

NFPA® 1581

Standard on Fire Department Infection Control Program

2022 Edition



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An International Codes and Standards Organization

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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 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 ethically-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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This list represents the membership at the time the Committee was balloted on the final text of this edition. Since that time, changes in the membership may have occurred. A key to classifications is found at the back of the document.