

NFPA®

1581

Standard on
Fire Department
Infection Control Program

2022



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Standard on Fire Department Infection Control Program

2022 Edition



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NFPA® 1581

Standard on

Fire Department Infection Control Program

2022 Edition

This edition of NFPA 1581, *Standard on Fire Department Infection Control Program*, was prepared by the Technical Committee on Fire Service Occupational Safety. It was issued by the Standards Council on March 18, 2021, with an effective date of April 8, 2021, and supersedes all previous editions.

This document has been amended by one or more Tentative Interim Amendments (TIAs) and/or Errata. See “Codes & Standards” at www.nfpa.org for more information.

This edition of NFPA 1581 was approved as an American National Standard on April 8, 2021.

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 ethicillin-resistant *Staphylococcus aureus* (MRSA) as an emerging problem and provided guidance on dealing with it.

For the 2015 edition, the committee updated several of the requirements, as well as definitions relating to pathogens, to bring the document in line with the Ryan White HIV/AIDS Treatment Extension Act of 2009. The committee also made changes based on the efficacy of liquid soap versus bar soap; specifically, liquid soap is preferred because it is less likely to harbor infectious diseases. Other changes were based on an increase in the spread of infectious diseases as well as 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 were made to ensure that members use respirators of at least N-95 for protection against aerosolized pathogens. Also included was 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.

The 2022 edition incorporates several changes that primarily address infection control measures, such as barrier face coverings, ventilation, and cleaning and disinfecting equipment, vehicles, and surfaces.

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Standard on

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A reference in brackets [] following a section or paragraph indicates material that has been extracted from another NFPA document. 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 and extracted 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, Health, and Wellness Program*, 2021 edition.

NFPA 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments*, 2022 edition.

NFPA 1851, *Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting*, 2020 edition.

NFPA 1852, *Standard on Selection, Care, and Maintenance of Open-Circuit Self-Contained Breathing Apparatus (SCBA)*, 2019 edition.

NFPA 1917, *Standard for Automotive Ambulances*, 2019 edition.

NFPA 1971, *Standard on Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting*, 2018 edition.

NFPA 1999, *Standard on Protective Clothing and Ensembles for Emergency Medical Operations*, 2018 edition.

2.3 Other Publications.

2.3.1 US Government Publications. US Government Publishing Office, 732 North Capitol Street, NW, Washington, DC 20401-0001.

Federal Specification KKK-A-1822F, *Star-of-Life Ambulance*, U.S. General Services Administration, July 1, 2018.

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

Title 29, Code of Federal Regulations, Part 1910.1020, “Access to Employee Exposure and Medical Records.”

Title 29, Code of Federal Regulations, Part 1910.1030, “Bloodborne Pathogens.”

Title 29, Code of Federal Regulations, Part 1910.134, “Respiratory Protection.”

2.3.2 Other Publications.

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

2.4 References for Extracts in Mandatory Sections.

NFPA 600, *Standard on Facility Fire Brigades*, 2020 edition.
 NFPA 1451, *Standard for a Fire and Emergency Service Vehicle Operations Training Program*, 2018 edition.
 NFPA 1500™, *Standard on Fire Department Occupational Safety, Health, and Wellness Program*, 2021 edition.
 NFPA 1901, *Standard for Automotive Fire Apparatus*, 2016 edition.
 NFPA 1917, *Standard for Automotive Ambulances*, 2019 edition.
 NFPA 1999, *Standard on Protective Clothing and Ensembles for Emergency Medical Operations*, 2018 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 that provides a driver's compartment; a patient compartment to accommodate an emergency medical services provider (EMSP) and at least 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, 2019]

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 be the provision of fire suppression and related activities for their employer. [600, 2020]