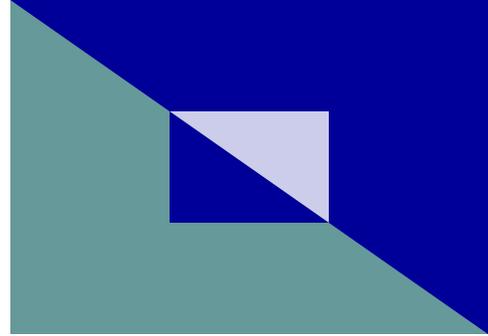




We continue to pray for our troops wherever they may be stationed.

I HEARD IT THRU THE STEAMLINE

Volume 22, Issue 3 JULY 2010



are the experts in infection prevention.

We would love to hear how you celebrated this special week. With budget cuts and short staffing it can be a challenge but let's all plan to do something to promote our department. Write a letter in your hospital news letter.

One day during our celebration week I make funnel cakes for everyone. It's easy and inexpensive. Don't forget to celebrate each other. Tell someone when they do a great job. Brag on that person that is a real team player.

Elections will be here soon. If you would like to run as a board member we will need a willingness to serve form and bio before the November 5th meeting. It is a wonderful way to learn and network. It is also a lot of work so think about it seriously.

Thank you for the opportunity to serve,

Judith M Carey, RN

Judith M Carey RN
President
NCAHCSP

Inside this issue:

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Newsletter Committee

- Pam Caudell-Editor-in-Chief
- Paul Hess-Assistant-Editor
- Diane Fink-Staff Writer
- Lana Haecherl-Staff Writer

Dear NCAHCSP Members,
CELEBRATE! Our special week is **October 10-16**. Another year has come and gone and you have delivered materials and instrumentation in a manner that has promoted excellent patient care. Be proud of a job well done. I have seen two different celebration topics advertised:

Making a Difference Daily

The Frontline in Infection Prevention.

Both define the important job that Central Supply and Sterile Processing perform daily. What you do does make a difference, and you



What's Happening in The NCAHCSP World

News from CMC Northeast

Congratulations to CMC- Northeast's newest
CBSPD's Technicians

Tenishia Turner

Annette DePascale

Tammy Blackburn

Congratulations to CMC-Northeast 2009 Sterile
Processing Employees of the Year:

Iris Kimball—Sterile Processing

Tina Atchley—Medical Equipment

CMC-Northeast has finally done it!! They officially moved into the new 12,000 square foot building. This was accomplished by the continued efforts of Diane Fink, for helping to design it, Patricia Washington for helping to continue Diane's work forward and the entire Sterile Processing staff who worked tirelessly to get everything moved and in place without mishap. What an accomplishment!!! The staff are becoming more comfortable in their new surroundings and are learning to handle all the new equipment and to even do some re-organization to make things fit better. Because of the move, any product needing EtO sterilization will be sent over to the main campus of CMC to be processed.

Don't forget it's time to vote. Please check out the website for the biographies of the candidates as well as pictures so you know what we look like.

Also, it's time to start thinking about your department and its' staff. Is there someone there needing recognition for their work? Your go-to person, the person that goes above and beyond the daily grind. The person who straightens up and organizes everything in the department that makes it more efficient. Listed below are the award titles and what they stand for.

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 Service at Duke University in Durham, North Carolina. At the time of Bill's death, he was the President-elect of the ASHCSP. He was nationally recognized as a leader in the field of health care thru his work in Central sterile and was an active member of both NCAHCSP and ASHCSP.

Ray Manning Sr. Achievement Award

Ray Manning, Sr. was a founder and President of Southeastern Hospital Supply in Fayetteville, N C. He was instrumental in establishing the NCAHCSP by 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 BOD 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.

Diane Fink Outstanding Leadership Award

This award is in honor of Diane Fink, RN, ASCP, a long-standing member of the NCAHCSP and a current member of the BOD. Her past accomplishments include, President-elect, President and Past President. She has taught CS, been a speaker, and has served her organization well.

(cont. on page 8)

WHAT DO YOU KNOW ABOUT CHEMICAL INDICATORS?

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

Objectives:

1. List the 6 different types of indicators.
2. Describe the differences between indicators and integrators.
3. Discuss what chemical indicators are.

Chemical indicators have been around as long as life itself. For example, hydrangeas bloom blue in acidic soil and pink in basic soil so they are an excellent indicator of soil conditions. That being said, chemical and biological indicators were not used routinely until the late 1940s and early 1950s to monitor sterilization processes. At that time, it was stated no single quality-assurance monitoring method assures that any item is sterile; rather it assures the conditions for sterilization to occur have been met. This statement is still true in today's sterilization practices.

Chemical indicators are either physical or chemical devices used to monitor one or more of the process parameters of the sterilization cycle. Currently they are divided into 6 classifications. They are as follows:

- a. **Class 1:** Process indicators are intended for use with individual items, e.g., containers, to indicate that the unit has been directly exposed to the sterilization process and to distinguish between processed and non-processed items. Indicator tapes, indicator

labels and load cards are examples of externally visible chemical indicators that are on the outside on the packages.

- b. **Class 2:** Indicators are intended for use in specific test procedures as defined in relevant sterilizer/sterilization standards. Bowie-Dicks are one type of specific testing most are familiar with. These are used to show the efficacy of air removal and steam penetration.
- c. **Class 3:** A single variable indicator that is designed to solely show the exposure to one sterilization process at a stated value (SV) of the chosen variable. One example of a single variable is a temperature tube that houses a chemical pellet which melts at a specific temperature.
- d. **Class 4:** These are considered as multiple variable indicators. They are designed to react with two or more of the critical variables and are intended to indicate exposure to a sterilization cycle at SVs of the chosen variable. Examples of these class 4s would be the paper strips with a color change chemical indicator. These are usually used inside each package.
- e. **Class 5:** Integrating indicators are designed to react with all critical variables. These can be used as internal chemical indicators in all packs and con-

tainers for pack control monitoring. They can also be used as an additional monitoring tool in order to be able to release loads that do not contain implants based on the appropriate Process Challenge Device. These indicators can also be used in implant loads **IF** a Biological Indicator is run with the class 5 integrator. The load can **NOT** be released until the BI result is known except in emergencies.

- f. **Class 6:** These are called emulating Indicators which are cycle verification indicators which are designed to react to all critical variables for specified sterilization cycles. In other words they are considered to be indicative of a complete cycle by showing the presence or absence of specific time and temperature parameters during a cycle. They are currently only available in the US for steam sterilization.

Chemical indicators are convenient, are inexpensive, and indicate that the item has been exposed to the sterilization process. In one study, chemical indicators were more likely than biological indicators to inaccurately indicate sterilization at marginal sterilization times (e.g., 2 minutes).

Chemical indicators should be used in conjunction with biological indicators, but based on current studies should not replace them because they indicate sterilization at marginal sterilization time and because only a biological indicator consisting of resistant spores can measure the microbial killing power of the sterilization process. Chemical indicators are affixed on the outside of each pack to show that the package has been processed through a sterilization cycle, but these indicators do not prove sterilization has been achieved. Preferably, a chemical indicator also should be placed on the inside of each pack to verify sterilant penetration. Chemical indicators usually are either heat- or chemical-sensitive inks that change color when one or more sterilization parameters (e.g., steam-time, temperature, and/or saturated steam; ETO-time, temperature, relative humidity and/or ETO concentration) are present. Chemical indicators have been grouped into five classes based on their ability to monitor one or multiple sterilization parameters. If the internal and/or external indicator suggests inadequate processing, the item should not be used⁸¹⁵. An air-removal test (Bowie-Dick Test) must be performed daily in an empty dynamic-air-removal sterilizer (e.g., prevacuum steam sterilizer) to ensure air removal.

The definitions listed above were taken from the ANSI/AAMI/ISO 11140-1:2005 definitions.

Definitions:

Chemical indicator: device for

monitoring a sterilization process. The device is designed to respond with a characteristic chemical or physical change to one or more of the physical conditions within the sterilizing chamber. Chemical indicators are intended to detect potential sterilization failures that could result from incorrect packaging, incorrect loading of the sterilizer, or malfunctions of the sterilizer. The “pass” response of a chemical indicator does not prove the item accom-



panied by the indicator is necessarily sterile. The Association for the Advancement of Medical Instrumentation has defined five classes of chemical indicators: Class 1 (process indicator); Class 2 (Bowie-Dick test indicator); Class 3 (single-parameter indicator); Class 4 (multi-parameter indicator); and Class 5 (integrating indicator).

Process challenge device (PCD): item designed to simulate product to be sterilized and to constitute a defined challenge to the sterilization process and used to assess the effective performance of

the process. A PCD is a challenge test pack or test tray that contains a biologic indicator, a Class 5 integrating indicator, or an enzyme-only indicator. This is a term now used by AAMI in their Recommended Practices.

Now that we have discussed all the technical definitions of the different types of indicators, what exactly does that mean to us? Indicators are first put inside wrapped packs or peel-packs. These are considered to be harder to sterilize to represent a challenge to the indicator. What are the needs of the department based on the types of equipment being sterilized?

Other questions to ask are:

- Are the indicator results easy to interpret?
- Can the indicators be easily stored for a set period of time without damage? Is there a shelf life?
- What sterilization parameters will the indicator detect?
- Is it biologically correlated? If so, what are the specifics?

Only by understanding the needs of the department as well as the composition of the individual chemical indicators/integrators can the department make an informed choice as to the indicator best for them.

Resources:

ANSI/AAMI/ISO 11140-1:2005
AAMI Standards 2005

What Do You Know About Chemical Indicators?

Summer 2010

1. Chemical Indicators have been in use since the early 1900's. **True** **False**
2. There are 8 different classifications of chemical indicators. **True** **False**
3. Chemical indicators are either physical or chemical devices used to monitor one or more of the process parameters of the sterilization cycle.
True **False**
4. Class 3 chemical indicators are considered as multiple variable indicators.
True **False**
5. Chemical indicators can be used to replace biological indicators.
True **False**
6. The "pass" response on a chemical indicator does not prove the item accompanied by the indicator is necessarily sterile.
True **False**
7. Chemical integrators can be used as an additional monitoring tool in order to be able to release loads that do not contain implants based on the appropriate Challenge Device.
True **False**
8. Process Challenge Devices are items designed to simulate the product to be sterilized and are used to assess the effective performance of the process.
True **False**
9. A class one (I) chemical indicator is only used to indicate the item has been exposed to the sterilization process and to differentiate between processed and non-processed.
True **False**
10. A chemical indicator can be used to indicate sterilization has occurred.
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 \$20.00 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.

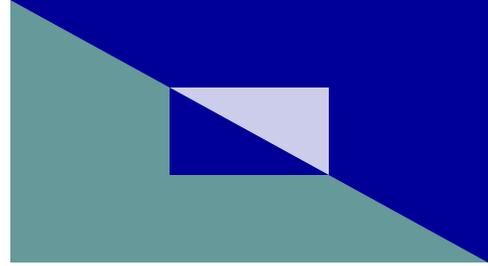
CLEARLY print your name as you wish it to appear on the certificate. Enter the address where you want the certificate sent.

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Weekly Devotion

June 7, 2010

William Quick, a retired United Methodist clergyman from Detroit, tells the following story. “When Teddy Roosevelt was President of the United States, one of his critics complained that he suffered from severe egomania. He said the President once declared that when he got to heaven, he planned to organize a choir. In that choir, Roosevelt reported, he wanted 10,000 sopranos, 10,000 altos and 10,000 tenors. When asked who would sing bass, Teddy Roosevelt boasted, ‘I will, of course.’”

Dr. Quick acknowledges that this statement may or may not have been said by President Roosevelt. In any case, the President’s confidence and self-assurance remains part of our national history. Such qualities are essential for successful living.

How do we walk the line between healthy self-acceptance or self-confidence and unhealthy self-aggrandizement? The trick, I think, is to understand that both of these states of being, of acting in the world, of going about our daily lives, are intricately connected. Often, it is fear, a sense of unworthiness, or our personal sense of failure that causes us to appear over-confident, arrogant, proud. Sometimes, that is not the case. How and why we act the way we do will certainly not be settled in this short devotion. But it is helpful to think about how and why we act like we do. Particularly in a professional setting that, on any given day requires compassion, quick and accurate judgment skills, patience, empathy, time management, and excellence in the practice of medicine. Is it possible to think about an environment where the right attitude is as important as the right medicine prescribed? Is it naïve to think that excellence can live without arrogance? Or must we sacrifice excellence on the altar of “being nice?” How do we hold together the fact that we are in a service profession without coming to feel it is us that should be served?

Years ago, Rabbi Joshua Liebman left for us a clue to some thinking that may help us along these lines. Dr. Quick puts Rabbi Liebman’s thoughts in these words: “Not one of us escapes limitations. Some people are gifted with their hands. Some people are gifted in the realm of art or music. Some people are gifted in the realm of abstract ideas. Almost no one is gifted in all these realms.”

When we honor our gifts and our limitations, healthy ways of seeing ourselves and our communities emerge. The trick is in knowing exactly what our gifts and limitations are. And then, coming to know and understand that not one of us is so limited that we cannot count for something – something good.

Written by Terri Lindquist, Chaplain, Randolph Hospital

Randolph Hospital

364 White Oak Street

What do Food Allergy Labels Say?

While you might be tempted to ignore those "made in a facility that processes" (something you're allergic to) labels in the supermarket, new research suggests products with these labels are in fact more likely to be contaminated with peanuts, milk or eggs than unlabeled foods.

"Our study underscores the need for allergic consumers to avoid advisory-labeled products, which present a small but real risk," the authors write in the study, which is published as a letter to the editor in the *Journal of Allergy and Clinical Immunology*. According to the Centers for Disease Control and Prevention, 2 percent of U.S. adults and 4 to 8 percent of kids have food allergies, which cause about 150 deaths each year. People with allergies vary in the severity of their reactions - some will get a mild rash or an itchy tongue if they eat something that contains the allergen; others may stop breathing and lose consciousness.



LYME DISEASE

Lyme disease is a bacterial infection transmitted by a tick. Lyme disease was first recognized in 1975, after researchers investigated why unusually large numbers of children were being diagnosed with [juvenile rheumatoid arthritis](#) in Lyme, Conn., and two neighboring towns.

Several of the patients reported having a peculiar [skin rash](#) just before developing [arthritis](#) symptoms, and many also recalled being bitten by a tick at the rash site.

The number of reported cases of Lyme disease, as well as the number of geographic areas in which it is found, has been increasing. Lyme disease has been reported in nearly all states in this country, although most cases are concentrated in the coastal northeast, Mid-Atlantic States, Wisconsin, and Minnesota, and northern California. Lyme disease is also found in large areas of Asia and Europe. Recent reports suggest that it is present in South America, too.

In addition to causing arthritis, Lyme disease can also cause [heart](#), [brain](#), and nerve problems. In the early stages of Lyme disease, you may experience [flu](#)-like symptoms that can include a [stiff neck](#), chills, [fever](#), [swollen lymph nodes](#), [headaches](#), [fatigue](#), [muscle aches](#), and [joint pain](#). You also may experience a large, expanding skin rash around the area of the tick bite. In Erythema migrans is the telltale rash which occurs in about 70% to 80% of cases and starts as a small red spot that expands over a period of days or weeks, forming a circular, triangular, or oval-shaped rash. Sometimes the rash resembles a bull's-eye because it appears as a red ring surrounding a central clear area. The rash, which can range in size from that of a dime to the entire width of a person's back, appears between three days and a few weeks of a tick bite, usually occurring at the site of a bite. As infection spreads, several rashes can appear at different sites on the body. In more advanced disease, nerve problems and arthritis, especially in the knees, may occur.

Lyme disease may be difficult to diagnose because many of its symptoms mimic those of other disorders. Although a tick bite is an important clue for diagnosis, many patients cannot recall having been bitten by a tick. This is not surprising because the tick is tiny, and a tick bite is usually painless.

The easiest way for a doctor to diagnose Lyme disease is to see the unique bull's-eye rash. If there is no visible rash (as is the case in about one-fourth of those infected), the doctor might order a blood test three to four weeks after the onset of the suspected infection to look for antibodies against the bacteria. Unfortunately, the Lyme disease bacterium itself is difficult to isolate or culture from body tissues or fluids.

In its early stages, Lyme disease can be effectively treated with antibiotics. In general, the sooner such therapy is begun following infection, the quicker and more complete the recovery. Antibiotics, such as [doxycycline](#) or [amoxicillin](#) taken orally for two to four weeks, can speed the healing of the rash and can usually prevent subsequent symptoms such as arthritis or neurological problems. There is no compelling evidence that prolonged antibiotic therapy is more effective than two weeks of therapy. Prolonged antibiotic use may have serious side effects. Intravenous (IV) antibiotics may be used for more serious cases and for someone whose nervous system has been affected. Lyme disease with arthritis also can be treated with antibiotics. Most patients experience full recovery.

Patients younger than 9 years or pregnant or lactating women with Lyme disease are treated with amoxicillin or penicillin because doxycycline can stain the permanent teeth developing in young children or unborn babies. Patients allergic to penicillin are given [erythromycin](#) or related antibiotics.

Following treatment for Lyme disease, some people still have persistent fatigue and achiness. This general malaise can take months to slowly disappear, although it generally does so spontaneously without the use of additional antibiotic therapy. There is no evidence that the Borrelia infection causes [chronic fatigue syndrome](#) or [fibromyalgia](#). Although some patients with Lyme disease may develop these problems, as with other patients who get chronic fatigue or fibromyalgia, long-term antibiotics will not hasten recovery.

Fortunately, the cause of Lyme disease is known and the disease can be prevented. Essential to prevention is the avoidance of deer ticks. Although generally only about one percent of all deer ticks are infected with the Lyme disease bacterium, in some areas more than half of them harbor the microbe.

Most people with Lyme disease become infected during the late spring, summer, and early fall when immature ticks are out looking for their meal. Deer ticks are most often found in wooded areas and nearby grasslands, and are especially common where the two areas merge, including neighborhood yards where deer occasionally roam. Ticks do not survive long on sunny lawns, they dry out quickly and die.

Wear long sleeves and tightly woven clothing that is light in color when [walking](#) in wooded areas so the ticks can be seen more easily.

Wear your shirt tucked into your pants, and your pants tucked into your socks or boots.

Walk in the center of trails through the woods to avoid picking up ticks from overhanging grass and brush.

Keep grass trimmed as short as possible.

If you are bitten by a tick, the best way to remove it is by taking the following steps:

Tug gently but firmly with blunt tweezers near the "head" of the tick until it releases its hold on the skin

To lessen the chance of contact with the bacterium, try not to crush the tick's body or handle the tick with bare fingers

Swab the bite area thoroughly with an antiseptic to prevent infection

DO NOT use kerosene, Vaseline, fingernail polish, or a cigarette butt

DO NOT squeeze the tick's body with your fingers or tweezers.

A bout with Lyme disease and successful treatment are no guarantee that the illness will be prevented in the future.



LET'S COOK—

Funnel Cakes

2 beaten eggs

1 ½ cups milk

2 cups sifted flour

½ tsp salt

1 tsp baking powder

2 cups cooking oil

1 small funnel

powdered sugar



Mix eggs and milk together in small pitcher. Sift dry ingredients together and add to eggs and milk. Beat well with mixer until smooth.

Heat cooking oil to 360 degrees. (I use an electric skillet) Place finger over funnel hole and pour in ½ cup of mixture. Swirl in hot oil 3min turn and cook 1 min. Dry on paper towel. Sprinkle with powdered sugar.

Serves 4-6

(cont. from page 2)

Diane retired from Carolinas Medical Center North-East in March of 2010. This award is being sponsored by US Medical Industries. Diane had been the Manager of the Sterile Processing and Medical Equipment Department of the CMC—NorthEast for 20 years. The award is chosen by the BOD and presented to the member who has shown outstanding leadership in the Central Service Profession. This award will be given annually to recognize an outstanding individual for their efforts and contributions to the Central Service Profession and is recognized by presentation of an engraved plaque, annual meeting registration and lodging to the recipient.



Mary Jo Perkins Memorial Vendor Award

This award is in memory of Mary Jo Perkins, a long standing member of the NCAHCSP who had served as a member of the BOD, President-elect, President and prior to her death, was the Treasurer for the Association. Because of her continued involvement with the vendors, it was decided the award would be vendor based. This award is sponsored by Bailey and Bonnie Cobb and is chosen by the BOD and given to a vendor who has shown outstanding support of the organization over the years. This support can be financial, educational and of course, moral support. This award will be given annually to recognize those vendors for their support and contributions to the NCAHCSP and is recognized by the presentation of an engraved plaque to the recipient.

Fall & Autumn Landscaping Tips

Well it's that time of year again. The kids are back in school and you are taking stock on what you did for the summer and wonder where the time went. Every year seems to go faster and faster. Did I get to do the things I wanted to do this summer?

I know that I did spend a lot of time in my yard enjoying working in the garden and flower beds. I always checked on my plants, re-arranged figurines, moving my planted pots around or pulling weeds and pruning off the bad parts of the plants. I would love to sit on my porch in the early morning with a cup of coffee looking across the road at the river that never seemed to move very fast. And on a good morning I would get to see a blue heron. But the reason I loved sitting on my porch the most was that I got to look at all the plants I so vivaciously tended to all summer long. Getting up and checking to see if I got new sprouts or new buds, especially on the plants that needed just that little bit of extra care. I love to just look at them all and say I made this beautiful and just soak it all in.

Well we all know good things have to come to an end, but there are many ideas out and about to make that enjoyment last just a little bit longer.

There are many plants available that can stand up to a little cold or even a little frost. The kinds of plants would be your more fibrous and woody plants. With all the variety of all the tall grasses that have become available with in the last few years, would make a great addition to your fall gardening experience. There is such a collection of colors, heights, and plumage, for me it is hard to choose. The best thing about the grasses is that they are maintenance free.

If you would still like to enjoy some of you most favorite summer flowers, you could transplant them in containers and bring them in every night. Or if you are not that ambitious you can cover you plants up at night to avoid the frost. Either way you are prolonging you enjoyment.

Also in late summer there are a variety of mums that can be planted. These are one of the most hardy when dealing with the cold weather of October. Kale is another great plant that can add a lot of color to your landscape.

Another great idea for fall coloring is the trees that you plant in your yard. You can go from bright yellows to fiery red. Some of the best choices are sugar maples, birch, ash ginkgo, redbud, beech, hickory, butternut, honey locust and the tulip tree just to name a few out there. Do some searching on the net. It seems like they are coming up with new hybrids every year, and you could possibly be the first on to have the new breed of tree and having the neighbors asking what kind of tree is that? Where did you get it?



With all the gourds, pumpkins, cornstalks, hay bales and potted plants you could have a lot of fun decorating your yard for fall. You could make a straw or hay bale stack on both sides of the end of your driveway and set up an arrangement of the fall colors. Go out and get some cattails, take a nature hike and see what could possibly catch your eye. If it catches yours, more than likely it will catch the attention of others also. If you by chance have old farm tools somewhere this would be a fun time to put them out too.

When we have the opportunity to make a good thing last, even if it's for just a little bit, we should take advantage of that. We know that eventually all good things must come to an end. But the great thing about landscaping is that we get to do it again next year and the next.



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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