

2009 Fall Revision Cycle

Report on Proposals

A compilation of NFPA® Technical Committee Reports on Proposals for public review and comment

Public Comment Deadline: March 6, 2009

NOTE: The proposed NFPA documents addressed in this Report on Proposals (ROP) and in a follow-up Report on Comments (ROC) will only be presented for action at the NFPA June 2010 Association Technical Meeting to be held June 7–11, 2010, at Mandalay Bay Convention Center in Las Vegas, NV, when proper Amending Motions have been submitted to the NFPA by the deadline of October 23, 2009. Documents that receive no motions will not be presented at the meeting and instead will be forwarded directly to the Standards Council for action on issuance. For more information on the rules and for up-to-date information on schedules and deadlines for processing NFPA documents, check the NFPA website (www.nfpa.org) or contact NFPA Standards Administration.



National Fire Protection Association®

1 BATTERYMARCH PARK, QUINCY, MA 02169-7471

Information on NFPA Codes and Standards Development

I. Applicable Regulations. The primary rules governing the processing of NFPA documents (codes, standards, recommended practices, and guides) are the *NFPA Regulations Governing Committee Projects (RGCPs)*. Other applicable rules include *NFPA Bylaws*, *NFPA Technical Meeting Convention Rules*, *NFPA Guide for the Conduct of Participants in the NFPA Standards Development Process*, and the *NFPA Regulations Governing Petitions to the Board of Directors from Decisions of the Standards Council*. These rules and regulations are contained in the *NFPA Directory*. For copies of the *Directory*, contact Codes and Standards Administration at NFPA Headquarters; these documents are also available on the NFPA website at “www.nfpa.org.”

The following is general information on the NFPA process. All participants, however, should refer to the actual rules and regulations for a full understanding of this process and for the criteria that govern participation.

II. Technical Committee Report (TCR). The Technical Committee Report is defined as “the Report of the Technical Committee and Technical Correlating Committee (if any) on a document. A Technical Committee Report consists of the Report on Proposals (ROP), as modified by the Report on Comments (ROC), published by the Association” (see 1.4 of *RGCPs*).

III. Step 1: Report on Proposals (ROP). The ROP is defined as “a report to the Association on the actions taken by Technical Committees and/or Technical Correlating Committees, accompanied by a ballot statement and one or more proposals on text for a new document or to amend an existing document” (see 1.4 of *RGCPs*). Any objection to an action in the ROP must be raised through the filing of an appropriate Comment for consideration in the ROC or the objection will be considered resolved.

IV. Step 2: Report on Comments (ROC). The ROC is defined as “a report to the Association on the actions taken by Technical Committees and/or Technical Correlating Committees accompanied by a ballot statement and one or more comments resulting from public review of the Report on Proposals (ROP)” (see 1.4 of *RGCPs*). The ROP and the ROC together constitute the Technical Committee Report. Any outstanding objection following the ROC must be raised through an appropriate Amending Motion at the Association Technical Meeting or the objection will be considered resolved.

V. Step 3a: Action at Association Technical Meeting. Following the publication of the ROC, there is a period during which those wishing to make proper Amending Motions on the Technical Committee Reports must signal their intention by submitting a Notice of Intent to Make a Motion. Documents that receive notice of proper Amending Motions (Certified Amending Motions) will be presented for action at the annual June Association Technical Meeting. At the meeting, the NFPA membership can consider and act on these Certified Amending Motions as well as Follow-up Amending Motions, that is, motions that become necessary as a result of a previous successful Amending Motion. (See 4.6.2 through 4.6.9 of *RGCPs* for a summary of the available Amending Motions and who may make them.) Any outstanding objection following action at an Association Technical Meeting (and any further Technical Committee consideration following successful Amending Motions, see *RGCPs* at 4.7) must be raised through an appeal to the Standards Council or it will be considered to be resolved.

VI. Step 3b: Documents Forwarded Directly to the Council. Where no Notice of Intent to Make a Motion is received and certified in accordance with the Technical Meeting Convention Rules, the document is forwarded directly to the Standards Council for action on issuance. Objections are deemed to be resolved for these documents.

VII. Step 4a: Council Appeals. Anyone can appeal to the Standards Council concerning procedural or substantive matters related to the development, content, or issuance of any document of the Association or on matters within the purview of the authority of the Council, as established by the *Bylaws* and as determined by the Board of Directors. Such appeals must be in written form and filed with the Secretary of the Standards Council (see 1.6 of *RGCPs*). Time constraints for filing an appeal must be in accordance with 1.6.2 of the *RGCPs*. Objections are deemed to be resolved if not pursued at this level.

VIII. Step 4b: Document Issuance. The Standards Council is the issuer of all documents (see Article 8 of *Bylaws*). The Council acts on the issuance of a document presented for action at an Association Technical Meeting within sixty days from the date of the recommendation from the Association Technical Meeting, unless this period is extended by the Council (see 4.8 of *RGCPs*). For documents forwarded directly to the Standards Council, the Council acts on the issuance of the document at its next scheduled meeting, or at such other meeting as the Council may determine (see 4.5.7 and 4.8 of *RGCPs*).

IX. Petitions to the Board of Directors. The Standards Council has been delegated the responsibility for the administration of the codes and standards development process and the issuance of documents. However, where extraordinary circumstances requiring the intervention of the Board of Directors exist, the Board of Directors may take any action necessary to fulfill its obligations to preserve the integrity of the codes and standards development process and to protect the interests of the Association. The rules for petitioning the Board of Directors can be found in the *Regulations Governing Petitions to the Board of Directors from Decisions of the Standards Council* and in 1.7 of the *RGCPs*.

X. For More Information. The program for the Association Technical Meeting (as well as the NFPA website as information becomes available) should be consulted for the date on which each report scheduled for consideration at the meeting will be presented. For copies of the ROP and ROC as well as more information on NFPA rules and for up-to-date information on schedules and deadlines for processing NFPA documents, check the NFPA website (www.nfpa.org) or contact NFPA Codes & Standards Administration at (617-984-7246).

2009 Fall Revision Cycle ROP Contents

by NFPA Numerical Designation

Note: Documents appear in numerical order.

NFPA No.	Type Action	Title	Page No.
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11	P	Standard for Low-, Medium-, and High-Expansion Foam.....	11-1
13E	P	Recommended Practice for Fire Department Operations in Properties Protected by Sprinkler and Standpipe Systems.....	13E-1
14	P	Standard for the Installation of Standpipe and Hose Systems.....	14-1
18	P	Standard on Wetting Agents	18-1
37	P	Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines	37-1
45	P	Standard on Fire Protection for Laboratories Using Chemicals.....	45-1
53	P	Recommended Practice on Materials, Equipment, and Systems Used in Oxygen-Enriched Atmospheres	53-1
70B	P	Recommended Practice for Electrical Equipment Maintenance	70B-1
91	P	Standard for Exhaust Systems for Air Conveying of Vapors, Gases, Mists, and Noncombustible Particulate Solids	91-1
120	P	Standard for Fire Prevention and Control in Coal Mines	120-1
122	P	Standard for Fire Prevention and Control in Metal/Nonmetal Mining and Metal Mineral Processing Facilities.....	122-1
204	P	Standard for Smoke and Heat Venting	204-1
211	P	Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances	211-1
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276	N	Standard Method of Fire Test for Determining the Heat Release Rate of Roofing Assemblies with Combustible Above-Deck Roofing Components	276-1
326	P	Standard for the Safeguarding of Tanks and Containers for Entry, Cleaning, or Repair	326-1
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405	P	Standard for the Recurring Proficiency of Airport Fire Fighters	405-1
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551	P	Guide for the Evaluation of Fire Risk Assessments	551-1
600	R	Standard on Industrial Fire Brigades	600-1
601	R	Standard for Security Services in Fire Loss Prevention	601-1
701	P	Standard Methods of Fire Tests for Flame Propagation of Textiles and Films	701-1
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805	P	Performance-Based Standard for Fire Protection for Light Water Reactor Electric Generating Plants.....	805-1
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1201	C	Standard for Providing Emergency Services to the Public.....	1201-1
1250	P	Recommended Practice in Emergency Service Organization Risk Management.....	1250-1
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**2009 Fall Revision Cycle ROP
Committees Reporting**

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Wildland Fire Fighting Protective Clothing and Equipment		
1977 Standard on Protective Clothing and Equipment for Wildland Fire Fighting	P	1977-1
Fire Department Ground Ladders		
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Fire Protection for Nuclear Facilities				
804	Standard for Fire Protection for Advanced Light Water Reactor Electric Generating Plants	P		804-1
805	Performance-Based Standard for Fire Protection for Light Water Reactor Electric Generating Plants	P		805-1
806	Performance-Based Standard for Fire Protection for Advanced Nuclear Reactor Electric Generating Plants	N		806-1
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Fire Service Occupational Safety and Health				
1581	Standard on Fire Department Infection Control Program	P		1581-1
Fire Service Training				
13E	Recommended Practice for Fire Department Operations in Properties Protected by Sprinkler and Standpipe Systems	P		13E-1
1407	Standard for Fire Service Rapid Intervention Crews	N		1407-1
1410	Standard on Training for Initial Emergency Scene Operations	P		1410-1
1452	Guide for Training Fire Service Personnel to Conduct Dwelling Fire Safety Surveys	P		1452-1
Fire Tests				
255	Standard Method of Test of Surface Burning Characteristics of Building Materials	W		255-1
276	Standard Method of Fire Test for Determining the Heat Release Rate of Roofing Assemblies with Combustible Above-Deck Roofing Components	N		276-1
701	Standard Methods of Fire Tests for Flame Propagation of Textiles and Films	P		701-1
Foam				
11	Standard for Low-, Medium-, and High-Expansion Foam	P		11-1
Forest and Rural Fire Protection				
1150	Standard on Foam Chemicals for Fires in Class A Fuels	P		1150-1
Handling and Conveying of Dusts, Vapors, and Gases				
91	Standard for Exhaust Systems for Air Conveying of Vapors, Gases, Mists, and Noncombustible Particulate Solids	P		91-1
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Mining Facilities				
120	Standard for Fire Prevention and Control in Coal Mines	P		120-1
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Oxygen-Enriched Atmospheres				
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1035	Standard for Professional Qualifications for Public Fire and Life Safety Educator	P	1035-1
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14	Standard for the Installation of Standpipe and Hose Systems	P	14-1
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520	Standard on Subterranean Spaces	P	520-1
Tank Leakage and Repair Safeguards			
326	Standard for the Safeguarding of Tanks and Containers for Entry, Cleaning, or Repair	P	326-1
329	Recommended Practice for Handling Releases of Flammable and Combustible Liquids and Gases	P	329-1
Water Additives for Fire Control and Vapor Mitigation			
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Water-Cooling Towers			
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Key to Proposal Headings

The first line of every proposal includes the following information:

Document No.	Proposal No.	Log No.	Paragraph Reference	Committee Action
101	6	38	3.4	Accept

Example: 101-6 Log #38
(3.4)

Final Action: Accept

TYPES OF ACTION

P Partial Revision **C** Complete Revision **N** New Document **R** Reconfirmation **W** Withdrawal

The following classifications apply to Committee members and represent their principal interest in the activity of the Committee.

1. **M** Manufacturer: A representative of a maker or marketer of a product, assembly, or system, or portion thereof, that is affected by the standard.
2. **U** User: A representative of an entity that is subject to the provisions of the standard or that voluntarily uses the standard.
3. **IM** Installer/Maintainer: A representative of an entity that is in the business of installing or maintaining a product, assembly, or system affected by the standard.
4. **L** Labor: A labor representative or employee concerned with safety in the workplace.
5. **RT** Applied Research/Testing Laboratory: A representative of an independent testing laboratory or independent applied research organization that promulgates and/or enforces standards.
6. **E** Enforcing Authority: A representative of an agency or an organization that promulgates and/or enforces standards.
7. **I** Insurance: A representative of an insurance company, broker, agent, bureau, or inspection agency.
8. **C** Consumer: A person who is or represents the ultimate purchaser of a product, system, or service affected by the standard, but who is not included in (2).
9. **SE** Special Expert: A person not representing (1) through (8) and who has special expertise in the scope of the standard or portion thereof.

NOTE 1: "Standard" connotes code, standard, recommended practice, or guide.

NOTE 2: A representative includes an employee.

NOTE 3: While these classifications will be used by the Standards Council to achieve a balance for Technical Committees, the Standards Council may determine that new classifications of member or unique interests need representation in order to foster the best possible Committee deliberations on any project. In this connection, the Standards Council may make such appointments as it deems appropriate in the public interest, such as the classification of "Utilities" in the National Electrical Code Committee.

NOTE 4: Representatives of subsidiaries of any group are generally considered to have the same classification as the parent organization.

**FORM FOR COMMENTS ON NFPA REPORT ON PROPOSALS
2009 FALL REVISION CYCLE
FINAL DATE FOR RECEIPT OF COMMENTS: 5:00 pm EST, March 6, 2009**

For further information on the standards-making process, please contact the Codes and Standards Administration at 617-984-7249 or visit www.nfpa.org/codes.

For technical assistance, please call NFPA at 1-800-344-3555.

FOR OFFICE USE ONLY

Log #: _____

Date Rec'd: _____

Please indicate in which format you wish to receive your ROP/ROC electronic paper download
(Note: If choosing the download option, you must view the ROP/ROC from our website; no copy will be sent to you.)

Date 8/1/200X Name John B. Smith Tel. No. 253-555-1234

Company _____ Email _____

Street Address 9 Seattle St. City Tacoma State WA Zip 98402

***If you wish to receive a hard copy, a street address MUST be provided. Deliveries cannot be made to PO boxes.

Please indicate organization represented (if any) Fire Marshals Assn. of North America

1. (a) NFPA Document Title National Fire Alarm Code NFPA No. & Year NFPA 72, 200X ed.

(b) Section/Paragraph 4.4.1.1

2. Comment on Proposal No. (from ROP): 72-7

3. Comment Recommends (check one): new text revised text deleted text

4. Comment (include proposed new or revised wording, or identification of wording to be deleted): [Note: Proposed text should be in legislative format; i.e., use underscore to denote wording to be inserted (inserted wording) and strike-through to denote wording to be deleted (~~deleted wording~~).]

Delete exception.

5. **Statement of Problem and Substantiation for Comment:** (Note: State the problem that would be resolved by your recommendation; give the specific reason for your Comment, including copies of tests, research papers, fire experience, etc. If more than 200 words, it may be abstracted for publication.)

A properly installed and maintained system should be free of ground faults. The occurrence of one or more ground faults should be required to cause a 'trouble' signal because it indicates a condition that could contribute to future malfunction of the system. Ground fault protection has been widely available on these systems for years and its cost is negligible. Requiring it on all systems will promote better installations, maintenance and reliability.

6. Copyright Assignment

(a) I am the author of the text or other material (such as illustrations, graphs) proposed in this Comment.

(b) Some or all of the text or other material proposed in this Comment was not authored by me. Its source is as follows (please identify which material and provide complete information on its source):

I agree that any material that I author, either individually or with others, in connection with work performed by an NFPA Technical Committee shall be considered to be works made for hire for the NFPA. To the extent that I retain any rights in copyright as to such material, or as to any other material authored by me that I submit for the use of an NFPA Technical Committee in the drafting of an NFPA code, standard, or other NFPA document, I hereby grant and assign all and full rights in copyright to the NFPA. I further agree and acknowledge that I acquire no rights in any publication of the NFPA and that copyright and all rights in materials produced by NFPA Technical Committees are owned by the NFPA and that the NFPA may register copyright in its own name.

Signature (Required) _____

PLEASE USE SEPARATE FORM FOR EACH COMMENT • email: proposals_comments@nfpa.org • NFPA Fax: (617) 770-3500
Mail to: Secretary, Standards Council, National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471

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For technical assistance, please call NFPA at 1-800-344-3555.

FOR OFFICE USE ONLY

Log #: _____

Date Rec'd: _____

Please indicate in which format you wish to receive your ROP/ROC electronic paper download
(Note: If choosing the download option, you must view the ROP/ROC from our website; no copy will be sent to you.)

Date _____ Name _____ Tel. No. _____

Company _____ Email _____

Street Address _____ City _____ State _____ Zip _____

***If you wish to receive a hard copy, a street address **MUST** be provided. Deliveries cannot be made to PO boxes.

Please indicate organization represented (if any) _____

1. (a) NFPA Document Title _____ NFPA No. & Year _____

(b) Section/Paragraph _____

2. Comment on Proposal No. (from ROP): _____

3. Comment Recommends (check one): new text revised text deleted text

4. Comment (include proposed new or revised wording, or identification of wording to be deleted): [Note: Proposed text should be in legislative format; i.e., use underscore to denote wording to be inserted (inserted wording) and strike-through to denote wording to be deleted (~~deleted wording~~).]

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I agree that any material that I author, either individually or with others, in connection with work performed by an NFPA Technical Committee shall be considered to be works made for hire for the NFPA. To the extent that I retain any rights in copyright as to such material, or as to any other material authored by me that I submit for the use of an NFPA Technical Committee in the drafting of an NFPA code, standard, or other NFPA document, I hereby grant and assign all and full rights in copyright to the NFPA. I further agree and acknowledge that I acquire no rights in any publication of the NFPA and that copyright and all rights in materials produced by NFPA Technical Committees are owned by the NFPA and that the NFPA may register copyright in its own name.

Signature (Required) _____

**PLEASE USE SEPARATE FORM FOR EACH COMMENT • email: proposals_comments@nfpa.org • NFPA Fax: (617) 770-3500
Mail to: Secretary, Standards Council, National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471**

10/31/2008

Sequence of Events Leading to Issuance of an NFPA Committee Document

Step 1 Call for Proposals

▼ Proposed new document or new edition of an existing document is entered into one of two yearly revision cycles, and a Call for Proposals is published.

Step 2 Report on Proposals (ROP)

▼ Committee meets to act on Proposals, to develop its own Proposals, and to prepare its Report.

▼ Committee votes by written ballot on Proposals. If two-thirds approve, Report goes forward. Lacking two-thirds approval, Report returns to Committee.

▼ Report on Proposals (ROP) is published for public review and comment.

Step 3 Report on Comments (ROC)

▼ Committee meets to act on Public Comments to develop its own Comments, and to prepare its report.

▼ Committee votes by written ballot on Comments. If two-thirds approve, Report goes forward. Lacking two-thirds approval, Report returns to Committee.

▼ Report on Comments (ROC) is published for public review.

Step 4 Technical Committee Report Session

▼ "*Notices of intent to make a motion*" are filed, are reviewed, and valid motions are certified for presentation at the Technical Committee Report Session. ("Consent Documents" that have no certified motions bypass the Technical Committee Report Session and proceed to the Standards Council for issuance.)

▼ NFPA membership meets each June at the Annual Meeting Technical Committee Report Session and acts on Technical Committee Reports (ROP and ROC) for documents with "certified amending motions."

▼ Committee(s) vote on any amendments to Report approved at NFPA Annual Membership Meeting.

Step 5 Standards Council Issuance

▼ Notification of intent to file an appeal to the Standards Council on Association action must be filed within 20 days of the NFPA Annual Membership Meeting.

▼ Standards Council decides, based on all evidence, whether or not to issue document or to take other action, including hearing any appeals.

The Technical Committee Report Session of the NFPA Annual Meeting

The process of public input and review does not end with the publication of the ROP and ROC. Following the completion of the Proposal and Comment periods, there is yet a further opportunity for debate and discussion through the Technical Committee Report Sessions that take place at the NFPA Annual Meeting.

The Technical Committee Report Session provides an opportunity for the final Technical Committee Report (i.e., the ROP and ROC) on each proposed new or revised code or standard to be presented to the NFPA membership for the debate and consideration of motions to amend the Report. The specific rules for the types of motions that can be made and who can make them are set forth in NFPA's rules, which should always be consulted by those wishing to bring an issue before the membership at a Technical Committee Report Session. The following presents some of the main features of how a Report is handled.

What Amending Motions Are Allowed. The Technical Committee Reports contain many Proposals and Comments that the Technical Committee has rejected or revised in whole or in part. Actions of the Technical Committee published in the ROP may also eventually be rejected or revised by the Technical Committee during the development of its ROC. The motions allowed by NFPA rules provide the opportunity to propose amendments to the text of a proposed code or standard based on these published Proposals, Comments, and Committee actions. Thus, the list of allowable motions include motions to accept Proposals and Comments in whole or in part as submitted or as modified by a Technical Committee action. Motions are also available to reject an accepted Comment in whole or part. In addition, Motions can be made to return an entire Technical Committee Report or a portion of the Report to the Technical Committee for further study.

The NFPA Annual Meeting, also known as the NFPA World Safety Conference & Exposition®, takes place in June of each year. A second Fall membership meeting was discontinued in 2004, so the NFPA Technical Committee Report Session now runs once each year at the Annual Meeting in June.

Who Can Make Amending Motions. NFPA rules also define those authorized to make amending motions. In many cases, the maker of the motion is limited by NFPA rules to the original submitter of the Proposal or Comment or his or her duly authorized representative. In other cases, such as a Motion to Reject an accepted Comment, or to Return a Technical Committee Report or a portion of a Technical Committee Report for Further Study, anyone can make these motions. For a complete explanation, NFPA rules should be consulted.

The Filing of a Notice of Intent to Make a Motion. Before making an allowable motion at a Technical Report Session, the intended maker of the motion must file, in advance of the session, and within the published deadline, a Notice of Intent to Make a Motion. A Motions Committee appointed by the Standards Council then reviews all notices and certifies all amending motions that are proper. The Motions Committee can also, in consultation with the makers of the motions, clarify the intent of the motions and, in certain circumstances, combine motions that are dependent on each other together so that they can be made in one single motion. A Motions Committee report is then made available in advance of the meeting listing all certified motions. Only these Certified Amending Motions, together with certain allowable Follow-Up Motions (that is, motions that have become necessary as a result of previous successful amending motions) will be allowed at the Technical Committee Report Session.

Consent Documents. Often there are codes and standards up for consideration by the membership that will be noncontroversial and no proper Notices of Intent to Make a Motion will be filed. These "Consent Documents" will bypass the Technical Committee Report Session and head straight to the Standards Council for issuance. The remaining Documents are then forwarded to the Technical Committee Report Session for consideration of the NFPA membership.

Action on Motions at the Technical Committee Report Session. In order to actually make a Certified Amending Motion at the Technical Committee Report Session, the maker of the motion must sign in at least an hour before the session begins. In this way a final list of motions can be set in advance of the session. At the session, each proposed document up for consideration is presented by a motion to adopt the Technical Committee Report on the document. Following each such motion, the presiding officer in charge of the session opens the floor to motions on the document from the final list of Certified Amending Motions followed by any permissible Follow-Up Motions. Debate and voting on each motion proceeds in accordance with NFPA rules. NFPA membership is not required in order to make or speak to a motion, but voting is limited to NFPA members who have joined at least 180 days prior to the session and have registered for the meeting. At the close of debate on each motion, voting takes place, and the motion requires a majority vote to carry. In order to amend a Technical Committee Report, successful amending motions must be confirmed by the responsible Technical Committee, which conducts a written ballot on all successful amending motions following the meeting and prior to the Document being forwarded to the Standards Council for issuance.

Standards Council Issuance

One of the primary responsibilities of the NFPA Standards Council, as the overseer of the NFPA codes and standards development process, is to act as the official issuer of all NFPA codes and standards. When it convenes to issue NFPA documents, it also hears any appeals related to the document. Appeals are an important part of assuring that all NFPA rules have been followed and that due process and fairness have been upheld throughout the codes and standards development process. The Council considers appeals both in writing and through the conduct of hearings at which all interested parties can participate. It decides appeals based on the entire record of the process as well as all submissions on the appeal. After deciding all appeals related to a document before it, the Council, if appropriate, proceeds to issue the document as an official NFPA code or standard. Subject only to limited review by the NFPA Board of Directors, the decision of the Standards Council is final, and the new NFPA code or standard becomes effective twenty days after Standards Council issuance.

Report of the Committee on**Fire Service Occupational Safety and Health**

Glenn P. Benarick, *Chair*
Aiken, SC [U]

Rep. NFPA Fire Service Section

Murrey E. Loflin, *Secretary (Alternate)*

West Virginia University, WV [U]

(Alt. to Glenn P. Benarick)
Rep. NFPA Fire Service Section

Donald Aldridge, Lion Apparel, Inc., OH [M]
David J. Barillo, University of Florida College of Medicine, FL [SE]
Lawrence T. Bennett, University of Cincinnati, OH [SE]
Paul Blake, City of Baytown Fire & Rescue Services, TX [E]
 Rep. Industrial Emergency Response Working Group
Sandy Bogucki, Yale University Emergency Medicine, CT [SE]
Dennis R. Childress, Orange County Fire Authority, CA [U]
 Rep. California State Firefighters Association
Dominic J. Colletti, Hale Products, Inc., PA [M]
 Rep. Fire Apparatus Manufacturers Association
Thomas J. Cuff, Jr., Firemen's Association of the State of New York, NY [U]
I. David Daniels, City of Renton Fire & Emergency Services, WA [E]
 Rep. International Association of Fire Chiefs
Phil Eckhardt, Mine Safety Appliances Company, PA [M]
 Rep. International Safety Equipment Association
Stephen N. Foley, US Department of Homeland Security, MD [SE]
Tom Hillenbrand, Underwriters Laboratories Inc., IL [RT]
Jonathan D. Kipp, Primex, NH [I]
Steve L. Kreis, City of Phoenix Fire Department, AZ [E]
Tamara DiAnda Lopes, Reno Fire Department, NV [U]
David A. Love, Jr., Volunteer Firemen's Insurance Services, Inc., PA [I]
George L. Maier, III, Fire Department City of New York, NY [U]
Denis M. Murphy, Nassau County Fire Service Academy, NY [U]
 Rep. Association of Fire Districts/State of New York
Erica L. Nelson, Portland Fire and Rescue, WA [L]
 Rep. International Association of Women in Fire & Emergency Services
Stephen E. Norris, United Firefighters of Los Angeles City, CA [L]
David J. Prezant, Fire Department City of New York, NY [E]
Joseph W. Rivera, US Air Force, FL [U]
David Ross, Toronto Fire Services, Canada [E]
 Rep. Fire Department Safety Officers Association
Mario D. Rueda, Los Angeles City Fire Department, CA [U]
Daniel G. Samo, Northwestern Memorial Hospital, IL [SE]
Donald F. Stewart, Medocracy Inc./Fairfax County Fire & Rescue, VA [E]
Philip C. Stittleburg, LaFarge Fire Department, WI [U]
 Rep. National Volunteer Fire Council
Phillip C. Vorlander, City of Des Moines Fire Department, IA [M]
 Rep. National Incident Management System Consortium
Teresa Wann, Santa Ana College, CA [SE]
Kim D. Zagaris, State of California, CA [E]

Alternates

Janice C. Bradley, International Safety Equipment Association, VA [M]
 (Alt. to Phil Eckhardt)
Leroy B. Coffman, III, Tempest Technology, Inc., CA [M]
 (Alt. to Dominic J. Colletti)
Michael L. Finkelman, East Meadow, NY [U]
 (Alt. to Denis M. Murphy)
Craig A. Fry, Los Angeles City Fire Department, CA [U]
 (Alt. to Mario D. Rueda)
Al H. Gillespie, North Las Vegas Fire Department, NV [E]
 (Alt. to I. David Daniels)
Allen S. Hay, Fire Department City of New York, NY [U]
 (Alt. to George L. Maier, III)
Thomas Healy, Daisy Mountain Fire District, AZ [E]
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James Johannessen, Underwriters Laboratories Inc., PA [RT]
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Robert L. McLeod, III, City of Chandler Fire Department, AZ [E]
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Gary L. Neilson, Reno Fire Department, NV [U]
 (Alt. to Tamara DiAnda Lopes)
Andrew G. Schwartz, Lion Apparel, Inc., OH [M]
 (Alt. to Donald Aldridge)
Michael W. Smith, Nevada Division of Forestry, NV [U]
 (Alt. to Philip C. Stittleburg)
Fred C. Terryn, US Air Force, FL [U]
 (Alt. to Joseph W. Rivera)
Michael L. Young, Volunteer Firemen's Insurance Services, Inc., PA [I]
 (Alt. to David A. Love, Jr.)

Nonvoting

Matthew I. Chibbaro, US Department of Labor, DC [E]
Thomas R. Hales, US National Institute for Occupational Safety & Health, OH [RT]
Andrew Levinson, US Department of Labor, DC [E]
 (Alt. to Matthew I. Chibbaro)
Jay L. Tarley, US Department of Health & Human Services, WV [RT]
 (Alt. to Thomas R. Hales)

Staff Liaison: **Frank E. Florence**

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.

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.

The Report of the Technical Committee on **Fire Service Occupational Safety and Health** is presented for adoption.

This Report was prepared by the **Technical Committee on Fire Service Occupational Safety and Health** and proposes for adoption, amendments to NFPA 1581, **Standard on Fire Department Infection Control Program**, 2005 edition. NFPA 1581 is published in Volume 11 of the 2008 National Fire Codes and in separate pamphlet form.

This Report has been submitted to letter ballot of the **Technical Committee on Fire Service Occupational Safety and Health**, which consists of 31 voting members. The results of the balloting, after circulation of any negative votes, can be found in the report.

1581-1 Log #CP1 **Final Action: Accept**
(Entire Document)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: In 2.2, update the edition date of the NFPA Standards as follows:

NFPA 1500 to 2007
NFPA 1582 to 2007
NFPA 1851 to 2008
NFPA 1852 to 2008
NFPA 1971 to 2007
NFPA 1999 to 2008

In 2.3.2, update the reference to Federal Specification KKK-A-1822E to Federal Specification KKK-A-1822F and the date to August 1, 2007. Also change the reference in 6.2.1, A.6.2.4 and A.6.2.6 from KKK-A-1822E to KKK-A-1822F. In A.6.2.4, change the paragraph number referenced to KKK-A-1822F from 3.13.6 to 3.13.4. In A.6.2.6 change the paragraph number referenced to KKK-A-1822F from 3.10.17 to 3.10.16.

Add a new section as 2.4 to read:

2.4 References for Extracts in Mandatory Sections.

NFPA 600, *Standard on Industrial Fire Brigades*, 2005 edition.

NFPA 1451, *Standard for a Fire Service Vehicle Operations Training Program*, 2007 edition.

NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*, 2007 edition.

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

NFPA 1999, *Standard on Protective Clothing for Emergency Medical Operations*, 2008 edition.

In 3.3.16, update the edition date for 1901 to 2009.

In 3.3.18, 3.3.23, 23.3.24, 3.3.31, 3.3.37, update the edition date for 1500 to 2007.

In 3.3.50, update the edition date for 1451 to 2007.

In 3.3.53, update the edition date for 1999 to 2008.

Revise D.1.2.1 to read as follows:

D.1.2.1 CDC Publications. Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, GA 30333.

A Curriculum Guide for Public Safety and Emergency Response Workers, Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus, Publication 89-108, February 1989 <http://www.cdc.gov/niosh/89-108pd.html>

Bolyard, Elizabeth A., et al, *Guideline for infection control in health care personnel*, 1998. <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/InfectControl98.pdf>

Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force, 2002 <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

Guidelines for Prevention of Transmission of HIV Infection and Hepatitis B Virus to Health Care and Public Safety Workers, MMWR Vol. 38, No. S-6, 1989, pp. 3-37 <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001450.htm>

"Public Health Service Guidelines for Counseling and Antibody Testing to Prevent HIV Infection and AIDS," MMWR Vol. 36, No. 31, 1987, pp. 509-515 <http://www.cdc.gov/mmwr/preview/mmwrhtml/00015088.htm>

"Recommendations for Prevention of HIV Transmission in Health-Care Settings," MMWR, Vol. 36 (SU02), 1987. <http://www.cdc.gov/mmwr/preview/mmwrhtml/00023587.htm>

Schulster, L. M., et al, *Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations from CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)*, 2003 http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Enviro_guide_03.pdf

Revise D.3 to read "References for Extracts in Informational Sections. (Reserved)."

Substantiation: The committee has reviewed the entire document to update any extracted material and update references to other organization's documents as required by the NFPA Regulations Governing Committee Projects and the NFPA Manual of Style. New section 2.4 is to move the references for documents from which text is extracted in mandatory sections from Annex D to chapter 2 in accordance with the manual of Style. No documents are listed in D.3 as all extracted material is in the mandatory sections of the document.

The changes to D.1.2.1 are to add web site addresses for the publications and to standardize the format for the references. Other proposals add additional references to D.1.2.1.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: I am a new member of the Committee and have not been involved with the discussions. Therefore, I would like to abstain on this ballot.

1581-2 Log #CP2 **Final Action: Accept**
(1.3.1 and 1.3.2)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise 1.3.1 and 1.3.2 to read as follows:

1.3.1 The requirements of this standard apply to organizations providing rescue, fire suppression, rescue, emergency medical services care, 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 that also can be known as emergency brigades, emergency response teams, fire teams, plant emergency organizations, or mine emergency response teams.

Delete 3.3.28, the definition of Industrial Fire Department and the related annex.

Add a definition of industrial fire brigade to read: An organized group of employees within an industrial occupancy 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. [600:2005]

Substantiation: The changes to 1.3 are for consistency with changes made to other documents in the family that the Fire Service Occupational Safety and Health committee is responsible for. The term "Industrial Fire Department" is being deleted as the committee defines a fire department without separately defining public, military, or private fire departments. The committee is adding the definition for industrial fire brigade as there is confusion between what is an industrial fire brigade and a fire department.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-3 Log #CP3 **Final Action: Accept**
(3.3)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise the definition of Cleaning Gloves to read:

Multipurpose, multi-use gloves, not for emergency patient care, that provide limited protection from abrasion, cuts, snags, and punctures during cleaning and that are designed to provide a barrier against body fluids, cleaning fluids, and disinfectants and limited physical protection to the wearer.

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

Delete the annex to the definition of face protection devices.

Revise the definition Fire Department to read: An organization providing rescue, fire suppression, emergency medical services, special operations, and related services.

Add an annex to the definition of fire department to read as follows: The term fire department includes any public, governmental, private, industrial, or military organization providing these services.

Delete the attribution to NFPA 1851 for the definition of the term "garment."

Revise the annex to the definition of "health and safety officer" to read: This individual can also be the incident safety officer or that role can be assigned to another individual as a separate function.

Revise the annex to the definition of "Infection Control Program" to read: This program includes, but is not limited to, implementation of written policies and standard operating procedures regarding exposure follow-up measures, immunizations, member's health screening programs, and educational programs.

Revise the definition of "medical gloves" to read: Single-use patient examination gloves that are designed to provide a barrier protection against body fluids to the wearer's hand and wrist

Revise the annex to the definition of "member" to read: A fire department member can be a full-time or part-time employee or can be a paid or unpaid volunteer, can occupy any position or rank within the fire department, and can might or might not engage in emergency operations.

Add a definition of protective ensemble to read: Multiple elements of compliant protective clothing and equipment that when worn together provide protection from some risks, but not all risks, of emergency incident operations.

Add an annex to the definition of protective ensemble to read: The elements of the protective ensemble are coats, trousers, coveralls, helmets, gloves, footwear, and interface components.

Revise the definition of "structural fire-fighting gloves" to read: The An element of the structural fire-fighting protective ensemble designed to that provides minimum protection to the fingers, thumb, hand, and wrist.

Substantiation: Cleaning gloves. The definition is being revised to reflect wording that is consistent with the definition of "emergency medical cleaning / utility glove" in NFPA 1999.

Face protection devices. The definition is being revised to reflect wording that is consistent with the definition of “emergency medical eye and face protection device” in NFPA 1999. The annex is being deleted as it is inconsistent with the revised definition and not needed.

Fire department. The committee is revising this definition to be consistent with the definition of the term used in its other documents

Garment. The term is no longer defined in NFPA 1851 so the attribution showing it being extracted from that standard needs to be deleted.

Health and safety officer. The committee is revising this annex to be consistent with the annex for the definition of the term used in its other documents

Infection control program. The revision to the annex is editorial.

Medical gloves. The definition is being revised to reflect wording that is consistent with the definition of “emergency medical examination glove” in NFPA 1999

Member. The committee is revising this annex to be consistent with the annex for the definition of the term used in its other documents

Protective ensemble. This term is being defined as it is needed to understand other definitions and is being used in revisions to the standard.

Structural fire-fighting gloves. The definition is being revised to reflect wording that is consistent with the definition of the term “structural fire-fighting protective gloves” in NFPA 1971.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 25 Negative: 1 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Negative:

BRADLEY, J.: The reference to being a barrier to body fluids should be removed from the definition of cleaning gloves. Claiming protection against body fluids indicates that cleaning gloves are suitable for blood and body fluid protection. They must be tested and evaluated for conformance with the FDA medical exam glove standard for this to be a performance requirement of cleaning gloves.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-4 Log #CP5 **Final Action: Accept**
(3.3.13, 3.3.40 and 4.4.4.)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise 3.3.13 to read as follows:

Infectious Exposure Incident. 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.

Revise 3.3.40 to read as follows:

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

Revise 4.4.4 to read as follows:

4.4.4 When notified of an infectious exposure incident, the infection control officer shall ensure the following:

- (1) Notification, verification, treatment, and medical follow-up of members
- (2) Documentation of the infectious exposure incident as specified in 4.6.5.

Substantiation: The committee is changing the term “exposure incident” to “infectious exposure” as that term is more descriptive of what is happening. The word incident, as used in the fire service, is a description for the whole event that the fire department responded to, such as a fire or an emergency medical service call. See also Proposal 1581-8 (Log #CP8) which also changes the terminology “exposure incident” to “infectious exposure” in the paragraphs being reorganized by that proposal.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-5 Log #CP4 **Final Action: Accept**
(3.3, 4.2.2, 5.8.1, Chapter 7, 7.2.1, 7.2.4, 7.2.5, 7.2.6, 7.2.7.1, 7.2.13, 8.7.3, and C.1.)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Delete the definitions of emergency medical care and emergency medical operations.

Add a definition of emergency medical services to read: 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.

Revise the first paragraph of “A.3.3.35 Medical Gloves” to read: The requirement for FDA registration of gloves provides further benefit to the emergency responder. Although the FDA currently does not require that

medical gloves used in when providing emergency medical services response be registered as medical devices, these same gloves, when worn by emergency personnel inside hospitals and other health care facilities, must be registered as Class 1 medical devices.

Revise 4.2.2 to read: The written risk management plan shall include the identification, evaluation, control, and monitoring of risks to the following:

- (1) Fire department facilities
- (2) Fire department vehicles
- (3) Emergency medical service operations

Revise 5.8.1 to read: Fire departments that provide emergency medical services operations shall provide or have access to disinfecting facilities for the cleaning and disinfecting of emergency medical equipment.

Revise A.5.8.1 to read: Where the fire department provides only emergency medical services operations at the first responder level, there should be at least one disinfecting facility available. Where the fire department provides basic life-support or advanced life-support emergency medical services operations, there should be a disinfecting facility in each fire station from which such services are provided.

Revise the title of Chapter 7 to read: **Emergency Medical Operations Protection for Emergency Medical Service Operations**

Revise 7.2.1 to read: Members engaging in providing any emergency medical services care shall don medical gloves prior to initiating such care to protect against the variety of diseases, modes of transmission, and unpredictable nature of the work environment.

Revise 7.2.4 to read: All PPE used in while providing emergency medical service care shall meet the requirements of NFPA 1999 and shall be donned prior to beginning any emergency medical service.

Revise 7.2.5 to read: PPE used in while providing emergency medical services care, including masks, splash-resistant eyewear, medical gloves, and fluid-resistant clothing, shall be present on all fire department vehicles that provide support emergency medical service operations.

Delete 7.2.6.

Revise 7.2.7.1 to read: Resuscitation equipment, including pocket masks, shall be available on all fire department vehicles that provide support emergency medical service operations.

Revise 7.2.13 to read: 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 service operations.

Revise 8.7.3 to read: Contaminated work surfaces shall be decontaminated with a disinfectant at the following times:

- (1) After completion of an incident involving emergency medical service operations

Revise C.1 to read: **General.** The following disinfection and sterilization methods should be used for equipment used in providing emergency medical services operations:

Substantiation: The committee is standardizing on and defining the term “emergency medical service” which is currently used in the document without definition. In addition, the terms “emergency medical care” and “emergency medical operations” which are also used in the document are being changed to use the term “emergency medical service” as different terminology for the same service creates confusion.

The change to 4.2.2, 5.8.1, the title of Chapter 7, 7.2.1, 7.2.5, 7.2.7.1, 7.2.13, 8.7.3(1), A.3.3.35, A.5.8.1, and C.1 are to implement the standardization of using the term “emergency medical service.”

The change to 7.2.4 and the deletion of 7.2.6 is to implement the use of the single term but also to incorporate into 7.2.4 what is now 7.2.6 which does not need to be a separate paragraph.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-6 Log #CP6 **Final Action: Accept**
(4.1.3)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise 4.1.3 to read as shown:

4.1.3 The fire department shall provide for the cleaning and disinfection or disposal of the following:

- (1) Personal Protective ensembles equipment (PPE)
- (2) Structural fire-fighting and other contaminated protective equipment
- (3) Station/work uniforms
- (4) Other protective equipment clothing, if utilized as PPE
- (5) Emergency medical equipment
- (6)* Fire apparatus and other fire department vehicles

Substantiation: The committee is making a distinction between protective ensembles which are being defined (see Proposal 1581-3 (Log CP#3)) and tools and equipment, whether used for structural fire fighting or other incidents, that may or may not be part of the personal protective equipment but are contaminated. The change to 4.1.3(4) results from the change to 4.1.3(1) as that

now covers all protective ensembles and 4.1.3(4) will cover other protective equipment such as SCBA, PASS, etc. The change to 4.1.3(6) is for clarification as not all fire department vehicles that could get contaminated are fire apparatus as defined.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-7 Log #CP7 **Final Action: Accept**
(4.4.7 and 4.4.8)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise 4.4.7 to read as follows:

4.4.7 The infection control officer shall be knowledgeable and cognizant of the issues associated with bio-terrorism pathogens (e.g. anthrax, small pox), and emerging infectious diseases (e.g. SARS, MRSA) potentially encountered that members could encounter during the performance of their job duties, including but not limited to the following: (see Table A.4.3.3)

- (1) Identification and screening
- (2) Immunizations
- (3) Efficacy of various PPE
- (4) Health effects education
- (5) Post-exposure management
- (6) Post-incident management
- (7) Disinfection / decontamination of fire fighting and other equipment.

Delete 4.4.8.

Substantiation: These 2 paragraphs are being combined into a single requirement as there is much unnecessary duplication of wording.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-8 Log #CP8 **Final Action: Accept**
(4.5 and 4.6)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise sections 4.5 and 4.6 to read as shown:

4.5 Health Maintenance.

4.5.1 A confidential health data base shall be established and maintained for each member as specified in NFPA 1500, NFPA 1582, and in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

4.5.1.1 This database shall include:

- (1) Any occupational exposures
- (2) Vaccination status

4.5.1.2 The database shall be maintained as a confidential medical record and not released unless mandated by public health statute.

4.5.2 ~~4.5.1~~ Immunizations and Infectious Disease Screening.

4.5.2.1 ~~4.5.1.1~~ The following infectious disease immunizations or infectious disease screening shall be provided, as indicated:

- (1) Tuberculosis screen (PPD) (annually or more frequently according to CDC guidelines) unless member has a history of positive PPD
- (2) Hepatitis B virus vaccinations and titers (as specified in CDC guidelines)
- (3) Hepatitis C virus screen (baseline, and following occupational exposure, and if requested by the fire department physician or member.)
- (3) Hepatitis B virus vaccinations and titers (as specified in CDC guidelines)
- (4) HIV screen (baseline, following occupational exposure, and if requested by the fire department physician or member.)
- (5) (4) Tetanus/diphtheria vaccine (booster every 10 years)
- (6) (5) Measles, mumps, rubella (MMR) vaccine
- (7) (6) Polio vaccine
- (8) (7) Hepatitis A vaccine offered to high risk personnel (HazMat, USAR, and SCUBA) and other personnel with frequent or expected exposures to contaminated water
- (9) (8) Varicella vaccine offered to all non-immune personnel
- (10) (9) Influenza vaccine offered to all personnel annually
- (10) HIV screening available to all personnel
- (11) HIV testing offered on a confidential basis as part of post-exposure protocols and as requested by the physician or member

4.5.2.2 ~~4.5.1.1.1~~ If a member has a positive PPD by history, CDC guidelines for management and subsequent chest radiographic surveillance shall be followed.

~~4.5.1.1.2~~ All results from HIV tests shall be provided directly to the member, shall be maintained by the physician as confidential documents, and shall not be forwarded to any local, state, provincial, national, or international database unless mandated by public health statute.

~~4.5.2.3~~ ~~4.5.1.2~~ All members shall be immunized against infectious diseases as required by the authority having jurisdiction and by 29 CFR 1910.1030 "Bloodborne Pathogens."

4.5.2.4 ~~4.5.1.3~~ The fire department physician shall ensure that all members are offered currently recommended immunizations at no cost to the member.

4.5.2.5 ~~4.5.1.4~~ Members who choose to decline immunizations offered by the department shall be required to sign a written declination.

4.5.2.5.1 ~~4.5.1.4.1~~ The declination shall become part of the member's confidential health data base as specified in Section 10.4 of NFPA 1500.

4.5.2.5.2 ~~4.5.1.4.2~~ Members shall be allowed to recant at any time and receive the offered immunizations.

4.5.2 In the event of any real or perceived occupational exposure, the member shall receive a confidential medical evaluation, and be offered post-exposure prophylaxis where medically indicated, counseling, and evaluation of the reported illness by the fire department physician or the physician's designee.

~~4.5.3~~ A confidential health data base shall be established and maintained for each member.

4.5.4 Any exposures shall become part of a member's confidential health data base as specified in NFPA 1582, *Standard on Medical Requirements for Fire-Fighters*, and in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

4.6 Infectious Exposures Incidents.

4.6.1 If a member has sustained an infectious exposure incident, the exposed area shall be immediately and thoroughly washed using water on mucosal surfaces, and soap and running water on skin surfaces.

4.6.2 If soap and running water are not available, waterless soap, antiseptic wipes, alcohol, or other skin cleaning agents that do not need running water shall be used until soap and running water are obtained.

4.6.3 The fire department shall have an established procedure and shall train in that procedure to ensure that when a member has an infectious exposure incident, the immediate supervisor is notified and the member is offered seeks immediate medical evaluation.

4.6.4* The fire department shall ensure that a member who has experienced an infectious exposure incident (real or perceived) receives the following:

- (1) Immediate medical guidance, evaluation, and, if where appropriate;
- (1) Post-exposure prophylaxis
- (2) Appropriate, confidential, post-exposure counseling and subsequent testing

4.6.5* All infectious exposures incident shall be recorded in writing as soon as possible after the exposure incident using a standardized form designed to allow for follow-up.

4.6.5.1 The record shall include the following:

- (1) Description of the tasks being performed when the infectious exposure incident occurred
- (2) Source of transmission including any relevant medical and social history of the source
- (3) Portal of entry
- (4) PPE utilized
- (5) Disposition of medical management

4.6.5.2 The record of infectious exposures incident shall become part of the member's confidential health data base as specified in Chapter 10 of NFPA 1500.

4.6.6 A complete record of the member's infectious exposures incident shall be available to the member upon request.

4.6.7 Infectious exposure incident data, without personal identifiers, also shall be added to the fire department health data base as specified in Chapter 10 of NFPA 1500.

4.6.8 Due to the hazardous nature of some communicable diseases, a member shall be required to report to the infection control officer when the member experiences a confirmed infectious exposure incident and is being medically treated or tested due to presenting signs or symptoms.

4.6.9 The fire department physician shall determine fitness-for-duty status after reviewing documentation of a member's infectious exposure.

Substantiation: The committee is reorganizing the material in these 2 sections to present the material in a more logical order. See also proposal 1581-9 (Log #CP9) which changes the text in 4.5.1.1(1) renumbered as 4.5.2.1 in this proposal.

The committee is changing the term "exposure incident" to "infectious exposure" as that term is more descriptive of what is happening. The word incident, as used in the fire service, is a description for the whole event that the fire department responded to, such as a fire or an emergency medical service call.

The change to 4.6.3 is to reflect that the fire department needs a procedure to offer a member a medical evaluation and subsequent treatment if necessary but cannot require a member to seek medical evaluation.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-9 Log #CP9 **Final Action: Accept**
(4.5.1.1(1))

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise 4.5.1.1(1) to read as follows:

4.5.1 Immunizations and Infectious Disease Screening.

4.5.1.1 The following infectious disease immunizations or infectious disease screening shall be provided, as indicated:

(1) A tuberculosis screening program composed of:

(a)* Baseline tuberculin testing by either:

i. A two-step tuberculin skin test according to the CDC procedures, or
ii. A blood test for mycobacterium tuberculosis (QuantiFERON®-TB Gold or QuantiFERON®-TB Gold In Tube).

b)* Subsequent tuberculin testing at a frequency determined by annual CDC risk assessment guidelines.

-(1) Tuberculosis screen (PPD) (annually or more frequently according to CDC guidelines) unless member has a history of positive PPD

Add an annex to 4.5.1.1(1)(a) to read:

A.4.5.1.1(1)(a) Firefighters, especially those performing EMS duties, should be provided baseline screening for tuberculosis upon hiring or joining a department. Two types of tuberculin tests are available: skin testing and blood testing. If the skin test is selected, OSHA requires and the CDC recommends, a two-step test. A one-step test can be used if the candidate has a documented negative skin test within the past 12 months. The CDC provides guidance for how to conduct the skin tests. See *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings*.

The FDA has approved two blood tests to screen for mycobacterium tuberculosis: QuantiFERON®-TB Gold in 2005 and QuantiFERON®-TB Gold In-Tube in 2007. Although the QuantiFERON technology seems to have clear advantages [e.g. reduced number of clinic visits, no cross reactivity with atypical mycobacterium, no confounding in persons vaccinated with Bacillus Calmette-Guerin (e.g. the TB vaccination)], at this time there is insufficient data to indicate a clear preference for either the skin or blood test. See *Guidelines for Using the QuantiFERON-TB Gold Test for Detecting Mycobacterium tuberculosis Infection*, and Gamsky, TE, Alexander, RC, *QuantiFERON-TB Blood Testing in the Occupational Setting*. Results of both skin and blood tests should be considered in the context of public health and medical factors.

Add an annex to 4.5.1.1(1)(b) to read:

A.4.5.1.1(1)(b) Subsequent tuberculin testing should be targeted, and at a frequency indicated by the risk classification of the fire department. CDC provides guidelines for conducting tuberculosis risk assessments for healthcare settings, but these guidelines are also relevant for fire departments. If needed, local public health officials can provide assistance with these annual tuberculosis risk assessments. Relevance data for fire departments include the rate of TB in the community, rate of TB in the population covered by the department, determine if persons with unrecognized TB disease were encountered during the previous 5 years, determine the environmental controls in place, and results of the fire department's TB screening program.

Fire departments with a low risk for TB exposure (e.g. no cases of TB in the covered population) could consider TB screening only when an exposure to M. tuberculosis has occurred. Advantages include fewer false-positive test results among firefighters, since fewer tests will be performed. See *Health Hazard Evaluation Report: Evaluation of Tuberculin Skin Test Conversions at a Mississippi Fire Department* by J. Gibbins and E. Page. This in turn will lessen the potential for firefighters to be placed on drug therapy for latent tuberculosis infection, reduce the rate of complications of that drug therapy, and will result in lower occupational medical surveillance costs for the department. Disadvantages include a greater possibility of not identifying a firefighter(s) that have been exposed to TB either occupationally or during off-duty activities in a timely manner. Fire Departments at a medium or high risk for TB exposure, would need to not only continue with screening program, but also look at environmental controls to reduce exposure.

EMS personnel should be included in the follow-up contact investigations of patients with infectious TB disease. The Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (Public law 101--381) mandates notification of EMS personnel after they have been exposed to a patient with suspected or confirmed infectious TB disease (Title 42 U.S. Code 1994). Additionally, departments should provide annual refresher training on tuberculosis and bloodborne pathogens for firefighters. This includes training on the early recognition of patients with potentially communicable diseases such as tuberculosis, so personal protection measures such as an N95 respirator use can be implemented on EMS calls, or a surgical mask can be placed on the patient if medically feasible, to limit the exposure of firefighters and others.

Add the following references to D.1.2.1

Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, MMWR, Vol. 54, (RR-17), 2005 <http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf>

Guidelines for Using the QuantiFERON-TB Gold Test for Detecting Mycobacterium tuberculosis Infection, United States, MMWR Vol. 54 (RR-15) pp.49-55, 2005 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a.htm>

Gibbins, J. and E. Page, Health Hazard Evaluation Report, Evaluation of Tuberculin Skin Test Conversions at a Mississippi Fire Department, HETA No. 2007-0012-3046, <http://www.cdc.gov/niosh/hhe/reports/pdfs/2007-0012-3046.pdf>

Add the following reference to D.1.2.5

Gamsky, TE, Alexander, RC [2008] *QuantiFERON-TB Blood Testing in the Occupational Setting*, JOEM 50:3-4

Substantiation: The wording is being revised and annex material added to reflect the latest medical recommendations from the Center for Disease Control on tuberculosis screening programs. See reorganization of section 4.5 in proposals 1581-8 (Log CP#8) which will change the numbering of this paragraph to 4.5.2.1(1).

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-10 Log #CP10 **Final Action: Accept**
(5.1)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise 5.1 to read as follows:

5.1* General.

5.1.1 All fire department facilities shall comply with all relevant health and infection control laws and regulations, and standards for public use facilities.

5.1.2 Hand washing capacity.

5.1.2.1 Hand washing capacity shall be available in areas of the fire station where contaminated materials are cleaned, stored, disinfected or laundered.

5.1.2.2 If soap and running water are not available, waterless cleansers (antiseptic wipes, alcohol, or other skin cleaning agents) shall be available.

5.1.3 Hand cleaning shall occur before the member enters the fire station's living, sleeping and/or eating areas if the member has potentially been contaminated with infectious agents.

Substantiation: As 5.1 is currently written, it requires facilities to comply with standards without naming the standards which leaves the possibility open for an endless and at times conflicting set of standards to be required. The reference to public use facilities is being deleted as not all fire department facilities are public use.

New text added as 5.1.2 and 5.1.3 is to make sure hand washing capability is available in areas where contaminated material is present and that hand cleaning occurs to prevent contamination from being carried into station living, sleeping and eating areas.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-11 Log #CP12 **Final Action: Accept**
(5.2.2, 5.2.2.1 and 5.2.2.2)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise 5.2.2 to read:

5.2.2 Shelving Above Sinks:

~~5.2.2.1 Shelving or racks shall be provided above sinks to drip-dry cleaned food preparation containers shall be provided and arranged so that~~

~~5.2.2.2 all drainage from the shelving or racks shall run into a sink or drainage pan that empties directly into a sanitary sewer system or septic system.~~

Substantiation: The standard does not need to specify where the shelving is as long as it is arranged so the drainage is into a sewer or septic system. Paragraph 5.2.4 requires a dishwasher which should be used but even if food preparation containers are to be drip dried because they are too large to go into a dishwasher, it does not have to be on shelving over the sink.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-12 Log #CP11 **Final Action: Accept**
(5.5 and 5.7.4)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise Section 5.5 to read as follows:

5.5 Cleaning of Protective Ensembles and Contaminated Clothing.

5.5.1* The fire department shall provide for the cleaning of protective ensembles and contaminated station/work uniforms.

5.5.2 Cleaning of protective ensembles and contaminated station/work uniforms shall be performed by a cleaning service or at a fire department facility equipped to handle contaminated clothing.

5.5.3 Where the cleaning is conducted in fire stations, the fire department shall provide at least one washing machine and clothes dryer for the dedicated purpose of cleaning protective ensembles and contaminated station/work uniforms.

5.5.3.1 The washer and dryer shall be located in the designated cleaning area specified in Section 5.7.

5.5.3.2* Non-contaminated clothing and other laundry shall not be washed in the same machine(s).

5.5.4 If protective ensembles are to be cleaned at a separate fire department facility, a dedicated machine for the sole purpose of cleaning the protective ensembles shall be provided.

Add an annex to the new 5.5.3.2 to read:

A.5.5.3.2 If the fire department allows the washing of non-contaminated laundry including bedding in the fire station, a separate washer/dryer should be available for that purpose and located in an area that is remote from the cleaning area specified in Section 5.7.

Delete 5.7.4.

Substantiation: There has been confusion over washing machines for PPE and station work uniforms. The designation PPE is being changed to protective ensemble with an added definition (See Proposal 1581-3 (Log #CP3). Section 5.5 is being rewritten to focus on the cleaning of protective ensembles and contaminated station/work uniforms with an added requirement that contaminated and non-contaminated clothing not be washed in the same machine. New annex material suggests that if the fire department is going to provide for cleaning of non-contaminated laundry such as bed linen in the fire station, a separate washer/dryer needs to be provided in an area remote from the cleaning area.

Paragraph 5.7.4 is being deleted as it adds confusion in talking about laundry facilities being remote from the cleaning area where Section 5.5 requires the washer/dryer for protective ensembles and contaminated clothing to be in the cleaning area.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-13 Log #CP13 **Final Action: Accept**
(5.6.4.2)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise 5.6.4.2 to read as follows:

Potentially contaminated PPE shall not be allowed stored in personal clothing lockers or in areas used for the following:

- (1) Food preparation and cooking
- (2) Living
- (3) Sleeping
- (4) Recreation
- (5) Personal hygiene

Substantiation: With potentially contaminated PPE, it is not just a case of where it should not be stored but where it is even allowed. The change clarifies that potentially contaminated PPE not be allowed in certain areas of the fire station.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-14 Log #CP17 **Final Action: Accept**
(5.8.3, 5.8.3.1 and 5.8.3.2)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise 5.8.3, 5.8.3.1 and 5.8.3.2 to read as follows:

5.8.3 Disinfecting facilities shall be equipped with racks or shelving to drip-dry cleaned equipment of nonporous material.

5.8.3.1 ~~Racks or shelving shall be of nonporous material provided above sinks to drip-dry cleaned equipment~~

5.8.3.2 All drainage from the racks or shelving shall run into a sink or drainage pan that empties directly into a sanitary sewer system or septic system.

Substantiation: The standard does not need to specify where the shelving is as long as it is arranged so the drainage is into a sewer or septic system. Other changes are editorial for clarification of the committee's intent.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-15 Log #CP14 **Final Action: Accept**
(6.1)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise 6.1 to read as follows:

6.1* General.

6.1.1* All fire department vehicles involved in providing any level of emergency medical services (EMS) shall comply with health and infection control laws, and regulations, ~~and standards.~~

6.1.2 At a minimum, waterless cleansers, antiseptic wipes, alcohol, or other skin cleaning agents shall be available on the vehicle.

Renumber A.6.1 as A.6.1.1.

Substantiation: As 6.1 is currently written, it requires fire department vehicles to comply with standards without naming the standards which leaves the possibility open for an endless and at times conflicting set of standards to be required. New text added as 6.1.2 is to make sure hand cleaning capability is available on any fire department apparatus that could be involved with providing emergency medical services to control or limit contamination and infectious exposure.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-16 Log #CP15 **Final Action: Accept**
(8.4.6, 8.4.6.1, and 8.4.6.2)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise 8.4.6 to read:

8.4.6 Structural Fire-Fighting Protective Clothing:

8.4.6.1* Structural fire-fighting protective ensembles, and the individual ensemble elements that include garments, helmets, gloves, footwear, and interface components clothing, gloves, station/work uniforms, and protective footwear shall be maintained, cleaned and decontaminated in accordance with NFPA 1851. (See also Annex C.) dried according to the manufacturer's instructions as needed and at least every 6 months.

~~8.4.6.2 Chlorine bleach or cleaning agents containing chlorine bleach shall not be used. (See Annex C, and NFPA 1851-)~~

Delete A.8.4.6.1.

Substantiation: NFPA 1851, *Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting*, covers the cleaning, care and maintenance of structural protective ensembles and NFPA 1581 should just reference that standard and not have requirements on how to clean structural fire-fighting protective clothing together with a long annex of laundry instructions.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

 1581-17 Log #CP16 **Final Action: Accept**
 (8.6.6)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Delete 8.6.6.

Substantiation: The requirement in 8.6.6 is redundant with 8.6.3 as 8.6.3 requires all contaminated laundry to be placed in and transported in bags or containers that are labeled or color coded regardless of where it is going.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

 1581-18 Log #CP18 **Final Action: Accept**
 (Table A.4.3.3)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise the mode of transmission statement for Meningitis: meningococcal to read:

Respiratory aerosols in general, respiratory droplets, but respiratory aerosols need to be considered.

Substantiation: Meningococcal disease requires droplet precautions.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

 1581-19 Log #CP19 **Final Action: Accept**
 (Table A.4.3.3)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Add a new line in Table A.4.3.3 for Methicillin-resistant Staphylococcus aureus (MRSA).

Disease/Infection – Methicillin-resistant Staphylococcus aureus (MRSA)*

Mode of Transmission – Typically, by direct contact. In health care setting, common mode of transmission results from contaminated hands and inadequate hand washing. Rarely, by aerosolized respiratory secretions.

Is Vaccine Available? – No

Signs and Symptoms – Persistent skin lesions, including vesicular rashes, cellulitis, and abscesses.

Add a footnote to the table to read:

* See Siegel, J.D., et al, *Management of Multi-drug Resistant Organisms in Healthcare Settings*.

Add the reference to D.1.2.1 as follows:

Siegel, J.D., et al, *Management of Multi-drug Resistant Organisms in Healthcare Settings*, 2006: Recommendations from the CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC) <http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>

Substantiation: Methicillin-resistant Staphylococcus aureus (MRSA) is becoming a more widespread disease and is one that emergency response personnel can be easily exposed to. The committee wants to be sure that any education program includes information on MRSA.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

 1581-20 Log #CP20 **Final Action: Accept**
 (A.6.2.6.6, A.8.3.9, C.4.1)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise A.6.2.6.6 to read as follows:

All seats, mounted cushions, cots, floors, counters, shelves, bulkheads, and container linings must be made of or covered by non-absorbent, washable material. These surface materials should be inert to detergents, solutions, and solvents, for disinfecting and cleaning as described by OSHA or CDC.

The fire department must consider engineering controls for proper decontamination and disinfecting when designing new vehicles and apparatus. EMS compartments on fire apparatus and other vehicles should be designed to facilitate easy decontamination and disinfecting in the event contaminated materials are placed in these compartments [FA-112, 2002].

Once soiled with patient material, contaminated environmental surfaces should be washed with hot soapy water and rinsed with clean water. Subsequently disinfection should occur with disinfectants approved and registered with the Environmental Protection Agency (EPA) as tuberculocidal. If a disinfectant is tuberculocidal, it is strong enough to kill bacteria and viruses of concern. An equally effective and less expensive alternative to commercial disinfectants is household bleach. Using a 1 part bleach to 100 parts tap water (approximately 1/4 cup bleach per gallon of water) provides the recommended concentrations of hypochlorite (the active ingredient in bleach) in the range of 500 to 800 parts per million (ppm). See Recommended Infection-Control Practices for Dentistry, 1993 and Rutala, WA, APIC guidelines for infection control practice.

Due to the loss of potency of bleach solutions when exposed to light over time, bleach solution should be prepared daily or stored in a closed brown bottle for no more than a month. Members using disinfectants must be aware of safety and health precautions such as ventilation, use of appropriate PPE, and flammability and reactivity of the disinfectants. If commercial disinfectants are used, the manufacturer's instructions for use and storage should be followed.

Revise A.8.3.9 to read as follows:

Bleach solutions at 1:100 dilution can be corrosive to metal and possibly interfere with the functioning of electronic equipment. (See also Annex C.)

Revise C.4.1 to read as follows:

Once soiled with patient material, contaminated environmental surfaces should be washed with hot soapy water and rinsed with clean water. Subsequently disinfection should occur with disinfectants approved and registered with the Environmental Protection Agency (EPA) as tuberculocidal. If a disinfectant is tuberculocidal, it is strong enough to kill bacteria and viruses of concern. An equally effective and less expensive alternative to commercial disinfectants is household bleach. Using a 1 part bleach to 100 parts tap water (approximately 1/4 cup bleach per gallon of water) provides the recommended concentrations of hypochlorite (the active ingredient in bleach) in the range of 500 to 800 parts per million (ppm). See Recommended Infection-Control Practices for Dentistry, 1993 and Rutala, WA, APIC guidelines for infection control practice.

Due to the loss of potency of bleach solutions when exposed to light over time, bleach solution should be prepared daily or stored in a closed brown bottle for no more than a month. Members using disinfectants must be aware of safety and health precautions such as ventilation, use of appropriate PPE, and flammability and reactivity of the disinfectants. If commercial disinfectants are used, the manufacturer's instructions for use and storage should be followed. Bleach solutions at 1:100 dilution can be corrosive to metal and possible interfere with the functioning of electronic equipment.

Add to D.1.2.1

Recommended Infection-Control Practices for Dentistry, MMWR 42 (RR8), 1993 <http://www.cdc.gov/mmwr/preview/mmwrhtml/00021095.htm>

Add to D.1.2.6

Rutala WA [1990] APIC guidelines for infection control practice, American Journal of Infection Control, 18:99-117.

Substantiation: The text has been revised for consistency within the document and is consistent with MMWR Recommendations and Reports, May 28, 1993 / 42(RR-8), Recommended Infection-Control Practices for Dentistry, 1993.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

 1581-21 Log #CP21 **Final Action: Accept**
 (C.7)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Revise C.7 to read:

Housekeeping. Employers should ensure that the worksite is maintained in a neat condition, free of any contamination. The employer should determine and implement an appropriate written schedule for cleaning and decontamination. The method of decontamination should be based on location within the facility, type of surface to be cleaned, type of contamination, and tasks or procedures to be performed, such as the following:

(1) PPE, protective ensembles, and other clothing should be cleaned or laundered, or both.

(2) Emergency medical equipment should be cleaned and disinfected.

(3) Invasive medical instruments should be cleaned and sterilized.

(4) Contaminated surfaces should be cleaned and disinfected with a disinfectant appropriate for the surface.

(5) Contaminated work surfaces should be decontaminated immediately or as soon as feasible after completion of the emergency medical service operation. ~~They should also be decontaminated at the end of the workshift if it is possible that the surface has been contaminated since the last decontamination was performed.~~

Substantiation: The change to C.7(1) is for emphasis on what should be cleaned or laundered.

The change to the first sentence of C.7(5) is for consistency with the use of the term “emergency medical service” in the document. See Proposal 1581-5 (Log #CP4).

The deletion of the second sentence of (5) is because the committee feels that if the contaminated work surface is routinely decontaminated after each EMS operation, there is no need to suggest it be decontaminated at the end of a work shift. The opening paragraph to C.7 covers the subject.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).

1581-22 Log #CP22 **Final Action: Accept**
(D.1.2.4)

Submitter: Technical Committee on Fire Service Occupational Safety and Health,

Recommendation: Change the source for the *EPA Guide for Infectious Waste Management* to U.S. Department of Commerce, National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield VA 22161.

Substantiation: The source for the document has changed.

Committee Meeting Action: Accept

Number Eligible to Vote: 31

Ballot Results: Affirmative: 26 Abstain: 1

Ballot Not Returned: 4 Murphy, D., Nelson, E., Norris, S., Prezant, D.

Explanation of Abstention:

BENNETT, L.: See my Explanation of Abstention on Proposal 1581-1 (Log #CP1).