I HEARD IT THRU THE STEAMLINE

Chapter Newsletter of the Year—1993, 1995, 1996, 1997, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007

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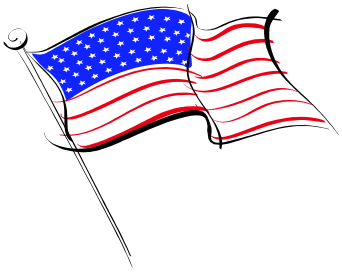


Inside this issue:

President's Message

It is hard to believe that it is time for me to write my last President's Message. The time has flown by so quickly. It seems like just a month ago I was taking over the office of President from Cheryl Edgar, our current Past President. It seems the older I get, the faster time passes.

My thoughts have been looking ahead toward our annual meeting that is fast approaching. The beaches are usually so beautiful this time of year and a lot less crowded than in the summer time. We can all look forward to enjoying some sunny, warm days in Myrtle Beach watching the waves, becoming less stressed, gaining in our education of Central Service processes and visiting with old friends as well as making some new friends. That sure sounds exciting to me!

The weather this year has been so unpredictable with the warm weather days, then it turns cold and it frosts on the new buds that are coming out, then it turns warm and everything is turning green again. We never know what to expect. I do not know about you, but I am counting on it being the warm and sunny days that we will have during our visit in Myrtle Beach. Think warm sunny thoughts!

Please make your plans now to come and join us in SUNNY Myrtle Beach, South Carolina for our 32nd annual Educational Meeting and Vendor Exhibition on May 7th through the 9th. I say May 7th thru the 9th because I hope to see as many of you as possible at the Welcome Reception on Wednesday, May 7th. IF you miss this enjoyable social event, you will miss some of Louise Rahilly's famous drinks, not to mention the fun of getting to know some of you fellow members a little better. The location for this event has been returned to the Top of The Dunes located in the Ocean Dunes portion of the resort. Come and visit with the Board Members as well as other members of our great organization from 7:00 pm 'till 11:00 pm. Drop in any time during those hours to socialize, have fun and of course, drink and snack.

Karen Baker

President NCAHCSP

Screening Colonoscopy: Have You Had Yours?

Excluding skin cancer, colorectal cancer is the third most diagnosed cancer in the United States and Canada (after lung and breast cancer in women and lung and prostate in men). One out of eighteen (18) people in this country will develop colorectal cancer in their lifetime.

As your body develops pre birth, cells of all types form and create the tissues and organs of the body. When development is complete, rapid cell multiplication stops and new cells are produced as needed.

Cancer develops when a cell continues to grow without normal control and gains the ability to invade other tissues. When this occurs in the lining of the large intestine, it is called colorectal cancer. Colorectal cancers most often begin as benign polyps which later develop into cancers. Colorectal cancer includes cancers of the anus, colon, rectum and appendix. When abnormal cell growth occurs, a tumor develops. If the cells of the tumor acquire the ability to invade and thus spread into the intestinal wall and to other sites, a malignant or cancerous tumor develops. Most colorectal cancers develop first as colorectal polyps, which are growths inside the colon or rectum that may later become cancerous.

Colon cancer grows slowly and the first development is often a tiny precancerous polyp or lesion. A person with this type of lesion or polyp cannot feel it and because of that, these polyps can grow with time and develop into cancer.

Early detection is imperative in order to effectively find and treat those precancerous polyps or lesions. What are some of the symptoms of colon cancer?

1. No symptoms at all.
2. A change in bowel habits.
3. Diarrhea or constipation
4. Narrower than normal stools
5. Unexplained weight loss
6. Constant tiredness
7. Blood in the stool
8. Feeling that the bowel does not empty completely
9. Abdominal discomfort: gas, bloating, fullness, cramps
10. Unexplained anemia
11. Vomiting

If you have any of these symptoms, you are past the screening category and are diagnosing a condition.

Please get a colonoscopy.

What are some of the risk factors that make someone more prone to develop colorectal cancer than someone else. First off generally speaking gender makes no difference. Both men and women are diagnosed with colorectal almost equally.

90% of all newly diagnosed cases of colorectal cancer are aged 50 and above.

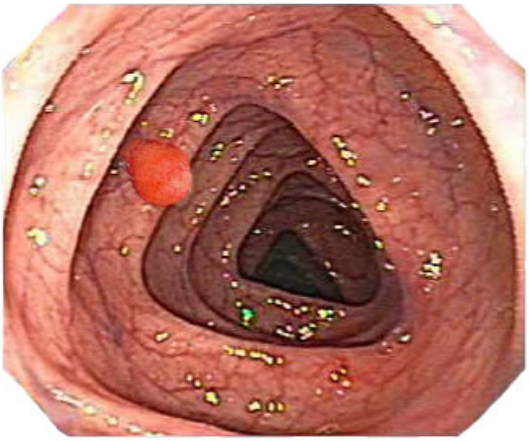
If you have had a personal history of colon cancer or intestinal polyps, Crohn's Disease, ulcerative colitis or inflammatory bowel disease, you are more likely to develop colon cancer.

How about diet and exercise? Studies have shown that people who eat a diet that is high in animal fat are at an increased risk for cancer. Also a sedentary lifestyle puts you at greater risk because it is surmised that food byproducts tend to stay in the colon longer, which may cause more irritation. Smokers are 30% to 40% more likely than nonsmokers to die from colorectal cancer. Heavy alcohol use has also been linked to colorectal cancer.

Because minorities statistically do not have the screening soon enough, they are more likely to be diagnosed with a later stage of colorectal cancer.

The procedure in and of itself is not that bad. Please do yourself a favor and have a screening colonoscopy as soon as you turn 50 and if you have a family history, talk to your doctor about having it done sooner.

Polyp diameter = 1.00 cm (0.39 in.)



A polyp this size has about a 10% chance of becoming cancerous.

NEWS FROM NCAHCSP

REMINDER !!!! REMINDER !!!!

2008 ANNUAL MEETING

Ocean Dunes

May 7-9, 2008

Please make your reservations soon. The cut off date for the discount is April 8, 2008. They will have rooms but I do not know whether or not the discount will apply after the cut off date. Please look at the ncahcsp website for phone numbers, cost and directions to Ocean Dunes.

If you have not as yet renewed your membership, please do so now. If you have not renewed before the first of July, your information will be dropped from our data base and you will no longer receive CEUs for your article.

We are implementing a new portion of our newsletter. We will be looking for information on competencies for the various divisions of a CS/SPD department. Please see additional information elsewhere.

When I meditated on the word ***Guidance***
I kept seeing 'dance' at the end of the word.
I remember reading that doing God's will is a lot like dancing.
When two people try to lead, nothing feels right.
The movement doesn't flow with the music,
and everything is quite uncomfortable and jerky.
When one person realizes that, and lets the other lead,
both bodies begin to flow with the music.
One gives gentle cues, perhaps with a nudge to the back
or by pressing lightly in one direction or another.
It's as if two become one body, moving beautifully.
The dance takes surrender, willingness,
and attentiveness from one person
and gentle guidance and skill from the other.
My eyes drew back to the word Guidance.
When I saw 'G: I thought of God, followed by 'u' and 'i'.
'God, 'u' and 'i' dance'
God, you, and I dance.
As I lowered my head, I became willing to trust
that I would get guidance about my life.
Once again, I became willing to let God lead.
My prayer for you today is that God's blessings
and mercies be upon you on this day and everyday.
May you abide in God as God
abides in you.
Dance together with God, trusting God to lead
and to guide you through each season of your life.
This prayer is powerful and there is nothing attached.
If God has done anything for
you in your life,
please share this message with someone else,
for prayer is one of the best gifts we can receive.
There is no cost but a lot of rewards;
so let's continue to pray for one another !
And I Hope You Dance

"Biohazardous Waste—Do You really Know"

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

Objectives:

The reader will be able to:

- Name the four different areas of waste.
- Describe an Exposure Control Plan.
- Discuss the rational for Universal Precautions.

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 as they are more detrimental to your health should you not know how to handle them properly. Biohazardous waste is defined as: all biologically contaminated waste that could potentially cause harm to humans, domestic or wild animals or plants. Examples of these include human and/or animal blood, tissues, and certain body fluids and plant or animal pathogens. 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, blades, razor and the old standby opened towel clips. This is also inclusive of the lab slides, petri dishes, test tubes and other sharp items that are used in the lab and can break.

How each of these items listed above is handled, depends upon the policies and procedures each facility or clinic has put into place. These polices and procedures are written in accordance with OSHA guidelines and is called an **"Exposure Control Plan"**. Basically, what an ECP does is to walk anyone contaminated with biohazardous waste, be it a needle stick, a splash or a hole in a glove, through a process by which information is gathered about the contamination and how to treat it effectively. This includes a form stating what happened, a protocol for getting lab work drawn both from the staff member as well as the patient if, for instance, the contamination was thru a needle stick. This plan must be accessible to all staff members and it should be given to new members during orientation as well. This plan needs to be reviewed and updated at least yearly and should be revised if newer technology is available for use. The staff member should have the Exposure Control Plan discussed during annual mandatory training sessions. The National Institute for Occupational Safety and Health (NIOSH) recommends that If an employee experiences a needlestick/sharps injury or is exposed to blood or other body fluids during the course of work that they follow the steps listed below immediately.

- Wash needlestick and cuts with soap and water.
- Flush splashes to the nose, mouth or skin with water.
- Irrigate eyes with clean water, saline or other sterile irrigation
- Report the occurrence to your supervisor
- Seek medical treatment immediately.

In the same line as the Exposure Control Plan is the **"Universal Precautions Plan".** What Universal Precautions does is set up guidelines which treat all human blood, body fluids, and other potentially infectious materials (OPIM) as contaminated and as such are all handled the same. This is considered an infection control issue, because there is the potential for biohazardous waste to be contaminated with HIV, HBV, and other bloodborne pathogens.

Hepatitis B is considered the major infectious health hazard to healthcare workers because it is the easiest to transmit in the workplace. One in three (3) 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. [29 CFR 1910.1030 (b)]

Personal Protective Equipment is to be used whenever one comes into contact with potentially infectious waste. This is part of the Bloodborne Pathogens Standard which states: if exposure to blood and OPIM is anticipated and where occupational exposure remains, after institution of engineering and work practice controls, Personal Protective Equipment is required. [29 CFR 1910.1030 (d) (2) (i)]. PPE includes but is not limited to: masks, gloves, goggles, eye wear cover gowns or aprons with long sleeves 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. Whenever the employee leaves the work area or facility, the PPE must be removed prior to leaving. If the cover worn by the worker is penetrated by blood or OPIM, 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 be replaced at that time. 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 soap and water and dried thoroughly. If this is not possible, then hands should be cleansed with an appropriate waterless antiseptic hand cleaner. The reason for this is twofold. 1) In the event of a puncture to a glove, it will kill the pathogen possibly lurking on the skin. 2) It will also keep latex proteins from being

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 plastic container or a especially designed cardboard box. Each of these containers will have conspicuously labeled on them the words **"Biohazardous Waste"** or will have the international symbol and the word **"Biohazard"** labeled. Biohazardous sharps containers must be rigid, puncture proof and leak resistant as well as spill proof. 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 inside larger biohazard boxes if necessary for transportation. 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. At no time should any worker open or otherwise handle the contents of a leaking Biohazardous container. In the event that something need to be retrieved from a sharps container, a long forcep or other instrument may be used for retrieval. At not time will the worker put their gloved hand into a sharps container.

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 soona s 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. This is, of course, after the area has been cleaned with soap and water. 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, (ie., HBV) 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.

Source:
OSHA Regulations (Standards-29 CFR)
Technician Manual, ASHCSP, 5th edition

Post Test-Spring 2008 Newsletter

1. Biohazardous waste is waste contami nated with agents known to cause human illness.

   True False

2. Policies and procedures written by hos pitals regarding medical waste follow guidelines set by the EPA.

   True False

3. Universal Precautions states that all body fluids are to be considered potentially inf ectious. True False

4. PPE is used whenever one comes into contact with potentially infectious dis eases. True False

5. PPE includes street clothes, masks, shoe covers, hair bands.

   True False

6. PPE can be left on when leaving the work area. True False

7. When changing or removing gloves, hands do not have to be washed with soap and water.
   True False

8. All Biohazardious sharps containers must have either "Biohazardous waste" or the international symbol on them.
   True False

9. Biohazardous sharps containers must be rigid, leak resistant and puncture proof.

   True False

10. Employee health is notified every time there is any exposure to Biohazardous waste.
    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: _____

Do you recognize these people? They are your new officers for 2008. Seated are Paul Hess, the President-elect and Frank Sizemore, Treasurer. Standing are Harriet Pratt, you lovely secretary, Patricia Washington, new President and Karen Baker, our illustrious Past President as of May 8th.

COMPETENCY CORNER

We are very aware that documentation is everything. If it isn't documented, then it didn't happen. That is also true with the competencies for each of us. How are you currently documenting your competencies? Is this something done by your facility, your department or yourself? Competencies should be reviewed at least yearly and anytime something new and improved comes along.

How do we write competencies? They are based on our job description, Standards of Practice and Knowledge base. We at NCAHCSP are always looking to improve our performance so this is what we are going to be doing. Each newsletter will have a page devoted to competencies. We would like the readership to assist us in this endeavor. We will be looking for your input regarding any updates and suggestions for review and training. How are your competencies done? What type of documentation do you use to show you are competent? For instance; we know that flash sterilization is used way too often. Do you know how to flash or what are the proper temperatures for flashing and how is it documented that you know this? Do you have any suggestions as to how you think this aught to be done? We will be putting in the newsletter three headings and will welcome your feedback on any of the three. We will use this to explore each other's workings in order to help each other.

The first three headings will be Steam, Quality Assurance and Decontamination. We would like to know how you define these, How does the staff member know how to document these areas, do you know the different settings for all the different types of steam sterilizers, how do you show competencies for this.

Please send any thoughts, processes, information or anything at all to pcaudell@granvillemedical.com or caudelph@verizon.net. As we go forth this, we will refine and make this a better corner. Thanks for your assistance.

Gardening With Less Water

All of us that garden the least bit are concerned about the ability to grow plants and have a yard or garden in the drought ridden area that we are currently living in. But do not fear, there are ways to still have a yard and a garden, be it a flower garden or a vegetable garden. Below is a list of tips taken from the Better Homes and Gardens website that addresses ways in which we can save water and still have a beautiful garden.

First, look at what you want to plant. Group them according to how much water they are going to need. For instance, group all your low water use plants together and group all your high water use plants together. It is a smart move to group those high water use plants close to the house so they're easier to get with the hose and there's less evaporation when watering. One thing to remember when preparing your groupings is whether or not these plants need more or less sun and try and get them grouped together that way as well.

Don't plant a lot of annuals, they need more water. Go heavier on perennials and shrubs or trees. They will be able to grow a better root system which will, in turn, provide you with plants that are less likely to need water as their root system will be deeper and hardier.

Minimize the amount of lawn/grass you have. Each patch of grass takes about 3 inches of watering per week to keep it looking green. Use the green of the grass as an accent to your plants rather than the focal point of your yard.

Make sure you mulch very, very well. Mulch cuts down on the amount of water a plant needs by keeping the soil more moist for a longer period of time as well as making it harder for weeds to grow which will cut down on the time necessary to keep them out of your beds. Mulch will also keep the soil cooler so again moisture will be kept closer to the plants. Wood chips and pine needles make good inexpensive mulch.

Look at the type of soil that you have. Amendments to the soil will also help keep moisture where it needs to be so that when you do water, it is not held in the ground for so long that the roots rot or runs off so fast that the ground doesn't absorb any moisture. Water very early in the morning. This prevents evaporation from occurring too quickly and losing all the benefits of the water. Also remember that when watering, try not to get the leaves of the plants wet as some plants will develop mold or some fungus.

Remember to water deeply and well. Watering only the surface will allow the plants to just develop surface roots which will not be able to take the heat. Listed below are a few annuals and perennials that are great in drought conditions.

ANNUALS

Snapdragon
Cockscomb
Coleus
Foxglove
California Poppy
Impatiens
Sweet Alyssum
Cosmos
Geranium
Petunia
Salvia
Marigold
Pansy
Zinnia

PERENNIALS

Yarrow
Carpet Bugle
Aster
Astilbe
Butterfly Weed
Shasta Daisy
Coreopsis
Purple Coneflower
Gerbera Daisy
Daylily
Coral Bell
Peony
Gayfeather
Sedum
Hosta
Iris
Phlox
Blue Salvia
Goldenrod

Ornamental Grasses

Chinese Silver Grass
Zebra Grass
Crimson Fountain Grass
Varigated Giant Reed
Northern Sea Oats
Feathertop Grass
Ribbon Grass

Post Test Answers from Winter Newsletter—Flash Sterilization

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 dropped 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**

2007 Officers: standing: Karen Baker, Frank Sizemore

Sitting: Harriet Pratt & Patricia Washington

CONGRATULATIONS!!

The next time you see these people, please give them a pat on the back and a great job. The people listed below all passed their CBSPD Certification Exam.

Calvin Walker Barbara Mott

Twylear Locklear

They all work with Margie Morgan at Moore Regional Hospital.

GREAT JOB !!!!

MEET PAUL HESS
OUR NEW PRESIDENT ELECT

Paul is no stranger to the chapter. He has been around for a few years and is greatly respected by all he know him. He has always been a tremendous asset to the chapter as a whole and to me personally. He truly is one of a few good men.

He was born and raised in Grand Rapids Michigan, the second of seven children.

Having served four years in the US Navy as a Boilerman aboard the USS Caloosahatchee, AOJ98, he traveled to the Mediterranean twice, the North Atlantic once where he obtained his "Blue Nose" designation and twice to the Caribbean.

Boston State College was his college of choice and where he received a BSN degree in Nursing in 1978.

He received his Nursing license from the State of Massachusetts in 1978. His experience in Nursing has been as a Rehabilitation Nurse, bedside surgical unit, Emergency Room, Operating Room both as a Staff Nurse and Head Nurse and Central Sterile Processing. He moved to North Carolina to join the Open Heart Team and started my current position as Manager of Support Services and Central Sterile Processing in 1991.

He has served on the Board of Directors for our State Association, the North Carolina Association for Hospital Central Service Professionals for 11 years as a Board member from 1995-96, President-elect 1997-98, President 1999-2000, Past President 2001, again as a Board member 2002-2006. Serving on the Board of Directors as Region 2 Representative for the American Society for Hospital Central Service Professionals from 2004-06 and as Vice President 2007-08 was a real honor for him. The merging of the ASHCSP and IAHCSMM was something he pondered long and hard before coming to the decision that this would be best for the nation.

During that time, he served as the liaison from the ASHCSP to AORN Recommended Practices Committee. He has written numerous in-service articles for the NCAHCSP and served as editor of the Association newsletter and original Web Master of the NCAHCSP website. For which I am truly grateful as it has made my taking over the newsletter much easier.

While serving with ASHCSP, Paul was fortunate to travel to Tuttlingen Germany to attend a quality instrument manufacturing symposium sponsored by Aesculap. He has traveled twice to Osaka Japan as a guest of JICSA as a speaker and educator. Because of his work in promoting Central Sterile, Paul was also fortunate to be invited to attend a 3M sponsored symposium held at their Wonewok Corporate Retreat near Park Rapids, Minnesota.

His spare time has been spent volunteering as a Softball coach for 8 years and served as the League Representative for the Girls 13-15 league. Paul has also served as the Eastern North Carolina Babe Ruth Representative for 1 year. He has also volunteered his services for the local Mothers March of Dimes drive.

Paul has been married for the last 34 years to his lovely wife Barbara and they have two daughters, Jessica age 27 and Diana age 25, both of whom are very talented in their own right.

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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