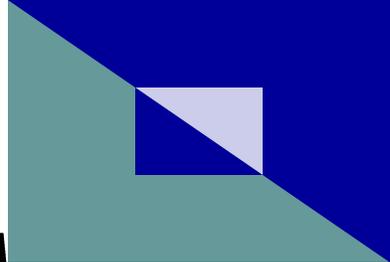




We continue to pray for our troops wherever they may be stationed.



I HEARD IT THRU THE STEAMLIN
Volume 24 Issue 1 WINTER 2012

Hello NCAHCSP Members,

First I wish to apologize for being so far behind with the newsletters. As any good editor knows, timeliness is everything. The story should never go stale.

There are many new ideas on the horizon and we need to make sure as individuals and members of our CS Team, we continue to learn and to grow. Your continued devotion to both yourselves and each other as well as this organization is phenomenal . I am so proud to belong to this organization.

Thanks for Your Continued Support

Pam Caudell, Editor-in-Chief

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Newsletter Committee

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

What's Happening in The NCAHCS® World

Everyone should have received an e-mail from Diane Fink asking for news from each of your facilities. We know you are doing things and there is more in your life than just working. We would like for you to share with us the things that are happening in your life, whether it be at work or at home. Please send your happenings to either Diane or myself and we will be happy to put them in the newsletter or on the web.

I'll share I have recently bought a house in Randleman, just next door to Asheboro and, in fact, have only been in about 3 weeks. All the painting and moving of furniture has been a struggle. I had stuff in an apartment in Asheboro, a storage building in Asheboro, a CUBE in Raleigh and some few things at my sister's place. It has been refreshing getting everything together under one roof again but my thirty year old mind and my sixty year old body just don't match anymore. Therefore it is taking me way longer to get everything the way I want it than I think it should.



DID YOU KNOW?

When using surface disinfectant wipes, the latest research published in the *American Journal of Infection Control* shows that three swipes of the wipe were the most effective in removing both Staph and E-Coli from the surface.

When using a liquid sterilant, remember to wear PPE particularly when direct contact is a possibility, for example, when a cycle has not been completed.

When receiving a new piece of equipment, surgical instrument, or instrumentation coming back from repair, the manufacturer's instructions must be obtained and evaluated to determine whether or not the equipment can be cleaned and processed completely within your facility.

Xenon light bulbs provide twice as much light within smaller areas as a halogen light bulb. Also the xenon light is preferred in endoscopic cases as the light from a halogen light is more yellow and can affect the colorization.

Steam sterilization is the preferred method of choice because it costs less and has no toxicity.

Glutaraldehyde can cause respiratory irritation if the correct PPE is not worn when coming in contact with the sterilant.

When getting loaner trays for cases, the CS department needs to have the manufacturer's instructions in order to be able to disinfect and process the trays in a timely fashion.

Records for preventative maintenance of CS equipment must be kept for as long as the state requires.

It is necessary to have fun at work and to enjoy what you do.

Where Are You Spending Your Vacation?

For those of us growing up on a farm, the sights, sounds and smells of the farm life were an everyday occurrence. Feeding the chickens, milking cows and even pulling weeds were all chores that as farm children we endured. The pleasurable part came from being able to play outside, go without shoes or go down to the creek to wade thru the water and cool off on a hot summer's day. We took for granted these everyday things.

In the 21st century, there are more children in cities, town, or subdivisions that have no idea where their burger comes from or how the green beans grow or how does a chicken get an egg.

Currently, in North Carolina, there has come into favoritism, the farm stay. What is a farm stay? One definition is a great way to get back in touch with nature. Another definition is getting back to your roots. This is also a method by which farmers can continue to maintain their farm while at the same time showing "city people" what farming is all about. There are many different types and styles of farm stays ranging from the simple to the elegant. Sleeping quarters can range from a tent next to the creek to a cabin or converted barn.

As a general rule, guests are not expected to help with the chores but if you wish, you can help gather eggs, feed chickens or milk cows. The exception is the driving of machinery. Insurance underwriters take a dim view of unknowns driving a hay baler. Listed below are some examples of the differ styles of farm stays.

1. Jordan Blackley Farm in Candler (close to Asheville) allows the guests to

assist with the harvesting of shitake mushrooms or learn about bee-keeping. Discussions about the harvesting of honey and how the types of trees blooming can affect the flavor of the honey are among conversations overheard.

2. Briar Rose Farm in Hot Springs has about 250 acres which guests are free to roam about on. Guests can assist in harvesting vegetables, picking blackberries, visiting the goats or fishing from a mountain stream. You can even be treated to a visit to an onsite working sawmill.

3. Tender Mercy Retreat in Waynesville is another farm retreat found in the mountain area.

If you are interested in a working farm stay, there are several available in the state of North Carolina and not all are located in the mountains. Check with the website of the farm you are interested in to see what is offered and how much hands on you will have.

The term agritourism is a term that is now being used to entice people from all over the world to come to our state to see what farming is really all about. A website of particular interest is www.visitncfarms.com. In these days of high gas prices, take advantage of your state and stay within it's confines for a great time.



C. Diff—What's It To You?

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

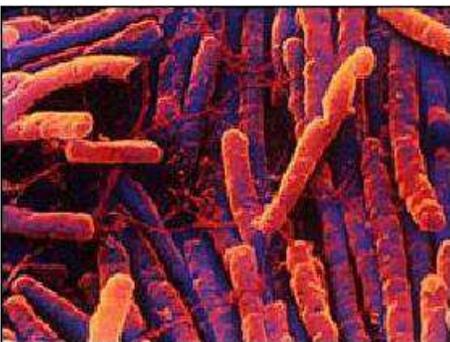
Objectives:

Describe C-Diff

Discuss the transmission of C-Diff

Describe the actions of health-care facilities in response

We have all heard of Clostridium Difficile or C-Diff as we commonly hear it being used in our healthcare facilities. What exactly is C-Diff? The definition from the CDC says it is a spore-forming, gram positive anaerobic (can grow without oxygen) bacillus (bacteria) that produces two exotoxins (a potent toxin formed and excreted by the bacterial cell, and free in the surrounding cells): toxin A and toxin B. It is a common cause of antibiotic-associated diarrhea (AAD) and it is responsible for up to 25 % of all antibiotic-associated diarrhea. In other words, it a bacteria that lives in the large colon and causes anything from terrible diarrhea to life threatening inflammation of the colon.



There are half a million cases of *C. difficile* in the US each year, up from 150, 000 cases in 2001. The infection may be responsible for as many as 30,000 US

deaths each year. The number may be higher as it is not yet a reportable disease. Hands and surfaces contaminated with feces spread the disease. Recent outbreaks of an epidemic strain indicate increased virulence and antibiotic resistance. More people are affected by the disease, and more are showing severe symptoms. Like [MRSA](#), *C. difficile* is now being seen in what used to be considered "low risk" populations - healthy people in the community (CA-CDI) and pregnant women. The mortality rates have risen from 6 deaths per million in 1999 to 24 deaths per million in 2004. [Long term care facilities](#) are particularly vulnerable and it is important for the general public to know that infections can occur from contact with contaminated environmental surfaces. *C. difficile* infection represents one of the most common hospital (nosocomial) infections around the world. In the United States alone, it causes approximately three million cases of diarrhea and colitis per year. This bacterium is primarily acquired in hospitals and chronic care facilities following antibiotic therapy covering a wide variety of bacteria (broad-spectrum) and is the most frequent cause of outbreaks of diarrhea in hospitalized patients.

An important characteristic of *C. difficile*-associated diarrhea and colitis is its high prevalence among hospitalized patients. Thus, *C. difficile* contributes significantly to hospital length of stay, and may be associated in some elderly adults with chronic diarrhea, and occasionally other serious or potentially life-threatening consequences. One study demonstrated that 20% of patients admitted to a hospital for various reasons were either positive for *C. difficile* on admission or acquired the microorganism during hospitalization. Interestingly, only one-third of these patients developed diarrhea while the remainder were asymptomatic carriers serving as a reservoir of *C. difficile* infection. The organism and its spores were also demonstrated in the hospital environment, including toilets, telephones, stethoscopes, and hands of healthcare personnel. Individuals with *C. difficile*-associated disease shed spores in the stool that can be spread from person to person. Spores can survive up to 70 days in the environment and can be transported on the hands and equipment of healthcare personnel who have direct contact with infected patients or with environmental surfaces (floors, bed frames, bedpans, toilets, etc.) contaminated with *C. difficile*.

.It is for this reason that thorough, terminal housekeeping procedures along with isolation practices be used to help control the spread of this organism. While patient-to-patient spread and environmental contamination can be some of the reasons of cross-infection in *C. difficile*-associated diarrhea and colitis, antibiotic therapy is the major risk factor for this disease. Thus, antibiotic use only when necessary is the most effective measure of preventing *C. difficile* infection .

Most cases develop 4 to 9 days after the beginning of antibiotic intake. It should be noted, however, that some patients develop diarrhea after antibiotics are discontinued and this may lead to diagnostic confusion.

Therapy of *C. difficile* is directed against eradication of the microorganism from the colonic microflora. No therapy is required for asymptomatic carriers. In non-complicated patients with mild diarrhea, no fever, and modest lower abdominal pain, discontinuation of antibiotics (if possible) is often enough to alleviate symptoms and stop diarrhea.

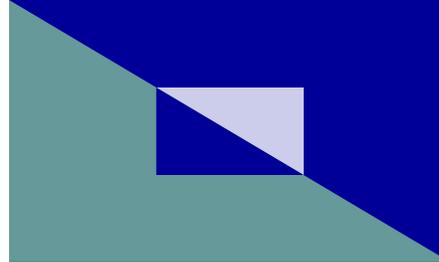
When severe diarrhea is present and in cases of established colitis, the patients should receive the antibiotics, *metronidazole* or *vancomycin*, for 10 to 14 days.

Several clinical trials have shown that these antibiotics are equally effective in cases of mild to moderate *C. difficile* infection and more than 95% of patients respond very well to this treatment. Diarrhea following treatment with either vancomycin or metronidazole is expected to improve after 1 to 4 days with complete resolution within 2 weeks. However, some patients do not respond despite aggressive medical therapy and require surgical intervention. Although *C. difficile* infection usually responds well to treatment with metronidazole or vancomycin (strong antibiotics) approximately 15 to 20% of patients will experience re-appearance of diarrhea and other symptoms weeks or even months after initial therapy has been discontinued. The usual therapy for relapse is to repeat the 10 to 14 day course of either metronidazole or vancomycin and this is successful in most patients.

Strict adherence to hand washing techniques and the proper the use of personal protective equipment such as gloves and gowns and the proper handling of contaminated wastes when performing patient care are effective in preventing the spread of the disease. Because alcohol does not kill C-Diff spores, use of soap and water is more effective than alcohol-based hand rubs. However, because C-Diff is a spore, it is much more difficult to remove or inactivate than another bacterial spore.

Because of the ease in spreading C-Diff, it is imperative an adequate cleaning and disinfection protocol be set up. Frequent, thorough terminal decontamination practices of frequently touched environmental surfaces and floors with an EPA registered disinfectant with a sporicidal claim help provide significant control of the spread. Remember, standard EPA registered hospital disinfectants are not effective against C-Diff. The more effective disinfectant is hypochlorite-based if you do not have any of the EPA disinfectant available. If you are disinfecting colonoscopes or other endoscopes please follow manufacturer's directions in the process of cleaning and disinfection. Surfaces should be kept clean and body substance spills should be promptly managed by using the CDC's "[Guidelines for Environmental Infection Control in Health-Care Facilities.](#)" We must all do our part to prevent the spread of *C. Difficile*.

Taken from CDC website, Mayo Clinic, Medicine.net



C. Diff —Winter 2012

Post-Test

1. C-Diff is a spore-forming, gram positive anaerobic (can grow without oxygen) bacillus (bacteria) that produces two exotoxins.

True False

2. Exotoxins are friendly toxins formed and excreted by the bacterial cell, and free in the surrounding cells.

True False

3. The infection may be responsible for as many as 30,000 US deaths each year.

True False

4. *C. difficile* infection represents one of the most common hosp. (nosocomial) infections around the world.

True False

5. *C. difficile* contributes to hospital length of stay, and may be associated in some elderly adults with chronic diarrhea, and occasionally other serious or potentially life-threatening consequences.

True False

6. The organism's spores were not found in the hospital environment, including toilets, telephones, stethoscopes, and hands of health-care personnel.

True False

7. Spores can survive up to 70 days in the environment and can be transported on the hands and equipment of healthcare personnel.

True False

8. Strict adherence to hand washing techniques and the proper the use of personal protective equipment such as gloves and gowns and the proper handling of contaminated items when performing patient care are not effective in preventing the spread of the disease.

True False

9. Antibiotic therapy is the major risk factor for this disease.

True False

10. Remember, standard EPA registered hospital disinfectants are effective against C-Diff.

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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Designing Another Central Sterile Department?

Written by: Diane Fink, RN, ACSP

I thrive on challenges! I thought when the new Sterile Processing department in the Clinical Services Building was designed and moved into in October 1998, that Northeast Medical Center, formerly Cabarrus Memorial Hospital, had moved on up. Sterile Processing moved from a dark dungeon with antiquated equipment, into a well-lighted state of the art department. All the equipment was new, with the exception of a washer-sterilizer, one sonic cleaner and two steam sterilizers which were located from the old department. The white walls, blue floor covering was so welcoming and the space was enormous. There would be no problem with storage of supplies and instruments. The new area was three times larger than where we had worked and survived in for many years. The staff was elated. All the hard work and planning had paid off and everyone was excited to start work in the new place.

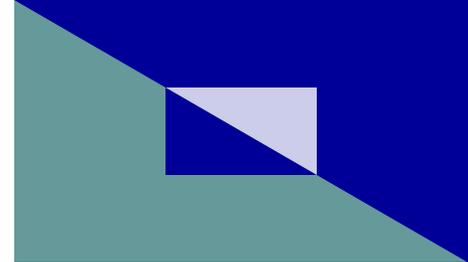
If you have never been involved in a renovation or in the process of building a new department then it would be hard for you to imagine what all has to take place before you can pick-up and move to a new area.

As Manager of Sterile Processing, I have served on 4 Construction Committees for building Ambulatory Surgery Sterile Processing Departments (2) and In-House Sterile Processing Departments (2). The Construction Committee for each project was comprised with representatives from Materials Management, Surgical Services, Facilities Management, Infection Control, Sterile Processing, Administration, Construction Company, Information Systems and the selected Architectural Firm. For months this committee would meet weekly to discuss space allotment, traffic

logistics, amount of space needed for each area of decontamination, set-up, prep, packaging, sterilizing, sterile storage and distribution. Around 1994, the first Ambulatory Surgery Center with an adjoining Sterile Processing area was being planned, designed and built.

The main Surgical Service Department was located three football fields away on the second floor of the main building. Sterile processing was in the basement of the furthest corner of the "G" wing. Sterile Processing did all the transportation of all the clean and dirty surgical items. The SPD staff spent approximately 30 minutes per hour transporting clean and soiled case carts to and from Surgery. Around 1996, plans were being made to move the main Surgery and Sterile Processing to the new Clinical Services Building. The new Sterile Processing would be directly under the Surgical Services Department. This was joyous news for SPD. The staff could spend more time focusing on the processes of decontamination and instrument preparation, instead of spending hours on cart transports.

Early on, a wish list for Sterile Processing was made for each construction project and shared at each of the Construction Committee meetings. Items definitely on the list included designated clean and soiled elevators, new indexing washer, new ETO Sterilizers/Aerators, commercial washer and dryer, 2 sonic washers / rinser dryers and Steam Sterilizers were needed. With the elevators, there would be no undue delays in delivery/pickups due to distance. The new Surgical Services area would have 13 operating rooms and 2 cysto rooms. The addition of 3 new surgical suites would increase the amount of instruments needed to maintain optimum service. On behalf of SPD, I wished big just in case I had to pare down due to budget constraints. Having worked in SPD for many years, I realized no matter how much space you had, you never had enough so it was important that we figured in enough space for growth. It was important that a staff dressing room, bathroom and break area be included in the design of the new department. Staff currently was changing in a small closet off the decontamination room, putting on a lab coat and walking to their respective work areas.



When building a new Sterile Processing it is vital that you refer to the standards of Association for the Advancement of Medical Instrumentation (AAMI) and the American National Standards Institute (ANSI) for design plans. These organizations are very helpful in offering assistance in designing an area to meet all the criteria for a sterile processing department. Workflow and air flow are of utmost importance. The area must be able to reduce contamination, provide effective and efficient processing, provide sterile assurance for items processed and keep the workers safe. Staff was asked for their input. They are the front line workers and they have valuable knowledge that the manager could have omitted or not even thought about. Asking for their help helps them feel their knowledge is important and they tend to take on more of an ownership role in the department.

At the time we were building the first of my new Sterile Processing Departments, ETO was still the best choice of sterilization for heat and moisture sensitive items. In the old department we used a blended gas with CFC's. With the cost of the product, bulkiness of the tanks, changing to a product with HCFC's, and possible exposure to the staff during tank change out, the decision was made to go with the 3M 5XL sterilizers and XL aerators. At the time we were designing this new 1998 area, the tunnel or indexing washer technology was the trend. With the relocation of the Washer-sterilizer, and the addition of the index washer, instruments could be processed twice as fast. With the most recent construction of yet another department, three times larger than the 1998 construction, it was decided to go with a four bay air glide system with a future space for a fifth washer. This has proven to be a more efficient method for cleaning. ETO was removed on the most recent construction and replaced with low temperature plasma sterilizers. Items requiring ETO are processed off site. New steam sterilization equipment included 2 floor loading sterilizers and 1 cart sterilizer. Two new cart washers were on the wish list for both construction jobs for the main surgery/sterile processing

Cost played a major role in allowing only one purchase of a cart washer during both construction phases. Plans were made and a future site was prepared in both departments for a second washer. When asked why a second cart washer would be needed, explanations were given on how long it takes to manually wash a cart. The decontamination process would be delayed and there would be a bottleneck of getting the carts cleaned and ready for re-issue. I was then asked by one of the design members if I would buy an extra car "just in case" my car failed. My answer to him was "No, but I can rent a car if needed but there is no way I can rent a cart washer." One cart washer was approved for each project but plans were made to include infrastructure for a future cart wash in both construction projects. If a department has only one piece of equipment and it malfunctions, everyone knows the impact it has on instrument processing. I feel it is important to have at least two of every piece of equipment to prevent bottlenecks of the work process. It is vital that the department have a backup plan for processing instruments and equipment if the equipment fails.

Site visits to observe several other Sterile Processing Departments to look at the room design, equipment, workflow, storage areas were done during the early on design phase of both projects. It is so important to make these site visits and talk with staffs that have been through a building process. See how the equipment works. Ask about the equipment and any problems encountered. Is it reliable? Does it clean well? One of the most important equipment questions is about the repair service response time.

The Construction meetings continued, space seemed to diminish, cost was becoming astronomical. Then the day came at the Construction Meeting that SPD had to cut thousands of dollars. The main thing to go on the 1998 building phase was the designated soiled elevator.

SPD would once again be waiting on an elevator, walking a distance to pick up the soiled carts and delivering them to decontamination area. The transport time had been cut fifty percent. With the 2004 new construction, Sterile Processing was fortunate to get both a clean and soiled elevator in the department.

It is important that the SPD Manager or an SPD representative be present at all the meetings. Once the budget cuts begin a representative needs to be present at all meetings to ensure SPD's best interests are protected. Not having representation could lead to having others make a decision for your department that could really impact your work load. Once the actual construction begins, it is important that you keep in touch with construction engineers, making visits to see the progress and to check for any potential problems. It is easier to rectify problem issues early on. Remember every correction or change requested to be made after construction begins results in a significant increase to the construction costs.

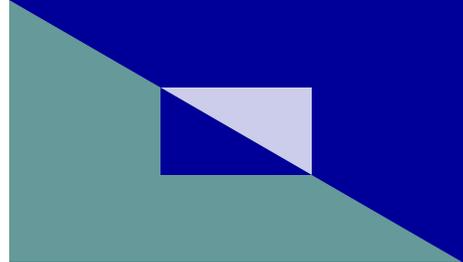
Make plans early on as to where equipment will be placed and this should be designated on the plans for the department. Plans also have to be made as to the layout of the different areas. Electrical, phone and computer outlets need to be established. Where do you want the phones? Which direction do you want the worktables? How do you want the instrument storage shelving to be arranged to make for effective work flow? Where do the computer drops need to be? Where do we store the clean case carts? Where do you want your supply storage cabinets located for easy access for restocking and case cart building? Where do you store the nursing units' special procedure carts, emergency carts? All these plans have to be made prior to the move in. The use of adhesive notes made it easy to identify where carts, shelving, supplies, instruments, etc., where to be housed. Once the areas were identified with notes, these were written on the department plans just in case a note became lost. All the pre-planning for locations made it much easier for the movers on the day of move in.

During the construction phase you will be kept aware of the timeline of the project. As the completion nears, it is important that you set up in-service programs for all the staff, including the manager or director. Staff will feel more comfortable learning how to operate the new equipment days before going "live". It has been my practice to have the sales representative present in the department for the first few days once the move has taken place. This gives the staff a sense of security and the representative is there should any malfunction of the equipment occur. Tests need to be run on all new equipment prior to placing the units in service to ensure the equipment is meeting the required specifications. These tests are usually performed with the vendor service technician and designated Sterile Processing Staff members.



I retired before the Sterile Processing Department relocated to its new home in 2006. It was a beautiful area with lots of space and all new equipment. I hope all the effort put into this project has proven to make the department an effective and efficient one. I am thankful that I have had the opportunity during my career to help design a state of the art Sterile Processing Department for CMC-Northeast.

Designing a CS Post-test



1. Future growth should be included in design plans for a new Sterile Processing Department.
True False
2. Making site visits to observe equipment, work flow, talk with people who have gone through a construction process is not necessary.
True False
3. A sterile process department should have a backup plan for cleaning/sterilizing if equipment fails.
True False
4. If possible future infrastructure plans should be made for additional processing equipment to be added as needed.
True False
5. The Construction Committee should be comprised only of Sterile Processing Manager or Director and the Architects.
True False
6. AMMI and ANSI are organizations that offer recommendations for the design of Sterile Processing Departments.
True False
7. The most important aspect of purchasing equipment is that it works well and that the staff know how to fix it when it malfunctions.
True False
8. In-Service programs on the use and care of equipment are needed on all equipment prior to moving into a new department.
True False
9. To prevent someone from making a decision for SPD, it is imperative that a SPD representative be present at all construction meetings.
True False
10. Once construction begins, changes can be made without any additional costs.
True False

EVALUATION--Please evaluate this in-service by selecting a rating between 0 and 4.

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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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Winterizing Your Garden

Putting the garden to bed for the winter is mostly a matter of cleaning up and covering up. As fall progresses and temperatures drop, those plants that aren't killed outright by frost prepare for [dormancy](#). Clear out the blackened stems and foliage of annual flowers and vegetables to prevent the possibility of their harboring disease pathogens and insect eggs over the winter. The cool weather is a good time to make a cold frame, dig and box in raised beds, and make general repairs. While it appears as if all activity in the garden has stopped, there's a lot going on under the [soil](#) until it freezes. Newly transplanted [trees and shrubs](#), divisions of perennials, and hardy bulbs are all growing roots, drawing on soil nutrients and moisture around them. Earthworms and various microbes in the soil are still processing the organic material they're finding. Most likely, the organic [mulch](#) you spread to protect the soil during the summer months has substantially decomposed. It's important to spread new mulch now -- a thicker winter layer -- to protect plants and soil over the winter months. The idea is not so much to keep the soil warm as it is to keep the temperature even. Once the soil is frozen, mulch keeps it frozen. So if you have shade trees, convert the fallen leaves to mulch and use it throughout your property.

Weather

Snow both protects and endangers plants. A good snow cover insulates the soil like a mulch. However, snow piled on [evergreen](#) branches weights them down, risking breakage. Knock snow from the bottom branches first, then work upward. This way snow from above will not add weight to the already burdened lower branches. If branches are bowed by ice, don't try to free them. Instead let the ice melt and release them gradually.

WINTER

Cut back dry stems of perennials to soil level after frost to neaten the garden and remove pest eggs and disease spores that may linger. Leave stems with attractive seed heads for winter interest.

Compost dead plant debris to create an organic soil conditioner. Hot, active piles kill weed seeds

and disease pathogens; passive, inactive piles do not. Throw questionable plant material in the trash.

Cut off diseased foliage from evergreen plants and [shrubs](#) and discard it in the trash. Rake up and discard the old, disease-bearing mulch, too.

To prevent rodents from nesting in the soil, wait until the ground freezes before adding a 6-inch layer of organic material as winter mulch.

Mulch [perennial](#) and shrub beds with pine needles or chopped leaves. This protects both plant roots and the soil and moderates the effects of extreme temperature changes during winter freezes and thaws.

Mulch bulb beds with evergreen boughs to protect the soil from shifting and cracking during the winter. Otherwise plants, especially small, shallowly planted bulbs, can be heaved to the surface.

Protect the tender bark of young trees from gnawing critters by wrapping stems or trunks with wire or commercial tree-guard products.

Screen evergreens, particularly exposed broad-leaved types, from drying winter wind and sun by setting up [burlap](#) screens or shade cloth shelters.

Taken from Better Homes & Garden Website



'Tis The Season For Allergies

What Is an Allergy?

[Allergies](#) are an abnormal response of the immune system. People who have allergies have an immune system that reacts to a usually harmless substance in the environment. This substance (pollen, mold, animal dander, etc.) is called an allergen.

Allergies are a very common problem, affecting at least two out of every 10 Americans.

What Happens During An Allergic Reaction?

First, a person is exposed to an allergen by inhaling it, swallowing it, or getting it on or under their [skin](#). After a person is exposed to the allergen, a series of events create the [allergic reaction](#):

1. The body starts to produce a specific type of antibody, called IgE, to bind the allergen.
2. The antibodies attach to a form of blood cell called a mast cell. Mast cells can be found in the airways, in the intestines, and elsewhere. The presence of mast cells in the airways and GI tract makes these areas more susceptible to allergen exposure.

The allergens bind to the IgE, which is attached to the mast cell. This causes the mast cells to release a variety of chemicals into the blood. Histamine, the main chemical, causes most of the [symptoms](#) of an allergic reaction.

What Are the Symptoms of an Allergic Reaction?

Common symptoms of an allergic reaction to inhaled or skin allergens include:

- Itchy, watery eyes
- Sneezing
- Itchy, runny nose
- Rashes
- Feeling tired or ill
- Hives (a rash with raised red patches)

Other exposures can cause different allergic reactions:

[Food allergies](#). An allergic reaction to food allergens can also cause stomach cramps, [vomiting](#), or [diarrhea](#).

[Insect stings](#). The allergic reaction to a sting from a bee or other insect causes local swelling, redness, and pain.

The severity of an allergic reaction's symptoms can vary widely:

- Mild symptoms may be almost unnoticeable, just making you feel a little "off."
- Moderate symptoms can make you feel ill, as if you've got a cold or even the flu.
- Severe allergic reactions are extremely uncomfortable, even incapacitating.

Most symptoms of an allergic reaction go away shortly after the exposure stops.

The most severe allergic reaction is called [anaphylaxis](#). In anaphylaxis, allergens cause a whole-body allergic reaction that can include:

- Hives and itching all over (not just in the exposed area)
- Wheezing or shortness of breath
- Hoarseness or tightness in the throat
- Tingling in the hands, feet, lips, or scalp

Anaphylaxis is life-threatening and requires immediate medical attention. Symptoms can progress rapidly, so head for the emergency room if there's any suspicion of anaphylaxis.

Does Everyone Have Allergies?

No, not everyone has allergies. People inherit a tendency to be allergic, although not to any specific allergen. When one parent is allergic, their child has a 50% chance of having allergies. That risk jumps to 75% if both parents have allergies.

Found on WebMd.com



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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