

Safety Alert

August 8, 2008

Subject: Potential MRSA Exposure

Area of Concern: Northern California Fire Incidents

Distribution: All Employees Supporting Fire and All-Risk Incidents

Discussion:

During the past week, one of our Region 3 Interagency Hotshot crews returned from a fire assignment in Northern California after having confirmed three (3) cases of MRSA (Staph Infection) on their crew over the course of separate assignments. It has now been confirmed that the initial case was contracted at a previous fire assignment but was not confirmed as MRSA at that time, even after initial and follow-up medical attention and the crew returning home from that first assignment. After being hospitalized, the crew member was still not diagnosed with MRSA and the remaining crew was dispatched to another fire assignment in Northern California. After a MRSA diagnosis was confirmed in the initial crewmember, another crewmember noticed a similar occurrence and taken to a nearby hospital (near the fire incident) where MRSA was also confirmed. The patient was released to duty and provided topical ointment and told to keep it clean. At the time, the doctors in the emergency room at the hospital confirmed that MRSA was “running rampant” in California.

After cleaning and disinfecting all vehicles and equipment, the crew returned to work on the fireline only to have the crewmember experience worse symptoms and taken back to the hospital with a diagnosis of MRSA and later released from the incident and sent home. The crew remained at the incident only to have a third individual with a ‘bee sting’ that developed MRSA. The individual was taken to the hospital where MRSA was confirmed. After much debate, the crew made the proactive decision to ask to be sent home to provide recuperation time for the crew and affected crewmembers.

Safety Concerns to Employees:

Anyone can contract a Staph infection and are most likely to get a Staph infection if they have:

- Skin-to-skin contact with someone who has a Staph infection.
- Contact with items and/or surfaces that have Staph on them.
- Any openings in the skin such as a cut, scrape, or insect sting.
- Crowded living conditions
- Poor hygiene.

Most Staph infections are minor and may be easily treated if diagnosed early. However, Staph may cause more serious conditions such as infections of the bloodstream, surgical sites, or pneumonia. Sometimes a Staph infection that starts as a skin infection may worsen or be diagnosed as MRSA. MRSA is different from other types of Staph because it cannot be treated with certain antibiotics.

Staph is a type of bacteria that may cause skin infections that look like pimples or boils and can easily enter existing skin openings such as cuts, scrapes and insect bites. Skin infections caused by Staph may become red, swollen, or have pus or other drainage and can easily be misdiagnosed at earlier stages of infection. Some Staph (known as Methicillin-Resistant *Staphylococcus aureus* or MRSA) are resistant to certain antibiotics, making it harder to treat.

Treatment for a Staph skin infection may include taking an antibiotic or having a doctor drain the infection. If you are given an antibiotic, be sure to take all of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it. Do Not share antibiotics with other people or save them for later use.

Safety Alert

August 8, 2008

Mitigation Measures:

MRSA is now becoming more common in healthy people. These infections can occur among people who are likely to have cuts or wounds and have close contact with one another, such as members of fire crews. This type of MRSA is called community-based methicillin-resistant *Staphylococcus aureus* (CA-MRSA).

MRSA is not to be taken lightly, especially if contracted during a fire assignment. It's critical that all employees take immediate action and seek medical attention and help mitigate the spread of the infection. Fire assignments are the perfect environment for a Staph infection to thrive due to limited hygiene, close living conditions and potential contaminants. **MRSA (STAPH INFECTION) IS PREVENTABLE!**

All employees that will be supporting fire incidents need to be proactive and take preventative measures prior, during, and after assignments. Don't "assume" that someone else will take on that responsibility. Mitigation measures that can be taken include the following:

- Take a small supply kit in your fire gear that has alcohol-based hand sanitizer and sanitizer wipes. Don't always expect all fire camps to provide this for you.
- Be "compulsive" about hand-washing and hand sanitizing during fire assignments. Wash your hands often!
- Do Not touch other people's cuts or bandages without protection (surgical gloves).
- Do Not share personal items like towels, combs, or razors.
- Pay Attention to all wounds (insect bites/stings, poison oak, cuts, scrapes) and treat them as a perfect MRSA entry site. If you notice any redness, swelling, pus or other – seek immediate medical attention.
- Keep all cuts and scrapes clean and covered with a clean bandage.
- Discuss preventative measures at crew safety briefings and pay close attention to the Incident Action Plan components (Safety message, Medical/Medivac Plan) in case you have a medical emergency. ALL employees on an incident need to read and understand the Medical Plan *each* day.
- If there is a suspected or confirmed exposure, take immediate measures for disinfecting all vehicles and equipment.

Regardless of the situation, MRSA is of great concern. MRSA infections are more difficult to treat than ordinary staph infections. For some people, especially those who are weak or ill, these infections can become serious. Additional information about MRSA can be found at the following web sites:

Centers for Disease Control (CDC): <http://www.cdc.gov/>

Web MD:

http://www.webmd.com/search/search_results/default.aspx?query=MRSA%20Staph%20Infection&sourceType=undefined

EPA (MRSA - recommended disinfectants): http://epa.gov/oppad001/list_h_mrsa_vre.pdf