

# 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, 2007

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FEBRUARY 2008

## Editorial/Newsletter Committee

- Pam Caudell-Editor /Granville Medical Center
- Lana Haecherl /Carolinas Medical Center
- Georgia Gallagher /Durham Regional Hospital
- Harriet Pratt/CMC-Mercy
- Diane Fink/Northeast Medical Center

# Winter

Hello Everyone,

I hope you had a great Christmas and the New Year has begun with happiness in a profession you love. The Central Service profession is one of the most rewarding careers you can be a part of. Our jobs are one of the most important functions of Infection Control in our Facility. It is up to us to make sure that our customers are provided with safe and sterile instruments needed to perform even the most complicated of surgeries. If no one else has thanked you for the great job you do every day, let me be the one to give you a big "THANK YOU" for all you do within your profession to keep our patient's safe from the microorganisms that they do not even know exist. Keep up the great job!!!

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Sorry that we had to reschedule our Winter Meeting until February. Sometimes in January the weather just does not cooperate with us. Since I have been a member of our organization, I can only think of one other time it was necessary for the Officers and Board of Directors to make the decision to reschedule our meeting. The decision was made in order to protect our members who may have had to travel long distances to attend the meeting in bad weather. The well being of our members comes first in all our thoughts and plans.

As we ready ourselves for our Winter Educational Session on February 22, 2008, let us begin even now to plan for our Summer Educational Session in Myrtle Beach, South Carolina on May 8<sup>th</sup> and 9<sup>th</sup>. Our Educational Planning Committee is already hard at work lining up our speakers and planning activities for our Annual Meeting. I cannot think of better thoughts when it is so cold outside than imagining myself down at Myrtle Beach in the warm sunshine looking out over the Ocean. It will be here before we know it.

During our business session on February 22<sup>nd</sup> we will be announcing our Board of Directors and President-Elect election results to the membership. Please plan to attend that portion of our meeting so you can hear the results of your voting. The new Board of Directors and President-Elect will be taking office following our May meeting in Myrtle Beach.

See you all on February 22<sup>nd</sup>. Drive safe and think positive thoughts.

*Karen R. Baker*



## February—Breast Wellness Month

Breast wellness; what exactly does that mean? Women today, are more aware than ever of breast cancer. Chances are, you know someone or have someone in your family or circle of friends that has breast cancer or has recently been diagnosed with breast cancer. Because it is so talked about, I'm sure that most of you think that you already know all you need to know about breast cancer and the prevention thereof. But do you really know all that you think you do? Let's talk about how we, as women, can partner with ourselves to prevent breast cancer and cure it if there is the diagnosis.

What does partnering with ourselves mean? It means that we take responsibility for our bodies. We must pay attention to the subtle changes that our bodies tell us whenever something is not quite right. Are we, as women doing those things that will help to keep us healthy?

We know that early detection of breast cancer is essential for beating this disease. How do we do that, you ask? By doing monthly breast exams. There are many pieces of literature that show you exactly how to do this and what to feel for when doing a self breast exam. This really should be started as early as 20 years old. This gives you an opportunity to feel exactly what your breasts feel like so as you progress in age, you come to know the subtle differences in the way the tissue feels and in this way it is possible to feel a minor lump or swelling before it grows into something difficult to treat.

Our breasts feel differently at different times of the month. The best time of the month to do self exams is 3-5 days after your menstrual cycle. If you are past menopause, pick the same date each month. Lumps are most commonly found in the lobules (small sacs that produce milk) or in the ducts that carry milk to the nipple. Breast cancer will usually start as a small confined tumor. Most tumors are considered to be benign or negative for breast cancer. Malignant (positive) tumors have the potential to spread. This is a good reason to do regular self breast exams.

What do you do if you find a lump? Go screaming from the shower? Please don't. Dry off first and call your physician to set up an appointment

to have the lump examined. Make sure and let the appointment secretary know that you have found a lump and want to see the doctor as soon as possible. Waiting is very hard on a woman when she is trying to find out if she has a positive or negative lump in her breast. When you get into see your doctor, he/she will examine you and try and feel what you felt. Most likely, the first step will be to go for a mammogram (x-ray of the breast). This is something we women don't like because it can be uncomfortable but remember ladies, it only hurts for a few minutes and the piece of mind you get from this simple test can not be priced.

It is recommended that a baseline mammogram be obtained for women once you turn 35. Now ladies, I know most of us don't like to admit we're over 35 but in this case, it is to our advantage and if you don't tell, the x-ray tech certainly won't. Then after you turn 40, the current recommendation is to get one every year. Yes, every year. Remember, it's not that bad and most insurance companies will pay for it because they consider it preventative medicine. One big advantage of getting a mammogram every year is that breast lumps can be identified on mammogram studies up to two years before you can actually feel them.

Now for some statistics. If 8 women live to be 85 years old, one of them will be expected to develop the disease at some point during her life. Two thirds of women with breast cancer are over 50, and most of the rest are between 39 and 49. In generalization, women over 50 are more likely to develop breast cancer and African-American women are more likely than Caucasian women to get breast cancer before menopause.

No one else knows our bodies the way we do. Let us look at ourselves as protectors of our bodies and be assertive when it comes to getting the things our bodies need. As we continue to stand together, it is possible to overcome this obstacle of breast cancer if we continue to work together.

**NOW, go and do that breast self exam!!!**



## NEWS FROM NCAHCSP



Congratulations to Sherri Little upon her retirement February, 29, 2008

Sherri has served as Lead SPD Tech and Orthopedic Tech at CMC-Northeast since 1998. Her job is to make sure the workflow goes smoothly so that SPD customers are guaranteed quality products at the right time.

Sherri is a GREAT communicator and team player. She may be overwhelmed or not feeling well but her customers will never know. She puts on a happy, helpful and energetic attitude all the time. Her smile is contagious and she never makes anyone feel that they are bothering her even when she is stretched to the limit to get things done.

Sherri has been so helpful in moving CMC-NorthEast SPD forward, especially in the Orthopedics.

She has always gone beyond of what was expected and has never been afraid to approach any situation whether good or bad. She was instrumental in streamlining the process for handling loaner instruments. The loaner process had to be "tweaked" several times before we got to a process that has been acclaimed by CMC-NorthEast vendors as "efficient and unlike any they have ever seen". The process has perfected the distribution of loaner instruments and has proven to be efficient for SPD & Surgical Services. The OR and Orthopedic Surgeons are confident that Sherri will have what they need in order for them to perform surgery.

On Thursday, February 21, 2008 SPD and Surgical Services gave Sherri a retirement party. Sherri said "it was the best party I have ever had". Her family, SPD co-workers, Operating Room Staff, Vendors, Retired SPD employees & Service Techs were in attendance to help her celebrate this happy occasion.

Sherri loves her job and I am sure she will miss all the "little things" that she thrived on for so many years. Unhappy doctors, customers, mixed instrument sets, lost instruments, cleaning up after others, loaner sets, vendors, lack of storage space, cleaning up after others, new instruments, the dirty break room and cleaning up after others.

She is retiring from Sterile Processing but her work will continue on the home front taking care of her husband, children, grandchildren and great grandson. She has some plans to upholster furniture, paint, garden, swim and bask in the sun, read, sip coffee on her deck and just chilling out. It is hard to imagine why she would ever want to leave NEMC Sterile Processing.

Good Luck and Best Wishes.



**FROM ALL THE BOARD MEMBERS AND OFFICERS OF THE  
NORTH CAROLINA ASSOCIATION FOR CENTRAL SERVICE PROFESSION-**

## Flash Sterilization—How It Works

Author: Pamela H Caudell, RN, CNOR, CSPDS, ACSP

### Objectives:

- Discuss the various sterilization cycles.
- Describe how to handle and prepare items prior to sterilization
- Describe how to transfer items to the point of use after flash sterilization.

As Central Sterile Technicians, we do not often have an opportunity to participate in and/or learn about the use of flash sterilization also known as point of use sterilization. Flash sterilization is not often practiced within the realm of Central Sterile although most of the current steam sterilizers have a flash sterilization cycle on them. If you are currently employed as a CS Tech practicing in the Operating Room arena, you will have more of an opportunity to use flash sterilization and as such must have the knowledge base to understand how it works and when it is appropriate to use flash sterilization.

In most current hospitals, the flash sterilizer is a pre-vacuum cycle, but for those that still use the gravity displaced sterilizers, it works pretty much for the flash sterilizers as it does for the floor models. In a nut shell, during the conditioning phase, the steam enters the sterilizer jacket (the space between the sterilizer chamber and the outer shell.) As the process starts, the steam from the sterilizer jacket will enter into the sterilizer chamber and start to push the air in the chamber out through the chamber drain (commonly found in the floor close to the door). This is an important step as all the air must be removed because steam can't sterilize in an air pocket. As the air continues to be removed, the contents of the load will start to heat. When all the air is pushed out of the chamber, the trap will close allowing the pressure inside the chamber to increase. This will gradually bring the temperature of the chamber to sterilizing temperature.

Once all this happens, the exposure phase starts. This phase lasts as long as the amount of time necessary for the particular item involved to become sterile.

The nonporous cycle is used for surface sterilization of simple, routine all-metal instruments only. The minimum exposure time for nonporous items in a gravity displacement sterilizer is three (3) minutes at 270 degrees F.

In the porous cycle, items such as rubber bands, plastic cups, etc are run. If the items involved have lumens, or have multi parts this is also flashed in a porous cycle. This is because of the need for longer exposure times. The minimum exposure time for a porous cycle is ten (10) minutes at 270 degrees F. Once the exposure cycle has completed, the exhaust stage kicks in.

During the exhaust stage, steam is removed from the chamber, by the reverse of the same process as put steam in it. Air is reintroduced into the chamber, a small amount at a time. As the air is reintroduced, it is filtered to prevent contaminants from settling on the item being sterilized. Ordinarily there is no dry cycle with flash sterilization, however there are some more current models that allow you to set a short drying time at the end of the cycle.

For most of us, the use of the pre-vacuum sterilizer has helped tremendously. The cycles in a pre-vac sterilizer are much faster. Instead of having to let gravity do the work of removing the air, there is a method by which the air is mechanically pulled from the machine as steam is being injected during the conditioning phase. By the same token, at the end of the cycle, steam is pulled from the chamber and air is injected. There are usually four injections of steam during the conditioning phase. Each injection is followed by a chamber evacuation to remove both air and steam. At the same time, the chamber is being heated by the steam coming into it so the sterilization process is already beginning even before the so called exposure phase has started. Again, once the

appropriate temperature has been reached and the sterilizing time has been met, the machines are exhausted in a similar pattern as the condition phase. With pre-vac sterilizers, a drying time can be added to the end of the cycle if needed.

The original intent of flash sterilization was to assist in the immediate sterilization for any emergency reprocessing of individual items in an OR where there is not enough time to use the preferred method of sterilization. Flash sterilization can be used in the following situations:

1. When an instrument is dropped on the floor and it is needed for the case at hand and there aren't any more sterile.
2. When vendor instruments are brought for a very specific case, such as a hip fracture and the case is an emergency.
3. When you can't pre-sterilize the equipment because it needs to be charged, i.e., batteries for the Stryker drills.

It has become more and more popular to use flash sterilization for several reasons:

- A. We are doing more cases than we have instruments for, i.e., cataracts.
- B. When we borrow instruments for cases because we don't do them often enough to have a stock of instruments on hand or the service has lost its' surgeon and we have a locums.

In the past, implants were flash sterilized because they were often bought in at the last minute for a case. Nowadays most manufacturers have developed sterilization practices that make sure the implants are sterile before being shipped. However, there are still some items that are not sterile when they reach your facility. Because of the importance of these issues, the CDC got involved. They also got together with the AORN (Association of Operating Room Nurses) as well as AAMI (Association for the Advancement of Medical Instrumentation). What they all decided was that any implantable surgical implant that is going to remain in the body will **never** be flash sterilized. One of the

primary reasons for this is that in the advent of a surgical infection at the site of the implant, to cure the infection, the implant most likely would have to come out. This is not a good thing for a total knee or hip implant patient. The agencies above all recommend that in order to have a wide margin of safety regarding the implant, each load containing implantables should be tested with biological monitors and that the sterilized item not be released for use until the spore test is negative. If it is not possible to process an implantable object with a confirmed spore test before use, the CDC recommends that the unwrapped object receive the equivalent of full-cycle steam sterilization and not flash sterilization. **Flash sterilization is not recommended for implantable items.** The problem is not the sterilization process itself but the delivery of the unwrapped sterilized item to the sterile field without contamination. The biological monitoring process of the cycle only gives the assurance of cycle effectiveness.

All of the same parameters must be met before the item can be flash sterilized. Even in the OR, nothing must be taken for granted. In many instances, items come to the OR by courier, in plastic totes. Sometimes they are delivered by the sales rep that has been carrying the tray around in the trunk of his vehicle. When opening trays delivered in this fashion, we have found grass, sticks and even bone chips from previous cases. All outside trays must be decontaminated before the sterilization process can even be attempted. Hopefully, the sales rep would be able to provide the correct decontamination, packaging and sterilization information. If not, the manufacturer of the product will be able to tell you how to properly clean and sterilize the item or tray. For future reference, the department should keep a copy of the manufacturer's instructions available to the staff to insure the same care is taken each and every time the item or tray comes into the facility. And you don't have to keep reinventing the wheel.

If the item to be flash sterilized is an item dropped from the field, the circulating nurse should not pick up the item without first putting on gloves. The item can then be placed in a plastic bag and transported to the decontamination area. In decontamination, the item needs to be cleaned following manufacturer's specific instructions. Because of the need for the item to be flashed, the item is cleaned manually using warm water and a detergent that is appropriate for the item being cleaned.

There are some trays out there now that are specifically designed for use in a flash sterilizer, contact your manufacturer or sales rep to insure they are being used correctly. Once the items are cleaned, they should be positioned in the sterilization tray so that air removal and steam contact can take place easily. Only a few instruments at a time should be flash sterilized. If there is a full tray or multiple trays, the amount of time necessary to sterilize these instruments is increased because of the increased length of time it takes to get the load to sterilizing temperature due to the fact that metal instruments take longer to heat up. Also, a full tray of instruments is much more difficult to handle after sterilization without contaminating it in transport. Most ORs have an area they call the sub-sterile area where the flash sterilizer is kept. Personnel working in that area are required to wear hair coverings, surgical attire and masks. There should not be any sinks or trash disposal areas in the same area.

Once the items have been sterilized, the next challenge is the transfer of the sterilized items to the operating room where they will be used, without contaminating them. Items that are both hot and wet are magnets for airborne particles. For that reason, the transport of these sterile items must be thought thru before the items are removed from the flash sterilizer. First, we need to remember that these items will be **HOT!!!** The person removing these items from the sterilizer needs to be dressed in the appropriate surgical attire as well as a mask, sterile gloves and a sterile gown if there is any question at all about contamination possibilities. Sterile towels can be used as pot holders. If the tray is the right size, a sterile towel can be placed over the instruments to prevent possible airborne contamination, providing it can be done without contaminating the sterile items. A flat metal tray like a mayo tray can also be used, if the tray of instruments is too heavy to carry without contamination. This only works if the mayo tray is sterile and can be unwrapped sterilely. The flashed tray is removed from the sterilizer by personnel wearing sterile

Once the items are deemed ready for flashing, they are placed in an open, perforated or mesh bottomed tray. gloves, a mask and a sterile gown. It is placed on the opened, sterile mayo tray and covered with a sterile towel or drape to prevent airborne contamination. The drape must not be so large that it hangs over the edge of the table and has the potential for contamination due to coming into contact with an unsterile item. Just as in regular steam sterilizers, the flash sterilizer must be monitored the same way. We look at the chemical, biological, mechanical and Bowie-Dick type indicators. If you are using a metal flash container (the kind with a lid), an efficacy test must be done using a biological to ensure that the flash sterilizer you are using is set up to do sterilization using this particular style of container. AAMI has a document that addresses flash sterilization if you need to have further documentation to help your ORs improve their flash sterilization processes.

All healthcare professionals are responsible for understanding the flash process and we as Central Sterile technicians must have an adequate knowledge base in order to assist the OR to obtain good outcomes when using flash sterilization.

#### References:

Training Manual for Health Care Central Service Technicians, 5<sup>th</sup> edition, 2006

Here's hoping we'll be doing some of this really soon.



**POST TEST—Flash Sterilization—Winter 2008**

1. Flash sterilization can be either pre-vac or gravity type.  
**TRUE FALSE**
2. The minimum exposure time for porous items in a gravity sterilizer is 3 minutes at 270 degrees F.  
**TRUE FALSE**
3. Most flash sterilizers do not have a dry cycle.  
**TRUE FALSE**
4. Flash sterilization should only be used for items that are dripped on the floor and are needed for that case.  
**TRUE FALSE**
5. Any implantable surgical implant will always be flashed.  
**TRUE FALSE**
6. Each load containing implantables will be tested with biological monitors and that the sterilized items not be released until the spore test is negative.  
**TRUE FALSE**
7. All outside vendor trays can be processed without going thru the decontamination process.  
**TRUE FALSE**
8. If an item needing to be flashed is an item that has been dropped on the floor during a case, the circulator does not have to put on gloves to pick up the item from the floor.  
**TRUE FALSE**
9. Personnel removing items from the flash sterilizer must be dressed in the appropriate surgical attire which may include a surgical gown, mask, sterile gloves, etc.  
**TRUE FALSE**
10. Flash sterilizers do not have to be monitored the same way as regular steam sterilizers.  
**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 \$20.00 for in-state membership and 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 issued 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: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Grandma's Hands

Author Unknown

Grandma, some ninety plus years, sat feebly on the patio bench. She didn't move, just sat head down staring at her hands. When I sat down beside her, she didn't acknowledge my presence and the longer I sat I wondered if she was OK. Finally, not wanting to disturb her but wanting to check on her at the same time, I asked her if she was OK. She raised her head and looked at me and smiled. "yes, I'm fine, thank you for asking." she said in a clear strong voice. "I didn't mean to disturb you, grandma, but you were just sitting here staring at your hands and I wanted to make sure you were OK," I explained to her. "Have you ever looked at your hands," she asked? "I mean really looked at your hands?" I slowly opened my hands and stared down at them. I turned them over, palms up and then palms down. No, I guess I had never really looked at my hands as I tried to figure out the point she was making.

Grandma smiled and related this story:

"Stop and think for a moment about the hands you have, how they have served you well throughout your years. These hands, though wrinkled, shriveled and weak have been the tools I have used all my life to reach out and grab and embrace life. "They braced and caught my fall when as a toddler, I crashed upon the floor. They put food in my mouth and clothes on my back. As a child, my mother taught me to fold them in prayer. They tied my shoes and pulled on my boots. They held my husband and wiped my tears when he went off to war. "They have been dirty, scraped and raw, swollen and bent. They were uneasy and clumsy when I tried to hold my newborn son. Decorated with my wedding band, they showed the world that I was married and loved someone special. They wrote my letters to him and trembled and shook when I buried my parents and spouse. They have held my children and grandchildren, consoled neighbors, and shook fists of anger when I didn't understand. They have covered my face, combed my hair, and washed and cleansed the rest of my body. They have been sticky and wet, bent and broken, dried and raw. And to this day, when not much of anything else of me works real well, these hands hold me up, lay me down and again continue to fold in prayer."

"These hands are the mark of where I've been and the ruggedness of life.. But more importantly, it will be these hands that God will reach out and take when he leads me home. And with my hands, He will lift me to His side and there I will use these hands to touch the face of Christ."

I will never look at my hands the same again. But I'll remember God reached out and took my grandma's hands and led her home. When my hands are hurt or sore or when I stroke the face of my children and husband, I think of grandma. I know she has been stroked and caressed and held by the hands of God. I too, want to touch the face of God and feel His hands upon my face.

May God always help you remember his helping hands.



## ANSWERS TO FALL CEU ARTICLE

1. In the United States, liquid chemical germicides (disinfectants) are regulated by the EPA and the FDA. **TRUE** FALSE
2. The EPA requires all manufacturers to test their formulas by using 1950s methods for defining microbial activity. **TRUE** **FALSE**
3. The FIFRA of 1947 regulates the use of healthcare disinfectants.  
**TRUE** FALSE
4. If there is an EPA registration number on the liquid chemical germicide, you as the user have no responsibility for its use.  
**TRUE** **FALSE**
5. Spaulding Classifications are divided into small, medium and large.  
**TRUE** **FALSE**
6. Critical means that the item or equipment needs to be sterile before being used.  
**TRUE** FALSE
7. The FDA regulates chemical germicides if they are advertised and marketed for specific medical devices. **TRUE** FALSE
8. Non-critical items are items that only come in contact with intact skin.  
**TRUE** FALSE
9. MSDS include information about liquid chemical germicides such as its toxicity.  
**TRUE** FALSE
10. Any disposal of chemical germicides should follow hospital policies.  
**TRUE** **FALSE**

**MEMBERSHIP REMINDERS**

All members are reminded that with the start of a new year, it is time to renew your membership to the NCAHCSP. Forms can be found on the website at [www.ncahcsp.org](http://www.ncahcsp.org).

**ADVANTAGES:**

1. Get to hang out with a great bunch of people with a lot of experience who can help you get answers to your questions.
2. Continuing education articles in 4 newsletters per year. The newsletter itself is a great read. Loads of information and a listing of the current board members and officers for go to questions.
3. Three quarterly meetings with speakers with enough current information to get you excited about your field of practice.
4. An annual meeting in Myrtle Beach so everyone gets some fun in the sun plus education plus some great free-bees.
5. Minimal cost to join and sustain membership. You can't even get a good steak anymore for what we charge in dues, which, by the way, is still only 20.00 for the entire kit and caboodle.

## ASHCSP / IAHCSSM Merger

I would like to bring you up to date on the merger of the two professional organizations. The overwhelming approval of the decision by the profession, starting with the standing ovation when the announcement was made in St. Louis and through all the website discussion forums and blogs is validation that we have made the right decision.

The merger has been completed as of February 22, 2008. We now have one professional organization and one voice. The ASHCSP website has been redirected to the IAHCSSM website.

IAHCSSM will honor all current ASHCSP memberships that are not already members of IAHCSSM. A list of current and active memberships will be provided by ASHCSP and merged into the IAHCSSM database. All ASHCSP memberships that are valid through June 30, 2008 or earlier will be given complimentary IAHCSSM membership through April 30, 2008. All ASHCSP memberships that are valid through July 1, 2008 or later will be given complimentary IAHCSSM membership through April 30, 2009. All complimentary memberships must be renewed at the end of their cycle to maintain membership in good standing with IAHCSSM. IAHCSSM memberships (both Active and Associate) are \$40 annually, with the billing year starting with May 1st and ending April 30th of the following year. Submission of proper continuing education points with membership fees will also renew any certifications that you may currently hold. Once all ASHCSP members are converted to IAHCSSM membership, you will immediately begin to receive all IAHCSSM mailings, including the Communiqué newsletter.

Those who have achieved APEx status will continue to be given advanced recognition with IAHCSSM.

The CBSPD Technician certification (CSPDT) can be used as an equivalence of the Certified Registered Central Service Technician (CRCST) certification provided by IAHCSSM. To transfer a current non-expired CSPDT certification to CRCST standing with IAHCSSM, complete the *Alternative Certification application* found at [www.iahcssm.org](http://www.iahcssm.org). The CBSPD Supervisory and Management certifications (CSPDS or CSPDM) can be used as an equivalence of the Certified in Healthcare Leadership (CHL) certification provided by IAHCSSM, with the caveat that the individual is already a CRCST (a pre-cursor in the IAHCSSM certification ladder). If proof that the individual is already a CRCST or is also a CSPDT through CBSPD, then the *Alternative Certification application* can also be used to transfer additional certifications.

I would like to take this opportunity to thank everyone that is a member of either organization. The decision to combine the two competing professional organizations, was a very difficult one for me to make, both emotionally and professionally. Your words of encouragement and support have convinced me that

this was the right decision. I speak for myself and the entire Board of Directors of ASHCSP when I say that it has been an honor and a privilege to have been selected by the membership to serve and be a part of this historical decision. We truly appreciate all your support!

Sincerely,



Paul A. Hess, BSN, RN, CRCST, ACSP  
Vice President ASHCSP





## 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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