feet. While voluntary use of a face covering is not a substitute for other workplace preventative techniques, like frequent hand-washing, sanitizing touchable surfaces, and screening employees for COVID-19 symptoms through simple questionnaires or self-reporting, the use of such simple face coverings or other types of face masks/respirators, may be prudent in some circumstances.

Unlike N-95 respirators (dust masks), simple face coverings like scarves and bandanas, and face masks like surgical masks, are all outside the purview of OSHA and construction workers can wear these voluntarily (see https://www.osha.gov/laws-regs/standardinterpretations/2017-12-20).

However, because N-95 (or similar) dust masks are considered “respirators” under OSHA’s standard, there are differing requirements associated with donning these specific masks dependent on whether they are required or voluntary. If such masks are required for protection against known hazards other than COVID-19, than the employer must follow OSHA’s Respiratory Protection Standard.

However, if such N-95 dust masks are offered or used on a voluntary basis, there are exceptions to the requirements of OSHA’s respiratory protection standard. Voluntary use of N-95 dust masks are still subject to some requirements under 29 CFR 1910.134(c)(2) and agency letters of interpretation, whereby the “employer must determine that such [voluntary] respirator use will not in itself create a hazard (i.e., by ensuring that masks are not used if dirty or contaminated, and that their use does not interfere with the employee’s ability to work safely). The employer also must provide the information in Appendix D to each voluntary wearer”—which basically outlines how to choose and care for such respirators. To ensure voluntary use of N-95 dust masks do not create a hazard, some employers have treated such use consistent with voluntary use of traditional half-face respirators and require a short online medical evaluation which is part of the larger requirements for voluntary use of true respirators. OH&S online and 29 CFR 1910.134(c)(2) provide the exact requirements for voluntary use of a true respirator including: 1) only to be used for hazards/contaminants that are below any applicable PEL; 2) medical evaluation needed (can be on-line); 3) cleaning/storage requirements; and 4) training.

While it’s recognized that N-95 dust masks may provide greater protection against contracting or transmitting coronaviruses, given the current shortage of N-95 respirators and surgical masks, and recognizing current public perception that these types of masks should be utilized by, e.g., first responders and healthcare workers, it may be more visually acceptable and comfortable for road construction workers to wear simple face coverings like bandanas, scarves, or other dust masks, if available, during the coronavirus pandemic, especially when working in closer than 6-feet proximity to other workers or the public.