

# I HEARD IT THRU THE STEAMLINE

ASHCSP Affiliated Chapter Newsletter of the Year—1993, 1995, 1996, 1997, 1999, 2000, 2001, 2002, 2003, 2004, 2005



Volume 17, Issue 3

July 2006

## President's Message

If you were not at our annual conference in Myrtle Beach on May 4th and 5th, you missed a great opportunity to broaden your knowledge in the world of Sterile Processing.

We had a wonderful group of speakers that covered a variety of topics. The educational program committee did a great job of getting speakers and topics that had been requested by you, the membership. Please keep the suggestions for future topics coming in.

The Vendor Exhibits, as usual, were very informative and were well attended by the membership. Of course, registering for door prizes probably helped some there. As you see your vendors, please let them know how much we appreciate their continued support.

When it was suggested that the conference theme be "Cinco de Mayo", I had a hard time with the idea of how our conference and Cinco de Mayo could be connected. During this thought process, I realized that I didn't really know very much about the celebration., so I went to my trusty computer and asked "Mr. Goggle" for some insight.

Cinco de Mayo, Spanish for May 5th, is a national holiday that celebrates Mexico's triumph over the French army for their independence. The Mexican army was small, estimated at 4,500 soldiers, and poorly armed. The French army, estimated 6,500 soldiers, was well outfitted. This victory helped to develop a much needed sense of national unity for Mexico.

Then it clicked. Central Service/Sterile Processing professionals and departments are very similar to the Mexican army. On a daily basis, we find ourselves up against much larger and better staffed departments battling for the recognition of our role in healthcare.

Another battle we fight is the newer more dangerous microorganisms of the present and future. But, I believe I'll save that for another message. The best way to defeat our opponents is with knowledge.

Don't forget the quarterly meeting at the Hawthorne in Winston-Salem on August 4th.

Hope to see you there.

Cheryl Edgar, LPN, CSPDT  
President

### Inside this issue:

President's Message	1
Recipe	2
Q & A Column	2
Membership Report	3
In-service	4
Inside Story	6

### Editorial/Newsletter Committee

- Pam Caudell-Editor  
Granville Medical Center
- Lana Haecherl
- Georgia Gallagher
- Harriet Pratt
- Diane Fink

## ASHCSP NEWS: ANNUAL MEETING

The 2006 meeting of ASHCSP will be held at the Mohegan Sun Resort and Casino in CT on September 23-26. Up to date conference info is available on the website: [www.ashcsp.org](http://www.ashcsp.org). The facility is absolutely beautiful and the meeting rooms are spacious. TSO<sub>3</sub> will sponsor the welcome reception for all new attendees on Saturday evening. We would **love** to see you there!!! There are currently 127 attendees signed up. Please come and enjoy both the festivities and the educational sessions. Hope to see you there!!!

For future dates: the 2007 annual meeting will take place in St. Louis, MO at the Hyatt from September 15-18, 2007. The 2008 annual meeting will take place in Reno, NV at the Nugget Resort and Casino from September 13-16, 2008.

Paul Hess, Region 2 representative

## Q & A from the Board

Q.—How are CEUs applied to our in-services?

A.—We submit to the CBSPD board an outline of the educational session. This includes:

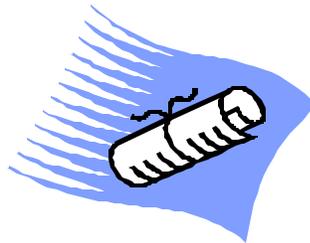
1. List of objectives;
2. Faculty (who will be speaking)
3. Program content
4. Date and Location of Program
5. Number of Educational hours

**NOTE:** Approval is based on a 60 minute hour of educa-

tional content and does **NOT** include breaks, luncheon, tours and any exhibit time.

6. The printed program and the CBSPD approval form must be submitted **at least 6 weeks prior to the program.**

Once all this happens, then the CBSPD will send us a certification number to go on the certificates we give you.



Q.—What type of detergents should we be using in our washers?

A.—The first thing to do is always follow the manufacturer's instructions as to the type of detergent. Low-sudsing, non-foaming neutral detergent is generally recommended for use in the washer/decontaminators. While most manufacturer's don't recommend a specific brand, almost all detergent manufacturers' will have a list to choose from that will meet your needs.

## Easy Recipes:

### Easy Pasta

- 1/2 lb. ground beef (lean)
- 1 lb. zucchini\cooked & finely chopped
- 4 cups purchased spaghetti sauce
- 3/4 lb. fresh angel hair pasta
- 2 Tbsp. Parmesan cheese

Heat a heavy non-stick skillet over medium high heat. Saute' meat and zucchini 5-6 minutes, stirring frequently to break

up meat until browned. Stir in spaghetti sauce and simmer until just heated thru. Cook pasta in a large pan of boiling water about 3 minutes, or until al dente. Drain. Pour sauce over pasta and sprinkle with cheese.



## Committees And Chairpersons for 2006-2007

Educational Program Committee  
Karen Baker-Chairperson

Recognition Committee  
Diane Fink-Chairperson

Editorial/Newsletter Committee  
Pam Caudell-Chairperson/Editor

Membership Committee  
Harriet Pratt-Chairperson

Financial Committee  
Frank Sizemore-Chairperson

Public Relations  
Judith Carey-Chairperson

Nomination Committee  
Cheryl Edgar-Chairperson

## Need washing ??

A little girl had been shopping with her Mom in Target. She must have been 6 years old with beautiful red hair and freckles. It was pouring outside with the kind of rain that gushes over the top of gutters. We all stood under the awning and just inside the door waiting for the rain to stop. A little voice broke through the trance we had all been caught in. "Mom, let's run through the rain", she said. "What?" Mom asked. "Let's run through the rain!" she repeated. "No, honey. We'll wait until it slows down a bit," Mom replied. The young child waited about a minute and repeated: "Mom,

let's run through the rain." "We'll get soaked if we do," Mom replied.

"No, we won't, Mom. That's not what you said this morning," the young girls said as she tugged her Mom's arm. "This morning? When did I say we could run through the rain and not get wet?" "Don't you remember? When you were talking to Daddy about his cancer, you said, "If God can get us through this, he can get us through anything!" The entire crowd stopped, dead silent.

Mom paused and thought for a moment about what she would

say. "Honey, you're absolutely right. Let's run through the rain. If God let's us get wet, well, maybe we just needed washing," Mom said. So off through the rain they ran. We all stood watching, smiling and laughing as they darted past the cars and yes, through the puddles. They got soaked. But they were followed by a few who screamed and laughed like children all the way to their cars.

And yes, I did. I ran. I got wet. I needed washing.

Don't forget to make time and take the opportunity to make memories everyday.

## Membership report from Madam Secretary:

Our current membership totals 421. However, 178 members will lose membership status on July 1<sup>st</sup>. Why? Because we have not received their dues for 2006.

The NCAHCSP's membership year runs from January 1 until December 31<sup>st</sup>. Our by-laws allow a 6 month grace period for members to renew. This grace period is fast approaching and slightly less than half our membership has not sent in their renewals. Yes, without renewing, you can still have access to our website, [www.ncahcsp.org](http://www.ncahcsp.org), and read our award winning newsletter, "I Heard It Through the Steamline", and you can even complete the in-services. **BUT**, you will not receive continuing education credits for those in-services; nor will you receive registration information for upcoming meetings thru the mail.

If you are one of those 178 members, please complete a 2006 membership application and send it along with your dues to the address shown on the application. Please feel free to call me at 704-379-5385 if you have any question about your membership status.

*Harriet Pratt*



### FOR SALE!!

The 5th edition of the Technician's Manual is now available for sale. The Instructors guide has gone to print. The Spanish translation as well as the Japanese edition is completed and will be in print soon. The cost is \$100.00 for non-members and \$80.00 for members. The Spanish workbook is \$60.00 for non-members and \$50.00 for members. Please see the ASHCSP for ordering information.

## In-service — Recommended Practices for Central Sterile

Pamela H Caudell, RN, CNOR, CSPDS

### Objectives:

At the end of the article, staff will be able to:

1. Define what recommended practices are,
2. List at least two organizations that have been involved in writing recommended practices,
3. Show how recommended practices are used to write policy and procedure.

Recommended practices are written by selected members of the Association for Perioperative Nurses, members from the Centers for Disease Control and Prevention, the Association for Professionals in Infection Control and Epidemiology, the American Society of Healthcare Central Service Professionals, the International Association of Healthcare Central Service Material Management, the American College of Surgeons and the American Society of Anesthesiologists. Each recommended practice is reviewed and revised as appropriate at regular periodic intervals.

These recommended practices are based on principles of microbiology, scientific literature, research and the opinions of experts and are periodically updated to reflect research data and advanced technology. They represent official positions on questions of aseptic and technical practices used by both the OR and Central Sterile. 1

These practices represent the optimal level of practice. In other words, these practices are our guidelines in doing the right things at the right time for the right results for our patients. Originally there were several different organizations writing recommended practices, all of which were different variations on the same theme. In fact, AORN was the first organization to actually have a book published on recommended practices in early 1975. However, there started to be major discrepancies between the different groups, owing in part, to the different sources each group used. So, the Association for periOperative Nurses (AORN), the Association for the Advancement of Medical Instrumentation (AAMI), the American Society for Hos-

pital Central Service Professionals (ASHCSP), and the International Association of Healthcare Central Service and Materials Management (IAHCSMM) all starting talking to each other and decided to collaborate in order to get the right answers to their questions about how to do their job right.

For instance, in the Central Sterile arena, we follow both AORN and AAMI standards. The reason we do this is because AORN practices deal more with the clinical aspect of our jobs while the AAMI recommended practices deal more with the use, maintenance, evaluation and processing of medical devices. One of the reasons this is so important is because not all instruments are processed in the same area. For instance, the cleaning of endoscopes can and often is done in two separate areas. They could be cleaned and sterilized in the OR, the GI lab or in Central Sterile. There has to be practices in place so that no matter where the instruments are cleaned and sterilized, the same process applies. That the same decontamination process is used whether it is decontaminated in the OR or Central Sterile.

Now this doesn't mean that only these groups are involved in the process of writing recommended practices. By no means are they the only groups involved. For instance, the recommended practice on personal protective equipment (PPE) not only involved the groups listed above but the Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) were brought in to help set the goals for the practice. The Infection Control group also played a large part in the writing process as they were able, along with the CDC, to bring to the rest very specific scientific knowledge about germs, bacteria and virus' in order to be able to protect both the patient and the staff member handling the instrumentation at the end of the case.

Currently there are over sixteen (16) recommended practices that deal with Central Sterile in the AORN Standards, Recommended Practices and Guidelines. These documents represent what is considered to be the best practices for Central Sterile departments to follow in order to; optimize Infection Control efficacy, cost control and patient and personnel safety. It is thru the development of these sixteen practices that managers have been able to write policies and procedures that each department uses to

govern how their department will work in coordination with the individual facility. These guidelines are also useful when speaking with administrative personnel that do not understand the relationship between cost control and clinical awareness. For instance, because scrub clothes are so expensive and the replacement ratio is so high, certain hospital administrations have demanded that scrub clothes be individually bought and laundered at home. Because of the recommended practices from both AORN and AAMI, there is documentation that shows that home laundry water temperatures do not reach a temperature high enough to kill certain forms of bacteria and virus' so exposure to scrubs taken home and laundered could potentially create a favorable environment for the growth of germs both to the patient and to the family members of staff. If your administration still has problems getting around the concept of home laundry being a no-no, you can always use the OSHA guidelines to show that exposure to bloodborne pathogens creates a significant risk to the patient, who by having less than optimal health, do not have the normal bodily defenses necessary to prevent Surgical Site Infections, for instance. This, again shows how the different agencies have worked together in order to present to the healthcare community a recommended practice that is useful for all users.

Another recommended practice deals with sterilization. Not only does AAMI have a recommended practice for the set up of a Central Sterile department, there are also recommended practices that help us write policies that govern how we decontaminate our instruments as well as what type of packaging material we use during sterilization. Groups such as FDA, AAMI and AORN as well as OSHA govern thru recommended practices what types of personal protective equipment (PPE) we use for what type of procedure we are doing. Association for the Advancement of Medical Instrumentation (AAMI), the Association for periOperative Nurses (AORN), the Center for Disease Control and the Association for Professionals in Infection Control and Epidemiology have all gotten together to produce recommended practices for sterilization. These practices include setting up a Central Sterile department inclusive of air flow, both positive and negative and traffic flow patterns in order to prevent staff from cross-contaminating clean areas by

coming in contact with contaminated equipment and instruments to name just a couple. These same practices are also used in the OR in order to prevent cross-contamination during surgical procedures.

Even our lighting is linked to recommended practices. OSHA wants staff to have good working conditions so they have a set standard that regulates the amount of task lighting each job function should have. For example, when working in decontamination, the lighting should be good enough to be able to see debris in box links or jaws of instrumentation but not so bright that there is a glare on the metal instrument so you end up with a headache at the end of the day.

As you can see, there are many uses for recommended practices. As a technician, it gives you the guidelines to keep yourself safe from infection. As a manager, it gives you a reference in order to be able to write policies and procedures that can and should be in compliance with all governmental regulations.

#### Bibliography:

AORN Standards, Recommended Practices, and Guidelines, 2006 Edition

AAMI Standards and Recommended Practices, Volume 1.1 2001 Edition

Sterilization Technology for the Health Care Facility, 2<sup>nd</sup> Edition, Pub. 1997

#### **POST TEST—Recommended Practices for Central Sterile**

1. Recommended Practices represent the official positions of aseptic and technical practices used by both the operating room and central sterile.
 

True	False
------	-------
2. Recommended practices are written by the involvement of members of the following group: (choose the wrong answer)
  - a. AORN, AAMI, CDC, APIC, ASHCSP
  - b. AORN, AAMI, CDC, IAHCSP, ASA
  - c. AAMI, CDC, ASHCSP, APIC, ACS,
  - d. NAACP, AAMI, CDC, ASHCSP, UNC
3. CDC was the first organization to have a book published on recommended practices in 1975.
 

True	False
------	-------

- 4. Central Sterile only follows the recommended practices from AAMI.  
True False
- 5. One reason the CDC is involved in writing recommended practices is the scientific knowledge about germs, bacteria and virus' they bring to the table in order to help write policies that protect both patient and staff.  
True False
- 6. Recommended practices represent what is considered to be the "best practices" for Central Sterile departments to follow in order to : (choose the right answer)
  - a. optimize Infection Control efficacy, cost control, patient and staff safety
  - b. cost mismanagement, optimized Infection Control efficacy, patient safety
  - c. replace Infection Control practices, cost control, patient and staff safety
- 7. The sixteen recommended practices are used to assist managers in writing policies and procedures that will be used to assist the Central Sterile department to work in coordination with the individual facility.  
True False
- 8. AAMI has recommended practices that deal with how a Central Sterile department is set up.  
True False
- 9. The OR uses the same practices that Central Sterile uses to prevent cross-contamination during surgical procedures.  
True False
- 10. The reason Central Sterile follows both AORN and AAMI recommended practices is that AAMI deals more with the clinical aspect of our jobs while AORN deals more with the technical, i.e., the use, maintenance, and evaluation of our equipment.  
True False

**EVALUATION**--Please evaluate this in-service by selecting a rating between 0 and 4.

**0=Not Applicable, 1=Poor, 4=Excellent**

Author's Knowledge of the Subject **0 1 2 3 4**

Author's Presentation, Organization, Content **0 1 2 3 4**

Author's Methodology, Interesting/Creativity **0 1 2 3 4**

Program Met Objectives **0 1 2 3 4**

*Please Note--Answer key will be in the next issue of the "Steamline"*

To receive 1.0 contact hours toward certification from CBSDP, complete the in-service "quiz" after reading the article. Send the entire page with the completed "quiz" to:

Lana Haecherl  
P.O. Box 568  
Pineville, NC 28134

Lana will issue a certificate if your score is greater than 70%. Please be sure to fill in the information requested below.

If you are **NOT** a member of NCAHCSP, please include a fee of \$15.00 for instate membership and \$20.00 for out of state membership. Your fee will provide you a 1-year membership in the Association and will also entitle you to submit the next in-service offerings for the cost of a postage stamp. That is potentially six in-service programs for your registration fee. Remember you will not be issue a certificate unless you are a member of NCAHCSP.

**CEU credits pending from CBSDP.**

**CLEARLY** print your name as you wish it to appear on the certificate. Enter the address where you want the certificate sent.

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## AND THE WINNERS ARE:

Linda Wilson—Ray Manning, Sr. Achievement Award

Her contributions to her department are many. Among them are: peel-pack labels, up-dating training booklets, organization of shelving with removal of “dead stock”, researching new product lines for removal of bio-burden and the implementation of an organization system that has increased CSS efficiency and productivity.

She is a member of the NCAHCSP, ASHCSP and CBSPD ( credentialing board).

Her supervisor writes “Takes personal pride and has a commitment to excellence. She quickly grasps and understands the scope of duties required. Accepts responsibility without requiring constant supervision. She anticipates, adapts and responds to changing needs and work priority/conditions. Linda provides customer service which is above all standards. She has received numerous compliments from the OR staff and other support areas.”

**CONGRATULATIONS, LINDA !!!!**



### MORE ASHCSP NEWS:

The ASHCSP is currently conducting a Benchmarking Survey. The survey is the first step in measuring and comparing CS/SPD productivity for a variety of processes including decontamination, sterilization, processing and inventory. This will also include staffing configurations. This first survey will provide a solid groundwork of knowledge on how CS/SPD departments operate regionally and across the country, and will enable you to make educated decisions about staffing, budgeting and purchasing, and provide you the

DeLisa Coston—Joe Stanley Award

Her supervisor, Sonia Alden writes:

Lisa is one of the hardest workers I have in the department. She is a dedicated employee, very efficient and always thinking of others. She is very interested in getting everyone to help get the job done. She goes above and beyond to help out on other shifts any way she can.

One of her suggestions for improvement involved creating a list of items on their procedure carts with a field for expiration dates to be entered. This list was incorporated into the cart line-up. This allows the carts to be assembled faster with a reduction in errors due to missed expired items. This is especially useful for new employees.

**WAY TO GO DeLisa!!!!**

data needed to substantiate growth or change within your department. The results of this survey will be available starting October 15, 2006. General data will be posted in the members' only area of [www.ashcsp.org](http://www.ashcsp.org), and the ability to order customized reports will be available at that time also. By fully completing the survey, you will receive a customized report addressing the results from one function in the survey-a value of \$200!! Visit the ASHCSP website and begin your survey, <http://www.ashcsp.org>. We would like to see input from all areas of the country and every hospital and medical center.



These are your 2006 Board of Directors:

**Standing:** Judith Carey, Ruby Blackwell, Louise Rahilly, Georgia Gallagher, Pam Caudell, Patricia Washington

**Sitting:** Margie Morgan, Paul Hess, Lana Haecherl

As most of you know, Paul Hess was recently re-elected to a Board of Directors position within the NCAHCSP. After a great deal of thought and prayer, he has decided to step down from his BOD position. There are so many reasons why his presence will be sorely missed. His sense of humor, his immense knowledge base, his patience with people, like myself, with more questions than a two year old but most of all his dedication to a service that has been under-rated and understaffed since time eternal. Through his continued efforts both on the local and national levels, we are starting to see some changes being made that will make not only our state chapter stronger but our national association a force to be reckoned with. I, as well as my associates, stand and salute you, **PAUL HESS**, for the outstanding work you have done and will continue to do going into the future.



WEB Page:

The NCAHCSP website has been visited a total of 493,011 times since we went online in November of 1996.

### Answers to the April Post Test:

1. What properties must both liquid and solid cleaning agents have: **A**-non-abrasive, non-toxic, low-sudsing, cost effective.
2. Cleaning is the most important step in the disinfection/sterilization process. **True**-without being clean, no equipment can be truly sterilized
3. If cleaners are used that are high in sudsing, all but one of the following can happen: **B**-maintain adequate rinsing—too many suds prevents adequate rinsing
4. Bursting bubbles of high sudsing cleaners can create more aerosol droplets that can carry microorganisms. **True**
5. The quality of water does not determine whether or not the products can be broken down in order to be effective cleaning agents. **False**
6. When the technician sets up equipment for first time use, the water is tested for the following things: **A**—hardness, alkalinity, impurities, temperature
7. Manufacturer's recommended dilution rate does not need to be followed when using liquid or solid cleaners: **False**
8. If the correct dilutions are not used, which of the following can occur: **C** instruments being cleaned properly (Most wrong answer)
9. It is the responsibility of the department to insure that the parameters set by the manufacturing company are being followed: **True**
10. Some of the positives for using solid cleaners include: **D**—hard to dispense



## Mission Statement

**North Carolina Association for Hospital Central Service Professionals will establish itself statewide as the leading educational organization through innovative programs that enhance the development of the Central Service Professionals.**

### NCAHCSP Officers and Board of Directors 2006-2007

President-Cheryl Edgar, LPN, CSPDT  
Assistant Director, Central Processing  
Union Regional Medical Center  
600 Hospital Dr.  
PO Box 5003  
Monroe, NC 28111  
Phone-704-283-3126—fax-704-225-2461  
cheryl.edgar@carolinashealthcare.org

President-elect-Karen Baker  
Director, Central Service  
Union Regional Medical Center  
P O Box 5003  
Monroe, NC 28111  
Phone-704-225-2575—fax 704-225-2586  
karen.baker@carolinashealthcare.org

Past President-Diane Fink, RN  
Manager, Sterile Processing  
Northeast Medical Center  
920 Church Street North  
Concord, NC 28025  
Phone-704-783-1441—fax 704-783-3181  
dfink@northeastmedical.org

Secretary—Harriet Pratt  
Central Processing  
Carolinas Medical Center—Mercy  
2001 Vail Avenue  
Charlotte, NC 28207  
Phone-704-379-5385—fax 704-379-5400  
harriet.pratt@carolinashealthcare.org

Treasurer-Frank Sizemore  
Manager-Central Service  
North Carolina Baptist Hospitals, Inc  
Medical Center Blvd.  
Winston-Salem, NC 27157-1122  
Phone-336-716-6270—fax-336-716-5269  
fsizemor@wfubmc.edu

Ruby Blackwell, RN 05-06  
Director, Central Processing  
Forsyth Medical Center  
3333 Silas Creek Parkway  
Winston-Salem, NC 27103  
Phone-336-718-5074—fax-336-718-9887  
rblackwekk@novanhealth.org

Judith Carey 05-06  
Processing Coordinator, Sterile Supply Services  
Gaston Memorial Hospital  
2525 Court Drive  
Gastonia, NC 28054  
Phone-704-834-2346—fax-704-854-4631  
careyj@gmh.org

Pam Caudell, RN, CNOR, CSPDS 05-06  
Director, Surgical Services  
Granville Medical Center  
1010 College St.  
Oxford, NC 27565  
Phone-919-690-3421—fax-919-690-3202  
pcaudell@granvillemedical.com

Louise Rahilly, RN 06-07  
2623 Fordham Drive  
Fayetteville, NC 28304  
Phone—910-485-8296  
crah115826@aol.com

Lana Haecherl, RN 06-07  
Manager, Sterile Processing and Distribution  
Carolinas Medical Center  
P O Box 32861  
Charlotte, NC 28232  
Phone-704-355-9814—fax 704-355-7938  
lana.haecherl@carolinashealthcare.org

Patricia Washington 05-06  
Manager, Sterile Processing and Distribution  
Carolinas Medical Center-Pineville  
10628 Park Road  
Charlotte, NC 28210  
Phone-704-667-0910—fax  
Patricia.washington@carolinashealthcare.org

Margie Morgan 06-07  
Moore regional hospital  
Asst. Director, Sterile Processing  
P O Box 3000  
Pinehurst, NC 28374  
Phone-910-215-1081—fax-910-215-3293  
mmorgan@firsthealth.org

Georgia Gallagher, RN 06-07  
Nurse Manager, Operations (Central Sterile)  
Durham Regional Hospital  
3642 N. Roxboro St.  
Durham, NC 27704  
Phone-919-470-4156—fax 919-470-8149  
georgia.gallagher@duke.edu

Linda Smith 06-07  
Manager, Sterile Processing  
Stanly Regional Medical Center  
301 Yadkin St  
Albemarle, NC 28001  
Phone-

