

I HEARD IT THRU THE STEAMLINE

Volume 21, Issue 1

February 2009

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



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Our prayers are with our
troops wherever they may
be stationed

NEW YEAR, NEW GOALS, NEW EXPECTATIONS

We are all off to a new and exciting year that none of us have seen before!! We are starting the year off with new goals and new expectations I am sure within our professional careers as well as our own personal lives. I have made the commitment this year to learn at least one new thing each day, and also to give back to my own professional association something to make a difference within the association this up and coming year! I challenge each one of you to do the same. To take time to look at your own personal and professional lives, get involved with your professional association and/or volunteer your time and talent. You will get a great return of self satisfaction by doing this. It will also make you a much better person, within your professional career, as well as your own professional lives too.

Our education committee has been very busy planning a great celebration of our 40th Anniversary this year!!! Our annual meeting will be held this year in the Beautiful and Sunny Myrtle Beach, SC, April 29th-May 1st. The education committee has worked very hard to get great speakers and educational topics scheduled for all attendees that will be attending. You won't want to miss these great speakers and educational sessions and don't forget the networking sessions also.

"Change One Thing, Change Everything"

"Certification, Who Needs It and Why"

"New Heights and New Understanding"

These are some of the topics that will be covered this year; I am telling you don't want to miss this one! Please join us and be re-energized and fired up about your career as a professional within the healthcare field. We plan to educate and celebrate our many years of being such an outstanding professional organization.

With a new year just coming in, remember it is time to renew your yearly dues with the association. If you've already done so, thanks loads. Renewing your membership is a great investment in your profession and also within your own personal career. \$20.00 per year is more than reasonable when you compare it to the other day to day cost of items, 1.95 for a gallon of gas, 1.00 for a soda, 4.00 for lunch @ your facility, etc. Being a member of the NCAHCSP really is great; it is a great investment on your behalf!

Thanks to each member of our association for your continued support and involvement with your association. I look forward to seeing each and every member, and those who want to become members in Myrtle Beach on April 29, 2009!

*Patricia Washington,
President, NCAHCSP*

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OOPS!!!!

**I missed one.
Please forgive me.
Please remember
to congratulate
Marian Thompson
from First Health
on passing the
CBSPD Certifica-
tion Test.**

Spring Rose Care

Step 1

Prune roses in early spring once the rose starts to show signs of new growth, usually in the form of tiny red buds swelling. These buds will become the new branches.

Step 2

Cut out any obviously dead or damaged branches first. Then cut out all but four (4) or five (5) healthy stems, each ideally about as thick as a pencil.

Step 3

Cut the rose bush back by 1/3 to 1/2, depending on how tall you want it to be. Make these cuts right above an outward bud—that is, a red bud that's on the outside of the rose bush, pointing outward and upward. This directs the bud to grow out and up, leaving the center of the rose bush open for better air flow and a prettier shape.

Step 4

Fertilize roses regularly during the growing season. Roses are hungry plants, demanding lots of nutrients for best growth and flowering. Each rose grower has his or her own favorite method. One of the easiest is to buy a slow-release granular rose food and work it into the soil so it can feed the plant all season long. Otherwise, you'll want to fertilize the rose with a liquid fertilizer every three (3) to four (4) weeks during the growing season (stop in early autumn) or according to package directions.



Step 5

Water diligently. Roses need a steady source of water during the growing season, about an inch a week either from rain or watering. In arid regions of the country, if you have several roses, consider installing a do it yourself drip irrigation system. When watering, remember to water at the roots and not at the top of the plant. Roses tend to develop a fungus when their leaves are wet for an extended period of time.

Follow these steps and you can have a beautiful rose garden to show off to your friends and neighbors.



NCAHCSP Chapter News

CONGRATULATIONS

CMC-Northeast is proud to announce the following became certified November of 2008. Congratulations go to: Wendy Allman, Vicky Holt, Narcisa Moya and Chareto Pesontey. Give these people a pat on the back when you see them.

Congratulations also go to Leah Tilley who was named Lead Tech first shift.

Way to go Rhonda. Rhonda Outlaw was named Lead Tech second shift.

Wendy Allman has accepted the position of Orthopedic Specialty Technician. Play with the bones there Wendy.

Don't forget our annual meeting in Myrtle Beach. Please check out the web site for more information: www.ncahcsp.org.

Don't forget to remind your vendors that our annual meeting is coming up soon and they don't want to miss out on their space and of course, all our smiling faces.

Denise Stone is the chapter's newest member from Granville Medical Center. She is totally involved in learning all she can about how to be a good CS Tech. Give her a warm welcome and take time to answer her questions.



WHISTLE A TUNE WITH EXCITEMENT AND NOMINATE SOMEONE FOR THE FOLLOWING AWARDS:

Bill Dennis Memorial Merit Award—the most prestigious award presented annually to a member of the Association who has demonstrated Outstanding Merit and Contributions to the association and the Central Service profession. This award was renamed in 2003 in memory of William B Dennis who had served as a member of the NCAHCSP Board, President-elect and President. Bill was the director of Central services at Duke in Durham, NC. Bill was the President-elect of the ASHCSP at the time of his passing. He was nationally recognized as a leader in the field of health care Central Service and was active in both the NCAHCSP and ASHCSP.

Ray Manning Sr. Achievement Award—Ray Manning Sr. was a founder and President of Southeastern hospital Supply in Fayetteville, NC who had been instrumental in establishing the NCAHCSP in his unfailing support of our Association. This award is presented annually by the NCAHCSP for outstanding achievement in the field of Central Service.

Joe Stanley Memorial Award—Joe Stanley was a member of the Board of Directors for the NCAHCSP who passed away during his term of office. This award is presented annually by the NCAHCSP for notable achievement in the field of Central Service.

Additional information and application forms can be found on the webpage.

Deadline for application submission is March 16, 2009

Decontamination—The Best Fit?

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

Objectives:

- Define decontamination.
- List appropriate PPE when working in decontamination.
- Discuss proper cleaning methodologies.

Decontamination is defined as “the process by which contaminated items are rendered safe for handling by personnel who are not wearing personnel protective equipment (PPE).

It is absolutely the most important step in the entire process of sterilization. Without adequate cleaning, it is possible for there to be too many germs on an item to prevent it from being sterilized adequately. How does this work? You anxiously ask.

Picture this, the first thing you must do is dress appropriately for the area. The first thing you do is change into scrubs from your street clothes. This is necessary in order to prevent the transfer of germs from your decontam area to your street clothes so you won't take home any unnecessary guests. What kind of shoes do you have on? Are they strong enough to protect your feet if you drop something on them? How slick are they on the bottom? If you've ever worked in a decontam area, you know that the floor is almost always wet, no matter how careful you are. So make sure your shoes have non-skid soles and perhaps even liquid proof to keep your feet from getting wet. Then you start with the next layer. This includes and is not limited to;

protective full length gown or apron, long gloves, a surgical hat, mask, eye shield or goggles, even down to the shoe covers. This is for your protection, not anyone else. Head and facial hair should also be covered with a surgical hood or cap. Not wearing jewelry should definitely be taken into consideration. You really don't want any bacteria or fungi to get under your jewelry and perhaps be taken home to infect your loved ones. Also, for you ladies, if you have acrylic, gel or ceramic nails, you may want to rethink them as they also are true harbinger of germs and other pathogens. Don't forget, if you leave the decontamination area, you must remove all PPE before you leave. You don't want to have germs falling off you as you go to the bathroom and contaminate everyone you come in contact with. One other thing, don't forget that after removing you PPE,

wash your hands!

What about the room set-up? The decontamination area should be under a negative pressure. What this means is that the airflow is greater coming into the room than it is flowing out. So technically speaking, the air coming into the area is cleaner than it would be going out. However,



propping the door open or having a pass thru window not adequately covered will change the air pressure so then it becomes possible for air to flow from decontamination into cleaner areas. It is also important to have an area that is cool to work in. First off, cooler temperatures prevent germs and fungi from growing as quickly. Also, cooler temperatures help you feel better as higher temperatures and all the additional PPE that you have to wear, sometimes takes a toll on your body. In addition to the temperature being cooler, the humidity should be between 30 and 60 %. Again, this is to promote staff comfort levels and to prevent microbial growth. I know a lot of you are using fans because your area is inadequately cooled. That is a no-no. Fans running at high speed, which is where we are going to set them, can carry contaminants from the decontamination area to clean areas.

What about lights? How well do you want to be able to see the bioburden that is found on instruments? Direct task lighting is essential anywhere the need to be able to see clearly is necessary. Looking for skin or blood on small ophthalmic instruments for instance, should have good lighting. This will reduce eye strain as well as provide the necessary brightness to be able to almost see those little bugs on the instrumentation. Also, those lights that are overhead should be sealed and recessed in order to prevent dust accumulation and to make cleaning easy.

Cleanliness is also important. I know, you're laughing, after all, this is not the cleanest place in the world.

But remember this, you have to make sure the counters and all other horizontal surfaces as well as the sinks and the floors are cleaned and disinfected at least once a shift with an environmental disinfectant.

This is for your own health as much as anyone else's. It is extremely possible for you to pick up some unknown infection if your work area is not kept clean. The other caveat to that is the item that you are cleaning may not get clean enough for it to reduce the bioburden sufficiently to make it safe to handle or even to sterilize. Look around you at the walls and other surfaces of the area. Is it easy to clean? Are there any cracks or crevices, any peeling paint, any rusted surfaces? Any of these will harbor dirt, dust or airborne particles that can contain microorganisms.

Now let's talk about the decontamination process. In the OR, the scrub tech has the responsibility of wiping off the instrumentation during the case. Also, any lumens should have fluid pushed thru them in order to keep debris from clogging up and drying before you have a chance to wash them. This should be an ongoing process because dry material is much harder for the decontamination person to remove. Removing this debris will do several functions:

- reduce the number of microbes on the device
- Reduce the amount of nutri-

ents that would support bacterial growth

- Minimize the risk of environmental exposure from aerosolization or from fluid being spilled
- Decrease device damage from blood, saline or iodine to name a few
- No need to scrub the finish off the instrument to get the crud off

To better serve the CS department, if you have a liaison between the OR and CS, now is a good time to involve them. They can help facilitate discussions so the scrub techs know why it is so important to keep the instrumentation wiped off with water and not saline.

Instrumentation that can prove to be more of a challenge includes items like laparoscopic instruments. The pressure in the abdomen from the gas can cause blood and other material to be pushed into the channels of the equipment and be a much larger burden to clean. And how about femoral reamers? They can catch some nasty pieces of bone and need to be manually cleaned.

The initial decontamination process involves the following measures:

- Containment and transportation
- Sorting
- Pre-cleaning
- Cleaning

The sorting process needs to be started in the OR. If they separate the instruments by those used and those unused, the CS tech knows which instrument may need a little extra attention. Now remember, that does not mean that the instrumentation does not have to be examined or handled in the appropri-

ate fashion because there is always the potential for contamination among supposedly clean instrumentation. By continually wiping each instrument as it is used, the OR tech insures that the instrument is kept reasonably clean with a minimum of trash and bioburden. This makes the job of the CS tech working in decontam a lot easier. However we know that is not going to happen as a general rule. All instruments are thrown together in a basin or back in the tray for us to take care of.

The process of getting the instruments from the OR to decontamination can be trickier than you would expect. Most hospitals use a case cart system for transportation of clean and dirty instrumentation. This means at the end of the case, the case cart is filled with the dirty equipment and is sent back to decontamination. Sometimes the carts are held in the OR until they are full. Other times, they may sit in the dirty utility waiting to be sent down and sometimes the dirty elevator is broken so the case carts have to be brought down by hand. All of this causes a loss in time needed to keep the instruments moist so the bioburden doesn't adhere to the instrumentation and makes it much harder to clean.



**Decontamination:
The Best Fit**

1. Decontamination is defined as the process which makes contaminated items safe to handle.
TRUE FALSE
2. Street clothes is the appropriate attire for working in decontamination.
TRUE FALSE
3. PPE includes and is not limited to gowns or aprons, goggles or face shield, long gloves, hair rollers, mask.
TRUE FALSE
4. After removing your PPE, you must wash your hands.
TRUE FALSE
5. Cooler temperatures and lower humidity will prevent germs and fungi from growing quickly.
TRUE FALSE
6. There should be fans in all decontamination areas to help keep the air moving to keep the staff cool.
TRUE FALSE
7. All counters and other horizontal surfaces must be cleaned with an environmental disinfectant once a day.
TRUE FALSE
8. It is OK to wear jewelry while working in the Decontamination area.
TRUE FALSE

9. Removing bioburden from instruments will decrease device damage from blood, saline or iodine to name a few.
TRUE FALSE
10. The initial decontamination process involves the following measures:
 - a. Sorting
 - b. Containment and transportation
 - c. Pre-cleaning
 - d. Sterilization
 TRUE FALSE
11. Most hospitals use a case cart system to transport clean or dirty instruments and 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**

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 in-state 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 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 address: _____

Women and Heart Disease

Women unite!! Heart disease kills more than ½ of a million (500,000) women every year. In every year since 1984, more women have died from cardiovascular disease than men. While men have a greater risk of having a heart attack than women, women are only half as likely to survive a heart attack and more likely to have a second attack.

How does coronary disease begin, you ask? The gradual build-up of plaque can start as early as your teens. Atherosclerosis is a process in which fatty substances build up inside the walls of the vessels and gradually become so heavy, the plaque slows down the flow of blood or even breaks off little pieces that float to other, smaller vessels and lodge there. At that point, it is possible to have a stroke or a heart attack.

Prior to menopause, it is believed that estrogen, a natural female hormone found in the body, will offer some protection against heart disease. However, it has been determined that women who smoke or are diabetics do not get the same protection from estrogen. One would think that after menopause, if you took hormone supplements, there would still be a reduced risk for heart attacks. However, that is not the case. Extensive studies have proven that taking estrogen supplements do not assist in the prevention of heart attacks and in fact, certain forms of hormone therapy will actually increase the risk of cardiovascular events.

ANGINA—Pain that you experience when your heart is not getting enough oxygen. This is caused by clogged arteries. Silent angina occurs when the same inadequate blood supply causes no symptoms.

Physical exertion is the most common trigger for angina.

Other triggers can be stress, extreme cold or heat, heavy meals, alcohol and cigarette smoking. The pain is usually described as a pressing or squeezing pain, primarily felt in the chest but sometimes can be felt in the shoulders, arms, neck, jaws or back. Angina suggest that coronary heart disease exists. If the pattern of angina changes—for example, if the episodes become more frequent, last longer or occurs without exercise—your risk of heart attack within days or weeks is significantly higher and you should see your physician immediately.

Episodes of angina seldom cause permanent damage to the heart muscle. If however, you experience symptoms of angina but they don't disappear after rest, seriously think about a heart attack. Heart attack pain is not relieved with nitroglycerin or resting. You may also experience symptoms like shortness of breath, sweating, nausea, vomiting or dizziness. Take an aspirin and call 911 and get to the nearest emergency room. Remember women are more likely to die of a heart attack. Think enough of yourself to take care of yourself.

Because heart disease and its risk factors can be silent for so long, often with few symptoms until the disease is well under way, it's important to know your personal risk factors. What's your family history? Do you know your cholesterol and blood pressure levels? No matter what your age, if you suspect you have heart disease, or are at risk of heart disease, talk to your physician about diagnostic tests to see where you are and don't forget to talk about preventative measures as well. Your health truly is in your hands.



If you've visited our new website lately, you have probably noticed quite a few new changes...

You might have also noticed our visual assistant in our new section entitled "How May We Help You?"

Well... we need to give this little IAHCSSM seal critter thingee character a name!



IAHCSSM is sponsoring a contest to name it and the lucky winner will receive a waiver of registration fee for the 2009 Annual Meeting in Orlando coming up this May!

Email webmaster@iahcsmm.org with your suggestion for a name and you might just get your registration fee waived for the IAHCSSM Annual Meeting in Orlando, Florida on May 2-6, 2009. Deadline for entries is April 1st.

Feel free to tell us what you think of the new design as well!

www.iahcsmm.org

EDUCATION RESOURCE

SPSmedical will provide quarterly infection control and sterilization articles **FREE** of charge as part of their Sterilization Classroom. The topics are as follows:

"Instruments in a Flash" beginning February 18th

"Biological Indicators: Not Just a Pretty Vial"
Available beginning May 20th

"Sterilization Audit: Would Your Facility Pass?" Available beginning August 19th

"Sterilization Issues and Solutions" Available beginning November 18th

In addition to these programs, SPSmedical will offer "Extra Credit" where registrants will gain access to industry articles, additional CEU's and chances to win prizes! Periodically check the website for more information.

www.spsmedical.com

LIST OF POTENTIAL CEU WEBSITES

www.iceinstitute.com/webinar

[www.hponline.com-self study series](http://www.hponline.com-self-study-series)

www.ast.org (**Association of Surgical Technologists**)

Check the CBSPD website for additional websites for CEUs

Good information

www.disinfectionandsterilization.org
Written by Dr. William Rutala



IN MEMORIAM

This is one of the songs Bill would sing to the group on a regular basis.

YOU MADE ME KILL YOU

(sung to the tune of "You Made Me Love You")

You made me kill you—
A nurse should never do it: I knew they'd misconstrue it.

You made me kill you—
And all the time you knew it: you set me up to do it.

You made me kiss you, although I carry
STAPH:
Immune-suppressed, dear, you wrote your epitaph.

So now I sigh for—
They call it euthanasia, they call it euthanasia,
And something much worse, too.

Yes, they do—"deed they do—it's much worse too.
It's nosocomial murder in the third degree, but worse than that you overran your D.R.G. That's the worst thing you could do!!

Written by George Rauh in September 1983.



Bill Evans

He is fairly certain that he has a Masters in Microbiology from Syracuse, and that he manages product marketing for Calgon Vestal Laboratories. Bill is married, with three children. He truly believes that he is a nationally known lecturer on various health care topics, and that he is a superb joke-teller.

Bill thinks that he was born somewhere on the East

Coast of the United States, and that he knows that he now lives in St. Louis.



Ray George said it best – “Even today I am blessed by remembering his sense of humor and positive attitude.”

“On the wings of eagles, we will fly up into the heavens.....”



Tom Estridge, a well loved member of our group also passed away on February 4, 2009. He worked with 3M and was considered a permanent fixture.

Paul Hess knew Tom for 19 years and wrote this about him. “Tom was an exceptional technician for 3M. He knew his sterilizers inside and out and always presented himself as a true professional. I never saw him without a dress shirt and tie. Tom attended many of the NCAHCSP Vendor shows in the past. Karen, his wife was the love of his life and he spoke of her often. Tom also liked to sky dive. 3M has lost an Ambassador for EtO and a “family member.” He will truly be missed.”

If you wish to send a card or a note; the address is Karen Estridge, P.O. Box 430, Cornelious, NC 28031.



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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