



NORTHAMPTON COUNTY

Department of EMERGENCY MEDICAL SERVICES



STANDARD OPERATING GUIDELINES

TOPIC: Infection Control Training	SOG #: 2.17.1
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Status: ACTIVE	Written: 12/11/2008
Written by: Hollye B. Carpenter	Revised: 01/01/2013
Approved by: Hollye B. Carpenter	Adopted: 01/01/2013

PURPOSE

To provide written direction on the training of an EMS provider on Infection Control

SCOPE

All department EMS personnel

CONTENT

Employees will be trained regarding infection control at the time of initial assignment to tasks where exposure may occur and annually, during work hours.

Additional training will be provided whenever there are changes in tasks or procedures which affect employees' occupational exposure; this training will be limited to the new exposure situation.

The training approach will be tailored to the educational level, literacy, and language of the employees. The training plan will include an opportunity for employees to have their questions answered by the trainer.

The following content will be included:

- ✓ Explanation of the blood borne pathogens standards;
- ✓ General explanation of the epidemiology, modes of transmission and symptoms of blood borne diseases;
- ✓ Explanation of this exposure control plan and how it will be implemented;
- ✓ Procedures which may expose employees to blood or other potentially infectious materials;
- ✓ Control methods that will be used by this department to prevent/reduce the risk of exposure to blood or other potentially infectious materials;
- ✓ Explanation of the basis for selection of personal protective equipment;
- ✓ Information on the hepatitis B vaccination program including the benefits and safety of vaccination;
- ✓ Information on procedures to use in an emergency involving blood or other potentially infectious materials;
- ✓ What procedure to follow if an exposure incident occurs;
- ✓ Explanation of post-exposure evaluation and follow-up procedures;
- ✓ An explanation of warning labels and/or color coding.

I affirm all the above items have been reviewed with me, and I have a basic understand of all.

EMS Provider signature:	Date
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Instructor/EMS Officer signature:	Date
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