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- Minimum Requirements Applicable to Fairfax County OHSP -

Program Components

Policy

- The fire department shall have a written infection control policy with the goal of identifying and limiting the exposure of members to infection during the performance of assigned duties and within the fire department working and living environment.
- As part of the overall fire department safety and health program, the department shall implement an infection control program that meets the requirements of this standard.
- The fire department shall provide for the cleaning and disinfection or disposal of personal protective equipment, structural fire fighting protective equipment, station/work uniforms, other clothing, and emergency medical equipment.
- Members with infections that constitute, in the course of performing their duties, a risk of infection to patients or other members shall be evaluated by a physician to determine those function the member can perform.
- Members with extensive skin lesions or severe dermatitis on hands, arms, head, face, or neck shall not engage in direct patient contact, handle patient care equipment, or handle medical waste.

Risk Management

- In accordance with NFPA 1500, *Standard on Fire Department Occupational Safety and Health Programs*, the fire department shall adopt a written risk management plan that addresses infection control.
- The written risk management plan shall include risk assessment and control measures for department facilities, emergency medical operations, cleaning and disinfecting of personal protective equipment, and any other situation that poses an occupational risk to personnel due to infection.

Training and Education

- The fire department shall conduct annual training and education programs for all members.

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Training and Education (Continued)

- The training program shall include proper use of personal protective equipment, standard operating procedures for safe work practices in infection control, proper methods of disposal of contaminated articles and medical waste, cleaning and decontamination, exposure management, and medical follow-up.
- The education program shall provide information on epidemiology, modes of transmission, and prevention of diseases including, but not limited to, meningitis, childhood communicable diseases, herpes viruses, hepatitis A, hepatitis B, non-A/non-B or hepatitis C, human immunodeficiency virus, tuberculosis, lice, and scabies.
- Members shall be educated in the potential reproductive health risks to the individual as well as to the fetus.

Infection Control Officer

- One or more members or other qualified personnel shall be designated as the infection control officer.
- The infection control officer shall be responsible for maintaining communication among the fire department, the fire department physician, the health care facility, appropriate city, county, or state health officials, and other health care professionals.
- When notified of an exposure incident, the infection control officer shall ensure the notification, verification, treatment, and follow-up of members. He/she shall also ensure that proper documentation of the exposure incident is recorded as specified in this standard.
- The infection control officer shall examine compliance procedures and engineering controls to ensure their effectiveness in accordance with this standard.
- The infection control officer shall be a designated member of the fire department's occupational safety and health committee.

Health Maintenance

- The fire department shall: (1) make available or ensure that members have access to an appropriate immunization program, including vaccination against hepatitis B; (2) ensure that all members have adequate immunity, as determined through consultation with a physician, to tetanus, diphtheria, rubella, measles, polio, mumps, and influenza; and (3) make available or ensure that members have access to tuberculosis screening at least annually.

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Health Maintenance (Continued)

- Members shall meet the medical requirements specified in NFPA 1582, *Standard on Medical Requirements for Fire Fighters*, prior to being medically certified for duty by the fire department physician.
- In the event of any perceived occupational exposure, the member shall receive a confidential medical evaluation, post-exposure prophylaxis where medically indicated, counseling, and evaluation of reported illness by the fire department physician.
- A confidential health data base shall be established and maintained for each member. Any exposures shall become part of a member's confidential health data base as specified by NFPA 1582, *Standard on Medical Requirements for Fire Fighters*, and in accordance with 29 CFR Part 1910.20, "Access to Employee Exposure and Medical Records."

Exposure Incidents

- If a member has sustained an exposure incident, the exposed area shall be thoroughly washed immediately using water on mucosal surfaces, and soap and running water on skin surfaces. If soap and running water are not available, waterless soap, antiseptic wipe, alcohol, or other skin cleaning agents that do not need running water shall be used until soap and running water can be accessed.
- The fire department shall have an established procedure for members to report an exposure incident immediately and for the infection control liaison to be notified within 3 hours of the exposure incident.
- The fire department shall ensure that a member who has experienced an exposure incident receives medical guidance, evaluation, and, where appropriate, treatment as soon as practical but at least within 24 hours. Appropriate, confidential, post-exposure counseling and testing shall be made available.
- All exposure incidents shall be recorded in writing as soon as possible after the incident using a standardized form designed to allow for efficient follow-up. Included in the record shall be a description of the tasks being performed when the exposure incident occurred, the means of transmission, the portal of entry, the personal protective equipment utilized, and the disposition of medical management.
- The record of exposure incidents shall become part of the member's confidential health data base as specified in NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*.

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Exposure Incidents (Continued)

- A complete record of the member's exposure incidents shall be available to the member upon request.
- Exposure incident data, without personal identifiers, shall be added to the fire department health data base as specified in NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*.
- Due to the hazardous nature of some communicable diseases, members shall be required to report to the infection control officer when he/she has received a confirmed exposure incident and is being medically treated or tested due to presenting signs or symptoms. Verbal notification shall be followed up with a note or letter from the member's physician describing the disease to which the member has been exposed, treatment required, and fitness for regular fire department duties relative to communicability hazard to fellow workers and civilians at emergency incidents.

Fire Department Facilities

General

- All fire department facilities shall comply with applicable and appropriate health and infection control laws, regulations, and standards for public use facilities.

Kitchen Areas

- All food preparation surfaces shall be of a nonporous material. All surfaces directly used for holding or hanging food preparation containers and utensils shall be of a nonporous material.
- Shelving shall be provided above sinks to drip-dry cleaned food preparation containers. All drainage from shelving shall run into a sink or drainage pan that empties directly into a sanitary sewer system or septic system.
- All kitchens shall have sinks with a double basin or two sinks. A sprayer attachment shall be provided. Sinks, adjacent countertops and dish drainage areas, and splash guards around the sink shall be of a nonporous material.
- Kitchens in fire department facilities shall have kitchen appliances, including a range, an oven, at least one refrigerator, and a dishwasher.

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Kitchen Areas (Continued)

- Perishable food requiring cold storage shall be kept at a temperature of 38⁰F (3⁰C) or less. Perishable food requiring freezer storage shall be kept at a temperature of 0⁰F (-18⁰C) or less. All foods removed from their original manufactured packaging shall be kept in tightly sealed food containers or shall be wrapped with plastic food wrap.
- Kitchens equipped with a dishwasher shall be capable of supplying 140⁰F (64⁰C) water for washing.
- Food preparation and storage areas shall meet local health standards.

Sleeping Areas

- A minimum of 60 ft² (5.57 m²) of floor space per bed shall be provided in sleeping areas.
- Proper ventilation, heating, and cooling shall be provided in sleeping areas.

Bathrooms

- Doors, sinks, and other bathroom fixtures shall be designed to prevent or minimize the spread of contaminants.
- A clearly visible sign reminding members to wash their hands shall be posted prominently in each bathroom.
- Bathrooms shall meet local standards.

Laundry Areas

- The fire department shall provide for the cleaning of protective clothing and station/work uniforms. Such cleaning shall be performed by either a cleaning service equipped to handle contaminated clothing or a fire department facility equipped to handle contaminated clothing.
- Where such cleaning is conducted in fire stations, the fire department shall provide at least one washing machine for this purpose in the designated cleaning area as specified in this standard.
- Laundry areas shall be kept neat and orderly.

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Equipment Storage Areas

- Emergency medical supplies and equipment stored in fire department facilities, other than those stored on vehicles, shall be stored in a dedicated, enclosed area to protect from damage and contamination. The storage area shall be properly secured and labeled appropriately.
- Open and reusable emergency medical supplies and equipment shall not be stored in kitchen, living, sleeping, recreation, or personal hygiene areas unless physically separated in a locker or room; nor shall they be stored in personal clothing lockers.
- Potentially contaminated personal protective equipment shall be stored in a dedicated, well-ventilated area or room and shall not be stored in kitchen, living, sleeping, recreation, or personal hygiene areas; nor shall they be stored in personal clothing lockers.
- Areas or containers for the temporary storage of contaminated medical supplies or equipment prior to disinfection or disposal shall be separated physically from members in facilities or on vehicles. Such areas or containers shall not be used for any other purpose.

Cleaning Areas

- A designated cleaning area shall be provided in each fire station for the cleaning of personal protective equipment, portable equipment, and other clothing. This cleaning area shall have proper ventilation, lighting, and drainage connected to a sanitary sewer system or septic system.
- The designated cleaning area shall be physically separate from areas used for food preparation, cleaning of food and cooking utensils, personal hygiene, sleeping, and living areas.
- The designated cleaning area shall be physically separate from the disinfecting facility.

Disinfecting Facilities

- Fire departments that provide emergency medical operations shall provide or have access to disinfecting facilities for cleaning and disinfecting emergency medical equipment. Medical equipment shall be disinfected at a fire station only where a disinfecting facility that meets requirements of this standard is provided. Disinfection shall not be conducted in fire station kitchen, living, sleeping, or personal hygiene areas.

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Disinfecting Facilities (Continued)

- Disinfecting facilities in fire stations shall be lighted properly, vented to outside environment, fitted with floor drains connected to a sanitary sewer system or septic system, and designed to prevent contamination of other fire station areas.
- Disinfecting facilities shall be equipped with rack shelving of nonporous material. Shelving shall be provided above sinks to drip-dry cleaned equipment. All drainage from shelving shall run into a sink or drainage pan that empties directly into a sanitary sewer system or septic system.

Disposal Areas

- Medical waste or other regulated waste shall be disposed of in a designated disposal area. Such waste shall not be disposed of in fire station kitchen, living, sleeping, or personal hygiene areas.
- The designated disposal area shall be physically separate from areas used for food preparation, cleaning of food and cooking utensils, personal hygiene, sleeping, and living areas.
- The designated disposal area shall be physically separate from the designated cleaning area and the disinfecting facility.
- The designated disposal area shall be properly secured and appropriately labeled.
- The designated disposal area, and the handling, storage, transportation, and disposal of medical waste or other regulated waste, shall comply with all applicable state and local laws and regulations.

Emergency Medical Operations Protection

Personnel

- Prior to any contact(s) with patients, members shall cover all areas of abraded, lacerated, chapped, irritated, or otherwise damaged skin with adhesive dressings, provided the member is not restricted by other requirements of this standard.

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Personnel (Continued)

- Any member who has skin or mucosal contact with body fluids shall thoroughly wash the exposed area immediately using water or saline on mucosal surfaces and soap and running water on skin surfaces. If soap and running water are not available, waterless soap, antiseptic swipe, alcohol, or other skin cleaning agents that do not need running water shall be used until soap and running water can be accessed.
- After removal of any personal protective equipment, including gloves, all members shall wash their hands immediately or as soon as feasible.

Personal Protective Equipment

- Members engaging in any emergency patient care shall don emergency medical gloves prior to initiating such care to protect against the variety of diseases, modes of transmission, and unpredictable nature of the work environment. Emergency medical gloves shall be a standard component of emergency response equipment.
- Emergency medical gloves shall be removed as soon as possible after termination of patient care, taking care to avoid skin contact with the glove's exterior surface, and shall be disposed of in accordance with this standard. Hands shall be washed, as specified in this standard, following removal of emergency medical gloves.
- All personal protective equipment used in emergency medical care shall meet the requirements of NFPA 1999, *Standard on Protective Clothing for Emergency Medical Operations*.
- Personal protective equipment used in emergency medical care, including masks, splash-resistant eyewear, gloves, and fluid-resistant clothing, shall be present on all fire department vehicles that provide emergency medical operations.
- Prior to any patient situations during which large splashes of body fluids can occur, such as those involving spurting blood, trauma, or childbirth, masks, splash-resistant eyewear, emergency medical gloves, and fluid-resistant clothing shall be donned by those members who will be providing treatment.
- Resuscitation equipment, including pocket masks, shall be available on all fire department vehicles that provide emergency medical operations. This equipment shall be used by members performing airway management.
- Structural fire fighting gloves shall meet the requirements of NFPA 1973, *Standard on Gloves for Structural Fire Fighting*.

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Personal Protective Equipment (Continued)

- Structural fire fighting gloves shall be worn by members in any situation where sharp or rough surfaces or a potentially high heat exposure is likely to be encountered, such as patient extrication.
- Medical gloves shall not be worn under structural fire fighting gloves due to complications that exposure to heat might cause, such as burns, dripping, melting, or a combination thereof, to the skin.
- Cleaning gloves shall be reusable, heavy-duty, mid-forearm length, and designed to provide limited protection from abrasions, cuts, snags, and punctures, and they shall provide a barrier against body fluids, cleaning fluids, and disinfectants.
- Cleaning gloves, splash-resistant eyewear, and fluid-resistant clothing shall be worn by members during cleaning or disinfecting of clothing or equipment potentially contaminated during emergency medical operations.
- Members shall not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses while wearing cleaning gloves.

Handling of Sharp Objects

- All members shall take precautions during procedures to prevent injuries caused by needles, scalpel blades, and other sharp instruments or devices.
- All used sharp objects such as needles, scalpels, catheter styles and other contaminated sharp objects shall be considered infectious and shall be handled with extraordinary care.
- Needles shall not be manually recapped, bent, or broken. Following use, all sharp objects shall be placed immediately in sharps containers. These sharps containers shall be located in all patient transport vehicles and readily available in such areas as drug boxes, trauma kits, and IV kits.

Cleaning, Disinfecting, and Disposal

Skin Washing

- Hands shall be washed after each emergency medical incident, immediately or as soon as possible after removal of gloves or other personal protective equipment, after cleaning and disinfecting emergency medical equipment, after

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Skin Washing (Continued)

cleaning personal protective equipment, after any cleaning function, after using the bathroom, and before and after handling food or cooking and food utensils.

- Hands and contaminated skin surfaces shall be washed with nonabrasive soap and water by lathering the skin and vigorously rubbing together all lathered surfaces for at least 10 seconds, followed by thorough rinsing under running water.
- Where provision of hand washing facilities is not feasible, appropriate antiseptic hand cleansers in conjunction with clean cloth, paper towels, or antiseptic towelettes shall be used. Where antiseptic hand cleansers or towelettes are used, hands shall be washed with nonabrasive soap and running water as soon as feasible.

Disinfectants

- All disinfectants shall be approved by and registered with the U.S. Environmental Protection Agency and also shall be registered as tuberculocidal.
- Care shall be taken in use of all disinfectants. Members shall be aware of flammability and reactivity of disinfectants and shall follow manufacturer's instructions. Disinfectants shall be used only with adequate ventilation and while wearing appropriate infection control garments and equipment including, but not limited to: cleaning gloves, face protection devices, and aprons.
- Disinfecting shall take place in the designated disinfecting facility as specified in this standard.

Emergency Medical Equipment

- Where emergency medical equipment cleaning is performed by members, it shall take place in the designated disinfecting facility, as specified in this standard. Appropriate personal protective equipment, including splash-resistant eyewear, cleaning gloves, and fluid-resistant clothing shall be available.
- Dirty or contaminated emergency medical equipment shall not be cleaned or disinfected in fire station kitchen, living, sleeping, or personal hygiene areas.
- Personal protective equipment shall be used wherever there is a potential for exposure to body fluids or potentially infectious material during cleaning or disinfecting.

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Emergency Medical Equipment (Continued)

- Dirty or contaminated emergency medical equipment, prior to cleaning and disinfecting, shall be stored separately from cleaned and disinfected emergency medical equipment.
- Disinfectants meeting requirements specified in this standard shall be used. The disinfectant manufacturer's instructions for use shall be followed.
- Dirty or contaminated runoff from emergency medical equipment and cleaning and disinfecting solutions shall be drained into a sanitary sewer system.
- Emergency medical equipment, metal, and electronic equipment shall be cleaned in a manner appropriate for the equipment and then disinfected. Only disinfectants that are chemically compatible with the equipment to be disinfected and that meet requirements of this standard shall be used. Manufacturer's instructions for use shall be followed.
- Environmental surfaces shall be cleaned in a manner appropriate for the surface and then disinfected. Only disinfectants that are chemically compatible with the surface to be disinfected and that meet requirements of this standard shall be used. Manufacturer's instructions for use shall be followed.

Clothing and Personal Protective Equipment

- The fire department shall clean, launder, and dispose of personal protective equipment at no cost to the member. The fire department shall also repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the member.
- If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.
- All personal protective equipment shall be removed prior to leaving the work area.
- Clothing that is contaminated with large amounts of body fluids shall be placed in leakproof bags, sealed, and transported for proper cleaning or disposal.
- Cleaning or disinfecting of contaminated structural fire fighting clothing, personal protective garments, station work uniforms, or other clothing shall take place in the proper area as specified in this standard. To avoid the possibility of spreading infectious diseases by cross-contamination, cleaning of contaminated personal protective equipment, station/work uniforms, or other clothing shall not be done at home.

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Clothing and Personal Protective Equipment (Continued)

- Structural fire fighting protective clothing, gloves, station/work uniforms, and protective footwear shall be cleaned and dried according to manufacturer's instructions as needed and at least every 6 months. Chlorine bleach or cleaning agents containing chlorine bleach shall not be used.
- When a garment is contaminated, it shall be cleaned as soon as possible.
- When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage until cleaning or disposal.

Disposal of Materials

- Sharps containers shall be disposed of in accordance with applicable Federal, state, and local regulations.
- Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are: closable; puncture resistant; leakproof on sides and bottom; and labeled or color-coded in accordance with this standard.
- During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonable anticipated to be found (e.g., laundries); maintained upright throughout use; and replaced routinely and not be allowed to overflow.
- When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping and shall be placed in a secondary container if leakage is possible.
- Contaminated disposable medical supplies and equipment, contaminated personal protective equipment, and contaminated waste shall be placed in leakproof bags, sealed, and disposed of as medical waste.
- Noncontaminated disposable medical supplies and equipment, noncontaminated disposable personal protective equipment, and noncontaminated wastes shall be permitted to be collected in closable waste containers and shall be disposed of properly. Such waste collection containers shall not be located in any fire station kitchen, living, or sleeping areas.
- Where it has been determined by the infection control officer that normally nondisposable items cannot be disinfected, they shall be placed in leakproof bags, sealed, and disposed of as medical waste.

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- Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be bagged or put into containers at the location where it was used and shall not be sorted or rinsed at the location of use.
- Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with this standard.
- Wherever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leaking from the bag or container, the laundry shall be placed and transported in bags or containers that prevent soak-through or leakage, or both, of fluids to the exterior.
- The employer shall ensure that employees who have contact with contaminated laundry wear appropriate personal protective equipment.
- Where a fire department ships contaminated laundry to a facility that does not utilize universal precautions in the handling of all laundry, the facility generating the contaminated laundry shall place such laundry in bags or containers that are labeled or color-coded in accordance with this standard.

Housekeeping

- The fire department shall (1) ensure that the worksite is maintained in a clean and sanitary condition; and determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location with the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
- All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials using any cleaner or disinfectant agent that is intended for environmental use. Such surfaces include floors, woodwork, ambulance seats, and counter tops..
- Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of emergency medical operations; immediately or as soon as feasible where surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the workshift if the surface could have become contaminated since the last cleaning.

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Housekeeping (Continued)

- All bins, pails, cans, and similar receptacles intended for reuse that have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Labeling

- Warning labels shall be affixed to containers of regulated waste and other containers used to store, transport, or ship blood or other potentially infectious materials (e.g., sharps containers).
- Labels required by this standard shall include the universal legend for "Biohazard." Labels shall be fluorescent orange or orange-red or predominantly so with lettering or symbols in a contrasting color.
- Labels required shall be affixed as closely as feasible to the container by string, wire, adhesive, or other method that prevents loss or unintentional removal.
- Red bags or red containers shall be permitted to be substituted for labels.
- Labels required for contaminated equipment shall be in accordance with this standard and also shall specify which portions of the equipment remain contaminated.
- Regulated waste that has been decontaminated shall not be required to be labeled or color-coded.