



# **NATIONAL FIRE PROTECTION ASSOCIATION**

The leading information and knowledge resource on fire, electrical and related hazards

## **AGENDA**

### **NFPA Technical Committee for Emergency Responder Occupational Health (ERH-AAA) NFPA 1580 First Draft Meeting (Custom ERRS Group 4)**

January 9-13, 2023  
8 a.m. – 5 p.m. (Eastern) on the first day,  
and at the discretion of the Chair for the remainder of the meeting dates.

DoubleTree by Hilton Hotel at the Entrance to Universal Orlando  
5780 Major Blvd.  
Orlando, FL 32819

Web/Teleconference to be available  
To join the meeting virtually, please contact Jenny Depew - [jdepew@nfpa.org](mailto:jdepew@nfpa.org)

- 1. Call to order.** Randy Krause.
- 2. Introductions.**
- 3. Chair report.** Randy Krause.
- 4. Staff liaison report.** Bob Fash.
- 5. Previous meeting minutes.**
  - a. NFPA 1585 First Draft Meeting, October 11, 2022**
  - b. NFPA 1585 First Draft Continuation Meeting, November 10, 2022**
- 6. NFPA 1580 First Draft.**
  - a. Public Inputs.** See attached.
  - b. Task group report(s).** (Chair reserves the right to reschedule task group presentations)
    - i. NFPA 1581 Task Group.** TG Chair -Marni Schmid. Scheduled start January 9<sup>th</sup>, 2023
    - ii. NFPA 1582 Task Group.** TG Chair - David Prezant. Scheduled start January 10<sup>th</sup>-11<sup>th</sup>, 2023
    - iii. NFPA 1583 Task Group.** TG Chair – David Frost. Scheduled start January 12<sup>th</sup>
    - iv. NFPA 1584 Task Group.** TG Chair – David Bernzweig. Scheduled start January 12<sup>th</sup>-13<sup>th</sup>
  - c. Presentation(s).**
  - d. Committee Inputs.**
- 7. Other Business.**
- 8. Future meetings.**
- 9. Adjournment.**

# Address List

12/21/2022

Robert Fash

ERH-AAA

## Emergency Responders Occupational Health

<b>Randy J. Krause</b> <b>Chair</b> Port of Seattle Fire Department 2400 South 170th Street Seattle, WA 98158	<b>E</b> 08/08/2019 <b>ERH-AAA</b>	<b>Morgan K. Anderson</b> <b>Principal</b> Image Trend, Inc. 20855 Kensington Boulevard Lakeville, MN 55044	<b>SE</b> 04/02/2020 <b>ERH-AAA</b>
<b>Christina M. Baxter</b> <b>Principal</b> Emergency Response Tips, LLC PO Box 511237 Melbourne Beach, FL 32951	<b>U</b> 12/06/2019 <b>ERH-AAA</b>	<b>Scott H. Beecher</b> <b>Principal</b> Ward Diesel Filter Systems 1250 Schweizer Road Horseheads, NY 14845 <b>Fire Apparatus Manufacturers Association</b> <b>Alternate: James Roger Lackore</b>	<b>M</b> 12/06/2019 <b>ERH-AAA</b>
<b>David T.No Phone Bernzweig</b> <b>Principal</b> Ohio Association of Professional Fire Fighters (OAPFF) 444 Brookside Drive Columbus, OH 43209	<b>L</b> 08/08/2019 <b>ERH-AAA</b>	<b>James Lawrence Burneka</b> <b>Principal</b> Firefighter Cancer Consultants, LLC 383 Vindale Drive Beavercreek, OH 45440	<b>SE</b> 08/11/2020 <b>ERH-AAA</b>
<b>Alberto Juan Caban-Martinez</b> <b>Principal</b> University of Miami School Of Medicine 1120 NW 14th Street Clinical Research Building 1025 Miami, FL 33136 <b>Alternate: Johanna Garibaldi</b>	<b>SE</b> 08/08/2019 <b>ERH-AAA</b>	<b>Fabrice Czarnecki</b> <b>Principal</b> DHS Transportation Security Administration 6440 Noble Drive McLean, VA 22101 <b>American College of Occupational and Environmental Medicine (ACOEM)</b>	<b>SE</b> 08/08/2019 <b>ERH-AAA</b>
<b>Leo DeBobes</b> <b>Principal</b> Stony Brook University/SBU Hospital Health Science Center Level 1, Room 143 Stony Brook, NY 11794-8019	<b>SE</b> 08/08/2019 <b>ERH-AAA</b>	<b>Ryan Devine</b> <b>Principal</b> Self Employed 14 Amsher Road Woodstock, CT 06281 <b>Last Call Foundation</b> <b>Alternate: Bradley Roy Davidson</b>	<b>C</b> 08/11/2020 <b>ERH-AAA</b>
<b>Mary H. Dozois</b> <b>Principal</b> MA Department Of Labor Standards 16 Stone Street Sharon, MA 02067	<b>E</b> 08/08/2019 <b>ERH-AAA</b>	<b>Kyle Ebersole</b> <b>Principal</b> University of Wisconsin Milwaukee 3409 N. Downer Avenue Pavilion - PT, Room 350 Milwaukee, WI 53217	<b>SE</b> 08/10/2022 <b>ERH-AAA</b>
<b>Ian Emmons</b> <b>Principal</b> Washington Township Fire Department 8320 McEwen Road Dayton, OH 45458 <b>Alternate: Darian E. Edwards</b>	<b>E</b> 12/06/2019 <b>ERH-AAA</b>	<b>Jamie Ferrino-McAllister</b> <b>Principal</b> FireTox, LLC 168 W. Main Street 422 New Market, MD 21774	<b>SE</b> 04/12/2022 <b>ERH-AAA</b>

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## Emergency Responders Occupational Health

<b>Kenneth Gale</b>	<b>SE 08/10/2022</b>	<b>Stanley Haimes</b>	<b>SE 12/06/2019</b>
<b>Principal</b> Mitchell Associates Architects, PLLC. 29 Thacher Park Road Voorheesville, NY 12186	<b>ERH-AAA</b>	<b>Principal</b> UCF College of Medicine 5201 Fieldview Court Orlando, FL 32819-3822 <b>Alternate: Edward I. Galaid</b>	<b>ERH-AAA</b>
<b>Thomas R. Hales</b>	<b>E 12/06/2019</b>	<b>Michael Hamrock</b>	<b>U 08/08/2019</b>
<b>Principal</b> National Institute for Occupational Safety & Health (NIOSH) CDC-Niosh Western States Off PO Box 25226 Denver, CO 80225-0226 <b>Alternate: Judith Michele Eisenberg</b>	<b>ERH-AAA</b>	<b>Principal</b> St. Elizabeth's Medical Center 131 Manthorne Road West Roxbury, MA 02132 <b>Alternate: Jennifer Luz</b>	<b>ERH-AAA</b>
<b>Edward M. Hawthorne</b>	<b>M 12/06/2019</b>	<b>Garrett Hedeem</b>	<b>L 08/10/2022</b>
<b>Principal</b> DFW Dynamics 2012 Fairway Bend Drive Haslet, TX 76052-2804 <b>National Incident Management System Consortium</b>	<b>ERH-AAA</b>	<b>Principal</b> IU Health Lifeline 4407 Buxton Court Indianapolis, IN 46254 <b>National Association of Emergency Medical Technicians</b> <b>Alternate: Micheal Thomas</b>	<b>ERH-AAA</b>
<b>Gavin P. Horn</b>	<b>RT 8/8/2019</b>	<b>David Hostler</b>	<b>SE 04/12/2022</b>
<b>Principal</b> UL Fire Safety Research Institute (FSRI) 2650 NW Royal Oaks Drive Corvallis, OR 97330	<b>ERH-AAA</b>	<b>Principal</b> University at Buffalo Exercise and Nutrition Sciences 212 Kimball Tower Buffalo, NY 14214	<b>ERH-AAA</b>
<b>Kepra Jack</b>	<b>U 08/08/2019</b>	<b>Sara A. Jahnke</b>	<b>RT 04/02/2020</b>
<b>Principal</b> Heartfit For Duty 5432 E Southern Avenue Suite #101 Mesa, AZ 85206	<b>ERH-AAA</b>	<b>Principal</b> National Development & Research Institutes Inc. (NDRI) 1920 W. 143rd Street Suite 120 Leawood, KS 66224 <b>The Center for Fire Rescue &amp; EMS Health Research (CFREHR)</b>	<b>ERH-AAA</b>
<b>Scott D. Kerwood</b>	<b>E 04/14/2021</b>	<b>Jonathon Kingsbury</b>	<b>E 08/08/2019</b>
<b>Principal</b> Hutto Fire Rescue 501 Exchange Boulevard PO Box 175 Hutto, TX 78634 <b>International Association of Fire Chiefs</b>	<b>ERH-AAA</b>	<b>Principal</b> Minneapolis Police Department 350 South 5th Street, Room 127 Minneapolis, MN 55415-1389	<b>ERH-AAA</b>

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## Emergency Responders Occupational Health

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<b>Kevin P. Kuntz</b> <b>Principal</b> Verisk Analytics/Insurance Services Office, Inc. 116 York Street Gettysburg, PA 17325 <b>Alternate: Fred M. Bales</b>	<b>I</b> 08/08/2019 <b>ERH-AAA</b>	<b>Todd LeDuc</b> <b>Principal</b> Life Scan Wellness Centers 3471 Pine Haven Circle Boca Raton, FL 33431	<b>E</b> 04/14/2021 <b>ERH-AAA</b>
<b>Frank A. Leeb</b> <b>Principal</b> Fire Department City of New York (FDNY) 82 15 Street West Babylon, NY 11704 <b>Alternate: John Jensen Haseney</b>	<b>U</b> 08/08/2019 <b>ERH-AAA</b>	<b>Tamara DiAnda Lopes</b> <b>Principal</b> American Iron Gym 650 S. Rock Boulevard, Suite 6 Reno, NV 89502	<b>U</b> 04/14/2021 <b>ERH-AAA</b>
<b>Patrick Mahoney</b> <b>Principal</b> Baytown Fire Department 4518 Hummingbird Houston, TX 77035	<b>E</b> 08/08/2019 <b>ERH-AAA</b>	<b>Robert C. Mathis</b> <b>Principal</b> The Port Of Portland Fire And Rescue Assistant Fire Chief 5250 NE. Marine Drive Portland, OR 97218	<b>E</b> 12/06/2019 <b>ERH-AAA</b>
<b>Gary McCarraher</b> <b>Principal</b> FirstNet Authority 12201 Sunrise Valley Drive M/S 243 Reston, VA 20192	<b>C</b> 04/02/2020 <b>ERH-AAA</b>	<b>Brian F. McQueen</b> <b>Principal</b> Firemens Association of the State of New York 10 Bermuda Road Whitesboro, NY 13492 <b>National Volunteer Fire Council</b> <b>Alternate: Kevin D. Quinn</b>	<b>U</b> 08/08/2019 <b>ERH-AAA</b>
<b>Chris Medley</b> <b>Principal</b> Galls LLC 21422 Rio Comal San Antonio, TX 78259	<b>M</b> 08/11/2020 <b>ERH-AAA</b>	<b>Steven M. Moffatt</b> <b>Principal</b> Public Safety Medical Public Safety Medical-Ascension 6612 E. 75th Street Suite 200 Indianapolis, IN 46250	<b>U</b> 12/06/2019 <b>ERH-AAA</b>
<b>Mark Henderson Pound</b> <b>Principal</b> Kentville Volunteer Fire Department 229 Main Street Kentville, NS B4N 1J6 Canada	<b>U</b> 08/08/2019 <b>ERH-AAA</b>	<b>Chris Ross</b> <b>Principal</b> Association des Pompiers de Montreal Inc. 2655 Place Chasse Montreal, QC H1Y 2C3 Canada	<b>L</b> 08/08/2019 <b>ERH-AAA</b>

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<b>Andrew G. Schwartz</b> <b>Principal</b> LION Group, Inc. 7200 Poe Avenue, Suite 400 Dayton, OH 45414 <b>Alternate: Karen E. Lehtonen</b>	<b>M 08/08/2019</b> <b>ERH-AAA</b>	<b>Denise L. Smith</b> <b>Principal</b> Skidmore College University of Illinois Fire Service Institute 815 North Broadway Saratoga Springs, NY 12866	<b>RT 12/06/2019</b> <b>ERH-AAA</b>
<b>Jeffrey O. Stull</b> <b>Principal</b> International Personnel Protection, Inc. PO Box 92493 Austin, TX 78709-2493	<b>M 04/02/2020</b> <b>ERH-AAA</b>	<b>Woodrow W Sullivan</b> <b>Principal</b> Volunteer Fireman's Insurance Services, Inc. (VFIS) 1152 Snowden Road Wilmington, NC 28412	<b>I 12/07/2022</b> <b>ERH-AAA</b>
<b>Fred C. Terryn</b> <b>Principal</b> US Department of the Air Force Air Force Civil Engineering Center HQ AFCEC/CXF 139 Barnes Drive, Suite 1 Tyndall AFB, FL 32403-5319 <b>Alternate: Brian Dean Thompson</b>	<b>U 08/08/2019</b> <b>ERH-AAA</b>	<b>Tim W. Tomlinson</b> <b>Principal</b> Addison Fire Department Gear Cleaning Solutions, LLC 2221 Manana Drive, Suite 190 Dallas, TX 75220-7118	<b>U 08/08/2019</b> <b>ERH-AAA</b>
<b>Robert D. Tutterow, Jr.</b> <b>Principal</b> Fire Industry Education Resource Organization (FIERO) 1029 Lansdowne Road Charlotte, NC 28270 <b>Alternate: Marni L. Schmid</b>	<b>U 04/14/2021</b> <b>ERH-AAA</b>	<b>Grady Aaron Valencis</b> <b>Principal</b> International Association of Fire Fighters (IAFF) 1750 New York Avenue NW Washington, DC 20006 <b>Alternate: Beth Gallup</b>	<b>L 08/08/2019</b> <b>ERH-AAA</b>
<b>Tim Allen Ward</b> <b>Principal</b> Saudi Aramco Fire Protection Department P.O. Box 2537 Dhahran, SAUDI ARABIA 31311 Saudi Arabia	<b>U 08/10/2022</b> <b>ERH-AAA</b>	<b>Fred M. Bales</b> <b>Alternate</b> Verisk/Insurance Services Office, Inc. (ISO) 172 Poor Farm Road Greenfield Township, PA 18407 <b>Principal: Kevin P. Kuntz</b>	<b>I 04/02/2020</b> <b>ERH-AAA</b>

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<b>Bradley Roy Davidson</b>	<b>C 04/14/2021</b>	<b>Darian E. Edwards</b>	<b>E 04/14/2021</b>
<b>Alternate</b> Self-employed 226 Whitney Street Flin Flon, MB R8A 0J2 Canada <b>Last Call Foundation</b> <b>Principal: Ryan Devine</b>	<b>ERH-AAA</b>	<b>Alternate</b> Washington Township Fire Department 8320 McEwen Road Dayton, OH 45458 <b>Principal: Ian Emmons</b>	<b>ERH-AAA</b>
<b>Judith Michele Eisenberg</b>	<b>E 04/12/2022</b>	<b>Edward I. Galaid</b>	<b>SE 04/14/2021</b>
<b>Alternate</b> National Institute for Occupational Safety & Health (NIOSH) 1090 Tusculum Road MS R-9 Cincinnati, OH 45226 <b>Principal: Thomas R. Hales</b>	<b>ERH-AAA</b>	<b>Alternate</b> Roper St. Francis Occupational Medicine 507 International Boulevard N Charleston, SC 29418 <b>Principal: Stanley Haines</b>	<b>ERH-AAA</b>
<b>Beth Gallup</b>	<b>L 04/14/2021</b>	<b>Johanna Garibaldi</b>	<b>SE 04/02/2020</b>
<b>Alternate</b> Self Employed Po Box 8057 Bend, OR 97708 <b>International Association of Fire Fighters</b> <b>Principal: Grady Aaron Valencis</b>	<b>ERH-AAA</b>	<b>Alternate</b> University of Miami 1400 Nw 10th Avenue Suite 614 Miami, FL 33136 <b>Principal: Alberto Juan Caban-Martinez</b>	<b>ERH-AAA</b>
<b>John Jensen Haseney</b>	<b>U 08/11/2020</b>	<b>Gary L. Krichbaum</b>	<b>C 12/07/2022</b>
<b>Alternate</b> Fire Department City of New York (FDNY) 44 Church Lane West Islip, NY 11795 <b>Principal: Frank A. Leeb</b>	<b>ERH-AAA</b>	<b>Alternate</b> First Responder Center for Excellence 7339 Welsh Court Middletown, MD 21769-8206 <b>Principal: Edward J. Klima</b>	<b>ERH-AAA</b>
<b>James Roger Lackore</b>	<b>M 12/06/2019</b>	<b>Karen E. Lehtonen</b>	<b>M 08/10/2022</b>
<b>Alternate</b> REV Fire Group S94W23720 Kunzendorf Court Big Bend, WI 53103 <b>Fire Apparatus Manufacturers Association</b> <b>Principal: Scott H. Beecher</b>	<b>ERH-AAA</b>	<b>Alternate</b> LION Group, Inc. 7200 Poe Avenue, Suite 400 Dayton, OH 45414 <b>Principal: Andrew G. Schwartz</b>	<b>ERH-AAA</b>
<b>Jennifer Luz</b>	<b>U 04/02/2020</b>	<b>Michael Isaac Peters</b>	<b>SE 04/02/2020</b>
<b>Alternate</b> Steward Medical Group Bone & Joint Center 736 Cambridge Street Boston, MA 02135 <b>Principal: Michael Hamrock</b>	<b>ERH-AAA</b>	<b>Alternate</b> Northwestern Medicine 352 Park Lane Lake Bluff, IL 60044 <b>Principal: Daniel G. Samo</b>	<b>ERH-AAA</b>

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## Emergency Responders Occupational Health

<b>Kevin D. Quinn</b>	<b>U 04/02/2020</b>	<b>Marni L. Schmid</b>	<b>U 08/24/2021</b>
<b>Alternate</b> Union Fire District Retired Chief 131 Asa Pond Road Wakefield, RI 02879 <b>National Volunteer Fire Council</b> <b>Principal: Brian F. McQueen</b>	<b>ERH-AAA</b>	<b>Alternate</b> Fortunes Collide Marketing LLC 7226 Quackenbush Dexter, MI 48130 <b>Fire Industry Education Resource Organization</b> <b>Principal: Robert D. Tutterow, Jr.</b>	<b>ERH-AAA</b>
<b>Micheal Thomas</b>	<b>L 08/24/2021</b>	<b>Brian Dean Thompson</b>	<b>U 08/11/2020</b>
<b>Alternate</b> JanCare Ambulance PO Box 2414 Beckley, WV 25802 <b>National Association of Emergency Medical Technicians</b> <b>Principal: Garrett Hedeon</b>	<b>ERH-AAA</b>	<b>Alternate</b> United States Air Force 139 Barnes Drive, Suite 1 Tyndall Afb, FL 32403 <b>Principal: Fred C. Terry</b>	<b>ERH-AAA</b>
<b>Robert Fash</b>	<b>08/08/2019</b>		
<b>Staff Liaison</b> National Fire Protection Association One Batterymarch Park Quincy, MA 02169-7471	<b>ERH-AAA</b>		



**First Draft Meeting  
NFPA 1585 – Standard for Exposure and Contamination Control for Emergency  
Responders**

**Technical Committee on Emergency Responders Occupational Health**

**October 11, 2022  
Web -Teleconference (MS Teams)**

**October 11, 2022**

**Call to Order**

1. The Chair called the meeting to order at 10:05am Eastern time.
2. Members and guest introductions. Attendance is recorded in Table 1.
3. Chair report
  - a. Chair thanked everyone for all of the work to bring this project (NFPA 1585) this far on the development journey. Randy highlighted how easy it is to represent this Technical Committee’s work. He recently gave a presentation on the committee’s work on the Technical Committee consolidation and development process. He has been working to encourage more public/fire service involvement in the NFPA Technical Committee process with particular emphasis on increasing public inputs.
4. NFPA Staff update
  - a. Overview of the NFPA Technical Committee meeting rules and requirements in anti-trust requirements, use of Roberts Rule of Order and Virtual meeting rules and operating practices.
  - b. A presentation on the history of the Code development process, the standards development process and other NFPA activities such as the Fire Prevention activities such as “Sparky”, who is celebrating his 100th anniversary this year.
  - c. Overview of the consolidation plans for NFPA 1580 (1581, 1562, 1583 and 1584), NFPA 1585 and NFPA 1550 (NFPA 1500, 1521 and 1561).
5. Approval of minutes from the informational meeting held October 11, 2021.
6. Presentation on fireground contaminant exposure control – Jamie McAllister, University of Maryland and the Maryland Fire and Rescue Institute. The presentation will be shared with the NFPA 1585 committee and the associated report.
7. **Discussion on public inputs submitted and first revisions created for the first draft of NFPA 1585, *Standard for Exposure and Contamination Control*.**

- a. Technical committee reviewed and acted on public inputs 5-7.
- b. Technical committee decided not to meet for the remaining dates in October and reconvene in November to allow additional task group review of proposed recommendations for each chapter
- c. Meeting session suspended at 3 pm

**Table 1 Meeting Attendance.**

	Name	Employer/Organization Represented	Interest Category	Oct 11
Chair	Randy Krause	Port of Seattle Fire Department	E	Y
Principals	Morgan K. Anderson	Image Trend, Inc	SE	
	Christina M. Baxter	Emergency Response Tips, LLC	E	
	Scott H. Beecher	Ward Diesel Filter Systems <i>Rep. Fire Apparatus Manufacturers Association</i>	M	Y
	David T. Bernzweig	Columbus (OH) Division of Fire <i>Rep. Ohio Association of Professional Fire Fighters</i>	L	
	James Lawrence Burneka	Firefighter Cancer Consultants, LLC	SE	
	Alberto Juan Caban-Martinez	University of Miami School of Medicine	SE	
	Fabrice Czarnecki	Department of Homeland Security <i>Rep. American College of Occupational and Environmental Medicine (ACOEM)</i>	SE	
	Leo DeBobes	Stony Brook University/SBU Hospital	SE	
	Ryan Devine	Self Employed <i>Rep. Last Call Foundation</i>	C	
	Mary H. Dozois	MA Department Of Labor Standards	E	Y
	Kye Ebersole	University of Wisconsin Milwaukee	SE	Y
	Ian Emmons	Washington Township Fire Department	E	Y
	Jamie Ferrino-McAllister	FireTox, LLC	SE	Y
	Kenneth Gale	Mitchell Associates Architects, PLLC.	SE	
	Stanley Haimes	UCF College of Medicine.	R/T	
	Thomas R. Hales	National Institute for Occupational Safety & Health (NIOSH)	E	
	Michael Hamrock	St. Elizabeth's Medical Center	U	
	Edward M. Hawthorne	DFW Dynamics	M	Y
	Garrett Hedeon	Indianapolis EMS <i>Rep. National Association of Emergency Medical Technicians</i>	L	Y
	Gavin P. Horn	UL Fire Safety Research Institute (FSRI)	R/T	Y
	David Hostler	University at Buffalo	SE	Y
	Kepra Jack	Heartfit For Duty	U	
	Sara A. Jahnke	National Development & Research Institutes Inc. (NDRI) <i>Rep. The Center for Fire Rescue &amp; EMS Health Research (CFREHR)</i>	R/T	
	Scott Kerrwood	Hutto Fire & Rescue <i>Rep. International Association of Fire Chiefs</i>	E	Y
	Jonathon Kingsbury	Minneapolis Police Department	E	
	Edward J. Klima	First Responder Center <i>Rep. National Fallen Fire Fighters Foundation</i>	C	Y
	Melissa R Kroll	Washington University <i>Rep. National Association of EMS Physicians</i>	U	
	Kevin P. Kuntz	Verisk Analytics/Insurance Services Office, Inc.	I	Y
	Todd Leduc	Life Scan Wellness Centers	E	Y
	Frank A. Leeb	New York City Fire Department <i>Rep. Fire Department of New York</i>	U	
	Tamara Lopes	American Iron Gym	U	
Patrick Mahoney	Baytown Fire Department	E	Y	
Robert C. Mathis	The Port Of Portland Fire And Rescue	E	Y	
Gary McCarraher	FirstNet Authority	C	Y	
Brian F. McQueen	Firemens Association of the State of New York <i>Rep. National Volunteer Fire Council</i>	U	Y	
Chris Medley	Galls LLC	M		
Ryan K. Miller	US Federal Bureau of Investigation (FBI)	E		
Steven M. Moffatt	Public Safety Medical	U		
Mark Henderson Pound	Kentville Volunteer Fire Department	U	Y	
Chris Ross	Association des Pompiers de Montreal Inc.	L	Y	

	Name	Employer/Organization Represented	Interest Category	Oct 11
	Dennis A. Ross	H2M Architects & Engineers	SE	Y
	Daniel G. Samo	Northwestern Medical Group	SE	
	Andrew G. Schwartz	LION Group, Inc.	M	
	Denise L. Smith	Skidmore College	R/T	
	Dean A. Sparaco	CR Architecture + Design	U	
	Jeffrey O. Stull	International Personnel Protection, Inc.	M	Y
	Fred C. Terry	US Department of the Air Force	U	Y
	Tim W. Tomlinson	Addison Fire Department	U	
	Robert Tutterow	Fire Industry Education Resource Organization (FIERO)	U	Y
	Grady Aaron Valencis	International Association of Fire Fighters (IAFF) <i>Rep. International Association of Fire Fighters</i>	L	Y
	Tim Allen Ward	Saudi Aramco Fire Protection Department	U	
Alternates	Fred M. Bales <i>Alt. to Kevin P. Kuntz</i>	Insurance Services Office, Inc. (ISO)	I	Y
	Bradley Davidson <i>Alt. to Ryan Devine</i>	Last Call Foundation	C	
	Darian Edwards <i>Alt. to Ian Emmons</i>	Washington Township Fire Department	E	
	Judith Eisenberg	National Institute for Occupational Safety & Health (NIOSH)	E	Y
	Edward Galaid <i>Alt. to Stan Haimes</i>	Roper St. Francis Occupational Medicine	SE	Y
	Beth Gallup <i>Alt. to Grady Valencis</i>	International Association of Firefighters	L	
	Johanna Garibaldi <i>Alt. to Alberto Juan Caban-Martinez</i>	University of Miami School of Medicine	SE	Y
	John Jensen Haseney <i>Alt. to Frank Leeb</i>	Fire Department City of New York (FDNY) <i>Rep. Fire Department of New York</i>	U	Y
	James Roger Lackore <i>Alt. to Scott H. Beecher</i>	REV Fire Group <i>Rep. Fire Apparatus Manufacturers Association</i>	M	
	Karen Lehtonen <i>Alt. to Andrew Schwartz</i>	LION Group, Inc.	M	Y
	Jennifer Luz <i>Alt. to Michael Hamrock</i>	Steward Medical Group	U	
	Michael Isaac Peters <i>Alt. to Daniel G. Samo</i>	Northwestern Medicine	SE	
	Kevin D. Quinn <i>Alt. to Brian F. McQueen</i>	Union Fire District <i>Rep. National Volunteer Fire Council</i>	U	
	Marni Schmid <i>Alt. to Robert Tutterow</i>	Fortunes Collide Marketing <i>Rep. Fire Industry Education Resource Organization (FIERO)</i>	U	Y
	Michael Thomas <i>Alt. to Garrett Hedeem</i>	JanCare Ambulance <i>Rep. National Association of Emergency Medical Technicians</i>	L	
	Brian Dean Thompson <i>Alt. to Fred C. Terry</i>	United States Air Force	U	
	Staff Liaison	Robert Fash	National Fire Protection Association	-
Guests	Sean Gray	Cobb County Fire and Emergency Services <i>FIX-AAA Technical Committee</i>	-	Y
	Gary Krichbaum	First Responder Center for Excellence	-	Y
	Timothy Dorsey	Lake Ozark Fire Protection District <i>FIX-AAA Technical Committee</i>	-	Y

Name	Employer/Organization Represented	Interest Category	Oct 11
Bill Hamilton	OSHA <i>FIX-AAA Technical Committee</i>	-	Y
David Prezant	Fire Department City of New York (FDNY) <i>FIX-AAA Technical Committee</i>	-	Y
Stuart Namie	Fort Benning Fire Department <i>FIX-AAA Technical Committee</i>	-	Y
Robert Saunders	National Institute for Occupational Safety & Health (NIOSH)	-	Y



**First Draft Meeting  
NFPA 1585 – Standard for Exposure and Contamination Control for Emergency  
Responders**

**Technical Committee on Emergency Responders Occupational Health**

**November 10, 2022  
Web -Teleconference (MS Teams)**

**November 10, 2022**

**Call to Order**

1. The Chair called the meeting to order at 10:05am Eastern time.
2. Chair Report
  - a. Shared with the committee the appointment of the chair to the NFPA Standards Council
  - b. Chair thanked everyone for all the work to bring this project (NFPA 1585) this far on the development journey.
3. Staff Report
  - a. Presentation made on the standards development process.
  - b. The Technical Committee reviewed the opportunities to continue to make input into the document and staff recommended that a placeholder for any material that we might expect to include in the document at the second draft.
  - c. The Technical Committee also discussed how and when would information on contamination control and other related topics from NFPA 1500 and NFPA 1584 that might be added to the draft for 1585 would need to be moved over. NFPA 1585 is supposed to be the program document and will only provide detailed content when it is appropriate. In several items, NFPA 1585 will only point to the details in another NFPA standard such as PPE. Many elements of the contamination exposure control should be included in NFPA 1585 as the primary document. For example, a committee input could be created, and a task group could be formed to look at whether Chapter 14 in NFPA 1500 should be moved to NFPA 1585.
4. **Discussion continued on public inputs submitted and first revisions created for the first draft of NFPA 1585, *Standard for Exposure and Contamination Control*.**
  - a. Remaining public inputs reviewed by the technical committee.
  - b. Task groups made recommendations for chapters 4 through 9.
5. **Other Business**
  - a. NFPA 1580 Task Groups efforts are being separated by intent for clarity.
  - b. Proposed TIA to 2022 edition of NFPA 1582 – This may be ready for Technical Committee review within the next month. This is work on the conflict between Chapter 6 – Medical Evaluation of Candidates and Chapter 9 – Medical Evaluation of Members. Short presentation was made by Barry Chase from NFPA on the overall topic.
6. **Future Meetings**
  - a. The Technical Committee discussed the schedule (Public Input Closing Date: June 1, 2022, First Draft Report Posting Date: March 22, 2023) and how we could review of the latest

draft document at the Task Group and Technical Committee levels prior to the First Draft Report Posting.

- b. Week of January 9th, 2023 is the possible meeting date of NFPA 1580.
- c. NFPA 1585 Second Draft meeting will probably be October 2023.

**7. Adjournment**

- a. Meeting adjourned at 1:15 pm Eastern time.

**Table 1 Meeting Attendance.**

	<b>Name</b>	<b>Employer/Organization Represented</b>	<b>Interest Category</b>	<b>Nov 10</b>
Chair	Randy Krause	Port of Seattle Fire Department	E	Y
Principals	Morgan K. Anderson	Image Trend, Inc	SE	Y
	Christina M. Baxter	Emergency Response Tips, LLC	E	Y
	Scott H. Beecher	Ward Diesel Filter Systems <i>Rep. Fire Apparatus Manufacturers Association</i>	M	
	David T. Bernzweig	Columbus (OH) Division of Fire <i>Rep. Ohio Association of Professional Fire Fighters</i>	L	Y
	James Lawrence Burneka	Firefighter Cancer Consultants, LLC	SE	Y
	Alberto Juan Caban-Martinez	University of Miami School of Medicine	SE	
	Fabrice Czarniecki	Department of Homeland Security <i>Rep. American College of Occupational and Environmental Medicine (ACOEM)</i>	SE	Y
	Leo DeBobes	Stony Brook University/SBU Hospital	SE	
	Ryan Devine	Self Employed <i>Rep. Last Call Foundation</i>	C	
	Mary H. Dozois	MA Department Of Labor Standards	E	Y
	Kye Ebersole	University of Wisconsin Milwaukee	SE	Y
	Ian Emmons	Washington Township Fire Department	E	Y
	Jamie Ferrino-McAllister	FireTox, LLC	SE	Y
	Kenneth Gale	Mitchell Associates Architects, PLLC.	SE	Y
	Stanley Haimes	UCF College of Medicine.	R/T	Y
	Thomas R. Hales	National Institute for Occupational Safety & Health (NIOSH)	E	Y
	Michael Hamrock	St. Elizabeth's Medical Center	U	
	Edward M. Hawthorne	DFW Dynamics	M	Y
	Garrett Hedeem	Indianapolis EMS <i>Rep. National Association of Emergency Medical Technicians</i>	L	
	Gavin P. Hom	UL Fire Safety Research Institute (FSRI)	R/T	
	David Hostler	University at Buffalo	SE	
	Kepra Jack	Heartfit For Duty	U	Y
	Sara A. Jahnke	National Development & Research Institutes Inc. (NDRI) <i>Rep. The Center for Fire Rescue &amp; EMS Health Research (CFREHR)</i>	R/T	Y
	Scott Kerrwood	Hutto Fire & Rescue <i>Rep. International Association of Fire Chiefs</i>	E	Y
	Jonathon Kingsbury	Minneapolis Police Department	E	
	Edward J. Klima	First Responder Center <i>Rep. National Fallen Fire Fighters Foundation</i>	C	
	Melissa R Kroll	Washington University <i>Rep. National Association of EMS Physicians</i>	U	
Kevin P. Kuntz	Verisk Analytics/Insurance Services Office, Inc.	I	Y	
Todd Leduc	Life Scan Wellness Centers	E		
Frank A. Leeb	New York City Fire Department <i>Rep. Fire Department of New York</i>	U	Y	
Tamara Lopes	American Iron Gym	U	Y	
Patrick Mahoney	Baytown Fire Department	E	Y	
Robert C. Mathis	The Port Of Portland Fire And Rescue	E	Y	
Gary McCarraher	FirstNet Authority	C		
Brian F. McQueen	Firemens Association of the State of New York <i>Rep. National Volunteer Fire Council</i>	U		
Chris Medley	Galls LLC	M		
Ryan K. Miller	US Federal Bureau of Investigation (FBI)	E		
Steven M. Moffatt	Public Safety Medical	U		
Mark Henderson Pound	Kentville Volunteer Fire Department	U	Y	
Chris Ross	Association des Pompiers de Montreal Inc.	L		

	Name	Employer/Organization Represented	Interest Category	Nov 10
	Dennis A. Ross	H2M Architects & Engineers	SE	Y
	Daniel G. Samo	Northwestern Medical Group	SE	
	Andrew G. Schwartz	LION Group, Inc.	M	Y
	Denise L. Smith	Skidmore College	R/T	Y
	Dean A. Sparaco	CR Architecture + Design	U	
	Jeffrey O. Stull	International Personnel Protection, Inc.	M	
	Fred C. Terryn	US Department of the Air Force	U	
	Tim W. Tomlinson	Addison Fire Department	U	Y
	Robert Tutterow	Fire Industry Education Resource Organization (FIERO)	U	
	Grady Aaron Valencis	International Association of Fire Fighters (IAFF) <i>Rep. International Association of Fire Fighters</i>	L	Y
	Tim Allen Ward	Saudi Aramco Fire Protection Department	U	
Alternates	Fred M. Bales <i>Alt. to Kevin P. Kuntz</i>	Insurance Services Office, Inc. (ISO)	I	
	Bradley Davidson <i>Alt. to Ryan Devine</i>	Last Call Foundation	C	
	Darian Edwards <i>Alt. to Ian Emmons</i>	Washington Township Fire Department	E	Y
	Judith Eisenberg	National Institute for Occupational Safety & Health (NIOSH)	E	Y
	Edward Galaid <i>Alt. to Stan Haimes</i>	Roper St. Francis Occupational Medicine	SE	
	Beth Gallup <i>Alt. to Grady Valencis</i>	International Association of Firefighters	L	
	Johanna Garibaldi <i>Alt. to Alberto Juan Caban-Martinez</i>	University of Miami School of Medicine	SE	
	John Jensen Haseney <i>Alt. to Frank Leeb</i>	Fire Department City of New York (FDNY) <i>Rep. Fire Department of New York</i>	U	Y
	James Roger Lackore <i>Alt. to Scott H. Beecher</i>	REV Fire Group <i>Rep. Fire Apparatus Manufacturers Association</i>	M	Y
	Karen Lehtonen <i>Alt. to Andrew Schwartz</i>	LION Group, Inc.	M	
	Jennifer Luz <i>Alt. to Michael Hamrock</i>	Steward Medical Group	U	
	Michael Isaac Peters <i>Alt. to Daniel G. Samo</i>	Northwestern Medicine	SE	
	Kevin D. Quinn <i>Alt. to Brian F. McQueen</i>	Union Fire District <i>Rep. National Volunteer Fire Council</i>	U	Y
	Marni Schmid <i>Alt. to Robert Tutterow</i>	Fortunes Collide Marketing <i>Rep. Fire Industry Education Resource Organization (FIERO)</i>	U	Y
	Michael Thomas <i>Alt. to Garrett Hedeem</i>	JanCare Ambulance <i>Rep. National Association of Emergency Medical Technicians</i>	L	
Brian Dean Thompson <i>Alt. to Fred C. Terryn</i>	United States Air Force	U	Y	
Staff Liaison	Robert Fash	National Fire Protection Association	-	Y
	Barry Chase	National Fire Protection Association – Standards Lead	-	Y
Guests	Brittany Hollerbach	National Development & Research Institutes Inc. (NDRI) - Center for Fire Rescue & EMS Health Research (CFREHR)	-	Y



## Public Input No. 45-NFPA 1580-2022 [ Global Input ]

**Reference: 8.4.10 (new), D.1.1, and D.1.2.5 TIA 22-1 (SC 20-8-38 / TIA Log #1517) Note: Text of the TIA was issued and approved for incorporation into the document prior to printing.**

8.4.10\* APR and SCBA Facepieces Exposed to Airborne and Liquidborne Pathogens.

### 8.4.10.1

Individuals involved in the cleaning and disinfection of air-purifying respirator (APR) and SCBA facepieces shall be trained in cleaning and disinfecting procedures in accordance with 8.4.10 and shall be familiar with the facepieces being cleaned and disinfected, including their inspection and assembly procedures.

### 8.4.10.2\*

Individuals handling contaminated APR and SCBA facepieces shall wear a minimum of a protective garment, gloves, goggles, and a respirator appropriate for the type of disinfectant and hazards associated with the respective airborne and liquidborne pathogens.

### 8.4.10.3\*

Where available, the specific instructions provided by the manufacturer shall be used for the cleaning and disinfection of APR and SCBA facepieces that have been exposed to airborne or liquidborne pathogens.

### 8.4.10.4\*

In the absence of specific cleaning and disinfection instructions, the procedures in 8.4.10.4.1 through 8.4.10.4.10.2 shall be used.

#### 8.4.10.4.1

If filters or cartridges are present, the filters and cartridges shall be removed from the facepiece. Reusable filters or cartridges shall be cleaned as specified in 8.4.10.4.10.

#### 8.4.10.4.2

Facepieces shall be further disassembled by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer.

#### 8.4.10.4.3

The facepiece shall be washed in warm [43°C (110°F) maximum] water with a mild detergent or with a cleaning agent recommended by the manufacturer.

##### 8.4.10.4.3.1

Use of a stiff bristle, not wire, brush shall be permitted to facilitate the removal of dirt.

#### 8.4.10.4.4

Facepiece components shall be thoroughly rinsed in clean, warm [43°C (110°F) maximum], preferably running water.

##### 8.4.10.4.4.1

If the rinsing is accomplished in a bucket or other vessel, the bucket or vessel shall be drained.

#### 8.4.10.4.5\*

When the cleaning agent used does not contain a disinfecting agent, respirator components shall be immersed for 2 minutes in one of the following:

- (1) A hypochlorite solution (50 ppm chlorine) that is made by adding approximately 1 mL laundry bleach to 1 L water at 43°C (110°F).

- (2) An aqueous solution of iodine (50 ppm iodine) that is made by adding approximately 0.8 mL tincture of iodine (6 g to 8 g ammonium and/or potassium iodide/100 mL 45 percent alcohol) to 1 L water at 43°C (110°F).
- (3) \*Other commercially available cleaning agents of equivalent disinfectant quality used as directed in terms of its concentration, application, and dwell time, if their use is recommended or approved by the respirator manufacturer; where possible, EPA-registered disinfectants shall be used that are specific to the pathogens involved.

#### 8.4.10.4.6

Following disinfection, facepiece components shall be thoroughly rinsed in clean, warm [43°C (110°F) maximum], preferably running water.

#### 8.4.10.4.6.1

If the rinsing is accomplished in a bucket or other vessel, the bucket or vessel shall be drained.

#### 8.4.10.4.7\*

Facepiece components shall be hand-dried with a clean, lint-free cloth or air-dried.

#### 8.4.10.4.8

The facepiece shall be reassembled, replacing filters, cartridges, and canisters in accordance with manufacturer's instructions, where necessary.

#### 8.4.10.4.9

The respirator shall be inspected in accordance with the manufacturer's instructions to ensure that all components work properly and any damaged or defective components shall either be repaired or replaced.

#### 8.4.10.4.10\*

The outside of any filters or cartridges to be reused shall be wiped down with a disinfectant wipe and then allowed to air dry.

#### 8.4.10.4.10.1

The filter media shall not be wetted or exposed to liquid disinfectant.

#### 8.4.10.4.10.2

Any filter or cartridge that has been soiled, contaminated, or clogged shall be replaced.

A.8.4.10 Departments often use their SCBA facepiece in conjunction with an adapter to configure the facepiece as part of an airpurifying respirator that when worn with appropriate filters or cartridges provides more portable protection against airborne

pathogens and exposure to splatters of liquidborne pathogens. Alternatively, departments can have dedicated elastomeric half or full

facepiece APRs.

A.8.4.10.2 It is recommended that departments use personal protective equipment that is certified to the respective product categories in NFPA 1999 for emergency medical single-use or multi-use garments, examination or cleaning gloves, eye and face protection devices, and respirators approved by NIOSH per 42 CFR 84.

A.8.4.10.3 SCBA manufacturers are required to provide cleaning instructions and disinfecting procedures as part of their user information as specified in NFPA 1981. Similarly, APR manufacturers are required to provide cleaning and disinfecting instructions for their products as part of the information for becoming approved respirators per 42 CFR 84 by NIOSH. These procedures might

not address specific types of pathogens that warrant the use of certain disinfecting procedures to ensure complete decontamination of the facepiece and related parts. Where possible, departments should follow instructions specific to how individual parts of the SCBA facepiece are cleaned and disinfected, including the use of specific cleaning agents and disinfectants that are known not to adversely affect the continued use and performance of the APR or SCBA.

A.8.4.10.4 The procedures provided in this section are based on mandatory requirements established in Appendix B-2, Respirator Cleaning Procedures, of OSHA 29 CFR 1910.134 with

minor adaptations to address specific concerns for disinfecting respirators that have been contaminated with airborne or liquidborne pathogens. These procedures are further consistent with the guidelines provided by the Centers for Disease Control and Prevention (CDC) at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/elastomeric-respirators-strategy/index.html>.

A.8.4.10.4.5 The first two options for disinfecting procedures are given in Appendix B-2 of OSHA 29 CFR 1910.134. The third option is to use a disinfectant that has been registered with the U.S. Environmental Protection Agency (EPA) for demonstrating its effectiveness against specific pathogens to which the wearer has been exposed.

A.8.4.10.4.5(3) The EPA lists specific disinfectants for known forms of microbial contamination. For example, specific disinfectants for use against SARS-CoV-2, the virus responsible for COVID-19, can be found at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

It is important to recognize that many disinfectants on this list might not be suitable for use on SCBA facepieces and related components. Any use of a specific disinfectant should be confirmed by both the respirator manufacturer and disinfectant supplier for its application for disinfecting the specific SCBA facepiece.

Departments are encouraged to obtain a copy of the registered EPA labeling for the respective disinfectant(s) under consideration to determine how the disinfectant should be properly used to be effective and to learn of any limitations for its use. A copy of the EPA registered label instructions can be obtained from the supplier or conducting a search through the EPA website link

<https://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1>. Searches can be conducted using the EPA registration number, supplier name, product name, and active ingredients.

A.8.4.10.4.7 The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces can result in dermatitis. In addition, some disinfectants can cause deterioration of rubber or corrosion of metal parts if not completely removed.

A.8.4.10.4.10 Certain types of unprotected filters known as pancake or flat filters cannot be reused. The department should make a determination if reuse of the filter is warranted based on information provided by the manufacturer or other competent sources.

Add the following documents to Annex D.1.1 to read as follows:

#### D.1.1 NFPA Publications.

NFPA 1981, Standard on Open-Circuit Self-Contained Breathing Apparatus (SCBA) for Emergency Services, 2019 edition.

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

Add the following documents to Annex D.1.2.5 to read as follows:

#### D.1.2.5 U.S. Government Publications.

Title 29, Code of Federal Regulations, Part 1910.134, Appendix B-2, Respirator Cleaning Procedures.

Title 42, Code of Federal Regulations, Part 84.

## Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
TIA_1581_22_1_1_.pdf	NFPA TIA 22-1 Log No.1517	

## Statement of Problem and Substantiation for Public Input

NOTE: This public input originates from Tentative Interim Amendment No. 22-1 (Log 1517) issued by the Standards Council on 08/11/2020 and per the NFPA Regs., needs to be reconsidered by the Technical Committee for the next edition of the Document.

Substantiation: The proposed additional language addresses the need to provide appropriate instructions for protection of fire fighters during epidemics or pandemics where supplies of disposable respirators are limited. This situation currently exists for the COVID-19 pandemic. The use of APR and SCBA facepieces in this fashion requires specific attention to their cleaning and disinfection that is detailed in the proposed requirements. The requirements are consistent with the OSHA mandatory requirements for cleaning of respirators as well as up-to-date guidance provided in the CDC website that is referenced in the related annex sections.

Emergency Nature: The proposed TIA offers to the public a benefit that would lessen a recognized (known) hazard or ameliorate a continuing dangerous condition or situation that is currently being caused by COVID-19 or that could be caused by future pandemics.

### Submitter Information Verification

**Submitter Full Name:** TC ON ERH\_AAA

**Organization:** NFPA 1581 TC on Emergency Responders Occupational Health

**Street Address:**

**City:**

**State:**

**Zip:**

**Submittal Date:** Thu Sep 08 11:33:42 EDT 2022

**Committee:** ERH-AAA



## Public Input No. 46-NFPA 1580-2022 [ Global Input ]

The intent of this submission is to delete the current Chapter 6 (for applicants) and Chapter 9 (for current employees) and replace them with a new Chapter that will merge the prior content of both current Chapters.

I believe that there is no scientific basis for having separate medical criteria for applicants other than that which apply to current employees. Therefore, I request that the medical criteria for applicants (in Chapter 6) and those which apply for current employees (in Chapter 9) be combined into a single chapter that applies to both applicants and current employees without distinction between these two groups of individuals.

I believe this current separation is a violation of the Americans with Disabilities Act (ADA) and the rulings of the Equal Employment Opportunity Commission (EEOC). This implicit violation of federal law exposes any employer who follows NFPA 1582 to legal consequences.

On a medical basis, if a medical condition is compatible with a current employee performing the "essential job functions" of a position, there is no justification for denying another individual - such as an applicant - the opportunity to determine if that individual can also perform the essential job tasks with the same medical condition. However, the currently in effect version of NFPA 1582, and proposed update to NFPA 1582, would deny an applicant from even being considered for employment solely due to being an applicant rather than having the status of being a current employee.

I believe the most significant issue is that there are separate medical criteria for "Candidates" (Applicants - Chapter 6) and "Members" (Incumbents - Chapter 9). Further, in the Candidates section, you will find that applicants who have "Category A" conditions are denied employment without any further individualized assessment. Specifically you will find:

**"6.2.2 Candidates with Category A medical conditions shall not be certified as meeting the medical requirements of this standard.**

**6.2.3 Candidates with Category B medical conditions shall be certified as meeting the medical requirements of this standard only if they can perform the essential job tasks without posing a significant safety and health risk to themselves, members, or the public."**

As an example, consider an individual who has had a myocardial infarction (heart attack). If that individual would have either cardiac stents or coronary artery bypass surgery (CABG), as a current employee, that person would be allowed to return to the position he or she previously held if that individual met specific requirements (see 9.4.3.1). But if that same individual would be applying to new Fire Department, the "history of a myocardial infarction" would be a Category A condition and the individual would be automatically rejected for employment consideration without further or individual evaluation being relevant (see 6.10.1.1 (1)).

Even apart from the medical discussion above, I believe that the current NFPA 1582 Standard removes from the employer the flexibility to provide reasonable accommodation. Such accommodation may be available in one Fire Department - based on the requirements of that specific position and the resources available in that specific Fire Department - but instead of allowing that "reasonable accommodation", NFPA 1582 substitutes a fixed automatic decision of rejection for employment that applies to all applicants with that medical diagnosis instead of one based on individual consideration made by the employer on a case by case basis.

Or more generally, the NFPA 1582 Standard not only violates federal law, it also usurps the prerogative of a Fire Chief to determine when a reasonable accommodation can be made.

Therefore, I believe that:

1. the current separation of medical criteria into separate chapters for applicants and current

employees is without a scientific basis for that distinction,  
 2. the classification of "Category A" conditions which result in automatic rejection for employment eliminates the ability of an employer to provide "reasonable accommodation", which is required by federal law, and  
 3. the Technical Committee needs to request a presentation by an Employment Law attorney retained by NFPA who can educate the Technical Committee regarding the legal consequences to an employer who elects to follow the guidance contained in NFPA 1582.

As a remedy to these issues, I request that:

1. medical criteria for applicants and current employees should be identical,
2. all individuals which do meet the single set of medical criteria will need an individual evaluation to determine if "reasonable accommodation" is appropriate, and
3. guidance from an Employment Law attorney should be provided to the Technical Committee by NFPA to provide an orientation to the legal considerations relevant to this issue of which the Technical Committee members may not be aware.

### Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
1582_HELD_PC_No7.pdf		

### Statement of Problem and Substantiation for Public Input

NOTE: This Public Input appeared as "Reject but Hold" in Public Comment No. 7 of the Annual 2021 cycle Second Draft Report for NFPA 1582 and per the Regs. at 4.4.8.3.1.

The current content of NFPA 1582 violates the Americans with Disabilities Act (ADA) as well as rulings from the Equal Employment Opportunity Commission (EEOC). If an employer follows the current content NFPA 1582, the employer would be subject to penalties of violating these federal laws.

The separation of medical criteria into individual chapters implies that there is a medical or scientific basis for this division based on the individual's employment status. In fact, the only applicable medical criteria is whether an individual can safely perform the essential job functions, without regard to whether that individual is a current employee or an applicant. If the individual cannot perform the essential job functions, an individual assessment must be performed to determine if a "reasonable accommodation" for the individual is feasible. The current version of NFPA 1582 would have an employer reject an applicant without performing an individual assessment or considering if reasonable accommodation is feasible.

### Submitter Information Verification

**Submitter Full Name:** TC ON ERH\_AAA  
**Organization:** NFPA TC on Emergency Responders Occupational Health  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Thu Sep 08 16:03:34 EDT 2022  
**Committee:** ERH-AAA



**Public Input No. 19-NFPA 1580-2022 [ Section No. 2.3.5 ]**

**2.3.5 Other Publications.**

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, <https://www.psychiatry.org/psychiatrists/practice/dsm>.

International Council of Ophthalmology, "International Clinical Diabetic Retinopathy Disease Severity Scale," San Francisco, CA, October 2002.

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

[International Organization for Standardization - ISO 45003 - Occupational health and safety management — Psychological health and safety at work — Guidelines for managing psychosocial risks](#)

**Statement of Problem and Substantiation for Public Input**

This is the document that psychosocial factors in the workplace that are perceived or experienced as unfavorable and can cause damage in the mind of the individual exposed, which in turn influences their behavior is taken from. This language is submitted later in the document.

**Related Public Inputs for This Document**

<u>Related Input</u>	<u>Relationship</u>
<u><a href="#">Public Input No. 21-NFPA 1580-2022 [Section No. 3.3.47]</a></u>	
<u><a href="#">Public Input No. 21-NFPA 1580-2022 [Section No. 3.3.47]</a></u>	

**Submitter Information Verification**

**Submitter Full Name:** Scott Kerwood  
**Organization:** Hutto Fire Rescue  
**Affiliation:** IAFC Safety, Health and Survival Section  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Wed Sep 07 10:28:38 EDT 2022  
**Committee:** ERH-AAA



## Public Input No. 21-NFPA 1580-2022 [ Section No. 3.3.47 ]

### 3.3.47\* Hazard.

A condition that presents the potential for harm or damage to people, property, or the environment.

- **Hazard** - a potential source of harm or adverse health effect on a person or persons. A hazard may be: biological, chemical, ergonomic, physical, psychosocial, or safety-related.
  - **Biological** - Also known as biohazards, refer to biological substances that pose a threat to the health of living organisms, primarily of humans. This can include medical waste or samples of a microorganism, viruses, or toxins (from a biological source) that can affect human health.
  - **Chemical** - A chemical hazard is any substance that can cause a health problem when ingested or inhaled. They include toxins, dangerous chemicals, and residue of excess chemicals used in processing food products.
  - **Ergonomic** - Ergonomic hazards are physical conditions that may pose a risk of injury to the musculoskeletal system, including awkward postures, static postures, high forces, repetitive motion, or short intervals between activities.
  - **Physical** - A physical hazard is an agent, factor, or circumstance that can cause harm with contact and include radiation, heat and cold stress, vibration hazards, and noise hazards
  - **Psychosocial** - A psychosocial factor in the workplace that is perceived or experienced as unfavorable and can cause damage in the mind of the individual exposed, which in turn influences their behavior.
  - **Workplace** - Workplace hazards include actions, tools, machinery, materials, and vehicles that can cause or contribute to physical or psychosocial injury to workers.

## Statement of Problem and Substantiation for Public Input

The International Organization for Standardization - ISO 45003 - Occupational health and safety management, identifies psychological health and safety at work — Guidelines for managing psychosocial risks. In the vein of the “all hazards approach” exactly how a psychosocial hazard is addressed is the same depending on the level of vulnerability and the potential risk. Psychological hazards in the workplace can lead to violence and harassment in the workplace.

## Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 19-NFPA 1580-2022 [Section No. 2.3.5]</u>	
<u>Public Input No. 19-NFPA 1580-2022 [Section No. 2.3.5]</u>	

## Submitter Information Verification

**Submitter Full Name:** Scott Kerwood  
**Organization:** Hutto Fire Rescue  
**Affiliation:** IAFC Safety, Health and Survival Section  
**Street Address:**  
**City:**

**State:**  
**Zip:**  
**Submittal Date:** Wed Sep 07 10:34:51 EDT 2022  
**Committee:** ERH-AAA



## Public Input No. 9-NFPA 1580-2022 [ Section No. 5.2.3 [Excluding any Sub-Sections] ]

All kitchens shall have either double-basin sinks or two sinks for kitchens designated for internal fire department usage . For kitchens serving the General Public, whether for paid or unpaid food service functions, a 3-compartment sink is required per National Sanitation Foundation (NSF) guidelines. .

### Statement of Problem and Substantiation for Public Input

Food Service health and safety requirements become involved when food is served to the general public. Under these circumstances, a 2-basin sink does NOT meet related Standards for washing, rinsing and sanitizing of plates, utensils, pots, etc.

### Submitter Information Verification

**Submitter Full Name:** Kenneth Gale  
**Organization:** Mitchell Associates Architects  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Wed Sep 07 09:16:01 EDT 2022  
**Committee:** ERH-AAA



## Public Input No. 7-NFPA 1580-2022 [ Sections 11.8.1, 11.8.2 ]

### Sections 11.8.1, 11.8.2

#### 11.8.1

Category A medical conditions shall include the following:

- (1) Scoliosis of ~~thoracic or lumbar spine~~ thoracic spine with angle greater than or equal to 40 degrees
- (2) Any spinal or skeletal condition producing sensory or motor deficit(s) or pain due to radiculopathy or nerve compression
- (3) Any spinal or skeletal condition causing pain that frequently or recurrently requires narcotic analgesic medication
- (4) Cervical vertebral fractures with multiple vertebral body compression greater than 25 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (i.e., partial, moderate, severe), abnormal exam, ligament instability, symptomatic, or less than 6 months post injury or less than 1 year since surgery
- (5) Thoracic vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (e.g., severe — with or without surgery), abnormal exam, ligament instability, symptomatic, or less than 6 months post injury or less than 1 year since surgery
- (6) Lumbosacral vertebral fractures with vertebral body compression greater than 50 percent; evidence of posterior element involvement, nerve root damage, disc involvement, dislocation (i.e., partial, moderate, severe), fragmentation, abnormal exam, ligament instability, symptomatic, or less than 6 months post injury or less than 1 year since surgery
- (7) History of spine surgery or injury that results in the candidate not being able to perform one or more of the essential job tasks

#### 11.8.2

Category B medical conditions shall include the following:

- (1) Congenital or developmental malformations of the back, particularly those that can cause instability, neurological deficits, pain, or limit flexibility
- (2) ~~Scoliosis~~ Scoliosis of thoracic or lumbar spine with angle less than 40 degrees
- (3) Scoliosis of lumbar spine with angle greater than 40 degrees
- (4) Arthritis of the cervical, thoracic, or lumbosacral spine
- (5) Facet tropism, high lumbosacral angle, hyperlordosis, Schmorl's nodes, Scheuermann's disease, spina bifida occulta, spondylolisthesis, spondylolysis, or transitional vertebrae
- (6) History of infections or infarcts in the spinal cord, epidural space, vertebrae, or axial skeletal joints
- (7) History of discectomy or laminectomy or vertebral fractures

### Statement of Problem and Substantiation for Public Input

Currently, 1582 categorizes Scoliosis of the lumbar spine beyond the 40-degree measurement as a Category A condition. This means that it is perceived that lumbar Scoliosis over 40 degrees is an automatic disqualifier and operates off the false presumption that lumbar Scoliosis over 40 degrees prevents a candidate from performing one or more than one of the 14 essential job functions previously outlined in 1582. This however does not accurately represent the current medical consensus. While scoliosis of the thoracic spine can generate disability, particularly in the area of respiratory function,

scoliosis of the lumbar spine does not generate disability to the point of category A disqualification. A more appropriate classification of lumbar Scoliosis over 40 degrees would be in the category B section of the standard. This allows the agencies which adhere to the 1582 standard the ability to more accurately access candidates who have lumbar Scoliosis over 40 degrees and permit healthy, and capable individuals with the condition to serve in the role of an operational firefighter. This change meanwhile maintains the category A classification for scoliosis of the thoracic spine over 40 degrees.

The particular group of individuals who are being inaccurately assessed by the current standard is those who have developed lumbar scoliosis as a result of adolescent idiopathic scoliosis. The ability of those individuals to perform the functions of firefighters is well supported by various medical professionals and studies focused on adolescent idiopathic scoliosis. Doctor Daniel J. Hedequist who is the Chief of the Spine Division at Boston Children's Hospital and an Associate Professor of Orthopedic Surgery at Harvard Medical School states in correspondence regarding the matter; "There is a significant amount of literature which supports non-restricted employment and lifestyles for those patients who have scoliosis treated non-operatively. There is no increased disability or diminished health quality of life for these patients." (Dr. Hedequist, July 29th, 2021). He goes on to say; "The Scoliosis Research Society, the world's largest collection of surgeons who take care of patients with idiopathic scoliosis, have no restricted work guidelines for patients with scoliosis. Nowhere on the SRS website is there mention of work restrictions for patients with adolescent idiopathic scoliosis." (Dr. Hedequist, July 29th, 2021). The research and publications of support for this matter are expansive. Three of the more significant of these studies/publications have been attached to further validate the ability of these individuals to perform the functions of a firefighter. Doctor Stuart Weinstein from the University of Iowa, who was the author of many of the studies cited below, has offered his support for this amendment stating; "As someone who has treated scoliosis patients for 45 years I again concur with this position." (Dr. Weinstein, Aug 14th, 2021).

Notable highlights from the attached research mentioned above include the following points. The publication titled The Natural History of Adolescent Idiopathic Scoliosis (Attachment No. 6) states; "their ability to work and perform activities of daily living was similar to that of controls. Despite back pain, this group of untreated patients continues to function at a high level, indicating that the natural history of AIS does not necessarily include functional disability.", and "By closely studying this group of patients for >50 years, we have learned that patients with untreated AIS can function well as adults, become employed, get married, have children, and grow to become active older adults." (Weinstein, Stuart L. MD The Natural History of Adolescent Idiopathic Scoliosis, Journal of Pediatric Orthopaedics: July 2019 - Volume 39 - Issue - p S44-S46 doi: 10.1097/BPO.0000000000001350). This same publication also clearly calls attention to the fact that a disability particularly in the area of respiratory function, is to be associated with thoracic curves, not lumbar curves. It states; "Unfortunately, untreated scoliosis may lead to increased back pain and pulmonary symptoms for patients with large thoracic curves.", and "Patients with large major curves (>80 degrees) and a thoracic apex had significantly greater odds of shortness of breath than did patients with large major lumbar curves (>50 degrees)." (Weinstein, Stuart L. MD The Natural History of Adolescent Idiopathic Scoliosis, Journal of Pediatric Orthopaedics: July 2019 - Volume 39 - Issue - p S44-S46 doi: 10.1097/BPO.0000000000001350). The publication titled Health and Function of Patients With Untreated Idiopathic Scoliosis (Attachment No. 8) states; "Untreated adults with LIS are productive and functional at a high level at 50-year follow-up. Untreated LIS causes little physical impairment other than back pain and cosmetic concerns." (Weinstein SL, Dolan LA, Spratt KF, Peterson KK, Spoonamore MJ, Ponseti IV. Health and Function of Patients With Untreated Idiopathic Scoliosis: A 50-Year Natural History Study. JAMA. 2003;289(5):559-567. doi:10.1001/jama.289.5.559). The publication titled Adolescent idiopathic scoliosis: natural history and long-term treatment effects (Attachment No. 7) states; "based on outcome measures of work and level of disability, of patients with untreated adolescent idiopathic scoliosis do not appear different than controls." (Asher, M.A., Burton, D.C. Adolescent idiopathic scoliosis: natural history and long term treatment effects. Scoliosis 1, 2 (2006). <https://doi.org/10.1186/1748-7161-1-2>). The publication titled Nonoperative treatment for adolescent idiopathic scoliosis: a 10- to 60-year follow-up with special reference to health-related quality of life (Attachment No. 5) states; "Compared with a healthy control group that was matched for age and gender, no significant differences were found in terms of HRQOL as assessed by the WHOQOLBREF questionnaire. No significant differences in pain, disability, or HRQOL were found between patients with and without brace treatment." (Haefeli, Mathias Med Pract\*; Elfering, Achim Dipl Psych, PhD†; Kilian, Reinhold PhD‡; Min, Kan MD\*; Boos, Norbert MD\* Nonoperative Treatment for Adolescent Idiopathic Scoliosis, Spine: February 1, 2006 - Volume 31 - Issue 3 - p 355-366 DOI: 10.1097/O1.brs.0000197664.02098.09). The publication titled Natural history of adolescent idiopathic scoliosis: a tool for guidance in the decision of surgery of curves above 50° (Attachment No. 9) states; "Only patients with curve size above 110° and vital capacity (measured as percent predicted) less than 45 % at maturity develop respiratory failure 20 years later. Moreover, an increased risk for shortness of breath exists if the curve at maturity has a size above 80° or includes a large degree of rotation.", and "Quality of life and function will be at the same level as in the normal population. Cosmetic problems are

not a major problem in most patients.” (Danielsson AJ. Natural history of adolescent idiopathic scoliosis: a tool for guidance in the decision of surgery of curves above 50°. J Child Orthop. 2013 Feb;7(1):37-41. DOI: 10.1007/s11832-012-0462-7. Epub 2012 Dec 21. PMID: 24432057; PMCID: PMC3566251). The publication titled Adults With Idiopathic Scoliosis Diagnosed at Youth Experience Similar Physical Activity and Fracture Rate as Controls (Attachment No. 10) states; “Adults with idiopathic scoliosis have similar physical activity level and do not sustain more fractures compared with controls. Adults with surgically treated idiopathic scoliosis have slightly lower physical activity levels than previously braced and untreated patients. The onset of idiopathic scoliosis does not affect physical activity level.” (Diarbakerli E, Graders A, Danielsson A, Gerdhem P. Adults With Idiopathic Scoliosis Diagnosed at Youth Experience Similar Physical Activity and Fracture Rate as Controls. Spine (Phila Pa 1976). 2017 Apr 1;42(7): E404-E410. DOI: 10.1097/BRS.0000000000001841. PMID: 27496666.).

Moving scoliosis of the lumbar spine from being a category A condition to a Category B condition responsibly allows an adhering agency to evaluate candidates with scoliosis of the lumbar spine (particularly those who have developed scoliosis of the lumbar spine as a result of adolescent idiopathic scoliosis) on a case by case basis which also allows for the input of the candidate’s specialized physician who is familiar with the candidate’s limitations. It does not allow for individuals with thoracic scoliosis to be qualified medically nor does it automatically qualify those with lumbar scoliosis. It rather allows candidates to be more appropriately assessed and allows for those candidates who are perfectly capable of performing the job functions to be approved for duty as a firefighter under the watchful checks and balances associated with a category B classification.

The current standard views Lumbar Scoliosis over 40 degrees as a class A condition. This however does not reflect the findings of studies and specialists who work with Lumbar Scoliosis. The section of the 1582 standard pertaining to Lumbar Scoliosis has not been updated in recent revisions of the standard despite new medical evidence on the topic. A recent study regarding Adolescent Idiopathic Scoliosis has explained the flaws of previous studies and their false assumptions of disability created by Adolescent Idiopathic Scoliosis. The study states; “Previous long-term studies of idiopathic scoliosis<sup>1,11-23</sup> presented a grim prognosis, perpetuating the common misperception that all types of idiopathic scoliosis inevitably lead to disability from back pain and cardiopulmonary compromise. The shortcomings of these earlier studies have been previously described<sup>23</sup>; of particular concern is the inclusion of patients with congenital, neuromuscular, or early-onset idiopathic scoliosis, and the failure to evaluate outcome in terms of the location of the curvature.” (Weinstein SL, Dolan LA, Spratt KF, Peterson KK, Spoonamore MJ, Ponseti IV. Health and Function of Patients With Untreated Idiopathic Scoliosis: A 50-Year Natural History Study. JAMA. 2003;289(5):559–567. doi:10.1001/jama.289.5.559). Previous and since refuted studies have created an incorrect sense that Lumbar Scoliosis generates disability in those who have the condition. The 1582 standard also currently provides no explanation of why Lumbar Scoliosis over 40 degrees is a Class A condition in the “Annex A; Explanatory Material” section. Other category A conditions are provided with an extensive explanation as to why they disqualify a candidate from performing the functions of a Firefighter.

The current standard actively prohibits participating agencies from hiring qualified candidates. Healthy, strong, capable candidates are automatically disqualified resulting in a smaller candidate pool for departments. This is particularly detrimental to agencies in regions of the country which are seeing a drop in applicants.

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**Committee:** ERH-AAA



## Public Input No. 43-NFPA 1580-2022 [ New Section after 12.7.21 ]

### **12.7.22\* Multi-Cancer Early Detection Screening**

A Multi-Cancer Early Detection (MCED) screening test shall be performed annually for firefighters age 50 and above.

#### A12.7.22

A Multi-Cancer Early Detection (MCED) screening test, also called a 'liquid biopsy' test, should be considered for firefighters under 50 with an elevated risk of cancer as determined appropriate by the physician or as part of a surveillance program following a significant exposure to a known carcinogen.

### **Statement of Problem and Substantiation for Public Input**

A number of promising tests are on the market or are in development that can detect multiple cancers in earlier stages. These tests, also called 'liquid biopsy' tests, are capable of discovering cancers in earlier stages, such as pancreatic cancer, that may not be discovered through existing testing modalities.

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**Committee:** ERH-AAA



## Public Input No. 6-NFPA 1580-2022 [ Section No. 12.7.26.1 [Excluding any Sub-Sections] ]

The fire department physician or qualified healthcare provider shall, in advance of or during the annual physical, provide behavioral health screening for posttraumatic stress disorder (PTSD), major depressive disorder, active suicidality, burnout, and substance-use disorder.

### Statement of Problem and Substantiation for Public Input

burnout is predictor for stress, compassion fatigue and PTSD.

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**Submittal Date:** Sat Jul 02 17:00:35 EDT 2022

**Committee:** ERH-AAA



## Public Input No. 5-NFPA 1580-2022 [ Section No. 14.11.9.2 [Excluding any Sub-Sections] ]

If the member is on ~~beta~~ continuous use of beta -blockers, high-dose diuretics, or central agents such as clonidine, the physician shall refer the member back to his or her physician for consideration of a change in anti-hypertensive medications.

### Statement of Problem and Substantiation for Public Input

for ptsd or anxiety using a low dose beta blocker can be beneficial and only as needed.

### Submitter Information Verification

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**Committee:** ERH-AAA



## Public Input No. 4-NFPA 1580-2022 [ Section No. 16.2.1 ]

### 16.2.1\*

The health and fitness coordinator shall be a trained peer support team member and have access to appropriate educational materials and formal certification from a professional organization, relevant educational experience, appropriate academic degrees, completion of course work relevant to the program components, or attendance at workshops related to health and fitness.

### Statement of Problem and Substantiation for Public Input

more attention to mental health and peer support resources.

### Submitter Information Verification

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**Submittal Date:** Sat Jul 02 16:30:06 EDT 2022

**Committee:** ERH-AAA



## Public Input No. 3-NFPA 1580-2022 [ Section No. 19.1.4 ]

### 19.1.4

The fire department shall provide education and guidance regarding access to the department's member assistance program (MAP) as required by NFPA 1500.

### Statement of Problem and Substantiation for Public Input

behavioral health assistance program was new terminology being used.

### Submitter Information Verification

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**Committee:** ERH-AAA



## Public Input No. 8-NFPA 1580-2022 [ Section No. 21.1.2 ]

### 21.1.2 Purpose.

This standard describes the prerehabilitation, contamination control, rehabilitation, and post-incident recovery processes for members prior to, during, and after incident scene operations, ~~training,~~ and ~~exercises~~ training exercises .

### Statement of Problem and Substantiation for Public Input

current language is inconsistent with the Scope.

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**Submittal Date:** Wed Sep 07 09:10:32 EDT 2022

**Committee:** ERH-AAA



## Public Input No. 10-NFPA 1580-2022 [ Section No. 21.2.1.1.1 ]

### 21.2.1.1.1\*

The fire department shall develop standard operating procedures/guidelines (SOP/Gs) that outline a systematic approach for ~~the prehabilitation, contamination control, rehabilitation, and recovery~~ the rehabilitation of members operating at incidents and training exercises.

### Statement of Problem and Substantiation for Public Input

The list in the following section is limited to member rehabilitation.

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**Committee:** ERH-AAA



## Public Input No. 11-NFPA 1580-2022 [ Section No. 21.2.1.4 [Excluding any Sub-Sections] ]

The fire department shall develop SOP/Gs that outline a systematic approach to contamination control and post-incident recovery in order to return a member to where they can safely perform additional emergency tasks, be reassigned, or be released from duty.

### Statement of Problem and Substantiation for Public Input

post incident recovery starts on-scene with contamination control. This addition better qualifies the list in the next section

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**Committee:** ERH-AAA



## Public Input No. 12-NFPA 1580-2022 [ Section No. 21.3.3 ]

### 21.3.3

Education shall be provided on the ~~importance-~~ impact of ~~proper-~~ improper hydration, nutrition, and rest as it related to heat and cold stress .

## Statement of Problem and Substantiation for Public Input

Clarity

## Submitter Information Verification

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## Public Input No. 13-NFPA 1580-2022 [ Section No. 21.4.2 ]

### 21.4.2\*

Members shall maintain a physical fitness regime in accordance with this standard as a prehabilitation strategy for ~~incident-~~ the physical demands of incident response-~~demands~~ .

## Statement of Problem and Substantiation for Public Input

Clarity

## Submitter Information Verification

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**Committee:** ERH-AAA



## Public Input No. 14-NFPA 1580-2022 [ Section No. 21.4.3 ]

### 21.4.3\*

Members assigned to incident response duties shall not engage in activities that may diminish their ability to safely perform the essential job tasks.

### A21.4.3

Members should avoid high intensity physical activity and training that requires an extensive recovery period during periods when emergency response is required.

## Statement of Problem and Substantiation for Public Input

Annex material is needed for this requirement in order to provide clarity on the committees intent

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## Public Input No. 16-NFPA 1580-2022 [ New Section after 22.1.1.2 ]

### 22.1.1.3

Preliminary Exposure Reduction activities shall not interfere with the incident priorities.

### Statement of Problem and Substantiation for Public Input

See PI-15

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 15-NFPA 1580-2022 [Section No. 22.1.1.2]</u>	divided requirement
<u>Public Input No. 15-NFPA 1580-2022 [Section No. 22.1.1.2]</u>	

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**Submittal Date:** Wed Sep 07 10:09:42 EDT 2022

**Committee:** ERH-AAA



## Public Input No. 15-NFPA 1580-2022 [ Section No. 22.1.1.2 ]

### 22.1.1.2

Preliminary exposure reduction activities shall be completed prior to rehabilitation or demobilization from the incident- ~~but shall not interfere with fireground priorities .~~

### Statement of Problem and Substantiation for Public Input

Two 'Shalls' in the current section. Should be divided for clarity.

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<a href="#">Public Input No. 16-NFPA 1580-2022 [New Section after 22.1.1.2]</a>	
<a href="#">Public Input No. 16-NFPA 1580-2022 [New Section after 22.1.1.2]</a>	

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**Committee:** ERH-AAA



## Public Input No. 17-NFPA 1580-2022 [ Section No. 22.3.6 ]

### 22.3.6\*

Following mitigation, ~~potential~~ contaminated and ~~exposed~~ items (PC&E) shall be isolated and bagged prior to entering the cold zone or being transported away from the scene.

### Statement of Problem and Substantiation for Public Input

Clarity. Also, PC&E is used elsewhere in reference to Protective Clothing and Equipment.

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**Committee:** ERH-AAA



## Public Input No. 18-NFPA 1580-2022 [ Section No. 23.1.3 ]

### 23.1.3\*

Emergency medical services (EMS) practitioners ~~in~~ assigned to rehabilitation shall have the authority, as delegated by the incident commander, to use their professional judgment to keep members in rehabilitation or to transport them for further medical evaluation or treatment.

## Statement of Problem and Substantiation for Public Input

Clarity

## Submitter Information Verification

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**Committee:** ERH-AAA



## Public Input No. 20-NFPA 1580-2022 [ Section No. 23.1.4 [Excluding any Sub-Sections] ]

Members shall undergo rehabilitation following the use of a single self-contained breathing apparatus (SCBA) cylinder with intense work , or after 40 minutes of intense work without SCBA.

### Statement of Problem and Substantiation for Public Input

Helps to provide clarity for the 'exception' provided in the following section.

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<a href="#">Public Input No. 29-NFPA 1580-2022 [Section No. 23.7.1.1]</a>	
<a href="#">Public Input No. 29-NFPA 1580-2022 [Section No. 23.7.1.1]</a>	

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**Submittal Date:** Wed Sep 07 10:30:27 EDT 2022  
**Committee:** ERH-AAA



## Public Input No. 23-NFPA 1580-2022 [ Section No. 23.2.2 ]

### 23.2.2

The IC shall assume the ~~rehabilitation responsibility if it~~ responsibilities of the Rehabilitation Manager if this position is not delegated.

## Statement of Problem and Substantiation for Public Input

Clarity

## Submitter Information Verification

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**Committee:** ERH-AAA



## Public Input No. 22-NFPA 1580-2022 [ Section No. 23.3.4 ]

### 23.3.4

~~Company officers~~ Supervisors shall assess incident demobilization and post-incident recovery processes and ensure their members are ready to return to service.

## Statement of Problem and Substantiation for Public Input

Consistency

## Submitter Information Verification

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**Submittal Date:** Wed Sep 07 10:36:03 EDT 2022

**Committee:** ERH-AAA



## Public Input No. 24-NFPA 1580-2022 [ Section No. 23.4.2.1 ]

### 23.4.2.1

The rehabilitation manager shall ensure that the location(s) include a gateway and ~~process for contamination reduction prior to rehab entry~~ that contamination control has occurred prior to entry into the rehab area .

### Statement of Problem and Substantiation for Public Input

Contamination control is not the responsibility of the rehabilitation manager

### Submitter Information Verification

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**Committee:** ERH-AAA



## Public Input No. 25-NFPA 1580-2022 [ Section No. 23.4.5 ]

### 23.4.5

~~The rehabilitation manager shall request necessary resources for rehabilitation of personnel.~~

### Statement of Problem and Substantiation for Public Input

This requirement is covered in 23.4.3

### Submitter Information Verification

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**Committee:** ERH-AAA



## Public Input No. 26-NFPA 1580-2022 [ Section No. 23.4.6 ]

### 23.4.6

The rehabilitation manager shall release personnel for reassignment or for ~~demobilization and post-incident recovery following~~ demobilization following appropriate rest and recovery in the rehab area .

## Statement of Problem and Substantiation for Public Input

Clarity

## Submitter Information Verification

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**Committee:** ERH-AAA



## Public Input No. 27-NFPA 1580-2022 [ Section No. 23.5.4 ]

### 23.5.4

Members shall remain ~~aware of the health and safety~~ alert to the fatigue of other members of their crew.

### Statement of Problem and Substantiation for Public Input

Clarity.

### Submitter Information Verification

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**Submittal Date:** Wed Sep 07 11:06:29 EDT 2022

**Committee:** ERH-AAA



## Public Input No. 28-NFPA 1580-2022 [ Section No. 23.6.1.1 ]

### 23.6.1.1

The location shall include a gateway- ~~and a process for contamination reduction prior to PPE doffing~~ .

### Statement of Problem and Substantiation for Public Input

Contamination control does not occur in the rehab area.  
Also, consider annex material to explain the purpose of the 'gateway'.

### Submitter Information Verification

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**Submittal Date:** Wed Sep 07 11:09:59 EDT 2022

**Committee:** ERH-AAA



## Public Input No. 29-NFPA 1580-2022 [ Section No. 23.7.1.1 ]

### 23.7.1.1\*

Members shall rest for a minimum of 20 minutes following the use of ~~an~~ a single SCBA cylinder ~~or~~ with intense work or after 40 minutes of intense work without SCBA.

### Statement of Problem and Substantiation for Public Input

consistency with 23.1.4.

NOTE - the exception provided in 23.1.4.1 is not provided here.

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 20-NFPA 1580-2022 [Section No. 23.1.4 [Excluding any Sub-Sections]]</u>	
<u>Public Input No. 20-NFPA 1580-2022 [Section No. 23.1.4 [Excluding any Sub-Sections]]</u>	

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**Submittal Date:** Wed Sep 07 11:18:52 EDT 2022

**Committee:** ERH-AAA



## Public Input No. 30-NFPA 1580-2022 [ Section No. 23.9.1 ]

### 23.9.1\*

During incident scene operations, transport-capable advanced or basic life support (BLS) EMS shall be on-site as part of the incident scene rehabilitation for the evaluation and treatment of symptomatic members.

### Statement of Problem and Substantiation for Public Input

ALS should not be excluded from the requirement.

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 31-NFPA 1580-2022 [Section No. 23.9.2 [Excluding any Sub-Sections]]</u>	

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## Public Input No. 31-NFPA 1580-2022 [ Section No. 23.9.2 [Excluding any Sub-Sections] ]

During training exercises, adavnced or basic life support (BLS) personnel and equipment shall be on-site.

### Statement of Problem and Substantiation for Public Input

ALS should not be excluded

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 30-NFPA 1580-2022 [Section No. 23.9.1]</u>	

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## Public Input No. 32-NFPA 1580-2022 [ Section No. 23.9.5 ]

### 23.9.5

EMS personnel shall be alert for the following:

- (1) \* Personnel complaining of chest pain, dizziness, shortness of breath, weakness, nausea, or headache
- (2) General complaints, such as cramps, aches, and pains
- (3) Symptoms of heat- or cold-related stress (*see Annex J*)
- (4) Changes in gait, speech, or behavior
- (5) \* Alertness and orientation to person, place, and time of members
- (6) Psychological or emotional distress resulting exposure to potentially traumatic events

### Statement of Problem and Substantiation for Public Input

Relevant to the EMS providers assessment and disposition following rehab

### Submitter Information Verification

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## Public Input No. 33-NFPA 1580-2022 [ Section No. 23.10.1 ]

### 23.10.1

The rehab manager or their designee shall determine when a member or company ~~can~~ should be ~~as follows~~ :

- (1) Cleared for further incident assignment or demobilization
- (2) Maintained in rehabilitation for further rest and recovery
- (3) Transported for more definitive medical evaluation/treatment

### Statement of Problem and Substantiation for Public Input

clarity

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## Public Input No. 35-NFPA 1580-2022 [ Section No. 23.10.2 ]

### 23.10.2

~~Members being~~ The Rehabilitation Manager shall be notified when crews or members released from rehabilitation- shall confirm their accountability with the rehabilitation manager .

### Statement of Problem and Substantiation for Public Input

Clarity. The Rehab Manager is responsible for maintaining accountability. (see 23.4.8)

### Submitter Information Verification

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## Public Input No. 34-NFPA 1580-2022 [ Section No. 23.11.1 ]

### 23.11.1\*

A rehabilitation documentation report shall be created and include the following information:

- (1) Company or Unit number identification
- (2) Member name
- (3) Time-in/time-out for members/crews entering or leaving the rehabilitation area
- (4) If the member is referred for medical evaluation
- (5) Disposition following Rehab-disposition

### Statement of Problem and Substantiation for Public Input

Consistency and clarity

### Submitter Information Verification

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## Public Input No. 36-NFPA 1580-2022 [ Section No. 24.2.1 ]

### 24.2.1–

Crews released from an incident scene for post-incident recovery shall be deemed one of the following:

- (1) In service
- (2) Limited availability\*
- (3) Out of service

#### A24.2.1 (2).

Resource limitations may necessitate that a company remains available for high priority runs prior to completing post-incident recovery.

### Statement of Problem and Substantiation for Public Input

explanatory material for clarification

### Submitter Information Verification

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## Public Input No. 37-NFPA 1580-2022 [ Section No. 24.2.2 ]

### 24.2.2\*

Post-incident recovery shall include, as needed, the following:

- (1) Personal hygiene
- (2) Rest
- (3) Hydration
- (4) Nourishment
- (5) ~~Securing~~ Obtaining clean personal protective clothing
- (6) Changing into clean clothing
- (7) Addressing behavioral health needs, as appropriate
- (8) Returning the apparatus to service

### Statement of Problem and Substantiation for Public Input

Ambiguous

### Submitter Information Verification

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## Public Input No. 38-NFPA 1580-2022 [ Section No. 24.4.1 ]

### 24.4.1

Personal protective equipment exposed to fireground contamination shall be decontaminated in accordance with applicable NFPA standards and manufacturer recommendations.

## Statement of Problem and Substantiation for Public Input

Clarity

## Submitter Information Verification

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## Public Input No. 40-NFPA 1580-2022 [ New Section after 24.5.2 ]

### 24.5.2.1\* (NEW)

Personnel shall be relieved of response related activities until appropriate behavioral health interventions and clearance is achieved.

### A24.5.2.1

Consideration should be given to providing peer intervention prior to releasing the affected members to return home.

## Statement of Problem and Substantiation for Public Input

Personnel exposed to a co-worker death or serious injury, and those involved in rescue and recovery interventions, should have an opportunity process what happened before returning emergency response work. Where applicable, paid leave should be provided.

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## Public Input No. 39-NFPA 1580-2022 [ Section No. 24.5.2 [Excluding any Sub-Sections] ]

If ~~one or more of the crew~~ a members is seriously injured or killed during the incident, all members of the crew and those directly involved in rescue or recovery operations shall be ~~removed from emergency responsibilities at the incident as~~ relieved from operational responsibilities as soon as possible.

### Statement of Problem and Substantiation for Public Input

All impacted members should be removed from operational responsibilities until appropriate behavioral health interventions are completed.

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## Public Input No. 41-NFPA 1580-2022 [ Section No. 24.6.3.2 ]

### 24.6.3.2

Following a training event or other ~~non-incident~~ non -incident related exposure where toxic substances or harmful biological, chemical, or physical agents are present, a personal exposure report shall be completed by the member.

### Statement of Problem and Substantiation for Public Input

inappropriate hyphen

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## Public Input No. 42-NFPA 1580-2022 [ Section No. 24.7.2 ]

### 24.7.2

The fire department shall provide ~~member~~ current and former members access to their exposure records.

## Statement of Problem and Substantiation for Public Input

clarification

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