



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

I HEARD IT THRU THE STEAMLINE
Volume 23 Issue 3 Summer 2011

Hello North Carolina Hospital Central Sterile Professionals and welcome to the North Carolina Association for Hospital Central Sterile Professionals newsletter. The Association is committed to sharing information that will assist you in your professional career and allow you an opportunity to network with your peers.

Quarterly meetings are held in Winston-Salem, North Carolina. Please share with us any topics you would like to have presented, discussed, or debated. The Education Committee is ready to hear your ideas and welcomes everyone to share their views with us.

In April of 2012 we will hold our annual meeting at the beautiful Myrtle Beach Hilton in South Carolina. This is a new venue that has state of the art conference space and gorgeous accommodations. We invite all members from every state to join us and if you are not a member we invite you to become one.

I would like to thank Pam Caudell for writing this newsletter and CEU opportunities, and the entire board of directors for their commitment of time and talent to make this an outstanding association for our membership.

Lana L. Kaecherl

NCAHSCP-President 2011

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Newsletter Committee

- Pam Caudell-Editor-in-Chief
- Paul Hess-Assistant-Editor
- Diane Fink-Staff Writer
- Margie Morgan-Staff Writer

What's Happening in The NCAHCSP World

The question has come up in the past about the NCAHCSP selling items at times other than during our quarterly meetings. At this time, we are unable to do so. The items we have to sell are stored in a different location from where most of us live. This would necessitate travel, counting, packaging and shipping. We, the Board, are just like you. We barely have time to eat, let alone anything else. It is our recommendation, if you are purchasing for CS Week, to look ahead and purchase during one of our quarterly meetings.

VOTE !! VOTE !! VOTE !!

You will shortly be receiving a ballot for new officers for the chapter. How important is that? For all of us, the ability to help decide the direction of a group of our peers is mind-boggling. These people are so important because they represent the many hospitals and Central Service Departments that are in our state as well as those who read our newsletter and partake of our continuing education articles as well as our meetings. When you think about it, your thoughts, questions and ideas are what make all our units better.

As we continue to share, your Board of Directors as well as your Officers take those ideas, suggestions and comments and use them to make our chapter better. By finding new speakers, new products and handier and better ways to do things. So no matter what you think, when you vote, you are sharing part of your department with the rest of the group. Thank you in advance for your continued sharing. Look on the web site for the biographic information about each of the candidates.



ACCIDENTS HAPPEN, DON'T THEY?

Accidents happen, right? Not necessarily. In fact, some of the most common injuries that occur at home don't have to happen.

About a third of all injuries happen in the home, and they tend to hit small children and elderly adults most. This guide will help you prevent five common home injuries: falls, choking and suffocation, burns, poisoning, and knife cuts. While these injuries can be serious or even fatal, preventing them generally just takes a little thought and time.

Home Safety: 5 Tips for Preventing Falls

Falls are the No. 1 cause of home injuries and death in the U.S., according to the Home Safety Council. The two groups most at risk for falls are children younger than 5 and adults over the age of 70.

Try these strategies to prevent falls at home:

Make the bathroom a no-slip zone. Install grab bars and non-slip mats or appliquéés in the tub or shower. Use a bathmat with a nonskid bottom and clean up any water that splashes on floors right away.

Safety-proof stairs. Remove clutter from stairs and walkways. Stairs inside and out should have handrails, preferably on both sides. Have good lighting over stairs.

For babies and toddlers, install hardware-mounted safety gates at the top and bottom of stairs. Pressure-mounted gates are less effective. Gates should have the JPMA (Juvenile Products Manufacturers Association) Certification Seal. Never use accordion-style gates. Put a guard on indoor lofts, landings, balconies, and stair banisters if your child can slip between the posts. Plexiglas is a good option because it bends, is easy to cut, and doesn't shatter.

Toss the throw rugs. Throw rugs are a big tripping hazard for young and old people. At the very least, tape or tack them to the floor.

Leave a light on. Ideally, have night-lights in bedrooms, bathrooms, and halls.

Make windows safe. New York City cut children's deaths from window-related falls by a third after requiring window guards. Window screens are not strong enough to prevent falls. Install window guards with quick-release mechanisms (in case of fire) on upper floor windows. Keep furniture away from windows, especially in children's room, and always watch children around windows.

Knife Know-How:

Cut correctly. Use the correct size and type of knife for the job you are doing. For example, a small knife is best for trimming vegetables; a long knife for carving meats. Don't hold something in your hand when cutting it. Use a large cutting board. Curl your fingers under when holding food and cut away from you. Keep your fingers away from the blade.

Keep your eyes on your cutting. It's easy to get distracted by children, TV, and telephones when preparing meals. **Let falling knives fall.** Don't try to catch a knife. Step back and let it go.

Watch where you put down a knife. Keep knives away from the edge of a cutting board or counter. Don't throw a towel or napkin on top of a knife so that you can't see it. Never leave a knife in a sink or soapy water, where someone may reach in without looking and grab the blade. Clean, dry, and put away a knife after you use it.

Store knives safely. Storing knives in a drawer isn't good for the blades or your fingers. Instead, store knives in a knife block. If you have small children, make sure it's out of their reach.

Teach children knife safety. Teach children to walk, not run, in the kitchen. Young children can help out in the kitchen using a plastic knife. When they are old enough to handle a real knife, supervise them and teach them the rules for knife safety. Show them how to always carry a knife pointed down (like scissors).

Rigid Endoscopes

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

Objectives:

Discuss the development of the endoscope

Describe the parts of an endoscope

Discuss troubleshooting issues

Endoscopic surgery as we know it today had its precursor as early as the time of Hippocrates when a speculum was used to look into the rectum. In 1585 an endoscopic light was designed to look into the nasal cavity. It was ingenious the way it was designed by using solar rays through a small opening.

Scientists and physicians were not satisfied with just exploring the easy orifices. They wanted to look at the internal organs of the body. In 1805, in Frankfurt, Germany, Bozzani, an obstetrician, used a tube as an endoscope and used hand-held candles for the light source. He was then censored for being too nose-y. About 20 years later, Segalas, a French physician refined the original endoscope by adding an obturator to assist in the insertion as well as a series of mirrors which were used to deflect the light into the urethra for better visualization.

The first true cystoscope and urethroscope was designed around 1835. The designer, a man by the name of Desmoreau, is con-

sidered to be the "Father of Endoscopy". Kerosene lamp light was used with a mirror system to illuminate the urethra. A lens system was designed by Nitze, a German physician, in 1877 by adding a lens system to the scope. After Edison invented the light bulb, advancements continued with small light bulbs being added to the end of the scope in order to get better illumination. From this start, scopes were designed for nasal surgery, laryngoscopic surgery, esophagoscopy and photocoagulation.

On into the 19th and 20th century, advancements continued to be made. These included, using a needle to allow air to be introduced into the abdomen to create a bag-like area in the abdomen to see the internal organs. Using instruments thru a scope to cut adhesions. Applying electrical current to an instrument to cauterize the fallopian tubes to provide sterilization. The development of a way to transmit light along a quartz tube allowed pictures to be taken of the internal organs for the first time. And finally the use of lasers thru a scope to treat endometriosis.

We've looked at the history but we need to look at the building of an endoscope in order to truly understand the complexity of the instrument and how we need to treat it. In a rigid scope, we have the body and shaft of the scope, the eye piece, the light guide connector and the distal end. The

body of the scope houses the mechanism which consolidates the image. The lenses, spacers and spring mechanism (holds the lens and spacers together) are placed in an adjacent shaft but are not glued together.

The shaft extends from the eye piece to the distal tip. This outer tube of the shaft is generally made of stainless steel while the inner tube is the part that carries the optical system (objective lenses, rod lenses and spacers). Because of the size of the endoscope, some of the rod lenses are the size of a single strand of spaghetti. No wonder they are so delicate and can so easily be damaged. One problem that can be encountered with the rod lenses being so small is when surgeons bend them by trying to see around the knee for instance. Bone is not movable and as a consequence, the scope shaft can become bent. How many times have we heard, "I didn't do it", it must have been done in CS".

The light guide connector is the cabling that connects the rigid endoscope to the light source. The light cord as we call it, is interesting in its own right. There are thousands of tiny glass fibers that conduct light energy. These fibers can be finer than human hair. As a general rule, we don't notice if a few fibers are broken since the rest take up the slack.

. . . However, once about 25 % of the fibers are broken, it becomes more noticeable. It becomes more difficult to see the internal organs we are looking at. If the cord is not repaired and fibers continue to break, it becomes akin to looking down a hole with a flashlight. The light just doesn't get to the area we want to see. In order to check for broken fibers, the easiest thing to do is to hold one end of the light cord to the light and look at the other end. If the fibers are broken, they will show up as dark spots in a sea of bright. Another thing that will help prevent the fibers from breaking in the sterilization process is to curl the light cord loosely in the packaging. If the cord is curled too tightly or wrapped around something, the fibers will break much quicker.

The eye piece is the rounded somewhat flat piece at the end of the shaft or body. When a camera is connected to the eye piece, a picture can be viewed on a monitor so that all staff in the room are able to see and assist the surgeon. When a scope is inadvertently dropped, it is possible to crack the eye piece. If it is not identified as damaged before going into a decontamination cycle and is immersed, fluid can get inside the shaft and create damage to the rod lenses as well as the housing of the endoscope.

It is sometimes necessary to remind staff not to touch the lens of the eye piece in processing as this can cause blurring of the picture due to skin oils being deposited on the lenses.

In the cleaning of endoscopes, each manufacturer has their own directions for cleaning and handling. Because endoscopes are so expensive, it is important to handle the scopes delicately. First, transportation to decontam should be in a closed container, they should not be left dangling or stuck in a basin of water. Make sure water is drawn up thru any channel in the scope in order to prevent debris from drying inside. It is imperative that when brushes are used, they are of the right texture so the bristles don't damage the delicate lenses at the end of the scope. A low-sudsing detergent should be used in order to prevent detergent residue from drying on the scope.

After the manual or automated cleaning process, the scopes must be thoroughly rinsed including the internal lumens to remove detergent residue that could become baked on the equipment during the sterilization process.

Many of the rigid endoscopes available to us now are autoclavable. These scopes are treated in the same manner of cleaning and disinfection as well as making sure all detergent is rinsed off before being placed in the autoclave for sterilization.

Storage of endoscopes is also very important. They need to be protected in order to prevent scratches, being dropped or any pathogen growth. Rigid endoscopes

should be stored in a place that secures the endoscopes so they cannot roll off the storage area. Rigid scopes must also be stored in any area that prevents other instruments from being stored on top of them.

Preventative maintenance is absolutely necessary to promote the continued working of the rigid endoscope. Some endoscope manufacturers will offer preventative maintenance contracts to assist in repairing minor damage before it becomes major. All preventative maintenance and any service work should be documented so that the life expectancy of the endoscope can be predicted by looking at the scope's repair history. This is helpful for the budgeting process when you are trying to figure out what needs to be replaced and the cost.

Troubleshooting should be part of the process when getting the scope ready to go back into service after use. The owner's manual will have a section on troubleshooting. For instance, if the image appears to be cloudy, the distal tip may need to be carefully cleaned to remove any smudges or debris.

A cloudy image can also be caused by anti-fogging agents left on the eye piece before sterilization.



There are also some tips to be found in the owner’s manual that could prevent damage to the scope. These include: holding the endoscope by the eye piece and the distal end to avoid bending the shaft; routinely inspecting the endoscope to insure it has not been damaged during use or while being processed; how to clean the lens surface to keep them free of debris & how to inspect the lenses for chips, cracks and scratches.

Although the use of endoscopes has grown exponentially based on the type of cases, it is still up to the Central Sterile Technician to provide the expertise to maintain the endoscopes properly. We are the guardians to the future by ensuring all parts of the rigid endoscope are checked on a regular basis. Because of the continued advancements in the field of Endoscopy, there will be a continued need for the work the CS tech does to ensure the performance of the scopes.

Resources:

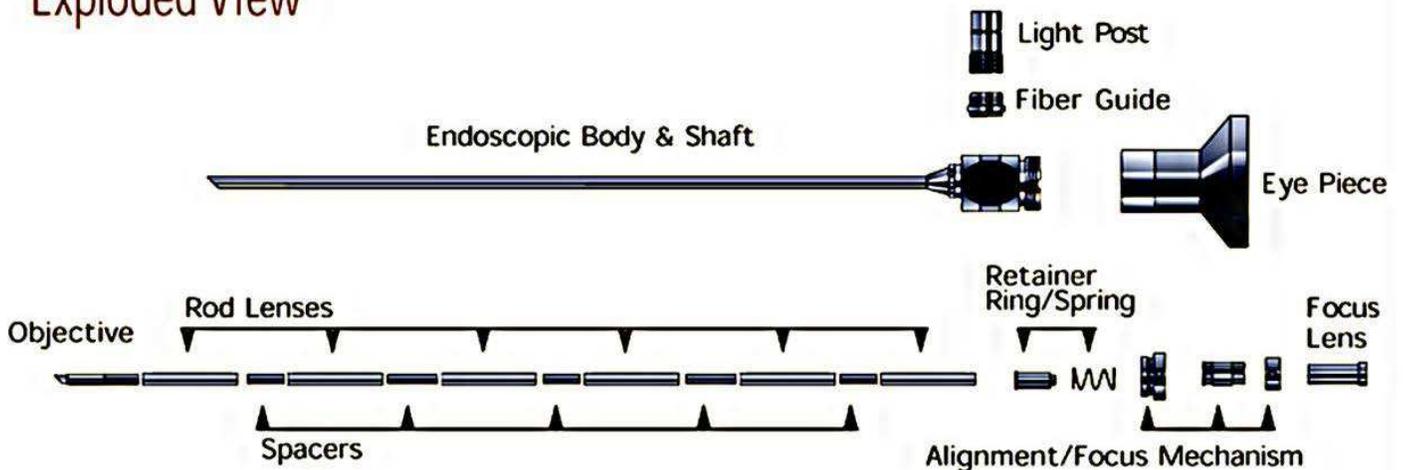
AAMI. (2006) “Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care Facilities,” ANSI/AAMI ST79, Arlington, VA, AAMI.

Reichert, M and Young, J, Sterilization Technology for the Health Care Facility, 1993, Gaithersburg, MD, Aspen Publishers, Inc.



Assembled View

Exploded View



Rigid Endoscopes—Summer 2011

Post-Test

1. Bozzani, a German obstetrician, used a tube as an endoscope and candles for light sources.

True	False
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2. Advancement in the development of endoscopes lead to using a needle to put air into the abdomen.

True	False
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3. The 5 parts of the endoscope are: Eye piece, body, shaft, light guide connector, distal end.

True	False
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4. The light cord is made of one glass fiber.

True	False
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5. In the sterilization process, light cables must be coiled loosely to prevent damage.

True	False
------	-------
6. The eye piece is the segment that the camera attaches to.

True	False
------	-------
7. If anti-fog dries on the lens or eye piece, it will create a clearer image.

True	False
------	-------
8. Any preventative maintenance or servicing should be documented to be able to blame the surgeon for damaging the scope.

True	False
------	-------
9. Trouble shooting tips can be found in the owner's manual.

True	False
------	-------
10. The invention of the telephone by Thomas Edison assisted the continued advancement of the endoscope.

True	False
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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**

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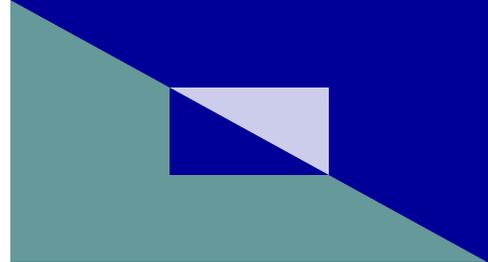
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BONSAI GARDENING FOR BEGINNERS



Plainly put, bonsai (pronounced bon-sigh) is the horticultural art form of training plants to look like large, aged trees that appear in nature, but in miniature. Bonsai can be developed from seeds or cuttings, from young trees or from naturally occurring stunted trees taken from forests or elsewhere and transplanted into containers. The main definition of bonsai as an outlet for both art and horticulture is quite wide. There are many myths which are associated with bonsai. These not only provide confusion for budding enthusiasts, but gives the pastime a bad name for anyone not majorly experienced in the area.

A bonsai is not a genetically dwarfed plant and is not kept small by cruelty in any way. In fact, given an adequate supply of water, air, light and nutrients, a properly maintained bonsai should outlive a full size tree of the same species. The techniques of Bonsai are no more cruel than that of any other horticultural endeavor.

It is also common belief that bonsai are only a few centimeters tall. This is untrue, although bonsai are small in comparison to their huge life-sized brothers, most are over 25 centimeters tall and up to 1 meter in height. Most bonsai range in height from 5 centimeters (2 in) to 1 meter (3.33 ft).

Bonsai are kept small and trained by pruning branches and roots, by periodic repotting, by pinching off new growth, and by wiring the branches and trunk so that they grow into the desired shape.

One of the most important things you have to do when you receive a bonsai is to find out what species it is and find out the correct care for that particular species. Unless you have bought the bonsai from a reputable dealer, you might find that the information they have given you on basic care is incorrect. Contrary to popular belief, most bonsai are not indoor plants and will die if you keep them indoors. Any substantial plant can be trained into a bonsai with a bit of hard work - although some

plants are very difficult to make to adapt to the shallow pots and restricted growth.

When choosing a plant to train into a bonsai, think about your climate and how the plant will grow there. There's no use choosing a tropical plant if your area is snowed-under for half of the year and you don't have the facilities to care for such a plant indoors. It's a good idea to look at what types of plants grow well in your area, and try to make a bonsai out of one of those. You'll find that it's much easier that way and you can gain inspiration from fully grown trees growing locally.

Trees and shrubs which are used more commonly for bonsai and that adapt quite well are evergreens such as *Pine*, *Cypress*, *Camellia*, [Azalea](#), [Pomegranate](#), *Holly*, [Serissa](#), *Fig* ([Rainforest](#) and [Mediterranean](#)) and *Cedar*. Deciduous trees such as *Cherry*, *Maple* ([Japanese](#) and [Trident](#)), [Zelkova](#) and *Beech* are also prime candidates.

All of these plants are favored for bonsai because they are great plants for both the novice and expert. They offer many special characteristics such as beautiful flowers, a strong and hardy nature, attractive bark, interesting foliage or seasonal fruits and cones. Whatever the attribute, the above plants really do make beautiful bonsai - while also being traditional plants which have been used in this art for centuries.

The following are some web sites for additional information:

[BonsaiSite.com](#) - *A comprehensive site on all aspects of bonsai*

[The BonsaiSites.com Network](#) - *Good set of bonsai links*

[Ernie Kuo's Bonsai](#) - *Fantastic pictures of some of Ernie's bonsai*

[The Bonsai in Asia Guide Book](#)

[Bonsai Clubs International](#)

[Tropical Bonsai](#)

Taken from North Carolina Gardening Website

Goat Cheese: Made in North Carolina

Believe it or not one of the area's premier go-to-farms for handmade cheeses is the Goat Lady Farm in Climax, North Carolina. It is also one of the oldest goat cheese farms in North Carolina.

It started out as a hobby. The owner was a nurse in Greensboro, NC and was raising goats as a hobby. Ginnie Tate became known as "the goat lady" by her friends and neighbors over the years. Her brother, Steve and his family loved the place and developed a plan in 1995 to turn the farm into a cheese dairy.

They decided that the herd should have at least three dairy breeds in order to get the best mixture in their cheeses. They are: pure white Saanen, the long eared Nubian and the multi-colored French Alpine. Through testing and tasting they learned what flavors best appealed to people. In addition to their own family of goats, they combine milk from several area partner farms in order to make its various cheeses. These include fresh goat cheese, ripened and aged goat milk cheeses, as well as aged raw organic organic cow milk cheeses, goat milk Greek style yogurt and chocolate goat cheese truffles. Oh my!

Spreadable goat cheeses are the freshest, with the highest moisture content. They also have the lowest fat and cholesterol content. They are a great convenience food as a snack with crackers, toast or fresh fruit. Farmers cheese is similar to a Feta cheese but is not as salty. Smokey Mountain Round is hand formed and dried into a round and then smoked over apple wood logs.

The dairy's aged cheeses include Gray's Chapel, which is a mixed milk cheese (combination of goat milk and local cow milk) and Old Liberty, made from 100 % organic cow milk with a natural rind and aged two to five months.

The dairy is a working farm and as such is only open by appointment. Is you are interested in purchasing any of these products, they can be found set up at the Greensboro Farmers Club Market and the Piedmont Triad Farmers Market. They can also be found at some stores and restaurants throughout the area. If you are interested in more

information, call 336-824-2163 or you can email Ginnie Tate at—info@GoatLadyDairy.com. They also have a website at www.goatladydairy.com.

Does anyone have a specialty they like that is either made or grown here in North Carolina? Let me know and I will be happy to do an article on it.



Fun Cheese Facts

- Unpasteurized cheese with a range of flavors should not be sliced until purchase otherwise it will start to lose its subtlety and aroma.
- Keep the cheese in conditions in which it matures. Hard, semi-hard and semi-soft cheeses are stored in the temperatures from around 8 - 13 C.
- Keep the cheese wrapped in the waxed paper and place it in a loose-fitting food-bag not to lose humidity and maintain the circulation of air.
- Wrap blue cheeses all over as mould spores spread readily not only to other cheeses but also to everything near.
- Chilled cheeses should be taken out of the refrigerator one and a half or two hours before serving.

Americans on the average eat 18 acres of pizza every day.



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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