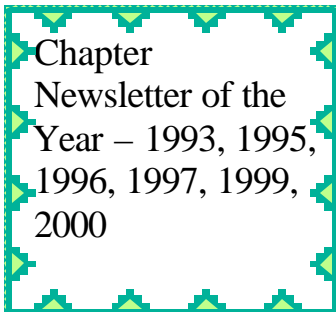


I HEARD IT THROUGH THE STEAMLINE

Volume 12, Issue 2

March 2001



EDITORIAL BOARD

Janet Aultman, Editor
N.C. Baptist Hospital

Patricia Allred
Mercy Hospital, Inc.

Ruby Blackwell
Forsyth Medical Center

Paul Hess
New Hanover Regional
Medical Center

Margie Morgan
Moore Regional Hospital

Inside this issue:

<i>Inservice Education</i>	2
<i>Treasurer's Report</i>	4
<i>Membership Report</i>	6
<i>Health Watch</i>	5
<i>ASHCSP Report</i>	6
<i>Upcoming Programs</i>	6
<i>Board of Directors</i>	8

PRESIDENT'S MESSAGE



Please plan to join us in Charlotte for "2001 A Sterilization Odyssey", our Annual Educational presentation and Vendor Exhibition May 2-4, 2001. The Program Planning Committee has been working very hard to provide a quality presentation. Those of you that heard Ann White when we were last in Charlotte, will have the opportunity to hear her again on Friday. She certainly was entertaining and informative.

Well the votes are in, checked twice and there were no recounts. Please help me congratulate Pat Allred, RN, CNOR as President-elect, returning Board Members; Janet Aultman, Sue Avery, Ruby Blackwell, and Diane Fink and newly elected Board Member, Cheryl Edgar. I look forward to working with this new board. To all those that were nominated, I appreciate your willingness to serve on the Board. The ballot question of the location for our annual meeting had a vote ratio of 5:1 in favor of Myrtle Beach, SC for the years 2002 to 2006. Thank you for your input.

It is with regret that I have accepted the resignation of Lois Click as the Secretary of the Association, The position of secretary is an appointed position. If you know of anyone with the willingness and ability to serve in this capacity please have them send their resume to me or any member of the board at the addresses at the end of this newsletter.

It truly has been an honor to serve as your chapter President for the last two years. I would Re to thank the Membership for giving me this opportunity and thank the members of the Board for their support and encouragement.

This is your Association. It is only as good as the membership that this Board serves. Let's continue to define the future of our profession and set the standard for excellence!

Sincerely,

Paul Hess



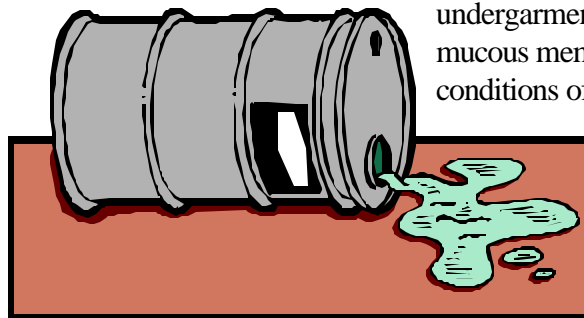
Inservice Education

Medical Waste

By Pam Caudell

Medical waste can be divided into four (4) separate areas: Biohazardous waste, Biohazardous sharps waste, pathology waste and chemotherapy waste. For our purposes we will discuss only the first two. Biohazardous waste is waste contaminated with infectious agents known to cause human illness.

Biohazardous sharps waste includes devices that are capable of cutting or piercing and are contaminated with Biohazardous waste. Some examples include: contaminated hypodermic needles, scalpels, razor blades or opened towel clips.



cover gowns or aprons, gloves, goggles, eye wear and shoe covers. PPE is considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of

time which the protective equipment is used.(d)(3) (i) Also, whenever the worker leaves the work area or leaves the facility, the PPE must be removed prior to

leaving. If the cover worn by the worker is penetrated by blood or other potentially infectious materials, the garment or garments are removed immediately or as soon as is feasible. (d)(3)(vi)

Gloves should be examined routinely for any holes or tears and should then be replaced. Gloves need to be removed after handling medical waste but before leaving the work area. This is to insure that germs or other pathogens are not spread to other workers or visitors by elevator buttons, doorknobs or even handrails. Hands should be washed with a solution of soap and water and dried thoroughly. If this is not possible, then hands should be cleansed with an appropriate antiseptic hand cleaner. The reason for this is twofold. 1) In the event of a puncture to the glove, it will kill the pathogen possibly lurking on the skin. 2) Will also keep latex proteins from being ground into the skin.

Medical waste is generally separated at the point of generation and must be handled properly using the appropriate PPE and good work practices. Biohazardous waste is usually contained within a red plastic bag, a container, or an especially designed cardboard box. Each of these containers will have

How each of the above is handled depends upon the policies and procedures each hospital or clinic has in place. These policies and procedures are written in accordance with OSHA guidelines and is called an Exposure Control Plan. Along with this plan goes something called "**Universal Precautions**". This is an approach to infection control. According to the concept of Universal Precautions, generally, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens. Hepatitis B (HBV) is considered the major infectious occupational health hazard to healthcare workers because it is the easiest to transmit in the workplace. One in three needle sticks results in an infected Hepatitis B worker. When differentiation between body fluid types is not possible, all body fluids shall be considered potentially infectious.

(d) (1)

Personal Protective Equipment is used whenever one comes into contact with potentially infectious waste. PPE includes but is not limited to: masks,

conspicuously labeled on them the words **"Biohazardous Waste"** or will have the international symbol and the word **"Biohazard"**. Biohazardous sharps containers must be rigid, puncture proof, and leak resistant. They must also be designed to be all but impossible to reopen when sealed and must also be properly labeled as Biohazardous. Sharps containers can be placed in larger Biohazard boxes for transport if necessary.

When containerizing Biohazardous waste, certain steps must be adhered to in order to prevent leakage or expulsion of contents during handling, future storage and transport. The red Biohazardous bag must first be tied off before being placed into a rigid or disposable Biohazardous box. If there is a possibility of leakage from the bag, then the first bag should be placed into a second bag. That bag should also be tied off before being placed into a Biohazardous box. If there is leakage from any box or if there has been contamination of the outside of the regulated waste container, then it shall be placed into a second waste container. At no time should any worker open or otherwise handle the contents of a leaking Biohazardous container. Again, always make sure that immediately after handling medical or Biohazardous waste, wash hands with soap and water and check protective equipment for any strike through.

If you are inadvertently exposed to Biohazardous waste, how is that handled? If the exposure is limited to unbroken skin, then the affected area is washed with soap and water as soon as possible after the exposure. If the exposure is more serious and involves a needle stick or exposure of Biohazardous waste to an open wound, the immediate supervisor is notified along with employee health. If possible, employee health will try and figure out what the employee was exposed to. Employee health will follow the worker for a period of time in order to make sure there will be no positive results from the exposure.

As this article shows, medical waste is nothing to sneeze at. There are some very serious diseases lurking in your trash. However, if the appropriate PPE is worn and care is taken in handling medical waste, injuries will be contained to a minimum.

Post Test

1. Biohazardous waste is waste contaminated with agents known to cause human illness. **T F**
2. Policies and procedures written by hospitals regarding medical waste follow guidelines set up by EPA. **T F**
3. Universal Precautions states that all body fluids are to be considered potentially infectious. **T F**
4. PPE is used whenever one comes into contact with potentially infectious waste. **T F**
5. PPE includes: masks, street clothes, gowns, eye wear. **T F**
6. PPE can be left on when leaving the work area. **T F**
7. When changing or removing gloves, hands should be washed thoroughly with soap and water. **T F**
8. All Biohazardous containers must have either "Biohazardous waste" or the international symbol on them. **T F**
9. Biohazardous sharps containers must be rigid, puncture proof and leak resistant. **T F**
10. Employee health is notified every time there is an exposure to Biohazardous waste. **T F**

Source: OSHA Regulations (Standards-29 CFR)

(Answer Key is On Page 4)

To receive 1.0 Contact Hours toward re-certification from NICHSPDP, complete the in-service "quiz" after reading the article. Send the completed "quiz" to:

This in-service has expired and can no longer be submitted for credit.

who will issue a certificate. Be sure and include your name and a return address to receive a certificate for contact hours.

NICHSPDP will only allow us to give CEU credit for one year after approval. Please be aware that this in-service will expire in March 2002.

Answer Key for the Post Test "Medical Waste"

- | | |
|------|-------|
| 1. T | 6. F |
| 2. F | 7. T |
| 3. T | 8. T |
| 4. T | 9. T |
| 5. F | 10. F |

TREASURER'S REPORT

BALANCE (JAN 2000)	\$7,857.07
DEPOSITS	1,475.63
EXPENSES	4,797.31
MONEY MARKET	12,121.83
BALANCE (DEC 2000)	\$16,657.22

Spotlight on Departments

Charlotte, NC - Charlotte, population of 512,000, is the second largest banking center and the 32nd largest city in the United States. Charlotte is a great place to live if you enjoy the hustle and bustle of big city life and it offers the visitor something for every interest.

Mercy Hospital is part of the ever-growing Carolinas Healthcare System. Mercy was established in 1906 by the Sister's of Mercy as the first Catholic Hospital in North Carolina and is located in Charlotte's historic Elizabeth neighborhood. We are an acute-care facility providing service in all medical specialties.

The Sterile Processing Department operates two shifts each day with a staff of ten. SPD provides sterilization functions and patient care medical equipment for all areas within the hospital. The department manager is Pat Allred, R.N., CNOR, CSPDT. Our staff members are Marilyn Noble, Mack Davenport, Edith Harris, Cynthia Moore, Harriet Pratt, Rosario de Jesus, R.N., Rob O'Neil, Quirinthea McCollough and Gloria Robinson.

Our technicians are a very competent and hard working group of people who give 100% to everything they do. They have many outside interests that include sports, crafts, music, decorating, travel, church activities and gardening. At Mercy we work hard, but we have a lot of fun too.

Our department mission is to provide the right item, at the right time, to the right place, in the right condition. Everyone works together to see that we accomplish our mission.

Health Watch

Wake up brighter. When you eat at night, it affects your energy level the next morning. For maximum morning perk, quit eating three hours before bedtime. When you awaken, eat a high-fiber, high carbohydrate breakfast with only one or two teaspoons of fat. This will maximize your alertness and keep you from feeling hungry before lunchtime.

Self, 6300 Wilshire Blvd., Los Angeles, CA 90048, monthly, \$16/year.

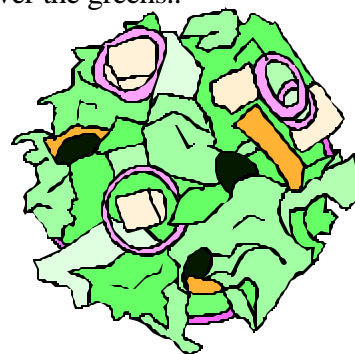
Headache helpers.

Preventive measures for the pain include: restricting or eliminating caffeine from your diet; drinking no more than one alcoholic drink per day; doing regular aerobic exercise; getting seven or eight hours of sleep per night; and seeking professional help to minimize your stress level and pinpoint the cause of your headaches.

USA Weekend, 1000 Wilson Blvd., Arlington, VA 22229, weekly, free with Sunday newspapers.

Salad-oil alternative.

For a delicious change of pace from plain oil and vinegar, try sesame oil and rice-wine vinegar. Add a splash of lemon juice and sprinkle a few sesame seeds over the greens..



Stuffed Bell Peppers

Serves four

Preparation time: 20

minutes Cooking time: 40
minutes



4 large red or green bell peppers
1 tsp vegetable oil
1/2 cup chopped celery
1 medium onion, chopped
1 clove garlic, minced
12 oz. lean ground turkey
1/2 tsp ground cumin
1/4 tsp dried oregano
1 can (8 oz) low-sodium tomato sauce, divided
1/2 cup cooked white rice
2 tbs chopped fresh parsley

Fresh cilantro or flat leaf parsley sprigs for garnish.

Preheat the oven to 400° F. Cut a thin slice off bell pepper bottoms to make them level. Slice off tops; remove seeds and cores. Place peppers in a shallow baking dish. In a nonstick skillet, heat oil over medium heat. Add celery and onion; cover and cook until tender. Uncover; add garlic and cook, stirring for 30 seconds. Increase heat to medium high. Crumble turkey into skillet; add cumin and oregano. Cook, stirring, until turkey is not pink, about 4 minutes.

Remove from heat. Stir in 3/4 cup of tomato sauce, rice and parsley.

Spoon turkey mixture into bell peppers, dividing evenly. Spoon remaining tomato sauce on top.

Bake until peppers are tender and filling begins to brown, about 30 - 35 min. Garnish with cilantro and serve immediately.

Per serving: Calories 227, Carbohydrates 21g, Protein 18g, Sodium 106mg, Fat 8g, Cholesterol 62mg.

PROGRAMS

Please join us May 2-4, 2001 at our Annual Meeting - "2001 A Sterilization Odyssey" at the Holiday Inn Woodlawn in Charlotte, NC. Sessions topics are: "Sterilization Monitoring" by Tom Roll of Steritec Products; "Care and Cleaning of Lumened Instruments" and "Use of the Ultrasonic in Surgery" by Gary Jordan of Medisafe; "Care and Handling of Surgical Instruments" by Rick Schultz of Spectrum Surgical Instruments; and a motivational topic by Ann White of The Speakers Bureau. You will not want to miss this exciting event!

Future meeting dates are: July 20, 2001, October 5, 2001, and January 25, 2002 - all at the Hawthorne Inn in Winston-Salem, NC.

Membership Report

WELCOME NEW MEMBERS! Lahana Russell, Wilkes Regional Medical Center; Suzanne Cherry, Women's Hospital of Greensboro; Joan Bass, Lake Norman Medical Center; M. Delaine Farnum, Mission St. Joseph; L. Stafford Daye, John Umstead Hospital; Constance Rosser, Carteret General Hospital; Pamela Alterman, Codman - Johnson & Johnson; Margurite Black, Durham V A Medical Center; Hugh Blythe, Carolinas Medical Center; Brigido Tahop, Durham V A Hospital; Ronald Tuttle, Carolinas Medical Center

Region 3 Report

The ASHCSP web site is being improved; the present site will be maintained until the new one is available.

Skee Japp, president, discussed a "Bill Me Option" for new members to ASHCSP. It will be on the applications and the web site. It works like a magazine subscription - apply and you will be billed later. Under this option, new members will have six weeks to pay. The board hopes this will be convenient for people. Membership cards will not be issued until the dues are paid.

Don't forget the 2nd Joint Annual Conference & Technical Exhibit August 15-19, 2001 at the Marriot Wardman Park Hotel, Washington, D. C.

In respect and memory of our friend and President-Elect Bill Dennis, the William B. Dennis Memorial Scholarship Fund has been started by a donation from Kimberly Clark.

Sincerely,
Dottie Conroy, Region 3 Board Member



Spotlight on Members



This month our spotlight shines on Cheryl Edgar, LPN, newly elected to the NCAHCSP Board of Directors. Cheryl is Manager of Sterile Processing and Distribution for One Day Surgery at Carolinas Medical Center in Charlotte. Before her sterile processing career began, Cheryl worked as a Surgical Tech at Carolinas. Before moving to Charlotte, Cheryl and her family lived in Myrtle Beach.

Cheryl says that she enjoys her job and that sterile processing "is one of the best places to be" and "everyday is a challenge". When asked to describe her job, Cheryl said that she has learned to be a fireman to put out all those little fires that pop up everyday.

Cheryl and her husband Christopher have two grown children and two grandchildren. When she has spare time, she likes to read anything from science fiction to nursing publications. She is a pet lover with one 18-year-old dog and three cats. Cheryl says that her pets are great stress relievers!

Cheryl and Christopher like to travel on the weekends and often visit Myrtle Beach where they have family and still have a home there.
Welcome to the Board of Directors Cheryl!

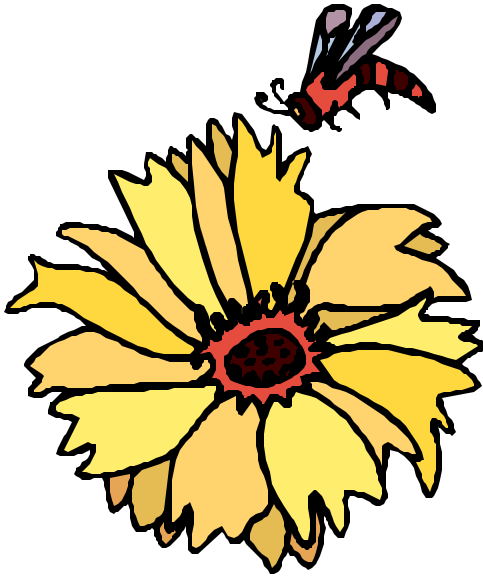
The following items will be on sale at the May Meeting:

- NC STATE PINS \$1.00
- TRAVEL MUGS \$5.00
- BADGE HOLDERS \$2.00
- LANYARDS \$2.00
- PADFOLIOS \$10.00

**NCAHCSP MOURNS
BILL DENNIS**

William B. Dennis, a leader in the central service field, died January 27 after suffering a heart attack. Bill was sterile processing director at Duke University Hospital, where he worked since 1972. He was president-elect for the second time of the American Society for Healthcare Central Service Professionals and a past president and Merit Award winner of NCAHCSP.

Bill was a southern gentleman whose knowledge and experience in the central service field and his wonderful sense of humor will be truly missed.



NCAHCSP MISSION STATEMENT

NCAHCSP WILL ESTABLISH ITSELF STATEWIDE AS THE LEADING EDUCATIONAL ORGANIZATION THROUGH INNOVATIVE PROGRAMS THAT ENHANCE THE DEVELOPMENT OF CENTRAL SERVICE PROFESSIONALS

Congratulations to
Glenda Bentley of
Wilkes Regional
Medical Center, who
Retired on October
26, 2000. We wish
Glenda all the best!

Board of Directors 2000- 2001

PRESIDENT

Paul Hess, RN, BSN, CRCST
New Hanover Regional Medical Center
2131 S. 17th Street
Wilmington, NC 28402-9000
910.343.2142
phwilmnc@wilmington.net

PRESIDENT-ELECT

Pamela Caudell, RN, CNOR
Durham Regional Hospital
3643 N. Roxboro Street
Durham, NC 27704
919.470.4156

PAST PRESIDENT

Ruby Blackwell, RN
Forsyth Medical Center
3333 Silas Creek Parkway
Winston-Salem, NC 27103
336.718.5074
rpblackw@cmihealth.org

TREASURER

Mary Jo Perkins
4325 Riverside Drive
Clemmons, NC 27012
336.766.3265

SECRETARY

VACANT

Patricia Allred, RN, CNOR
Mercy Hospital, Inc.
2001 Vail Avenue
Charlotte, N.C. 28207
704.379.5991

Janet Aultman
N.C. Baptist Hospital
Medical Center Boulevard
Winston-Salem, NC 27157
336.716.6271
jaultman@wfubmc.edu

Susan Avery
Halifax Regional Medical Center
250 Smith Church Road
Roanoke Rapids, NC 27870
252.535.8255
savery@halifaxrmc.org

Diane Fink, RN
Northeast Medical Center
920 Church Street North
Concord, NC 28025
704.783.1441

Tammy Holdren
Forsyth Medical Center
3333 Silas Creek Parkway
Winston-Salem, NC 27103
336.718.5606
tjholdren@novanthealth.org

Margie Morgan
Moore Regional Hospital
P.O. Box 3000
Pinehurst, NC 28374
910.215.1081

Louise Rahilly
Cape Fear Valley Medical Center
Box 2000
Fayetteville, NC 28301
910.609.6199

Frank Sizemore
N.C. Baptist Hospital
Medical Center Boulevard
Winston-Salem, NC 27157
336.716.6270
fsizemor@wfubmc.edu

