



Division 04 Education and Training

Chapter 09– Infection Control Training

December 2008

POLICY

The Infection Control Program is overseen by the Fire/EMS Department’s Risk Management Office. The Department’s policy is governed by General Order 08-07. Each individual member is responsible to receive Infection Control Training and maintain refresher training, in accordance with the National Fire Protection Association (NFPA) Standard 1581, Infection Control Program, NFPA Standard 1500, Occupational Safety and Health Program, and the Occupational Safety and Health Administration’s bloodborne pathogens standards.

This policy does not supersede, or in any way take the place of the existing General Order regarding infection control, it describes the manner in which personnel may obtain the annual refresher needed to remain operational within the Prince George’s County Fire/Emergency Medical Services Department.

DEFINITIONS

Infection Control Training – training that must be conducted at least annually that meets the training requirements listed in the OSHA standard 29 CFR 1910.1030.

On-Duty Infection Control Training Instructor – individual(s) that have been designated as a person(s) that shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

PROCEDURES

1. Infection Control Training

Individual Instruction

If an individual needs to complete the Infection Control Training class, they must notify their immediate supervisor/volunteer officer that they are going to complete the training.

The individual will then open the PowerPoint Presentation via the Fire/EMS Training Academy’s website and view the material.

[http://www.co.pg.md.us/Government/PublicSafety/Fire-EMS/About/academy.asp?nivel=foldmenu\(10\)](http://www.co.pg.md.us/Government/PublicSafety/Fire-EMS/About/academy.asp?nivel=foldmenu(10))

When the presentation is finished, the individual shall notify their immediate supervisor/volunteer officer that the class is complete.

Please refer to the section below, documenting the Infection Control Training class, for information on proper documentation.

Station Level Drill Instruction

If a station officer/volunteer officer is going to conduct the Infection Control Training class as a station level drill, they may open the PowerPoint Presentation via the Fire/EMS Training Academy’s website and review the material with their members. When the presentation is finished, the station officer will complete the course roster and notify



their Battalion Chief/Volunteer Chief that the class is complete.

Please refer to the section below, documenting the Infection Control Training class, for information on proper documentation.

2. Questions Regarding Infection Control Training

Personnel who have questions about the aforementioned training should refer to General Order 08-07. If General Order 08-07 does not provide the needed answer(s), individuals may contact the Operations Center at 301-583-2200 to reach the on-duty Infection Control Training Instructor.

3. Documenting the Infection Control Training Class

Each time that the Infection Control Training class is conducted, the Infection Control Training Class Roster is to be completed, signed by the appropriate battalion chief/volunteer chief, and submitted to the Fire/EMS Training Academy for proper documentation.

FORMS/ATTACHMENTS

Infection Control Training Class Roster

REFERENCES

OSHA Standard 29 CFR 1910.1030,
Bloodborne Pathogens

General Order 5-16, Exposure Control
Program

General Order 5-17, Tuberculosis Exposure
Control Program

General Order 5-19, Non-Infectious
Occupational Exposure Program

PRINCE GEORGE'S COUNTY FIRE/EMS TRAINING ACADEMY CLASS ROSTER

Page: ___ of ___

COURSE NAME: Infection Control Training

DATE: _____

INSTRUCTOR NAME/ID: _____

CLASS #: N/A

LOCATION: _____

NUMBER OF HOURS: N/A

	NAME (LAST, FIRST MI) PRINT	ID # <i>(Required)</i>	MIEMSS # <i>(Required)</i>	STATION	SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

Battalion Chief/ Volunteer Chief PRINTED NAME and I.D. #: _____

Battalion Chief/Volunteer Chief Signature: _____