

# I HEARD IT THRU THE STEAMLINE

Volume 22, Issue 1

February 2010

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



I'm not sure where the time has gone, only that has. It seems as if just yesterday we were celebrating the holidays. Now here it is, we've completed the Winter Meeting and we are now making the final preparations for our annual

Spring Meeting in Myrtle Beach! **"SPD Olympics: Reach For the Gold!"** The title that the Education Committee has selected is in keeping with the spirit of the season and the Olympics celebrations held in Vancouver, British Columbia. We celebrate our athletes success at the games and look forward to a similar celebration at our Annual Educational Presentation and Vendor Exhibition. The speaker line-up includes the return of a very distinguished panel of industry experts from throughout the United States. They include Rafe Bromfield from US Medical Systems, Rose Seavy, RN from Seavey Healthcare Consulting in Denver Colorado, Francis Zieman, RN, Field technical Specialist, from 3M, Atlanta, Georgia and Myrna Kauffman, RN Clinical Education Specialist representing Steris Corporation. Please join us as we celebrate our forty-first year as a Professional Organization.



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I want to thank the candidates that took part in the 2009 election and offered to run for the Board of Directors positions. We had a large response to this years ballot submission. The votes were tabulated and verified by the Nominations Committee. Congratulations to Lana Haecherl as our President-elect for 2010-2011. I also want to congratulate Patricia Baldwin, Lisa Coston, Louise Rahilly, and Betty Twamley as they begin their two year terms of office at our Annual Meeting.

As we start the new year, let's once again all renew our commitment to each other and education for the betterment of our profession. Network with each other. Problem solve. Promote our departments. Demonstrate and insist on excellence in every product that we provide. Accept nothing less than your best effort from yourself and your staff. Remember the words of Victoria Nahum from last years Annual Meeting "Change one thing, change everything." See you in Myrtle Beach!

*Paul A. Hess, RN, BSN, CRCST, ACSP  
NCAHCSP- President 2009-2010*





## How to Test Your Soil

Soil sampling is a very useful tool if you are a homeowner or grow any of the following plants: turf grass, ornamentals, fruits, vegetables, trees or houseplants. Soil sampling and testing is probably the most effective tool a homeowner has to help determine soil nutrient levels. Soil tests can help save the homeowner time and money as well as encourage a healthy environment reducing unnecessary fertilizer use.

Plants require sixteen essential nutrients to grow. Nitrogen, phosphorous and potassium are major elements, and are required in relatively large amounts, whereas others like calcium, sulfur and magnesium are minor elements and are required in moderate amounts. Still others are required in extremely small amounts, still just as important as the major nutrients. If any of the 16 essential elements are not present in adequate amounts, plant growth and development will decrease. On the other hand, if some of the same nutrients are present at excessive levels, they can be toxic to plants and be a source of pollution in the environment.

It is very important to take soil samples correctly in order to receive accurate recommendations. Homeowners are then able to apply the recommended amounts of lime and fertilizer for maximum plant production. Soil samples should be taken dry as excess moisture increases the drying time of the soil sample and makes soil boxes unreadable. Late summer or early fall is a good time to sample soil so that adequate lime may be applied and can react with the soil by raising the pH prior to spring planting. Sampling may be done at any time of the year, although it normally takes longer in the fall (6-8 weeks) for results to return than in the spring (2-3 weeks). By sampling in the fall, sufficient time is allowed to make plans for the spring fertilizer applications.

[The North Carolina Department of Agriculture \(NCDA\) Agronomic Division](#), in Raleigh, analyzes soil samples which are collected in North Carolina for FREE. The soil test results indicate the amount of lime and fertilizer formulation recommendations needed for the area sampled.

Soil pH is a measurement of soil acidity. If soil pH is less than 5.5 or greater than 7.5, (for most plant material), some essential elements may not be available to the plant while some toxic elements, such as aluminum, become available to the plant. Soil pH can be adjusted by applying granular or ground limestone, to raise the pH or by adding sulphur to lower the pH.

To get a representative sample, the following steps need to be taken:

1) Collect 3 - 6 small samples, from within the top six inches (4 inches for lawns) of the soil, within the area of concern. It is important to take as uniform samples as possible (Example: 2 inch diameter, 6 inches deep). The more small samples that are collected will give a better, more uniform representation of the area. A bulb digger or shovel takes very good samples.

2) As samples are collected, mix them together thoroughly in a plastic bucket, as a galvanized or tin bucket can contaminate the soil and cause inaccurate test results.

3) Discard all stones, roots and debris. Transfer about a cup of soil from the small sample plastic bucket to the soil sample boxes provided by the NCDA. Sample boxes and forms are free from the Extension Service.

4) Give each sample box a number or code that will indicate the area sampled, along with your name and address on each box.

5) Fill out the information sheet and bring it, [along with your samples](#), to the [local Cooperative Extension Service office in your area](#).

Visit the NCCES Soil Science publication on soil sampling by clicking [here!](#)

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## NCAHCSP Chapter News

### OH WOW; WE'RE IN THE SOUP NOW !

#### DIANE FINK RETIRING FROM NORTH-EAST MEDICAL AFTER ?? YEARS !!!

Diane is very busy trying to finish up and get everything moved into the new Central Sterile Northeast Medical is in the process of finishing. According to a little birdie, Diane and family have planned a retirement celebration in Hawaii in August. Best wishes to a deserving leader.

#### NOW FOR THE TAA-DAA ANNOUNCEMENT

**Patricia Baldwin, of CMC-Pineville will be taking over for Diane. Congratulations to you Patricia and here's hoping you will love your new digs.**

Congratulations also goes to Karen Furr on the marriage of her daughter. I understand all went off without any grave disasters and a good time was had by all who attended.

Our sympathies go out to Margie Morgan's husband on the death of his mother. We are thinking of you and your family.

#### ANNUAL MEETING

We will be in Myrtle Beach starting on April 28th for our annual meeting. I hope to see all of you there and bring a co-worker if possible. The program has been put on the web site and I think it's pretty awesome. Our Educational Committee has done an excellent job in lining up some really good speakers along with some interesting topics.

### PAY ATTENTION TO THIS PART !!!

We need nominees for our awards. Surely you work with someone you think glorifies the Central Sterile Department and what it stands for. Go to the web-site [www.ncahcsp.org](http://www.ncahcsp.org) and fill out one of the forms. If you work by yourself, nominate yourself. The Board of Directors and the Officers of NCAHCSP felt that we needed to give something back to the chapter. As such, we have changed the rewards for the three awards.

**Bill Dennis Merit Award**—Paid registration fee and accommodations for this year's annual meeting, and a plaque.

**Ray Manning, Sr. Award**—Paid registration fee and accommodations for this year's annual meeting, and a plaque.

**Joe Stanley Award**—Registration fee for this year's annual and a plaque.



## Ethylene Oxide Sterilization-Good, Bad or Damaging?

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

### Objectives:

1. Describe what Ethylene Oxide is.
2. Discuss what pieces of equipment are sterilized by EtO.
3. Discuss the emission standards for EtO.

Ethylene Oxide is a flammable, colorless gas at temperatures above 51.3 degrees F (10.7 C) that smells like ether at toxic levels. EtO is found in the production of solvents, antifreeze, textiles, detergents, adhesives, polyurethane foam and pharmaceuticals. Smaller amounts can be found in fumigants and cosmetics. As all of you already know, EtO is used in our facilities to sterilize certain types of equipment that are considered to be too fragile for sterilization with steam.

EtO was originally used for the sterilization of spices as an insecticide. It wasn't until the early 1950's that Dr. Charles Phillips took the time to investigate the microbicidal potential of ethylene oxide. Because of his work, EtO is now used to sterilize at least 50% by the medical device manufacturers.

The way EtO works is by infiltrating not only the packages but the products themselves. Currently, EtO is the only methodology to sterilize items that

have lengthy ports. For example, it is possible to sterilize GI scopes via EtO. Currently this is the only method that can sterilize GI scopes without doing damage to the lenses, which would happen if the scopes were soaked in Gluteraldehyde. This is done in order to kill any microorganisms that are left during production or packaging processes. Items that contain rubber and plastic are especially susceptible to the uptake of ethylene oxide. As such, it is especially important that these items have the correct time in the aeration cycle in order to prevent potential problems to patients.

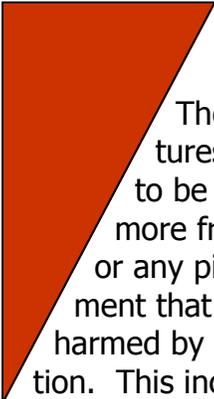
One of the most important parts for sterilization by EtO is the preparation of the instruments themselves. EtO has to have a straight shot through any piece of equipment it needs to sterilize. For the CS tech, this means that any piece of equipment that has multiple parts must be taken apart and cleaned thoroughly and then packaged so the OR tech can put all the pieces back together. This also means that all channels must be clear and there be a clear path to allow the gas to penetrate all cavities.

The EtO sterilization process involves at least three stages. These are pre-conditioning,

sterilization and aeration.

The pre-conditioning phase has to do with the load being held under a controlled environment of temperature and humidity. There are two good reasons for this. During the start of the pre-conditioning phase, the items to be sterilized are exposed to the EtO and are allowed to sit in order for the items to absorb as much gas as is possible. Temperature is regulated slowly increasing as the EtO is added in order to prevent excessive usage of the gas. This makes the load cost less of an issue.

The second stage involves the actual sterilization process itself. Most of the EtO sterilizers are built much like a steam sterilizer in that the outer portion of the sterilizer is called a jacket. Steam is actually pumped between the jacket and the innermost wall of the sterilizer. This allows the EtO sterilizer to maintain a consistent temperature for a longer period of time. The EtO is pumped into the chamber along with a certain amount of steam to keep the humidity up in the chamber as well as to make sure the EtO is getting to all parts of the equipment. The sterilization cycle can be as short as 4 hours or as long as 8 hours depending on the size of the sterilizer as well as the age of the unit.



The cycle temperatures are considered to be safer for the more fragile equipment or any piece of equipment that would be harmed by steam sterilization. This includes and is not limited to light cords, plastic instruments, Ophthalmic (eye) instruments, anesthesia or respiratory therapy equipment, electrical equipment and other rubber or silastic products. This makes it easier for the CS tech to do loads without having to heat the chamber each time a load needs to be done. Unless you have an older unit, most of the sterilizers today have an automatic cycle that goes through all the processes without any assistance from the staff.

The aeration cycle is considered to be an important part of the entire cycle. Without the gas being removed from the equipment, the potential for patient harm is great. If the sterilizer is automatic, the aeration cycle will automatically happen. If the sterilizer is older, the aeration cycle has to happen in another chamber. This means that one of the staff members must manually remove the items and put them in the aeration chamber. The temperature of the aeration chamber must be consistent in order to assist the removal of the gas. The cycles for the passive removal of the gas are much longer than the automatic version. This is to ensure that the gas has had a

sufficient time to evacuate from the equipment.

OSHA has designated EtO as a carcinogen (cancer causing). It is also considered to be harmful to an unborn fetus, therefore pregnant women or women considering pregnancy should be extremely aware of the effect of breathing EtO for an extended period of time or frequency. If the gassed items have to be moved from the sterilizer to an aerator, extreme care should be taken in the process. If the sterilizer has a purge cycle, care should be taken so that as soon as the purge cycle is finished, the items are transferred to the aerator. If there is a delay in the transfer, the degassing process will cause the EtO to build up in the chamber and the staff member that opens the door will be exposed to a higher concentration than is warranted. If there is no purge cycle, the sterilizer door should be opened to about 6-8 inches wide and the staff member should immediately leave the area until the room ventilation and exhaust systems remove most of the EtO from the surrounding air. If the staff member has to transfer the items from the sterilizer to the aerator, special precautions should be taken. Staff should wear neoprene gloves to prevent contact with the EtO and at the completion of the transfer, remove the gloves and wash hands well to remove any potential EtO residue.

According to OSHA, exposure should be limited to one part EtO per million parts of air

(1ppm) measured as an 8-hour time weighted average (TWA). There is something called the short-term excursion which is a 15 minute sampling period. The exposure for this must be limited to 5 ppm EtO as an average over any 15 minute period. These are called permissible exposure limits or PELs. These samples must be done on a yearly basis and a report is sent from the sampling company to the facility. These records must be kept for a period of not less than 30 years. The employee medical records must be kept for the duration of the employment plus 30 years. In the event exposures exceed either the PEL or the excursion limit, it is up to the facility to establish and implement a written compliance program to reduce exposures to or below the TWA and exposure limit. Training must also be established in order to insure the staff understand the exposure limits as well as what to do in case of an emergency exposure. The facility is also responsible for providing PPE to any staff member who is expected to come into contact with EtO, provide education as to rationale for PPE and consequences for not using PPE. As a staff member of CS, it is your responsibility to remember the ground rules for handling items needing to be sterilized with EtO and to watch out for your fellow team members and help them to take care.

**Ethylene Oxide Sterilization**

1. EtO is a flammable, colorless gas that smells like ether at toxic levels.

True                      False

2. Dr. Sam Phillips investigated the microbial potential of EtO.

True                      False

3. The preparation of the items to be EtO sterilized is considered to be one of the most important steps

True                      False

4. The three stages in EtO sterilization are: pre-conditioning, sterilization and distribution.

True                      False

5. During the pre-conditioning stage, the temperature is regulated, slowly increasing as the EtO is added in order to prevent excess usage of the gas.

True                      False

6. The cycle temperatures are considered to be safer for the more fragile instruments or equipment such as light cords, eye instruments and respiratory therapy equipment.

True                      False

7. The aeration cycle is not considered to be important to the sterilization cycle.

True                      False

8. OSHA has designated EtO as a carcinogen.

True                      False

9. Pregnant women or women thinking about becoming pregnant should be aware of the potential harmful effects of EtO on an unborn fetus.

True                      False

10. According to OSHA, it is OK for exposure to be 25 ppm as an average for a 15 minute exposure.

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**

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## LEADERSHIP—ARE YOU READY FOR THE BIG STEP?

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

### Objectives:

Define what leadership is.

Describe the two most reliable indicators of employee satisfaction as a leader.

Discuss the four factors of leadership.

Your immediate supervisor is leaving. You've been asked to apply for the position. You're not sure you can handle the idea of being boss. What exactly does that mean and how is it going to affect your relationship with your co-workers? And what would be the expectation of the person you would now report to? Let's start by defining leadership which technically you would now be considered a leader. Leadership is defined as a process by which a person influences others to accomplish an objective and directs the organization in a way that makes it more cohesive and coherent. A lot of people who assume a leadership role think that as the boss, you can now **make** people do what you want them to. In the strictest sense, that is true. You can tell people what to do and they need to follow your orders. However, a true leader does not use this power to get done what needs to be done. True leadership makes the followers **want** to achieve high goals because they are part of the solution rather than the problem.

As a leader, many people get lost in the idea of do what I

say and not what I do. However, a good leader knows they are being observed at all times. It is vitally important that the staff see you, as a leader, doing all the things on a day by day basis that make you valued and trusted. Your leadership shows in your actions that you value not only the staff's well-being but also the organization's values and objectives. It is imperative that you, as a leader, have a clear sense of direction and are respected by the staff as well as your peers and senior leaders. According to a study by the Hay Group in 2004, the two most important predictors of employee satisfaction in an organization dealt with trust and confidence in top leadership. But, as a new manager/supervisor, how do I get there? Communicate, communicate, communicate. Communication has always been considered a two way street. To your staff, non-verbal speaks louder than words. It has been shown that communication by leadership in the following three key areas was the key to winning organizational trust and confidence.

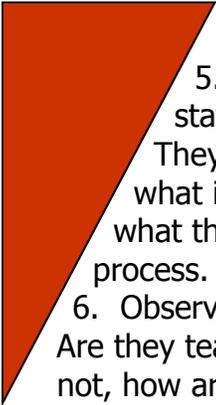
1. Helping employees understand the company's overall business strategy.
2. Helping employees understand how they contribute to achieving key business objectives.
3. Sharing information with employees on both how the company is doing and how an employee's own division is doing relative to strategic business ob-

jectives.

It is also imperative as a new leader, the process of self-knowledge applies. What does that mean? Do you know who you are? How about your own values? You, as a new leader, must have an honest understanding of who you are, what you know and what you can and can't do. Always be honest with yourself. Understand that it is your staff that determines if you are successful as a leader. If they do not trust or lack confidence in you, the staff will become uninspired. And as a result, it will be much harder to get the staff to be enthusiastic over any new challenge.

So, OK, let's look at some of the steps necessary to learn how to be a good leader.

1. First is know who you are and decide what you need to learn in order to become a better leader and then take the steps to get there.
2. Secondly as a leader, know your job and be very familiar with your staff's work loads. Do you know their job functions enough to know are they doing it well or just enough to get by.
3. Take responsibility for your actions. If you do something and it comes out wrong, say so. Analyze the problem, take corrective action and move on.
4. You are the example. Be a good role model. Set the expectation high, both your own and your staff's.



5. Keep your staff informed.

They need to know what is going on and what their role is in the process.

6. Observe your staff.

Are they team players? If not, how are you going to get them there?

These are just a few of the things that as a good leader you will need to build into your idea of who you are.

Now, think about the type of staff members you have. What is the age range? How about ethnicity? Culture? In order to have an effective team within your unit, all of the above must be taken into consideration. When you think about the age range, look at the generation they fit into. You will be better served if you understand each individual's generational fit. For instance, the baby boomers are working more for the self-satisfaction of doing a job well. They like to be noticed with a pat on the back and a job well done. Generation Xer's, on the other hand, like some compensation such as money or gift card, etc. As a leader, you have to know what motivates your staff and use that to your advantage. Culture is considered to be the deeply rooted nature of the organization that results from long-held formal and informal systems, rules, traditions and customs. These are not necessarily written down anywhere. Culture represents the shared expectations and self-

image of the organization. Climate, on the other hand, is the feel of the organization and represents the short term ideals created by the current leadership. This can change as often as administration does because each new leader will have their own set of values and what they consider to be important or not so much.

There are four primary leadership approaches a new leader needs to be aware of. Many leaders like to use the one they are most comfortable with or have the most experience with. However, each situation may call for something a little different and it is imperative each leader is familiar with each and can use them when necessary.

1. **Authoritarian**—very task oriented and are hard on the staff. There is little or no collaboration or collective thinking. The expectation of the leader is the staff member will do what they are told and when without discussion. We are on a timetable and need to get this done. Don't take kindly to others suggestions.

2. **Team Leader**—leads by positive example and fosters a team environment in which all team members can reach their highest potential, both as team members and as people. These people encourage their team to make suggestions in order to make the project as effective as possible. They work tirelessly to strengthen the bonds between the team members and generally have the highest productivity among all the other teams.

3. **Country Club Leader**—reward power is their game.

This is their primary methodology in maintaining discipline and uses the reward system to encourage the team to reach the goal. This type of leader is fearful of using punitive measures because of jeopardizing relationships with other team members. They like to be liked first and foremost.

4. **Impoverished Leader**—this is a delegate and disappear type of individual. The team generally is allowed to do what it wants to and are not usually available to assist the team in times of struggle. The team is generally left to sink or swim on its own. Occasionally, a leader has to use some of each in order to get the job done. However, each situation should be examined and explored before using any of the above mentioned in order to get the best results from the team members.

This is only just a bare minimum of information to get you started on your way. Continue to self-examine yourself and learn everything you can about being a leader in order to continue to grow and be the best you can be.

#### References:

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- Lamb, L.F., McKee, K.B. (2004) *Applied Public Relations; Cases in Stakeholder Management*. Maheah, New Jersey; Lawrence Erlbaum Associates, Routledge

**Leadership-Are You Ready?**

1. A leader is considered someone who influences others to accomplish an objective.  
TRUE            FALSE
2. True leadership makes the followers want to achieve high goals.  
TRUE            FALSE
3. Non-verbal communication speaks louder than does verbal communication.  
TRUE            FALSE
4. As a leader, it doesn't matter if you know what your staff does.  
TRUE            FALSE
5. If you can, blame everything on someone else.  
TRUE            FALSE
6. It doesn't matter if your staff is generationally mixed. Everyone wants the same reward.  
TRUE            FALSE
7. Authoritarian leadership says do what I say and not what I do.  
TRUE            FALSE
8. A Country Club Leader likes to use rewards to keep people motivated.  
TRUE            FALSE
9. It is possible to stick to one type of leadership for all issues.  
TRUE            FALSE
10. A true leader considers themselves continually learning in order to better themselves and their staff.  
TRUE            FALSE

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## ALZHEIMER'S—Is it In Your Future?

It is estimated that Alzheimer's disease currently affects approximately 2.4 to 4.5 million Americans. It is projected that the number of Americans with the disease could more than triple to 16 million by the middle of the century.

What is Alzheimer's exactly? The definition taken from the Alzheimer's Foundation of America states "Alzheimer's disease is a progressive, degenerative disorder that attacks the brain's nerve cells, or neurons, resulting in loss of memory, thinking and language skills, and behavioral changes." The neurons involved, producers of acetylcholine, break connections with other nerve cells and ultimately die. Two types of abnormal lesions clog the brains of individuals with Alzheimer's: beta-amyloid plaques—sticky clumps of protein fragments and cellular material that form outside and around neurons. The second are neurofibrillary tangles—insoluble twisted fibers composed largely of the protein tau that builds up inside nerve cells. Although these structures are hallmarks of the disease, scientists are not sure as to whether they cause the disease or are simply a by-product. Typical warning signs of the disease include:

1. Memory loss, especially of recent events, names, placement of objects and other new information
2. Confusion about time and place
3. Struggling to complete familiar actions, such as brushing teeth
4. Poor judgment in making decisions
5. Changes in mood and personality, such as increased suspicion, rapid and persistent mood swings, withdrawal and disinterest in usual activities

These symptoms can be divided into two categories; cognitive or intellectual, and psychiatric. It is important to differentiate between the two so that behavioral problems that are caused by a loss of cognitive functioning will not be treated with anti-psychotic medications. The cognitive symptoms are classified as amnesia, aphasia (inability to communicate effectively), apraxia (inability to do pre-programmed motor tasks or ADLs), and agnosia (inability to correctly interpret signals from their senses, i.e., chest pain). Psychiatric symptoms include personality changes, depression, hallucinations and delusions. Signs of personality changes include irritability, apathy, withdrawal and isolation.

While the causes of Alzheimer's are still unknown, current research indicates that the disease may be triggered by a multitude of factors, including age, genetic makeup, oxidative damage to neurons from the overproduction of toxic free radicals, serious head injuries, brain inflammation and environmental factors.

Currently there is no cure for Alzheimer's but researchers are continuing to search. There are several drugs on the market that taken singly or in combination have been shown to slow down the progression of even advanced Alzheimer's so that the person can enjoy life better. The average stretch of the disease can be from two to twenty years with the average being from eight to ten years from diagnosis.

We as a people must realize the toll on the caregivers of the Alzheimer's victim is tremendous. Not only from a personal standpoint in watching someone you love slowly lose their memory but at the tremendous cost. The national tab for caring for those victims of Alzheimer's is estimated at 100 billion dollars annually. The annual cost of a single individual caring for a loved one with Alzheimer's can range from 20,000 to 40,000 depending on the stage of the disease. If you know someone caring for an Alzheimer's patient, give them support, they need it.

## Party Chicken Salad

2 cups coarsely diced cooked chicken  
 2 tablespoons lemon juice  
 1/2 teaspoon salt  
 1 cup diced celery  
 1 cup seedless white grapes  
 2 hard cooked eggs, chilled and chopped  
 1/2 cup mayonnaise  
 1/4 cup slivered blanched toasted almonds



Sprinkle chicken with lemon juice and salt and chill several hours. Add celery, grapes, chopped eggs, mayonnaise and almonds and toss lightly. Season the salad with salt to taste. Serve in lettuce lined bowl. Serves 4 to 5.

Recipe taken from "Cooking with Cokesbury"—Cokesbury United Methodist Church, Henderson, NC—Rose Norwood

*Jesus said, Suffer unto little children, and forbid them not, to come unto me; for of such is the kingdom of heaven.*

*Matthew 19:14*

Jonathan, an insatiably curious, skinny, sandy-haired ten-year old, frequently bussed into my Sunday school kindergarten class from his classroom next door. On this particular Sunday, he stopped in front of Hannah, who was drawing a picture, her long, dark braids touching the table. "What's this?" he asked, peering over her shoulder, tapping the paper with his finger.

"This is Billy, my cat," Hannah said solemnly. "He died and went to heaven. He's waiting for me there."

Jonathan scrunched down over the table and in a moment of uncommon quiet, studied the picture. "That's good," he said, and buzzed out of the room.

Billy, who'd been run over by a car a month earlier, was frequently the subject of Hannah's pictures and prayer requests. Knowing he was still hers in heaven bridged the gap his passing had left in her life here.

Some weeks later I received terrible news. Jonathan had died suddenly of a brain aneurysm. That Sunday our class gathered somberly. We talked about Jonathan. I asked the children if they'd like to draw pictures of heaven. They nodded and went to work.

Fifteen minutes later, Hannah handed me her finished picture. Amid green grass and yellow flowers, a gray-and-white stick figure cat bounded toward a stick-figure boy with familiar sandy hair. "I gave Billy to Jonathan," she whispered, "so he has his own pet up there."





## 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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