

I HEARD IT THRU THE STEAMLINE

ASHCSP Affiliated Chapter Newsletter of the Year—1993, 1995, 1996, 1997, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006



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ELECTION INFORMATION

Please remember to vote!! It is your right to have a say in the members that will represent you for the upcoming year.

Ballots are out now and the choices are many. Please choose wisely and well and remember to send your ballot back before December 31, 2006. Be aware that the members that choose to run for the Board of Directors are doing so because they believe that this chapter is the cat's meow and deserves the very best.



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NEWS FLASH !!!! NEWS FLASH !!!! NEWS FLASH !!!!

MEMBERSHIP DUES INCREASE

Effective January 1, 2007, membership dues will increase to \$20.00 for an ***Individual Membership***. This will not apply to Associate Memberships as these will remain unchanged at \$20.00. You need to fill out a new membership application whether you are renewing or are a new member. Please fill out the application completely and forward it along with check or money order to the address listed on the application. Application forms can be found on the internet at: www.ncahcsp.org.

Remember, we still have the best value for the money. With your dues you get access to four (4) educational inservices yearly as well as news about your chapter. You also receive information about upcoming meetings as well as information about what our national organization (ASHCSP) is doing and when the annual meeting is being held for that.

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- Lana Haecherl /Carolinas Medical Center
- Georgia Gallagher /Durham Regional Hospital
- Harriet Pratt/Carolinas Medical Center
- Diane Fink/Northeast Medical Center

PRESIDENT'S MESSAGE

The President's Message

Winter Newsletter

The Officers and Board of Directors want to wish all of our NCAHCSP members a Happy Holidays and we hope your New Year will be all you want it to be. I can't believe it is "that time" of year again already. The years seem to pass faster and faster the older Frank gets (just because you are a Leonard A. Leipus Award winner now doesn't mean we will stop "abusing you".)

As you go through the upcoming holidays be sure to make some time for families and friends. They are our most valuable gifts in life. They will be the ones to provide us with the love, strength and encouragement when we need it throughout the coming year.

I encourage you to take the remaining time left in 2006 to reflect on your accomplishments and be proud of yourself. Then ponder on the things that you wished you had handled a little differently or could have done maybe a little better. Give some thoughts to the "issues" that may have caused problems between you and someone else. When you take the time to really focus on the "issue" ask yourself if it was really as severe or damaging as you previously thought. Was that "issue" worth the loss and disharmony it brought into your life? Make an effort to resolve the "issue" before the end of 2006. Let 2007 start with a clean slate, deeper commitments on the things that are important and a new attitude. Remember that each day is a new beginning, so you don't have to wait for the New Year holiday to make necessary changes and commitments.

For those of you that could not attend the Nov. 10th meeting, the Officers and Board of Directors voted to increase the membership fee to \$20.00 annually. This new fee is for both Individual and Associate memberships and will effective Jan. 1st, 2007. You may join or renew your membership between now and Dec. 31st, for the 2006 fee of \$15.00 and save \$5.00.

You can get a membership application from our website and send it and your fee to Harriet. Any applications received after Dec. 31st, 2006 will require the new fee of \$20.00.

The ballots for the upcoming elections will be in the mail soon. Please be sure to return your marked ballot to me by Dec. 31st, 2006. Any ballots received after this date cannot be counted. We have the most nominees this year than we ever have. I hope you will take this opportunity to vote. Your input is very important to the Officers and Board of Directors. We take your comments and suggestions very seriously and make every effort to incorporate your inputs into our meetings. If you feel you are not ready to be a Board member at this time, consider helping out on one of the committees. You can find the committee(s) information on the website at www.ncahcsp.org.

We look forward to seeing you at our next meeting on Jan. 20th, 2007 in Winston Salem, N.C.

Have a safe and happy holiday,



Cheryl Edgar

President, NCAHCSP



Six Ways to Stress less after the holidays

? Eat a Balanced Diet

Choose healthy foods benefits both your body and your mind. Eating the right foods should decrease any cravings, which will help you feel better.

? Stay Active

When you exercise, the brain releases multiple mood-enhancing chemicals that can help relieve the effects of stress. We should get at least 30 minutes of exercise most days of the week.

? Get Enough Sleep

When the body is well rested, it is better able to cope with stressful situations and emotions. While sleep needs vary, most adults require 7 to 9 hours to feel adequately rested.

? Practice Relaxation

Spending a dedicated amount of time stretching or breathing with no distractions or interruptions can help you collect your thoughts while promoting overall well-being.

? Manage Your "To Do" List

Chances are you can't make every party/event/task you are asked to do. Determine your priorities and learn to say **NO** to other engagements/tasks.

? Make Time For Yourself

Try to get a little peace and quiet at some point each day. Do something for yourself for at least 15-30 minutes. Take a relaxing warm bath, read a book or magazine. Make sure this time is distraction free.

WANT TO SAVE MONEY?



Effective January 1, 2007, the membership dues will increase to \$20.00 for an *Individual Membership*. If you pay for 2007 prior to January 1, you can still renew or join at the current rate of \$15.00. (This does NOT apply to Associate Memberships, as these dues remain unchanged at \$20.00 per year.) The membership application has been revised to reflect the new rate and is on the website, <http://www.ncahcsp.org/Application.htm>. Please complete an application for 2007 whether you are joining for the first time, or renewing, and forward it along with payment to me at the address shown on the application. Be sure to send check or money order, as we are not set up to accept credit or debit cards. (And it's never a good idea to send cash through the mail.)

I know it's hard to remember sometimes if you've paid your membership dues for the current year; and even harder to keep track of, if your hospital is paying them for you. If you receive a meeting registration form in the mail, it means you are a current member in 2006. If your dues for 2007 have been received, your mailing label will have 2007 on it.

Many of you paid for 2007 at the November meeting after the announcement to increase the dues was made. Please be sure to complete a 2007 membership application and send to me. Also check your mailing label to see that it shows 2007. If it doesn't, please contact me at 704-304-5385.

MEMBERSHIP REPORT

The tally after the November 10th educational meeting, is 319 members. We have 19 states represented in our membership. Fifty-eight of these are Associate Members which means they live and work outside of North Carolina or they are indirectly involved or have a substantial interest in Central Service. Even though many of the Associate members join mainly for the inservices in our newsletter, many of them do attend our educational meetings in Winston-Salem and Myrtle Beach. At our last meeting we had several from Conway Medical Center in Conway, South Carolina. At previous meetings we've had Connecticut and Georgia represented.

We are a little behind last year's membership totals. November, 2005 we had 324 members. However, we greatly surpassed last year's November meeting this year with 88 attendees. November, 2005, we had 64. So obviously interest is not waning!!

Let's see if we can get increase our membership and have even more attendees at the Educational Meetings. Wouldn't it be a wonderful problem to have if we outgrow our meeting space?? Let's get 100 at the January meeting.....even it that does mean more work for me ☺

See you there!

Harriet Pratt

Harriet Pratt, Secretary

“Evolution of Asepsis with Microbiology Review”

Pamela H Caudell, RN, CNOR, CSPDS, ACSP

Objectives:

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

- ? Define Infection
- ? Discuss the evolution of asepsis
- ? Know what the chain of infection consists of

The Code of Hammurabi was among the earliest reference to asepsis and surgery. This code was established in 1800B.C. Not only did it list the laws of Babylonia, it also listed the penalties for unsuccessful surgeries. Hippocrates in the early 400 B.C. time frame, recognized that it was important to clean one's hands before surgery. One of Caesar's physicians, Marcus Varro, from around 95 B.C., stated that small creatures invisible to the eye, fill the atmosphere, and if breathed in can cause dangerous diseases. In 1559, Ambroise Pare, one of the world's first recognized surgeons, proved that if blood vessels were tied off rather than being cauterized with hot oil or a hot iron, hemorrhages were stopped quicker and safer and there was a lower incidence of infection. In 1546, It was stated in the De Contagione, a journal on infective medicine by Francastorious that diseases were being spread by direct contact. In 1882, Robert Koch, a German bacteriologist and his assistant, Wolffhagel, introduced steam sterilization. Therefore, surgery took the form of a mixed anti-septic-aseptic technique. In other words, surgeons scrubbed up; towels were treated by steam heat; some instruments were boiled; sharp instruments, such as scissors and scalpels were still soaked for twenty (20) minutes in carbolic acid. Heads, face and hair were still uncovered and antiseptics such as carbolic acid and mercuric chloride were still freely used. In 1890, Ludwig Lautenschlagen, a German pharmacologist, along with two (2) surgeons, Ernst Von Bergmann and Ernst Schimmelbusch introduced an improved apparatus for

steam sterilization. This was the first apparatus that enabled almost pure aseptic technique. Aseptic technique has evolved since Lister introduced the use of carbolic acid. The basic objective, however, remains unaltered: To prevent infection by eliminating microorganisms.

Infection is usually defined as the presence or growth of pathogenic organisms (pathogens) on skin or in body tissue or fluids when the presence of growth is accompanied by a clinically adverse effect either local or systemic. Less pathogenic microorganisms, often called opportunistic, are capable of causing disease in persons whose defense mechanisms may be deficient or compromised. Microorganisms capable of causing infections can arise from endogenous or exogenous sources. Endogenous sources of infections are the patient's own microbiologic flora, the normal flora of the skin, nose, pharynx and gastrointestinal tract. Exogenous sources of infection are those that arise from outside the patient, such as those from infected or colonized patients and hospital personnel, or from inanimate objects in the hospital.

Infection will **NOT** occur unless the essential components for infection are present and interaction occurs among them. The three (3) essential components are: infectious agent, susceptible host and a means of transmission. Infectious agents can be bacteria, fungi, parasites, or viruses. Bacteria are by far, the most common microorganism isolated from cultures within the hospital environment. Bacteria are found in three distinct shapes; bacilli which are rod shaped, spirilla are shaped like corkscrews and cocci which are ball shaped. They can also be classified as to whether or not they grow in the presence or absence of oxygen. If they grow in the presence of oxygen, they are considered to be aerobic and can be found on the surface of the body, i.e., skin. If they grow in the absence of oxygen, they are considered to be anaerobic. This type of bacteria is usually found only within deep body tissues or organs.

The second chain is the susceptible host. There are many things that make a host susceptible to infection. Some of these factors include; age, current disease processes, immune status or nutritional status. For example, if a patient is undergoing surgery, the

act of making an incision in the skin interrupts the barrier to infectious agents. Anesthesia is also considered something that makes the patient susceptible to bacteria as it interrupts the cough and sneeze reflex and can compromise other normal defenses of the respiratory tract. Procedures that involve biopsies or other diagnostic or therapeutic procedures can also increase the susceptibility of the patient.

The third part of the chain is the transmission of the infectious agents to the susceptible host. This can be done in any one of four different ways or a combination of two or more. **(1) Contact transmission** is the most common as well as the most frequent means of transmission. This is especially true within hospitals. This can occur as a result of direct, indirect or droplet contact between the source of the infectious agent and the susceptible host. Direct transmission occurs when the infected person comes in contact with the susceptible host. This could be from nurse to patient or from visitor to patient provided the person who is infected actually touches the patient. Indirect transmission occurs when the contact is done by some inanimate object that has been contaminated by the source and touched by the susceptible host. For example, a piece of patient care equipment, like an IV pump that has not been cleaned between patient uses, is considered to be contaminated until cleaned appropriately and can thereby infect the next patient. Droplet contact occurs when large infectious particles are spread through the air when the infected source and susceptible host are in close proximity, usually less than five (5) feet from each other.

The other three methods of transmission; **(2) airborne transmission**, **(3) vector-borne transmission** and **(4) common-vehicle transmission** are considered to be much more infrequent than is contact transmission. The difference between air-borne transmission and droplet transmission is that with droplet contact, the droplets are relatively large and stay suspended in the air for a very short period of time. On the other hand, airborne infectious agents can reside on particles of dust or remain suspended in the air for quite a long time. They are also known for moving around on air currents so opening doors or windows can create air flow that carries these contaminants far from the original contamination. Vector-borne

transmissions occur when lice or ticks bite the susceptible host and infects the host. Common-vehicle transmissions occur when contaminated inanimate objects such as food becomes the medium by which numerous susceptible is the carrier for transmission of the infectious hosts.

In order to prevent the spread of infection, the chain of infection has to be interrupted. We know that all three components must be present under the right conditions for the spread of infection to occur. We also know that by altering or removing any one of the three components it changes the chances of an infection occurring. The chain of infection can be broken by:

destroying the infectious agent

increasing the resistance of the susceptible host

interrupting the transmission of infectious agents.

If you want to completely destroy the infecting agent, the only absolute way to accomplish this is by sterilization, particularly in the hospital arena. Disinfection is another way to reduce the number of microorganisms on objects, but sterilization is still the only way to completely destroy them. If the infecting agents are found on waste materials, these can be destroyed thru incineration.

If your object is to increase the host resistance, that is very difficult to do. If the patient undergoing surgery has diabetes, for example, the predisposition of the patient will most certainly cause the host resistance to be less than optimal. In some cases, it may become necessary to postpone the surgery until the patient's resistance has become more optimal.

Thirdly, interrupting the transmission of the infectious disease, is generally the most positive way to break the chain of infection. This can be accomplished in several ways. The easiest and least expensive is plain old hand washing. Hand washing is considered to be the single most important method for interrupting the transmission of microorganisms. This can be accomplished by the use of soap and water and vigorously washing for a minimum of 15 seconds or the use of waterless hand scrubs provided the hands are not visibly soiled.

Each of us working in a healthcare facility has the responsibility to use the information gained here to help prevent the transmission of microorganisms to any host that may prove to be susceptible whether it's one of our co-workers, physicians, patients or their families.

I WISH YOU ENOUGH

Recently I overheard a mother and daughter in their last moments together at the airport. They had announced the departure. Standing near the security gate, they hugged and the mother said, "I love you and I wish you enough".

The daughter replied, "Mom, our life together has been more than enough. Your love is all I ever needed. I wish you enough, too, Mom".

They kissed and the daughter left. The mother walked over to the window where I was seated. Standing there I could see she wanted and needed to cry. I tried not to intrude on her privacy but she welcomed me in by asking, "Did you ever say good-bye to someone knowing it would be forever?".

Yes, I have," I replied. "Forgive me for asking, but why is this a forever good-bye?".

"I am old and she lives so far away. I have challenges ahead and the reality is - the next trip back will be for my funeral," she said.

"When you were saying good-bye, I heard you say, 'I wish you enough'. May I ask what that means?".

She began to smile. "That's a wish that has been handed down from other generations. My parents used to say it to everyone". She paused a moment and looked up as if trying to remember it in detail and she smiled even more. "When we said, 'I wish you enough', we were wanting the other person to have a life filled with just enough good things to sustain them". Then turning toward me, she shared the following as if she were reciting it from memory.

I wish you enough sun to keep your attitude bright no matter how gray the day may appear.

I wish you enough rain to appreciate the sun

even more.

I wish you enough happiness to keep your spirit alive and everlasting.

I wish you enough pain so that even the smallest of joys in life may appear bigger.

I wish you enough gain to satisfy your wanting.

I wish you enough loss to appreciate all that you possess.

I wish you enough hellos to get you through the final good-bye.

She then began to cry and walked away.

They say it takes a minute to find a special person, an hour to appreciate them, a day to love them but then an entire life to forget them.

May each of you find your special person.



Annual Meetings 2007 and 2008

The next annual ASHCP meeting will be held in St. Louis, Missouri. The dates are September 15 thru September 18, 2007. The meeting place will be the Hyatt. Make plans now to meet there. Remember, we have the best speakers as well as the best vendors there are. And also remember that the North Carolina Association for Hospital Central Service Professionals (NCAHCSP) **always** kicks butt.

The annual meeting for 2008 will be held in Reno, Nevada at the Nugget Resort and Casino from September 13 thru September 16, 2008. Now remember, if you were at the Mohegan Sun this year for the annual conference and you lost money, this will give you a chance to win some of it back. Lots of Luck.

Q and A Column

1. When using a container system, how often should the container be washed and by what means?

It depends upon the manufacturer. Most state that the containers can be run thru the washer after each use. If your washers do not have the capacity to run the containers thru the wash after each use, then they can be hand washed. But the containers should be washed either by washer or by hand after each case as there is the greatest likelihood that the container has been contaminated.

2. What should the humidity be in a sterile storage area and why?

Generally the humidity in a sterile storage area should be between 30% and 60%. This should not exceed 70%. The rationale behind that is this: Moisture is a major cause of contamination. Some packaging materials can be penetrated by moisture causing microorganisms to be carried inside the package. Too much or too little humidity can affect package seals and the adherence of sterilization indicator tape and other labels which causes packages to become unsealed or makes it impossible to verify sterilization.

ASHCSP NEWS

The ASHCSP annual conference took place September 23-26th at the Mohegan Sun in Uncasville, Conn. It was a great educational experience for everyone. If you have never attended an annual meeting, please try to make it one of your future goals.

New to the ASHCSP website is the “**Recognition Podcast**” by our very own Paul Hess. The Podcast is a mini movie or audio clip that can be reviewed at your computer. It is another great way to stay current on CS/SPD topics. THANKS, PAUL.

Need CEU’s for re-certification? ASHCSP has the website for you. You can find pre-approved in-services that cover a wide variety of topics. You can also find educational offerings such as “SPD Tech Home Study 101”. They provide a website for CEUs for Nursing Professionals and a list of Community Colleges that offer CS/SPD programs.

Answers to the October Post Test:

1. Ethics is defined as the discipline dealing with what is good and bad and with moral duty and obligation. **True**
2. Today, ethical issues are more complex due to personal accountability and obligation to the private sector, both requirements in healthcare. **False**
3. Two healthcare organizations, American College of Healthcare Executives and Nursing, have developed a Code of Ethics. **True**
4. Ethical dilemmas can be defined as having to choose between two equally desirable or undesirable alternatives. **True**
5. Two examples of ethical dilemmas are: is something sterile or not sterile and you owe your primary allegiance to yourself. **False**
6. If you are a manager of a Central Sterile Department, you are obligated to: show no discrimination and support the policies of the facility. **True**
7. It is very important that the manager of the department be responsible for the privacy and confidentiality of the staff. **True**
8. Being entitled to certain benefits means that you can use them even when they're not appropriate. **False**
9. Healthcare personnel should accept favors, gifts and meals from sales representatives. **False**
10. Anytime there is an indication that patient safety could be compromised, the CS professional has the ethical responsibility to report this information to the appropriate administrative personnel. **True**



Please remember to visit the web page at:

www.ncahcsp.org

Always new and exciting



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.

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