Report of the Committee on
Fire Service Occupational Medical and Health

Murrey E. Loflin, Chair
Virginia Beach Fire Dept., VA [U]
Rep. NFPA Fire Service Section

David J. Barillo, U.S. Army Inst. of Surgical Research, TX [SE]
Kimberly S. Bevins, Bio-Care, MI [SE]
Paul "Shon" Blake, City of Baytown Fire & Rescue Services, TX [E]
Rep. Industrial Emergency Response Working Group
Mary S. Bogucki, Yale University, CT [SE]
Anthony L. Clark, Kenton County Airport Board, OH [U]
Thomas J. Cuff, Jr., Firemens Assn. of the State of New York, NY [U]
Tammy DiAnda, Reno Fire Dept., NV [U]
John F. Folan, Northside Medical Assoc., NY [SE]
Richard D. Gerkin, Jr., Good Samaritan Hospital/Phoenix Fire Dept., AZ [E]
Juan Gonzalez, MedFlex: The Exercise Science Inst., TX [RT]
W. Larry Kenney, Penn State University, PA [RT]
Sandra Kirkwood, Las Vegas Fire Dept., NV [U]
Frank P. Mineo, New York City Fire Dept., NY [U]
Gary L. Neilson, Truckee Meadows Fire Protection District, NV [U]
Deborah L. Pritchett, Lawrence Township Fire Dept., IN [L]
Rep. Indianapolis Metropolitan Professional Fire Fighters Union
Gordon M. Sachs, IOCAD Emergency Services Group, PA [SE]
Rep. Fairfield Community Fire Co., Inc.
Daniel G. Samo, ENH - OMEGA, IL [SE]
James Sewell, Seattle Fire Dept., WA [L]
Rep. Int'l Assn. of Fire Chiefs
Philip C. Stittleburg, LaFarge Fire Dept., WI [L]
Rep. Nat'l Volunteer Fire Council
Robert M. Straitman, West Metro Fire Protection District, CO [RT]
Rep. Metropolitan State College of Denver
Andy C. Teeter, Tulsa Fire Dept., OK [U]
Kathy Tinios, Cooperative Personnel Services, CA [SE]
Teresa Wann, Santa Ana College, CA [SE]
Don N. Whitaker, Lockheed-Martin Idaho Technologies Co., ID [E]
Decker Williams, Phoenix Fire Dept., AZ [E]

Alternates

David W. Dodson, Loveland Fire Dept., CO [U]
(Alt. to G. L. Neilson)
Michael S. Gray, Virginia Beach Fire Dept., VA [U]
(Alt. to M. E. Loflin)
Thomas R. Luby, New York City Fire Dept., NY [U]
(Alt. to F. P. Mineo)
Brian V. Moore, Phoenix Fire Dept., AZ [E]
(Alt. to D. Williams)

Staff Liaison: Stephen N. Foley

Committee Scope: This Committee shall have primary responsibility for documents on occupational medicine and health in the working environment of the fire service.

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

This portion of the Technical Committee Report of the Committee on Fire Service Occupational Medical and Health is presented for adoption in 2 parts.

Part I of this Report on Comments was prepared by the Technical Committee on Fire Service Occupational Medical and Health, and documents its action on the comments received on its Report on Proposals on 1581, Standard on Fire Department Infection Control Program, 1995 edition, as published in the Report on Proposals for the 1999 November Meeting.

Part II of this Report on Comments has been submitted to letter ballot of the Technical Committee on Fire Service Occupational Medical and Health, which consists of 26 voting members; of whom 19 voted affirmatively and 7 ballots were not returned (Barillo, DiAnda, Folan, Gonzalez, Kirkwood, Tinios, and Wann).

Part II of this Report on Comments was prepared by the Technical Committee on Fire Service Occupational Medical and Health, and documents its action on the comments received on its Report on Proposals on NFPA 1582, Standard on Medical Requirements for Fire Fighters, 1997 edition, as published in the Report on Proposals for the 1999 November Meeting.

This document, when adopted will be retitled NFPA 1582, Standard on Medical Requirements for Fire Fighters and Guide for Fire Department Physicians.

Part II of this Report on Comments has been submitted to letter ballot of the Technical Committee on Fire Service Occupational Medical and Health, which consists of 26 voting members; of whom 19 voted affirmatively and 7 ballots were not returned (Barillo, DiAnda, Folan, Gonzalez, Kirkwood, Tinios, and Wann).
1581-1 - (1-1.3): Accept

SUBMITTER: Gordon M. Sachs, Fairfield Community Fire Co., MD

COMMENT ON PROPOSAL NO: 1581-8

RECOMMENDATION: Revise text in 1-1.3 to read:

"...brigades that are can be known as..."

SUBSTANTIATION: To make consistent with other NFPA standards and to more accurately describe the term.

COMMITTEE ACTION: Accept.

1581-2 - (1-3 Infection Control Program (New)): Accept in Principle in Part

SUBMITTER: Carol S. Lawrence, Dallas Fire Dept./EMS, TX

COMMENT ON PROPOSAL NO: 1581-8

RECOMMENDATION: Add new text:

"The Fire Department's program to protect both members and patients from exposure to contagious diseases or hazardous materials. This includes implementation of policies and procedures, exposure follow up measures, immunizations, members health screening programs and educational programs involving contagious diseases."

SUBSTANTIATION: I am a Nurse Epidemiologist with many years experience in the development and administration of Infection Control programs. Your definition is too narrow and it is too focused on blood exposures. I am the Infection Control Officer for a large Fire Department. The above listed items can be found in all Infection Control Programs.

COMMITTEE ACTION: Accept in Principle in Part.

Revise definition to read as follows:

Infection Control Program. The fire department's formal program 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. This program includes, but is not limited to, implementation of written policies and standard operating procedures regarding exposure follow up measures, immunizations, members' health screening programs and educational programs.

COMMITTEE STATEMENT: The Committee agreed with the intent of the submitter and revised the definition to reflect that.

1581-3 - (1-3 Occupational Exposure): Accept in Principle in Part

SUBMITTER: Carol S. Lawrence, Dallas Fire Dept./EMS, TX

COMMENT ON PROPOSAL NO: 1581-8

RECOMMENDATION: Revise text:

Occupational Exposure. An exposure to a contagious disease that might occur during the performance on a member's duties. The mechanism of exposure may be from blood or body fluids, inhaled by the airborne route, or by contact with secretions.

SUBSTANTIATION: Occupational exposures involve all contagious diseases which could make the employee ill, and which might require preventative medicine.

Blood exposures are only one aspect of on the job exposures. This definition is incorrect. CDC has documented in various publications about exposures to contagious diseases, as has the American Public Health Association.

COMMITTEE ACTION: Accept in Principle in Part.

Revise text to read as:

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

COMMITTEE STATEMENT: The Committee agreed with the intent of the submitter and revised the definition to be consistent with current medical terminology.

1581-4 - (2-3.3): Accept in Principle

SUBMITTER: Carol S. Lawrence, Dallas Fire Dept./EMS, TX

COMMENT ON PROPOSAL NO: 1581-8

RECOMMENDATION: Revise text:

"(b) Meningitis, Chicken pox, Rubella, Pertussis (Whooping Cough) Mumps"

(c) Hepatitis A, B, C, D

(d) HIV/AIDS

(e) Tuberculosis

SUBSTANTIATION: The term Meningitis is a catch all. There are many kinds. Viral is not transmitted person to person so it does not cause an exposure. Only two kinds of Meningitis require medication and only in certain settings, so only H-Flu and Meningococcal Meningitis needs to be discussed.

Hepatitis C used to be called Non-A Non-B but it is not now. There appears to be some other types of hepatitis, not much is known about them or any risk factors. CDC has not released information on them. Therefore it would not be appropriate for you to say anything about it as a training standard. (There is no information)

Lice and scabies is transmitted so rarely, and unlikely if gloves are worn, its hardly necessary to make them part of a standard.

COMMITTEE ACTION: Accept.

1581-5 - (2-5.1): Accept

SUBMITTER: Technical Committee on Fire Service Occupational Medical and Health

COMMENT ON PROPOSAL NO: 1581-8

RECOMMENDATION: Revise 2-5.1 to read as follows:

"2-5.1 The fire department shall ensure that members have access to an appropriate immunization program that includes immunization against influenza and vaccination against hepatitis B."

COMMITTEE STATEMENT: The committee editorially corrected the intent of the paragraph.

COMMITTEE ACTION: Accept.

1581-6 - (2-5.2.2): Accept in Principle

SUBMITTER: Carol S. Lawrence, Dallas Fire Dept./EMS, TX

COMMENT ON PROPOSAL NO: 1581-8

RECOMMENDATION: Revise text:

"(a) Hepatitis A
(b) Measles, Mumps, Rubella one after age 18
(c) Td Tetanus/Diphtheria every 10 years
(d) Pneumonia vaccine
(e) Other diseases as dictated by specific incidents or local conditions".

SUBSTANTIATION: There is only one vaccine available for hepatitis A, B and you already had B listed. There is no vaccine for Meningococcal disease unless it is administered by the health department in times of outbreak.

Tuberculosis vaccine is not recommended by CDC because of high side effects and low protective rate. It is never given routinely. The pills might be used in high areas of flooding. Pertussis vaccine can not be given after the age of 7 because of serious side effects. You didn't have the vaccinations that are recommended for adults by CDC.

This standard should meet what is recommended for all health care workers by CDC.

COMMITTEE ACTION: Accept in Principle.

Add text to read as follows:

2-5.2.2 Where specific or local conditions dictate, the fire department shall offer the members immunizations for:

(a) Hepatitis A
(b) Measles, Mumps, Rubella one after age 18
(c) Td Tetanus/Diphtheria every 10 years.
Correct spelling of (b) meningococcal.
Add (f) tetanus and re-letter current (f) to (g).

COMMITTEE STATEMENT: The Committee has clarified the intent of this section, and used the intent of the submitter to editorially correct the list of immunizations.
functions. The nurse should have a strong background in who have infection control nurses who do the occupational re-commendation: Revise text:

situation in the majority of the hospitals. This is what I do, and physician orders and protocols outlining the nurse's duties or functions. The nurse should have a strong background in communicable diseases or occupational health. This is also the situation in the majority of the hospitals. This is what I do, and have been doing for many years.

committee action: Accept in Principle.

committee statement: The Committee agrees with the intent of the submitter and has clarified this section.

1581-7 - (25.5): Accept in Principle
submitter: Carol S. Lawrence, Dallas Fire Dept./EMS, TX
comment on proposal no: 1581-8
recommendation: Revise text:

"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, infection control nurse, or occupational health nurse by established medical protocols."

substantiation: There are a number of Fire Departments that have infection control nurses who do the occupational exposure follow up procedures. This is done by using standing physician protocols and outlining the duties. The nurse should have a strong background in communicable diseases or occupational health. This is also the situation in the majority of the hospitals. This is what I do, and have been doing for many years.

committee action: Accept in Principle.

committee statement: The Committee agrees with the intent of the submitter and has clarified this section.

1581-8 - (25.6.1): Reject
submitter: Carol S. Lawrence, Dallas Fire Dept./EMS, TX
comment on proposal no: 1581-8
recommendation: Revise text:

"If a member has sustained an exposure to blood or body fluids, the exposed area must be cleaned."

substantiation: The exposure incident should be spelled out, state blood or body fluids since that is obviously what it is.

committee action: Reject.

committee statement: The Committee feels that the language in the definition of Exposure Incident has already covered the intent of the submitter.

1581-9 - (5-4.2): Reject
submitter: Gordon M. Sachs, Fairfield Community Fire Co., MD
comment on proposal no: 1581-8
recommendation: Add to end of 5-1.2:

"The procedures outlined in 25-6 of this standard shall be followed."

substantiation: Adding this text will more clearly define the steps personnel need to take after the initial hand washing is completed.

committee action: Reject.

committee statement: The Committee feels that this is redundant and already covered in the document.

1581-10 - (5-2.5.1): Reject
submitter: Carol S. Lawrence, Dallas Fire Dept./EMS, TX
comment on proposal no: 1581-8
recommendation: Add at end of statement:

"N95 particulate respirators is the minimum required level of protection."

substantiation: Some departments may not be aware how to access information from CDC. It is better to spell it out.

committee action: Reject.

committee statement: The Committee feels that there is no respiratory protection requirement associated with splash protection.

1581-11 - (7-1.2.1): Accept
submitter: Gordon M. Sachs, Fairfield Community Fire Co., MD
comment on proposal no: 1581-8
recommendation: Revise text:

"Guide to Developing and Managing an Emergency Service Infection Control Program" (USFA Publication #FA-112).

substantiation: This publication is referenced in Section 4-2.6.3 and thus should be in Chapter 7, Referenced Publications, under U.S. Government Publications.

committee action: Accept.

1581-12 - (A-1.8): Accept in Principle in Part
submitter: Carol S. Lawrence, Dallas Fire Dept./EMS, TX
comment on proposal no: 1581-8
recommendation: Revise text:

Paragraph intact to: This standard is mainly concerned with pathogens that are transmitted person to person by the airborne route or by contact with respiratory secretions. Examples of diseases transmitted in this way include, but are not limited to, the following:

Biological Weapon - not transmitted person to person

Anthrax
Airborne Diseases - spread person to person

Tuberculosis
Measles
Rubella
Chicken pox
Pertussis (Whooping Cough)
Influenza
Contact with respiratory secretions

Meningococcal Meningitis
Mumps.

substantiation: Certain activities such as suction, intubation, mouth to mouth must be done to contract diseases such as Meningococcal Meningitis or Mumps. Anthrax is not transmitted to person. The diseases spread by the airborne route are highly contagious and easily spread person to person in a closed environment such as the same room, back of ambulance, or same car.

committee action: Accept in Principle in Part.

revise A-1.3 to read as follows:

A-1.3 Airborne Pathogens. Some infectious particles naturally persist for long periods in the environment, or are weaponized by packaging that causes them to be released in aerosol suspension (e.g. anthrax). This standard is mainly concerned with pathogens that are transmitted from human to human in droplets or aerosols of respiratory secretions. Examples of diseases transmitted in this way include, but are not limited to, the following:

(a) Tuberculosis (TB)
(b) Pertussis
(c) Meningococcal disease
(d) Viruses such as the following:

1. Measles
2. German measles (rubella)
3. Chicken pox (varicella)
4. Mumps
5. Influenza.

committee action: Accept in Principle in Part.

revise A-1.3 to read as follows:

A-1.3 Airborne Pathogens. Some infectious particles naturally persist for long periods in the environment, or are weaponized by packaging that causes them to be released in aerosol suspension (e.g. anthrax). This standard is mainly concerned with pathogens that are transmitted from human to human in droplets or aerosols of respiratory secretions. Examples of diseases transmitted in this way include, but are not limited to, the following:

(a) Tuberculosis (TB)
(b) Pertussis
(c) Meningococcal disease
(d) Viruses such as the following:

1. Measles
2. German measles (rubella)
3. Chicken pox (varicella)
4. Mumps
5. Influenza.

committee statement: The Committee agrees with the submitter and has changed the appendix text to clarify the intent of the standard.
COMMITTEE STATEMENT: The Committee feels that the information included in the standard is correct, and the current language reflects the intent of the Technical Committee members.

1581-14 - (A-2-1.4): Accept in Principle in Part
SUBMITTER: Carol S. Lawrence, Dallas Fire Dept./EMS, TX
COMMENT ON PROPOSAL NO: 1581-8
RECOMMENDATION: Revise text:
Disease Mode of Transmission
Chicken pox Airborne
Other non-A non-B Hepatitis Remove
Measles Airborne
Haemophilus Influenza Vaccine available only for children

COMMITTEE STATEMENT: Some incorrect information with how the diseases are transmitted.
The non-A non-B Hepatitis should be removed. There is no available information on CDC on these new strains, so they should not be included in this standard.

There is a Meningococcal Meningitis Vaccine available, but it doesn't cover all of the strains, is not given routinely, and is usually controlled by the health Department for outbreaks.

You need to refer to the book "Control of Communicable Diseases in Man" by Benneson and the American Public Health Association. This book is the one followed by health departments in dealing with disease exposures, prophylaxis. A new one is due in 2000. It comes out every 5 years.

COMMITTEE ACTION: Accept in Principle in Part.
Revise Table A-2-1.4 as shown on the next page.

COMMITTEE STATEMENT: The Committee has revised the table to reflect the intent of the submitter.

1581-15 - (A-2-4.2): Accept in Principle
SUBMITTER: Carol S. Lawrence, Dallas Fire Dept./EMS, TX
COMMENT ON PROPOSAL NO: 1581-8
RECOMMENDATION: Revise text:
"APIC is an International organization that represents Infection Control practitioners from all type of practice areas. The group provides information regarding all components of the infection control program.

Each State usually has an infection control program centered on the unique problems of the state. Infection Control Officers from the Fire Service may join."

SUBSTANTIATION: I am a member of APIC. APIC has a new Focus Group for IC Officers of Fire and Ems of which I am Chair.

New members are welcome to participate. I have also been a member of state groups with Fire/EMS participation.

COMMITTEE ACTION: Accept in Principle.
Revise to read as follows:
A-2-4.2 The infection control officer needs to maintain contact with any person or agency that affects or impacts the fire department infection control program, whether internal, external, local, statewide, or nationwide.

Networking is a very important part of the infection control program. One resource is the Association of Practitioners of Infection Control (APIC). This hospital based organization provides information regarding all components of the infection control program.

COMMITTEE STATEMENT: The Committee agrees with the intent and has clarified the intent by deleting "hospital based".

1581-16 - (A-4-2.5): Accept
SUBMITTER: Carol S. Lawrence, Dallas Fire Dept./EMS, TX
COMMENT ON PROPOSAL NO: 1581-8
RECOMMENDATION: Remove: "Meningococcal disease and Hepa filters. Meningococcal disease is not that easy transmitted. TB would be far more risk since it is airborne.

COMMITTEE ACTION: Accept.
<table>
<thead>
<tr>
<th>Disease/Infection</th>
<th>Mode of Transmission</th>
<th>Is Vaccine Available?</th>
<th>Signs and Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS/HIV (human immunodeficiency virus)</td>
<td>Needle stick, blood splash into mucous membranes (e.g., eyes, mouth), blood contact with open wound</td>
<td>No</td>
<td>Fever, night sweats, weight loss, cough</td>
</tr>
<tr>
<td>Varicella (Chicken pox, Shingles)</td>
<td>Respiratory aerosols and contact with moist vesicles</td>
<td>Yes</td>
<td>Fever, rash, cutaneous vesicles (blisters)</td>
</tr>
<tr>
<td>Infectious Diarrhea: Campylobacter, Salmonella, Shigella, E. Coli</td>
<td>Foodborne</td>
<td>No</td>
<td>Fever, diarrhea, vomiting, abdominal pains</td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td>Respiratory aerosols and contact with secretions</td>
<td>Yes</td>
<td>Fever, rash</td>
</tr>
<tr>
<td>Hepatitis A and E</td>
<td>Contaminated food/water</td>
<td>Yes</td>
<td>Fever, loss of appetite, jaundice, fatigue</td>
</tr>
<tr>
<td>Hepatitis B (HBV) (serum hepatitis)</td>
<td>Needle stick, blood splash into mucous membranes (e.g., eye or mouth), blood contact with open wound; possible exposure during mouth-to-mouth resuscitation</td>
<td>Yes</td>
<td>Fever, fatigue, loss of appetite, nausea, headache, jaundice</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Same as hepatitis B</td>
<td>No</td>
<td>Same as hepatitis B</td>
</tr>
<tr>
<td>Hepatitis D</td>
<td>Same as hepatitis B, dependent on HBV (past or present) to cause infection</td>
<td>No</td>
<td>A complication of HBV infection; can increase severity of HBV infection</td>
</tr>
<tr>
<td>Herpes simplex (cold sores)</td>
<td>Contact of mucous membrane with moist lesions; fingers at particular risk for becoming infected</td>
<td>No</td>
<td>Skin lesions located around mouth</td>
</tr>
<tr>
<td>Influenza</td>
<td>Respiratory aerosols</td>
<td>Yes</td>
<td>Fever, fatigue, loss of appetite, nausea, headache</td>
</tr>
<tr>
<td>Lice: head, body, pubic</td>
<td>Close head to head contact; both body and pubic lice require intimate contact (usually sexual) or sharing of intimate clothing</td>
<td>No</td>
<td>Severe itching and scratching, often with secondary infection; scalp and hairy portions of body may be affected; eggs of head lice (nits) attach to hairs as small, round, gray lumps</td>
</tr>
<tr>
<td>Rubella (Measles)</td>
<td>Respiratory aerosols and contact with secretions</td>
<td>Yes</td>
<td>Fever, rash, bronchitis</td>
</tr>
<tr>
<td>Meningitis: Meningococcal</td>
<td>Respiratory aerosols</td>
<td>Yes but only in extraordinary circumstances</td>
<td>Fever, severe headache, stiff neck, sore throat</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Many different causes</td>
<td>No</td>
<td>Fever, severe headache, stiff neck, sore throat</td>
</tr>
<tr>
<td>Mononucleosis</td>
<td>Contact with respiratory secretions or saliva, such as with mouth-to-mouth resuscitation</td>
<td>No</td>
<td>Fever, sore throat, fatigue</td>
</tr>
<tr>
<td>Mumps (infectious parotitis)</td>
<td>Respiratory aerosols and contact with saliva</td>
<td>Yes</td>
<td>Fever, swelling of salivary glands (parotid)</td>
</tr>
<tr>
<td>Scabies</td>
<td>Close body contact</td>
<td>No</td>
<td>Itching, tiny linear burrows or &quot;track,&quot; vesicles — particularly around fingers, wrists, elbows, and skin folds</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Primarily sexual contact; rarely through blood transfusion or contact with skin lesions</td>
<td>No</td>
<td>Genital and cutaneous lesions, nerve degeneration (late)</td>
</tr>
<tr>
<td>Tuberculosis, pulmonary</td>
<td>Airborne</td>
<td>No</td>
<td>Fever, night sweats, weight loss, cough</td>
</tr>
<tr>
<td>Pertussis (Whooping cough)</td>
<td>Direct contact with oral secretions</td>
<td>Yes</td>
<td>Violent cough at night, whooping sound when cough subsides</td>
</tr>
</tbody>
</table>
PART II

1582-1 was not used

1582-2 - (1-1.2): Accept in Principle in Part

SUBMITTER: Gordon M. Sachs, Fairfield Community Fire Co., MD

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Change/review wording to read same as NFPA 1581:

"These requirements are applicable to organizations providing rescue, fire suppression, rescue, emergency medical care, and other emergency services..."

SUBSTANTIATION: Wording should be consistent with other NFPA documents. The language in NFPA 1581 more accurately reflects the scope, and more fully encompasses the intended audience (users).

COMMITTEE ACTION: Accept in Principle in Part.

Add new text to read as follows:

1-1.2 These requirements are applicable to public, governmental, military, private, and industrial fire department organizations providing rescue, fire suppression, emergency medical services, hazardous materials mitigation, special operations, and other emergency services.

COMMITTEE STATEMENT: The Committee agrees with the intent of the submitter, and to maintain continuity is using the current language in 1-1.2 of 97 ed. of NFPA 1500, Standard on Fire Department Occupational Safety and Health Programs.

1582-3 - (1-4 Emergency Medical Care (New)): Accept

SUBMITTER: Gordon M. Sachs, Fairfield Community Fire Co., MD

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Add a new definition to read:

Emergency Medical Care: The provision of treatment to patients, including first aid, cardiopulmonary resuscitation, basic life support (first responder or EMT level), advanced life support (paramedic level), and other medical procedures that occur prior to arrival at a hospital or other health care facility.

SUBSTANTIATION: This term is used in 4-1.2 of this standard but are not defined. These definitions come from other NFPA documents; specifically, NFPA 1583, Standard on Health Related Fitness Programs for Fire Fighters (2000 edition draft).

COMMITTEE ACTION: Accept.

COMMITTEE STATEMENT: The Committee agrees with the intent of the submitter, and to maintain continuity is using the current language in 1-1.2 of 97 ed. of NFPA 1500, Standard on Fire Department Occupational Safety and Health Programs.

1582-4 - (1-4 Exposure Incident (New)): Accept in Part

SUBMITTER: Gordon M. Sachs, Fairfield Community Fire Co., MD

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Add a new definition to read:

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

SUBSTANTIATION: This definition is from OSHA and CDC, and is used by USFA and NFA in material referenced in this standard. The term has been recommended as revised text in Section 4-2. The definition is taken directly from NFPA 1581.

COMMITTEE ACTION: Accept in Part.

REVISE DEFINITION TO READ AS FOLLOWS:

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, body fluids, or other potentially infectious materials, or inhalation of pathogens or toxins.

COMMITTEE STATEMENT: The Committee agrees with the submitter and has revised the definition.

1582-5 - (1-4 Health and Fitness Coordinator (New) and Health and Safety Officer (New)): Accept

SUBMITTER: Gordon M. Sachs, Fairfield Community Fire Co., MD

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Add two new definitions to read:

Health and Fitness Coordinator: The person who, under the supervision of the fire department physician, has been designated by the department to coordinate and be responsible for the health and fitness programs of the departments.

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 and who performs the duties and responsibilities specified in this standard. This individual can be the incident safety officer or that can also be a separate function.

SUBSTANTIATION: These terms are used in 2-2.4 of this standard but are not defined. These definitions come from other NFPA documents; specifically, NFPA 1583, Standard on Health Related Fitness Programs for Fire Fighters (2000 edition draft).

COMMITTEE ACTION: Accept.

1582-6 - (1-4 Infection Control Officer (New)): Accept

SUBMITTER: Gordon M. Sachs, Fairfield Community Fire Co., MD

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Add a new definition to read:

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.

SUBSTANTIATION: This term is used in 4-1.2 of this standard but is not defined. This definition comes from NFPA 1581, (2000 edition draft).

COMMITTEE ACTION: Accept.

1582-7 - (1-4 Infection Control Program): Accept

SUBMITTER: Technical Committee on Fire Service Occupational Medical and Health

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Add new definition to read as follows:

Infection Control Program: The fire department's formal program 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. This program includes, but is not limited to, implementation of written policies and standard operating procedures regarding exposure follow up measures, immunizations, members' health screening programs and educational programs.

SUBSTANTIATION: This is covered in Chapter 4 of the document and is consistent with the definition in NFPA 1581.

COMMITTEE ACTION: Accept.

1582-8 - (2-1.5): Accept

SUBMITTER: Richard D. Gerkin Jr., Phoenix Fire Dept., AZ

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Revise text:

(a) at least every 3 years

(b) at least every 2 years.

SUBSTANTIATION: To not limit timing of exams.

COMMITTEE ACTION: Accept.

1582-9 - (3-3.2): Accept in Principle in Part

SUBMITTER: Richard D. Gerkin Jr., Phoenix Fire Dept., AZ

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Revise text:

"(a)...unaided worst ear"

BOTH EIGHTER

A 1...

AND

B an average..."
SUBSTANTIATION: To clarify intent.

COMMITTEE ACTION: Accept in Principle in Part.

Revise text to read as follows:

(a) Hearing deficit in the pure tone thresholds in the unaided worst ear that is
1. Greater than 25 dB in each of the four frequencies
   a. 500 Hz
   b. 1000 Hz
   c. 2000 Hz
   d. 3000 Hz
2. Greater than 30 dB in any one of the four frequencies
   a. 500 Hz
   b. 1000 Hz
   c. 2000 Hz
   d. 3000 Hz

OR

3. In addition, that averages greater than 30 dB for the four frequencies
   a. 500 Hz
   b. 1000 Hz
   c. 2000 Hz
   d. 3000 Hz.

COMMITTEE STATEMENT: The Committee agrees with the submitter and has editorially clarified his intent.

ON PROPOSAL NO: 1582-10 - (4-2): Accept

SUBMITTER: Gordon M. Sachs, Fairfield Community Fire Co., MD

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Delete Chapter 5 (Incident Scene Rehabilitation and Medical Treatment) in its entirety. Recommend that it be included in NFPA 1501 or other appropriate standard.

COMMITTEE STATEMENT: The Committee feels that the document has a role in instructing the health and safety of firefighters.

ON PROPOSAL NO: 1582-14 - (5-3.1): Accept in Principle

SUBMITTER: Gordon M. Sachs, Fairfield Community Fire Co., MD

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Delete the second sentence of 5-3.1: “Local medical control shall be notified to determine the need for further treatment including transport.”

COMMITTEE STATEMENT: Local medical protocols and SOPs would address this issue. As written, medical control would need to be notified for things such as splinters, twisted ankles, and other minor injuries; however, for non-firefighters this would not be the case (even up to cardiac arrest in many jurisdictions). That’s what standing orders are for. Perhaps the committee had a different intent.

COMMITTEE ACTION: Accept in Principle.

Revise text to read as follows:

1582. 13 - (Chapter 5): Reject

SUBMITTER: Gordon M. Sachs, Fairfield Community Fire Co., MD

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Delete Chapter 5 (Incident Scene Rehabilitation and Medical Treatment) in its entirety. Recommend that it be included in NFPA 1501 or other appropriate standard.

COMMITTEE STATEMENT: The material in Chapter 5 is excellent, but does not fit into this standard. It does not contain medical requirements, nor is it information for physicians. It is operational. This standard will be used by the HSO and MD (primarily); Chapter 5 is for the ISO and Incident Commander.

COMMITTEE ACTION: Reject.

COMMITTEE STATEMENT: The Committee feels that the document has a role in instructing the health and safety of firefighters.

COMMITTEE ACTION: Accept in Part.

ON PROPOSAL NO: 1582-11 - (4-2.1): Accept in Part

SUBMITTER: Gordon M. Sachs, Fairfield Community Fire Co., MD

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Revise text to read:

“All bloodborne pathogen body fluid exposure...”.

SUBSTANTIATION: This new text more accurately describes the intent, and is consistent with CDC, OSHA, USEPA, and NFA terminology. Users cannot tell if there was a “bloodborne pathogen exposure”, only that there was a “body fluid exposure” (or exposure incident).

COMMITTEE ACTION: Accept in Part.

Revise text to read:

“All blood and/or body fluid exposures shall be reported immediately, and medical assessment and treatment shall be provided within 2 hours of exposure. Medical assessment and treatment shall conform to current CDC Guidelines for Prevention of Transmission of HIV and HBV to Health-Care and Public Safety Workers.”

COMMITTEE STATEMENT: The Committee agrees with the submitter and has editorially changed the section to meet that intent.

ON PROPOSAL NO: 1582-12 - (4.2.2): Accept

SUBMITTER: Gordon M. Sachs, Fairfield Community Fire Co., MD

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Revise text to read:

“...other exposure incidents shall...”.

SUBSTANTIATION: This revised text more accurately describes the intent, and is consistent with CDC, OSHA, USEPA, and NFA terminology. Fits with new definition of “Exposure Incident” and revised section title.

COMMITTEE ACTION: Accept.

ON PROPOSAL NO: 1582-13 - (Chapter 5): Reject

SUBMITTER: Gordon M. Sachs, Fairfield Community Fire Co., MD

COMMENT ON PROPOSAL NO: 1582-20

RECOMMENDATION: Change “direction” to “control” in 5.3.2 (second sentence):

“The assigned medical direction control shall come from...”.

SUBSTANTIATION: Medical control and medical direction are different. The first sentence of 5-3.2 refers (correctly) to medical control; the second sentence should also. It is medical control to which the section applies.

COMMITTEE ACTION: Reject.

COMMITTEE STATEMENT: See Committee Action on Comment 1582:14 (Log #11).
1582. 16 - (5.6): Accept in Principle
SUBMITTER: Richard D. Gerkin Jr., Phoenix Fire Dept., AZ
COMMENT ON PROPOSAL NO: 1582-20
RECOMMENDATION: Delete 5-6.
SUBSTANTIATION: Does this subject belong here?
COMMITTEE ACTION: Accept in Principle.
Delete 5-6.1 and 5-6.2 and add a new 5-5.8 to read as follows:
"All members entering and leaving rehabilitation shall be properly
assigned by the incident management system and be tracked
through the personnel accountability system."
COMMITTEE STATEMENT: The Technical Committee felt that
the purpose of the section was the ability of the incident
management system to track personnel in and out of the
rehabilitation process. The accountability system is the vehicle for
tracking personnel. The additional requirements were deleted as
they are not part of this document and are covered more completely
in NFPA 1561.

1582. 17 - (A-3): Hold
SUBMITTER: Omar R. Kassem, Health Advantage of Greeneville
COMMENT ON PROPOSAL NO: 1582-20
RECOMMENDATION: I would like to request that the next
revision of the standards address more specifically the following
issues:
1. Distinctions between medical qualifications for existing and
applicants firefighters,
2. Acceptability of using special SCBA masks to accommodate
spectacles, and thereby change the 20/100 binocular vision
requirement under Section A-5.8.2(a), and
3. Acceptability of using hearing aids to meet the standard under
Section A-5.9.2.
SUBSTANTIATION: None.
COMMITTEE ACTION: Hold.
COMMITTEE STATEMENT: The Committee agrees with the
submitter as these are ongoing issues, and the Technical Committee
members will do further research for the next edition of the
document.

1582. 18 - (A-5.2.2(b)): Accept
SUBMITTER: Richard D. Gerkin Jr., Phoenix Fire Dept., AZ
COMMENT ON PROPOSAL NO: 1582-20
RECOMMENDATION: Revise text:
"Retinal detachment, sufficient time [12 weeks for R.K. and Lasik
surgeries, three month for retinal detachment at least three
months] must have passed..."
SUBSTANTIATION: None.
COMMITTEE ACTION: Accept.

1582. 19 - (A-5.2): Accept
SUBMITTER: Technical Committee on Fire Service Occupational
Medical and Health
COMMENT ON PROPOSAL NO: 1582-20
RECOMMENDATION: Revise the numbered list to read:
1. Understanding spoken commands both over the radio and
while wearing SCBA
2. Hearing alarm signals, including building evacuation, low air
signal on the SCBA, and PASS alarms
3. Hearing and locating the source of calls for assistance from
victims or other firefighters.
SUBSTANTIATION: This comment was generated as a result of
an editorial review of this document. The recommendation
contains recommended editorial changes, that resulted from
editing at the pamphlet stage of the last code cycle, that require
Committee review and action.
COMMITTEE ACTION: Accept.

1582. 20 - (A-5.1.2): Accept
SUBMITTER: Richard D. Gerkin Jr., Phoenix Fire Dept., AZ
COMMENT ON PROPOSAL NO: 1582-20
RECOMMENDATION: Revise text:
"(b)...
1. Coronary arteries (≥ 50 percent..."
SUBSTANTIATION: To agree with cardiology opinion of today.
COMMITTEE ACTION: Accept.
NFPA 1582 — F99 ROC

1582-25 - (B-3.B.2.4): Accept
SUBMITTER: Technical Committee on Fire Service Occupational Medical and Health
COMMENT ON PROPOSAL NO: 1582:20
RECOMMENDATION: Add titles to read as follows:
ANSI S3.1-1977
ANSI S3.6-1973
SUBSTANTIATION: This comment was generated as a result of an editorial review of this document. The recommendation contains recommended editorial changes that resulted from editing at the pamphlet stage of the last code cycle that require Committee review and action.
COMMITTEE ACTION: Accept.

1582-27 - (Table D-4): Accept
SUBMITTER: Richard D. Gerkin Jr., Phoenix Fire Dept., AZ
COMMENT ON PROPOSAL NO: 1582:20
RECOMMENDATION: Delete.
SUBSTANTIATION: Comparison table at OSHA 29 CFR with NFPA requirements after comments section is identical to Table D-4.
COMMITTEE ACTION: Accept.
COMMITTEE STATEMENT: The submitter made a very slight oversight and didn't recognize the fact that it was included as a Committee Proposal, and in the draft.

1582-26 - (Table D-4): Accept
SUBMITTER: Technical Committee on Fire Service Occupational Medical and Health
COMMENT ON PROPOSAL NO: 1582:20
RECOMMENDATION: Change "1997 Edition" in the Table heading to "2000 Edition".
SUBSTANTIATION: This comment was generated as a result of an editorial review of this document. The recommendation contains recommended editorial changes that resulted from editing at the pamphlet stage of the last code cycle that require Committee review and action.
COMMITTEE ACTION: Accept.