

NFPA® 1581

Standard on Fire Department Infection Control Program

2015 Edition



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NFPA® 1581

Standard on

Fire Department Infection Control Program

2015 Edition

This edition of NFPA 1581, *Standard on Fire Department Infection Control Program*, was prepared by the Technical Committee on Fire Service Occupational Safety and Health. It was issued by the Standards Council on November 11, 2014, with an effective date of December 1, 2014, and supersedes all previous editions. This edition of NFPA 1581 was approved as an American National Standard on December 1, 2014.

Origin and Development of NFPA 1581

In many fire departments, the majority of responses are emergency medical service (EMS)-related. The need for a proactive infection control policy and program is paramount in working in this environment, as members come in contact with potentially infectious victims or other persons in both emergency and nonemergency settings. It is also crucial that those fire departments that do not provide emergency medical services have a proactive infection control program. Given the variety of situations that fire departments are called to, including domestic violence, hazardous materials releases, and even routine structural fires, the potential for infection of a fire department member exists.

This document was developed to provide requirements for infection control practices. The requirements were developed to be compatible with guidelines and regulations from the U.S. Centers for Disease Control (CDC) and the U.S. Department of Health and Human Services that apply to public safety and emergency response personnel. The first edition of the document was issued in 1992.

In the 1995 edition, revisions addressed decontamination of equipment and apparatus, clean areas for equipment to be stored, and living quarters for personnel, as well as the relationship of these subject areas to the overall health and safety of members.

In the 2000 edition, CDC requirements, the relationship with the medical control facility, recordkeeping requirements, and information on disease information for emergency responders were updated.

The 2005 edition was a complete revision to reorganize the document in compliance with the *Manual of Style for NFPA Technical Committee Documents*. Information on immunizations and infectious diseases was updated and material on members that decline immunization was moved from the annex to become requirements. The chapter on fire department apparatus was rewritten to use the term “vehicles used to transport patients” rather than the term “ambulance” and appropriate requirements previously referenced to GSA Federal Specification KKK-A-1822E were included in the standard. The table of disease information for emergency response personnel was updated to include some of the bioterrorism agents.

In the 2010 edition of the document, definitions were revised to clarify terminology and the revised terminology reflected as appropriate throughout the document. References and requirements were updated to match the latest CDC guidelines, requirements were reorganized into a more logical order, and emphasis was added on providing for and use of hand washing facilities to prevent contamination and spread of disease. The requirement for placement of PPE and station work uniform cleaning equipment, as well as tool and equipment cleaning, was clarified. The requirements for frequency of cleaning and decontamination of PPE were changed to reference NFPA 1851. Additional requirements were added on cleaning non-contaminated laundry. The revisions clarified the treatment of meningococcal disease and recognized methicillin-resistant *Staphylococcus aureus* (MRSA) as an emerging problem and provided guidance on dealing with it.

For the 2015 edition, the committee has updated several of the requirements to bring the document in line with the Ryan White HIV/AIDS Treatment Extension Act of 2009. The committee also has made changes based on the efficacy of liquid soap versus bar soap, specifically that liquid soap is preferred over bar soap because liquid soap is less likely to harbor infectious diseases than bar soap. Other updates are to the definitions relating to pathogens to bring them in line with the Ryan White HIV/AIDS Treatment Extension Act of 2009. Other changes are based on an increase in the spread of infectious diseases as well as an increase in the prevalence of some infectious diseases. The committee also included changes to reflect NFPA 1917, *Standard for Automotive Ambulances*, as it relates to controlling the spread of infectious diseases to providers and occupants in ambulances. Additional changes ensure that members use respirators of at least N-95 for protection against aerosolized pathogens. Also included is having the infection control officer be a consultant with the fire department physician regarding the possibility of imposing restrictions on fire department members who might present a risk of spreading infectious diseases to others.



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NOTE: Membership on a committee shall not in and of itself constitute an endorsement of the Association or any document developed by the committee on which the member serves.

Committee Scope: This Committee shall have primary responsibility for documents on occupational safety and health in the working environment of the fire service. The Committee shall also have responsibility for documents related to medical requirements for fire fighters, and the professional qualifications for Fire Department Safety Officer.



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A reference in brackets [] following a section or paragraph indicates material that has been extracted from another NFPA document. As an aid to the user, the complete title and edition of the source documents for extracts in mandatory sections of the document are given in Chapter 2 and those for extracts in informational sections are given in Annex D. Extracted text may be edited for consistency and style and may include the revision of internal paragraph references and other references as appropriate. Requests for interpretations or revisions of extracted text shall be sent to the technical committee responsible for the source document.

Information on referenced publications can be found in Chapter 2 and Annex D.

Chapter 1 Administration

1.1 Scope. This standard contains minimum requirements for a fire department infection control program.

1.2 Purpose. The purpose of this standard is to provide minimum criteria for infection control in the fire station, in the fire apparatus, during procedures at an incident scene, and at any other area where fire department members are involved in routine or emergency operations.

1.3 Application.

1.3.1 The requirements of this standard apply to organizations providing rescue, fire suppression, emergency medical services, hazardous materials mitigation, special operations, and other emergency services, including public, military, private, and industrial fire departments.

1.3.2 This standard does not apply to industrial fire brigades, which might also be known as emergency brigades, emergency response teams, fire teams, plant emergency organizations, or mine emergency response teams.

1.4 Equivalency.

1.4.1* The requirements of this standard are intended to meet or exceed the most current applicable federal regulations of the Occupational Safety and Health Administration (OSHA) and guidelines of the U.S. Centers for Disease Control and Prevention (CDC).

1.4.2 The requirements in this standard are designed to provide minimum levels of protection from infection for members and patients, and for the public at fire department facilities.

1.4.3 Nothing herein is intended to restrict any jurisdiction from exceeding these minimum requirements.

Chapter 2 Referenced Publications

2.1 General. The documents or portions thereof listed in this chapter are referenced within this standard and shall be considered part of the requirements of this document.

2.2 NFPA Publications. National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471.

NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*, 2013 edition.

NFPA 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments*, 2013 edition.

NFPA 1851, *Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting*, 2014 edition.

NFPA 1852, *Standard on Selection, Care, and Maintenance of Open-Circuit Self-Contained Breathing Apparatus (SCBA)*, 2013 edition.

NFPA 1917, *Standard on Automotive Ambulances*, 2013 edition.

NFPA 1971, *Standard on Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting*, 2013 edition.

NFPA 1999, *Standard on Protective Clothing for Emergency Medical Operations*, 2013 edition.

2.3 Other Publications.

2.3.1 U.S. Government Publications. U.S. Government Printing Office, Superintendent of Documents, Washington, DC 20402.

Federal Specification KKK-A-1822F, *Star-of-Life Ambulance*, U.S. General Services Administration, August 1, 2007.

OSHA Access to Employee Exposure and Medical Records Standard (29, Code of Federal Regulations, Part 1910.1020).

OSHA Bloodborne Pathogens Standard (29, Code of Federal Regulations, Part 1910.1030).

OSHA Respiratory Protection Standard (29, Code of Federal Regulations, Part 1910.134).

Public Law 111-87, Ryan White HIV/AIDS Treatment Extension Act of 2009. Final Rule. www.cdc.gov/niosh/topics/ryanwhite/pdfs/RyanWhiteActof2009.pdf.

Public Law 111-87, Ryan White HIV/AIDS Treatment Extension Act of 2009. Part G—Notification of Possible Exposure to Infectious Diseases. www.cdc.gov/niosh/topics/ryanwhite.

Selecting, Evaluating, and Using Sharps Disposal Containers. Publication No. 97-111, NIOSH, U.S. Department of Health and Human Services. www.cdc.gov/niosh/docs/97-111/pdfs/97-111.pdf.

2.3.2 Other Publications.

California Code of Regulations, Title 8, Section 5199. Aerosol Transmissible Diseases. <https://www.dir.ca.gov/title8/5199.html>.

Merriam-Webster's Collegiate Dictionary, 11th edition, Merriam-Webster, Inc., Springfield, MA, 2003.

Standard Specification for Puncture Resistance of Materials Used in Containers for Discarded Medical Needles and Other Sharps, ASTM F2132 - 01(2008)e1. American Standards for Testing Materials (ASTM) International. 2008. www.astm.org/Standards/F2132.htm.



2.4 References for Extracts in Mandatory Sections.

NFPA 600, *Standard on Facility Fire Brigades*, 2015 edition.

NFPA 1451, *Standard for a Fire and Emergency Service Vehicle Operations Training Program*, 2013 edition.

NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*, 2013 edition.

NFPA 1901, *Standard for Automotive Fire Apparatus*, 2009 edition.

NFPA 1917, *Standard for Automotive Ambulances*, 2013 edition.

NFPA 1999, *Standard on Protective Clothing for Emergency Medical Operations*, 2013 edition.

Chapter 3 Definitions

3.1 General. The definitions contained in this chapter shall apply to the terms used in this standard. Where terms are not defined in this chapter or within another chapter, they shall be defined using their ordinarily accepted meanings within the context in which they are used. *Merriam-Webster's Collegiate Dictionary*, 11th edition, shall be the source for the ordinarily accepted meaning.

3.2 NFPA Official Definitions.

3.2.1* Approved. Acceptable to the authority having jurisdiction.

3.2.2* Authority Having Jurisdiction (AHJ). An organization, office, or individual responsible for enforcing the requirements of a code or standard, or for approving equipment, materials, an installation, or a procedure.

3.2.3 Shall. Indicates a mandatory requirement.

3.2.4 Should. Indicates a recommendation or that which is advised but not required.

3.2.5 Standard. An NFPA Standard, the main text of which contains only mandatory provisions using the word “shall” to indicate requirements and that is in a form generally suitable for mandatory reference by another standard or code or for adoption into law. Nonmandatory provisions are not to be considered a part of the requirements of a standard and shall be located in an appendix, annex, footnote, informational note, or other means as permitted in the NFPA Manuals of Style. When used in a generic sense, such as in the phrase “standards development process” or “standards development activities,” the term “standards” includes all NFPA Standards, including Codes, Standards, Recommended Practices, and Guides.

3.3* General Definitions.

3.3.1 Ambulance. A vehicle used for out-of-hospital medical care and patient transport, which provides a driver's compartment; a patient compartment to accommodate an emergency medical services provider (EMSP) and one patient located on the primary cot so positioned that the primary patient can be given emergency care during transit; equipment and supplies for emergency care at the scene as well as during transport; safety, comfort, and avoidance of aggravation of the patient's injury or illness; two-way radio communication; and audible and visual traffic warning devices. [1917, 2013]

3.3.2 Blood. Human blood, human blood components, and products made from human blood.

3.3.3 Body Fluids. Fluids that the body produces including, but not limited to, blood, semen, mucus, feces, urine, vaginal secretions, breast milk, amniotic fluids, cerebrospinal fluid, synovial fluid, pericardial fluid, sputum, saliva, and any other fluids that might contain pathogens.

3.3.4 Cleaning. The physical removal of dirt and debris, which generally is accomplished with soap and water and physical scrubbing.

3.3.5 Cleaning Gloves. Multipurpose gloves, not for emergency patient care, that provide a barrier against body fluids, cleaning fluids, and disinfectants and limited physical protection to the wearer.

3.3.6 Contaminated. The presence or the reasonably anticipated presence of blood, body fluids, or other potentially infectious materials on an item or surface.

3.3.7 Contaminated Sharps. Any contaminated object that can penetrate the skin including, but not limited to, needles, lancets, scalpels, broken glass, jagged metal, or other debris.

3.3.8 Decontamination. The use of physical or chemical means to remove, inactivate, or destroy bloodborne, airborne, or foodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

3.3.9* Disinfection. The process used to inactivate virtually all recognized pathogenic microorganisms but not necessarily all microbial forms, such as bacterial endospore.

3.3.10 Emergency Medical Services. The treatment of patients, using first aid, cardiopulmonary resuscitation, basic life support, advanced life support, and other medical protocols prior to arrival at a hospital or other health care facility.

3.3.11* Engineering Controls. Physical features or mechanical processes within fixed facilities or vehicles that are implemented to improve efficiency, safety, or comfort associated with their operation or use.

3.3.12 Environmental Surface. Interior patient care areas, both stationary and in vehicles, and other surfaces not designed for intrusive contact with the patient or contact with mucosal tissue.

3.3.13 Exposure.

3.3.13.1 Infectious Exposure. A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, body fluids, or other potentially infectious material; inhalation of airborne pathogens; or ingestion of foodborne pathogens or toxins.

3.3.13.2 Occupational Exposure. An infectious exposure that resulted from performance of a member's duties.

3.3.14 Eyewear. See 3.3.53, Splash-Resistant Eyewear.

3.3.15 Face Protection Devices. An item of emergency medical protective clothing that is designed and configured to provide barrier protection to the wearer's eyes or face, or both.

3.3.16 Facility Fire Brigade. An organized group of employees at a facility who are knowledgeable, trained, and skilled in at least basic fire-fighting operations, and whose full-time occupation might or might not be the provision of fire suppression and related activities for their employer. [600, 2015]

3.3.17 Fire Apparatus. A vehicle designed to be used under emergency conditions to transport personnel and equipment, and to support the suppression of fires and mitigation of other hazardous situations. [1901, 2009]

3.3.18* Fire Department. An organization providing rescue, fire suppression, emergency medical services, special operations, and related services.

3.3.19* Fire Department Facility. Any building or area owned, operated, occupied, or used by a fire department on a routine basis. [1500, 2013]

3.3.20 Fire Department Member. See 3.3.37, Member.

3.3.21 Fluid-Resistant Clothing. Clothing worn for the purpose of isolating parts of the wearer's body from contact with body fluids.

3.3.22 Garment. The coat, trouser, or coverall elements of the protective ensemble designed to provide minimum protection to the upper and lower torso, arms, and legs, excluding the head, hands, and feet.

3.3.23 Handwashing Facility. A facility providing an adequate supply of running potable water, liquid soap, and single-use towels or hot-air drying machines.

3.3.24* Health and Safety Officer. The member of the fire department assigned and authorized by the fire chief as the manager of the safety and health program. [1500, 2013]

3.3.25 Health Data Base. A compilation of records and data that relates to the health experience of a group of individuals and is maintained in a manner such that it is retrievable for study and analysis over a period of time. [1500, 2013]

3.3.26 Hepatitis.

3.3.26.1 HBV. Hepatitis B virus.

3.3.26.2 HCV. Hepatitis C Virus.

3.3.27 HIV. Human immunodeficiency virus.

3.3.28 Immunization. The process or procedure by which a person is rendered immune.

3.3.29 Infection. The state or condition in which the body or a part of it is invaded by a pathogenic agent (microorganism or virus) that, under favorable conditions, multiplies and produces effects that are injurious.

3.3.30 Infection Control Officer. The person or persons within the fire department who are responsible for managing the department infection control program and for coordinating efforts surrounding the investigation of an exposure.

3.3.31* Infection Control Program. The fire department's formal policy and implementation of procedures relating to the control of infectious and communicable disease hazards where employees, patients, or the general public could be exposed to blood, body fluids, or other potentially infectious materials in the fire department work environment. [1500, 2013]

3.3.32* Kitchen. An area designated for storage, preparation, cooking, and serving of food for members.

3.3.33 Leakproof Bags. Bags that are sufficiently sturdy to prevent tearing or breaking and can be sealed securely to prevent leakage and that are red in color or display the universal biohazard symbol.

3.3.34 Mask. A device designed to limit exposure of the nasal, oral, respiratory, or mucosal membranes to airborne pathogens.

3.3.35* Medical Gloves. Single-use patient examination gloves that are designed to provide barrier protection against body fluids to the wearer's hand and wrist.

3.3.36 Medical Waste. Items to be disposed of that have been contaminated with human waste, blood, or body fluids, or human waste, human tissue, blood, or body fluids for which special handling precautions are necessary.

3.3.37* Member. A person involved in performing the duties and responsibilities of a fire department under the auspices of the organization. [1500, 2013]

3.3.38 Mucous Membrane. A moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus, or urethra.

3.3.39 Needle. A slender, usually sharp, pointed instrument used for puncturing tissues, suturing, drawing blood, or passing a ligature around a vessel.

3.3.40 Parenteral. Piercing of the mucous membranes or the skin barrier due to such events as needle sticks, human bites, cuts, and abrasions.

3.3.41* Pathogens. Microorganisms such as bacteria, a virus, or a fungus that is capable of causing disease.

3.3.41.1 Aerosolized Airborne Transmission. Person-to-person transmission of an infectious agent by an aerosol of small particles able to remain airborne for long periods of time.

3.3.41.2* Aerosolized Droplet Transmission. Person-to-person transmission of an infectious agent by large particles able to remain airborne for only short periods of time.

3.3.41.3* Bioterrorism or Biologic Warfare Agents. Biological agents and toxins that have the potential to pose a severe threat to human health and that can be used for or adapted for bioterrorist attacks.

3.3.41.4* Contact and Body Fluid Exposures. Person-to-person transmission of an infectious agent through direct or indirect contact with an infected person's blood or other bodily fluids.

3.3.42 Patient. An individual, living or dead, whose body fluids, tissues, or organs could be a source of exposure to the member.

3.3.43* Personal Protective Equipment (PPE). Specialized clothing or equipment worn by a member for protection against a hazard.

3.3.44 Pocket Mask. A double-lumen device that is portable, pocket-size, and designed to protect the emergency care provider from direct contact with the mouth/lips or body fluids of a patient while performing artificial respiration.

3.3.45 Post-Exposure Prophylaxis. Administration of a medication to prevent development of an infectious disease following known or suspected exposure to that disease.

3.3.46 Potentially Infectious Materials. Any body fluid that is visibly contaminated with blood; all body fluids in situations where it is difficult or impossible to differentiate between body fluids; sputum, saliva, and other respiratory secretions; and any unfixed tissue or organ from a living or dead human.

