



I HEARD IT THROUGH THE STEAMLINE

Volume 26 Issue 1

NORTH CAROLINA ASSOCIATION FOR HOSPITAL CENTRAL SERVICE PROFESSIONALS

We will not forget 9/11
Pray for our troops

OUTGOING PRESIDENT'S MESSAGE

Hello to all the Members of NCAHCSP

It is that time of year Spring is in the air and winter is behind us. If most are like me they are really ready for the warm spring sun and summer vacations. The board and I are busy little bees getting ready for the annual Myrtle Beach meeting and look forward to seeing every one there. Our theme this year is "Do the Right Thing".

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Do the right thing is what we all strive to do in our profession that is why education is so important. The speakers this year have very good sessions from Certification study to making you fall out of your seat laughing. Yes, we have a comedian to help us learn how to do the right thing. With all the challenges we face we have to stop and laugh to make it through the day so come and learn and laugh with us at Myrtle Beach and enjoy the start of spring.

I have been in the role of president for almost a year and it has truly been a pleasure to work for this association. I truly feel that when members attend meetings they want to do the right thing for many reasons and the number ONE reason patient care. We love our patients and want to do the best we can to ensure they get the best we have to offer. I take pride in working beside you in our chosen field and what to thank you for all you do. I also want to take this opportunity to thank you for your support this past year it was great to serve you.

Sincerely

Karen Furr

President-NCAHCSP



THE FLU AND YOU

Influenza, commonly known as the "flu," is an extremely contagious respiratory illness caused by influenza A or B viruses. Flu appears most frequently in winter and early spring. The flu virus attacks the body by spreading through the upper and/or lower respiratory tract.

The common cold and flu are both contagious viral infections of the respiratory tract. Although the symptoms can be similar, flu is much worse. A cold may drag you down a bit, but the flu can make you shudder at the very thought of getting out of bed.

Congestion, sore throat, and sneezing are common with colds. Both cold and flu bring coughing, headache, and chest discomfort. With the flu, though, you are likely to run a high fever for several days and have body aches, fatigue, and weakness. Symptoms of the flu also tend to come on abruptly. Usually, complications from colds are relatively minor, but a severe case of flu can lead to a life-threatening illness such as pneumonia.

More than 100 types of cold viruses are known, and new strains of flu evolve every few years. Since both diseases are viral, antibiotics cannot conquer cold or flu. Remember: *Antibiotics only treat bacterial infections.*

Two antiviral medications are available to treat flu. But there are no medications that specifically defeat the common cold. Antibiotics may be helpful only if there is a secondary bacterial infection.

The flu virus is spread from person to person through respiratory secretions and typically sweeps through large groups of people who spend time in close contact, such as in daycare facilities, classrooms, college dormitories, military barracks, offices, and nursing homes.

Flu is spread when you inhale droplets in the air that contain the flu virus, make direct contact with respiratory secretions through sharing drinks or utensils, or handle items contaminated by an infected person. In the latter case, the flu virus on your skin can infect you when you touch or rub your eyes, nose, or mouth. That's why frequent and thorough hand washing is a key way to limit the spread of influenza. Flu symptoms start to develop from one to four days after infection with the virus.

While anyone can get flu, infants, the elderly, pregnant women, and people with chronic ailments such as diabetes, heart disease, lung disease, and HIV are at highest risk for flu complications. Despite advances in flu prevention and treatment, the CDC estimates that deaths related to influenza range from 3,000 to 49,000 deaths in the United States each year.

Specific strains of flu can be prevented by a flu vaccine, either a flu shot or nasal spray flu vaccine. In addition, antiviral medications are available to prevent flu. These drugs may help reduce the severity and the duration of flu and are best used within the first 48 hours of the appearance of flu symptoms.

Researchers divide flu viruses into three general categories: types A, B, and C. All three types can mutate, or change into new strains, and type A influenza mutates often, yielding new strains of the virus every few years. This means that you can never develop a permanent immunity to influenza. Even if you develop antibodies against a flu virus one year, those antibodies are unlikely to protect you against a new strain of the flu virus the next year.

Type A mutations are responsible for major flu epidemics every few years. Type B is less common and generally results in milder cases of flu. However, major flu epidemics can occur with type B every three to five years. Type C causes infection but does not cause typical flu symptoms. Both influenza A and B have been linked to the development of Reye's syndrome, a potentially fatal complication that usually affects children and teens under age 18. Widespread outbreaks of Reye's syndrome have occurred with influenza type B and also with chickenpox, but other viruses have been implicated. The risk of Reye's syndrome is increased when taking aspirin, so children should not take aspirin.

NCAHCSP MEMBERSHIP NEWS

Please don't forget to check the website-www.ncahcsp.org on a regular basis as we are always adding new or additional information.

Are you interested in becoming a member of the board? The chapter will be holding elections for the upcoming year starting in November. If you think you might be interested, please check out the requirements for running for the board found on-line in the chapter's website. You can also find a willingness to serve form there as well. The Chapter needs you!!

Current Membership: 220 bright and shiny members.

Dear Steamie,

“DEAR STEAMIE”

Due to limited hospital funds, we have to room together when we come to the meetings. Would you please consider other hotels that have 2 rooms, 2 baths and is less expensive?

Examples: Prince Resort or Horizon

Thank you for your question and I understand your concern. When planning an event the size of the annual NCAHCSP meeting many factors have to be considered.

When our contract on the Ocean Dunes/Sand Dunes expired, because of comments being received showing displeasure with the physical aspects of the Ocean Dunes/Sands Dunes resort, the board looked for an alternative. After investigating several resorts we found there were only a couple that could offer us the amount of space required to handle our meeting. A facility must have adequate meeting space, banquet facilities, an exhibit hall, dining space, as well as sleeping rooms. Of those facilities responding to our survey, the board compared the responses for each and found the Hilton met our needs. Our contract with Hilton will run for a total of 5 years.

Thanks for asking,

“Steamie”



Two Herbs for Summer Color

Calendula and borage add color to your herb garden throughout summer with a succession of long-lasting blooms. These are two of the prettiest herbs you can grow, and they are relatively carefree. Both are annuals, but once they are established in your garden they are eager reseederers, so you'll see them again year after year.

[BORAGE](#) (buy borage seeds)

I bought my first packet of borage seeds many years ago, and grew the plants as a companion to tomatoes. Borage actually helps to improve the flavor of tomatoes when grown nearby. I was misled by an error on the seed packet that said that the plant should not be consumed because it is poisonous, and grew the plant only for its properties as a companion and its appearance.

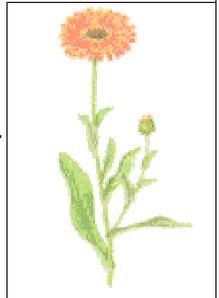
In truth, borage is not poisonous. The leaves have a refreshing cucumber taste, and can be used in salads and chopped up for herb butters and dips. Borage greens are a little too plain-tasting when cooked alone, but when combined with other greens, particularly cabbage, they add a unique flavor.

The [flowers](#) can be used as a garnish or candied to decorate pastries.



[CALENDULA](#) (buy calendula seeds)

Calendula is also called pot marigold, but don't confuse this plant with the marigolds grown in your annual bed (*Tagetes*). Pot marigolds are smaller and more delicate in appearance than the more familiar *Tagetes*, and they have a number of medicinal uses. Calendula is said to encourage healing, aid digestion, fight [fungal infections](#) and cure diaper rash. These properties alone are enough to make the plant an essential addition to your herb garden, but it is also has several cosmetic uses. Calendula petals can be used to make a nourishing skin cream or cleanser (see recipe below) and a [strong infusion](#) made from marigold petals can be used to lighten hair.



CREAMY MARIGOLD CLEANSER

4 tablespoons olive or almond oil
2 tablespoons dried pot marigold flowers
few drops of violet, orange blossom or rose water

Warm the oil in a bowl placed over a [saucepan](#) of hot water. Stir in the dried flowers and continue to heat gently for 30 minutes. Remove from heat, allow to cool, and stir in the flower water.

[Lavender Hyssop](#)

[\(Agastache foeniculum\)](#)

This beautiful, fragrant flower makes a wonderful addition to herb gardens, perennial borders, and wildflower areas. Place a pot of Agastache on porches and patios where its fragrance can be fully appreciated. The beauty and fragrance of the flowers make it highly desirable for cutting.



Uses: Used in potpourris and teas. Attracts hummingbirds, butterflies and bees.

Crushed leaves can be rubbed on the skin to repel mosquito's. Leaves are sometimes used as a seasoning.

[Bergamot](#)

[\(Monarda fistulosa\)](#) This lovely, fragrant perennial blooms from midsummer to early fall. It looks great in a wildflower meadow and is frequently used in conservation projects and roadside planting. Very desirable in the garden or in containers.



Uses: Used in potpourris and teas. Attracts hummingbirds, butterflies and bees. Bergamot is becoming very popular for use in roadside planting and conservation projects.

BASICS OF PEEL-POUCH PACKAGING

By: Pamela H Caudell, RN, CNOR, ACSP

Objectives

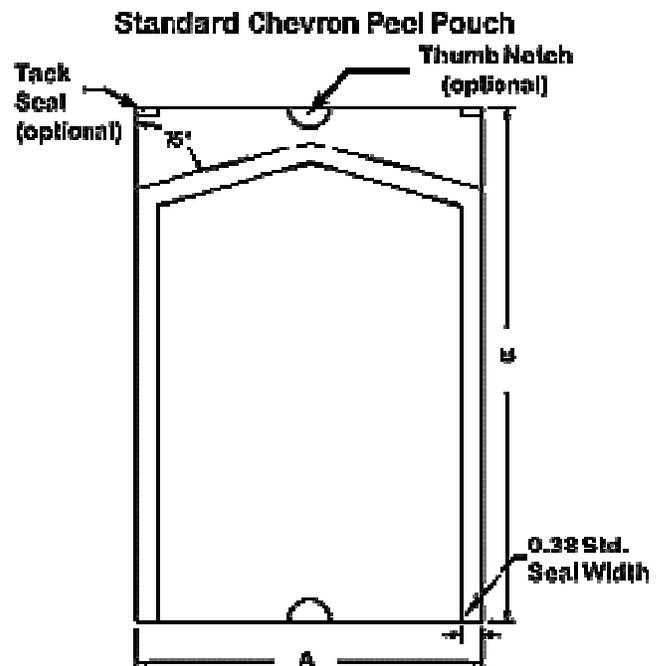
Discuss the function, purpose and characteristics of packaging
Describe the regulatory requirements for packaging
Review sterility maintenance

All of us know you can't sterilize something unless it is in a package of some sort. What is questionable is the type of package one needs to use to meet criteria set up for packaging use. Packaging is generally divided into three basic types: peel-pouches, woven and/or non-woven material wrappers and rigid containers. The selection of any or all of these types of packaging depends on the needs of the facility, how many areas they service, the amount of storage available to them, the method of sterilization and the weight of the contents. I don't believe we would want to put a ball ping hammer into a single peel-pack and expect it to hold up to sterilization and storage.

Peel-pouches are made from plastic/paper combinations or Tyvek/plastic combinations. But remember, not all peel pouches go with every type of sterilization. For example, Tyvek/plastic combinations are considered flammable and will melt in a steam sterilization process. If you are still using an ethylene oxide (EtO) sterilizer either type of peel pouch can be used with EtO. Occasionally because of the number of items or the weight of an item, the peel-pouch will need to be doubled. In other words, a pouch will be inside another pouch. When that happens, the inside pouch must be flat with no folds and the paper side must be against the paper side. Also, no peel pouch should be used inside a container as there is no way to adequately ensure appropriate air removal or that the steam will penetrate inside the peel -

pouch or that the pouch will dry completely along with the items packaged inside.

Peel-pouches are designed to be used as a container for light weight items. They also are used when we need to see the item inside the pouch. When packaging the item, it is expedient for the user to be able to grasp the item quickly and without contamination. For this reason, we generally package the item with the handle closest to the peel area of the pouch. It is also imperative to make sure the seal of the pouch is as smooth as is possible. If you are using a self seal pouch, there is an adhesive portion with a removable strip. The strip is removed and the adhesive is carefully sealed to the pouch creating a barrier on the pouch. If you are using a sealer, make sure the pouch is big enough to seal without causing any creases or gaps or wrinkles which would let bacteria into the pouch. With any method of sealing including using tape, it is essential to make sure the ends are closed securely without gaps or creases to prevent any contamination.



Almost any item can be placed in a peel-pack provided it meets the criteria.

1. Packaging systems should be appropriate for items being sterilized. The package system should

- * provide an adequate barrier to microorganisms, particulates, and fluids;
- * maintain sterility of package contents until opened;
- * allow sterilant penetration and direct contact with the item and surfaces, and removal of the sterilant;
- * be free of toxic ingredients and nonfast dyes;
- * permit aseptic delivery of contents to the sterile field (e.g., minimal wrap memory, removal of lids from containers);
- * permit complete and secure enclosure of item(s);
- * protect package contents from physical damage (e.g., compression, stacking);
- * provide adequate seal integrity;
- * resist tears, punctures, abrasions, and prevent the transfer of microorganisms;
- * be tamper-proof and able to seal only once;
- * permit adequate air removal;
- * be low-linting;
- * permit identification of contents;
- * be large enough to evenly distribute the mass;
- allow ease of use by personnel preparing and/or opening the package or container (AORN).

Types and Use of Sterilization Packaging Materials

Sterilization Method	Packaging Material Requirements	Acceptable Materials
Steam autoclave	Should allow steam to penetrate.	Paper Plastic Cloth Paper peel packages Wrapped perforated cassettes
Dry heat	Should not insulate items from heat. Should not be destroyed by temperature used.	Paper bags Aluminum foil Polyfilm plastic tubing Wrapped perforated cassettes
Unsaturated chemical vapor	Vapors should be allowed to precipitate on contents. Vapors should not react with packaging material. Plastics should not contact sides of sterilizer.	Wrapped perforated cassettes Paper Paper peel pouches

When looking at packaging systems, the FDA classifies them as a Class II medical device and requires a 510 (k) for their intended use in order to be legally marketed. In other words, in order for those peel-pouches to be used in your facility, the manufacturer must first submit a Premarket Notification 510(k) to the FDA including the application, documentation of testing and validation studies, all data collected during the testing phase, both good and bad, what it's going to be used for, any special labeling needed and what the manufacturer's instructions for use are. After all that, once the FDA gives their approval, any time the manufacturer makes a change, they must let the FDA know what the changes are, how it is going to affect the product, does it change the use of the item, and any data collected during the change process. If the FDA deems there have been too many changes, they may require a new 510(k) for the product before it can be sold as an upgraded product.

When preparing peel-pouches for sterilization there are several things to remember.

1. Ensure the item/items in the peel-pouch are not so small as to create a potential blow out from the sterilization process nor so large as to have the items sliding around and possibly puncturing the pouch.

2. If using double pouches, make sure the paper side is touching the paper side and the plastic side is touching the plastic side. This ensures the sterilant can get to the packaged item. Also remember to not fold any portion of the inner package as this will prevent proper sterilization.

3. When labeling the pouch with the contents, use a felt tip marker only on the plastic side or the folded over sealing flap. Never use an ink pen as the ink tends to run when wet and may contaminate the contents.

4. When placing the pouches on the sterilizer rack, they should be positioned standing on edge in a loading rack or basket and properly spaced. They should never be placed flatly on the shelf or stacked on top of each other. This will cause condensation to form inside the package.

5. Remember to position the pouches paper-to-plastic, paper-to-plastic in order to ensure the sterilant gets inside the packages. Remember the sterilant gets to the inside of the pack by going in thru the paper side.

6. After sterilization, please check the pouches for moisture and check again before placing the pouches into storage.

Post-sterilization, the sterilized product is considered sterile until opened. This is called "event-related sterility". In other words, until something happens to contaminate the pouch, like dropping the pouch in the floor or having water dripped on it, it is considered sterile.



The CS Tech must also be aware of handling processes as well as the storage of sterilized items in order

to prevent over-handling as well as being stored too tightly in bins. By controlling the environment and the events to which the sterilized product is exposed, contamination can be greatly minimized. It is up to each of us to be knowledgeable of sterilization processes and to continue to monitor the complete process of packaging, sterilization, storage and handling in order to have a product that is safe to be used on any patient.

Bibliography

AORN: Recommended Practices for Selection and Use of Packaging Systems for Sterilization. Denver, Colorado, 2007

**Peel-Pouches: Information for Your Use
Spring-2014**

1. Every peel-pouch goes with every type of sterilization.

True	False
------	-------
2. When putting a pouch inside another pouch, the first pouch must have no folded parts.

True	False
------	-------
3. Pouches are used for light weight items and when it is necessary to see what is inside.

True	False
------	-------
4. Peel pouches need to be able to protect the items inside from physical damage, i.e., stacking.

True	False
------	-------
5. The FDA does not require a 510 K in order to make peel packs.

True	False
------	-------
6. When sterilizing peel packs, the paper side can be placed next to the paper side.

True	False
------	-------
7. Peel pouch should be used inside a container as there is no way to adequately ensure appropriate air removal or that the steam will penetrate inside the peel –pack.

True	False
------	-------
8. Post-sterilization, the sterilized product is considered sterile for one month.

True	False
------	-------
9. Peel packs do not need to be checked for moisture before being put into storage.

True	False
------	-------
10. When sterilizing packages, they can be placed on top of each other.

True	False
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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**

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Program Met Objectives **0 1 2 3 4**

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Zip: _____

E-mail address:



Medical Waste Management

Pamela H. Caudell, RN, CNOR, ACSP

Objectives:

Discuss the different types of hospital waste
Describe the health impact of hospital waste
Discuss the reasons for waste management failure

Health-care activities, protect and restore health and save lives. But what about the wastes and by-products they generate? Of the total amount of waste generated by health-care activities, about 80% is general waste comparable to domestic waste. The remaining 20% is considered hazardous material that may be infectious, toxic or radioactive.

Types of waste

Waste and by-products cover a diverse range of materials, as the following list illustrates (percentages are approximate values):

- **infectious waste:** waste contaminated with blood and its by-products, cultures and stocks of infectious agents, waste from patients in isolation wards, discarded diagnostic samples containing blood and body fluids, infected animals from laboratories, and contaminated materials (swabs, bandages) and equipment (such as disposable medical devices);
 - **pathological waste:** recognizable body parts and contaminated animal carcasses;
 - **sharps:** syringes, needles, disposable scalpels and blades, etc.;
 - **chemicals:** for example mercury, solvents and disinfectants;
 - **pharmaceuticals:** expired, unused, and contaminated drugs; vaccines and sera;
 - **genotoxic waste:** highly hazardous, mutagenic, teratogenic¹ or carcinogenic, such as cytotoxic drugs used in cancer treatment and their metabolites;
 - **radioactive waste:** such as glassware contaminated with radioactive diagnostic material or radiotherapeutic materials;
- heavy metals waste:** such as broken mercury thermometers.

Infectious and anatomic wastes together repre-

sent the majority of the hazardous waste, up to 15% of the total waste from health-care activities. Sharps represent about 1% of the total waste but they are a major source of disease transmission if not properly managed. Chemicals and pharmaceuticals account for about 3% of waste from health-care activities while genotoxic (a toxic agent that damages DNA molecules in genes, causing mutations, tumors, etc.) waste, radioactive matter and heavy metal content account for around 1% of the total health-care waste. (sheet)

Segregating Waste

- Follow a color-coded waste container system for each of these waste types and segregate the waste into the appropriate container. (WHO Color Recommendations)
 - Noninfectious health care waste: Black.
 - Infectious health care waste: Yellow.
 - Sharps waste: needle remover, safety box, or other puncture-proof and leak-proof sharps containers (usually red).

Proper Handling

- Providers segregate waste at point of use.
- Waste should **NEVER** be re-sorted.
- Seal all waste containers and label to describe contents.
- Reuse and/or recycle household waste whenever appropriate.
- Retractable syringes are to be placed into a safety box or infectious waste bag after the needle is retracted, according to facility guidelines.

Reducing Risk

- Wash hands after working with waste or infected material.
- Handle all sharps with care to minimize needle stick injury.
- If you handle waste, wear appropriate protective clothing, including a water-resistant apron, thick gloves, boots or closed-toe shoes, and eye protection.
- Do not sort waste or open waste containers to sort waste.

- Be aware of procedures for treatment of injuries, cleaning of contaminated areas, and reporting sharps injuries or accidents.
- Report sharps injuries to the appropriate personnel.
- Injuries should be followed up by post-exposure prevention treatment.
- Managers should maintain a log of all accidents.
- A full course of hepatitis B and tetanus vaccination will protect you from the hepatitis B virus and tetanus—anyone handling sharps should be vaccinated.

Protective Clothing

Health workers protect themselves by establishing a barrier between themselves and the infective agent. The type of protection needed depends on the worker's activities.

Protective clothing must be worn at all times when working with health care waste. It must be properly maintained and kept clean. The clothing should not be taken home; it must remain at the health facility to avoid possible contamination of the community.

Protective clothing includes:

- Gloves: always wear gloves when contaminated items are handled. Puncture-resistant gloves should be used when handling sharps containers or bags with unknown contents.
- Boots or closed-toe shoes: rubber boots or leather shoes provide extra protection to the feet from injury by sharps or heavy items that may accidentally fall. They must be kept clean. When possible, avoid wearing sandals, thongs, or shoes made of soft materials.
- Aprons: rubber or plastic aprons provide a protective, waterproof barrier to the body.
- Goggles: plastic goggles can protect the eyes from accidental splashes.

Sharps Waste-Why Prioritize

- If not properly disposed of, scavengers may collect and reuse sharps waste.
- Reusing syringes and needles results in high risk of infection or disease transmission.
- Sharps can cut or puncture the skin, and, if they are contaminated, they can cause an

infection or disease including:

- Hepatitis B
- Hepatitis C
- HIV
- Increasing use of disposable and auto-disable (AD) syringes to help prevent bloodborne diseases has resulted in more sharps waste.
- Sharps waste must be immediately contained to prevent injury. There are two main ways to contain sharps: safety boxes and needle removers.

Roles and Responsibilities for Waste Management

Managers

- Obtain and be familiar with national waste management policies.
- Develop facility waste management plan (goal, budget, personnel, roles, supervision, training, reporting).
- Ensure supply of safety boxes, needle removers, or other sharps containers, designate appropriate and secure storage for used sharps.
- Identify and budget for final disposal method including transport and fees.
- Create climate of support for needle stick injury reporting, any splashing of liquid waste, as well as any contamination of staff by waste
- Develop protocol for management of needle stick injury.
- Advocate for health worker safety.

Injection Providers

- Follow waste management policies.
- Follow color-coded waste segregation system.
- Place sharps containers properly.
- Immediately dispose of sharps in closed container.
- Store any medical waste in secure location.

Waste Handlers

- Know color-coding system.
- Collect filled sharps containers.
- Ensure waste is securely stored until disposal.
- Use protective equipment when handling medical waste.

□ Provide waste to waste collection vehicle or service (Path).

Risks associated with waste disposal

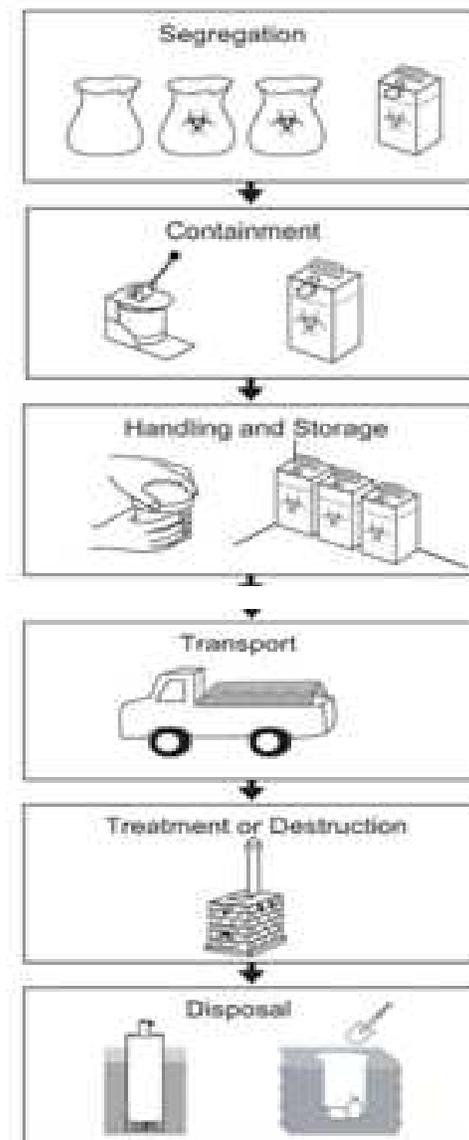
Although treatment and disposal of health-care waste reduces risks, indirect health risks may occur through the release of toxic pollutants into the environment through treatment or disposal.

- Landfills can contaminate drinking-water if they not properly constructed. Occupational risks exist at disposal facilities that are not well designed, run, or maintained.
- Incineration of waste has been widely practiced but inadequate incineration or the incineration of unsuitable materials results in the release of pollutants into the air and of ash residue. Incinerated materials containing chlorine can generate dioxins and furans², which are human carcinogens and have been associated with a range of adverse health effects. Incineration of heavy metals or materials with high metal content (in particular lead, mercury and cadmium) can lead to the spread of toxic metals in the environment. Dioxins, furans and metals are persistent and bio-accumulate in the environment. Materials containing chlorine or metal should therefore not be incinerated. Only modern incinerators operating at 850-1100 °C and fitted with special gas-cleaning equipment are able to comply with the international emission standards for dioxins and furans. Alternatives to incineration are now available, such as autoclaving, microwaving, steam treatment integrated with internal mixing, and chemical treatment.

Waste management: reasons for failure

Lack of awareness about the health hazards related to health-care waste, inadequate training in proper waste management, absence of waste management and disposal systems, insufficient financial and human resources and the low priority given to the topic are the most common problems connected with health-care waste. Many countries either do not have appropriate regulations, or do not enforce them. An essential issue is the clear attribution of responsibility for the handling and disposal of

waste. According to the 'polluter pays' principle, the responsibility lies with the waste producer, usually the health-care provider, or the establishment involved in related activities. To achieve the safe and sustainable management of health-care waste, financial analyses should include all the costs of disposal (sheet).



Bibliography:

Path: "Training Healthcare Workers in the Management of Sharps Waste", Version I, 2005

WHO: Factsheet: Waste From Healthcare Activities, 2011: www.who.org

Medical Waste Management
Summer 2014

1. Several types of waste include; infectious waste, pathological waste, chemical waste, radioactive waste and sharps waste.
True False
2. Sharps represent about 1% of the total waste but are not a major source of disease transmission.
True False
3. Just as washing hands is necessary to prevent the spread of infection, one must also wash hands after handling waste of any kind.
True False
4. Any injury or needlestick incurred while handling medical waste must be reported immediately.
True False
5. It is not necessary to wear personal protective equipment when handling medical waste.
True False
6. It is possible to get Hepatitis from a needlestick from a contaminated needle.
True False
7. If waste is not properly disposed of, it is possible to contaminate ground water from the landfill.
True False
8. Modern incinerators must follow international guidelines and be outfitted with special gas-cleaning equipment.
True False
9. Infectious waste is considered to be anything contaminated with blood and its by-products.
True False
10. It is OK to reuse or recycle household waste rather than discard it.
True False

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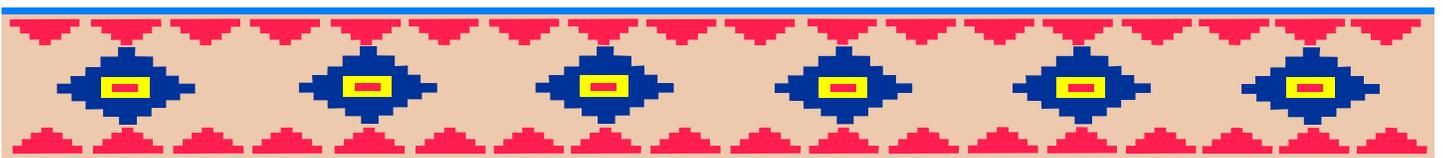
NAME: _____

Address: _____

City: _____ State: _____

Zip: _____

E-mail address:



Hydrangea-Care and Handling

Botanical name: *Hydrangea*

Plant type: [Shrub](#)

USDA Hardiness Zones: [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#)

Sun exposure: [Part Sun](#), [Shade](#)

Soil type: [Any](#)

Soil pH: [Acidic](#), [Slightly Acidic to Neutral](#), [Neutral](#), [Neutral to Slightly Alkaline](#)

Flower color: [Red](#), [Pink](#), [Blue](#), [Purple](#), [White](#)

Bloom time: [Summer](#), [Fall](#)

With immense billowy blossoms, **hydrangeas** flaunt an old-fashioned charm that is hard to resist. Colors also beguile with clear blues, vibrant pinks, frosty whites, lavender, and rose—sometimes all blooming on the same plant!

The colors of some *H. macrophylla* flowers are affected by the relative availability of aluminum ions in the soil. Acidic soils with a pH of less than 5.5 produce blue flowers; soils with a pH greater than 5.5 produce pink flowers. White flowers are not affected by pH.

Unrivaled in the shrub world, these elegant ladies are easy to cultivate, tolerate almost any soil, and produce flowers in mid-summer through fall (when little else may be in bloom). Hydrangeas are excellent for a range of garden sites from group plantings to shrub borders to containers.

Planting

- Most hydrangeas thrive in rich, porous, somewhat moist soils. Add compost to enrich poor soil.
- They prefer full sun in the morning, with some afternoon shade; however, many will grow and bloom in partial shade. This is especially true for the big leaf hydrangeas (see Recommended Varieties below).
- Plant in spring or fall.
- Dig a hole as deep as the root ball and 2 to 3 times as wide.
- Set the plant in the hole and fill it half full with soil. Water. After water is drained, fill the rest of the hole with soil.
- Water thoroughly.

- Space multiple hydrangeas about 3 to 10 feet apart.

Care

For the first year or two after planting and during any drought, be sure hydrangeas get plenty of water. Leaves will wilt if the soil is too dry.

PRUNING!

- When growing *H. macrophylla* varieties in Zones 4 and 5, don't prune unless absolutely necessary, and then do so immediately **AFTER blooming**. Otherwise, remove only dead stems in the spring.



If you need to prune an older hydrangea, it depends on which variety you have.

- The common Big leaf hydrangea should be pruned **AFTER flowers fade (late spring/early summer)**. If you prune before bloom, you may not have blossoms the following spring.
- Oak leaf, panicle, and smooth hydrangeas blossom on the current seasons' wood so they should be pruned **BEFORE bloom when plant is dormant, i.e. late winter or early spring**.

In the fall, cover plants to a depth of at least 18 inches with bark mulch, leaves, pine needles, or straw. If at all possible, cover the entire plant, tip included, by making cages out of snow fencing or chicken wire, and loosely filling the cages with leaves. (Do not use maple leaves.)

HAND WASHING

E H K Q W R B C B N W S H U D
 Q V V K E U L J O P A P A O D
 X L I H W E B I V W T R N S B
 X O T T A I T C A G E E D J M
 K A K N A N W T F L R A W P S
 L U E L E G E S L V L D A I S
 I R J V L R E W E C E R S N O
 I P E Q A O L N W I S A H F A
 A R N N B D P A M G S P I E P
 P E S A E S I D E A B V N C T
 L O H O C L A R F U R I G T Y
 X P X G H U M P R S Q G W I D
 X Q D U Z S Q W Q K O Q E O N
 C M F V I U U W D Z S E K N S
 X P E I L W Z M N E R Z V J G

ALCOHOL
 PREVENTION
 RUB
 HANDWASHING
 SPREAD
 WATERLESS
 GERMS

LATHER
 CLEANER
 INFECTION
 SOAP
 WATER
 DISEASE
 GRAMNEGATIVE

14 of 14 words were placed into the puzzle.

TOP SIX TIPS FOR WORKING SMARTER

Taken from FORBES website

Written by Laura Shin

You start the day with an idea of what you want to work on and accomplish by noon. But when you check your email in the morning, a number of other demands crowd in, instant messages begin popping up like a game of whack-a-mole, and people start dropping by for “a quick question” that will “only take a sec.” Suddenly, you realize an hour has vanished into meeting other people’s needs while your project has gone untouched. How do people ever get anything done nowadays?

The key? Think about your thinking.

1. Don’t check your email first thing.

It’s been said before but so few people follow this rule, it bears repeating.

Decision-making is an energy-hungry task, and our tanks are full in the morning. For that reason, the way you start your day is crucial. “Unless you’re in the emergency services field, or the matter of an hour is really critical, the best rule for email is don’t check it first unless your job is literally checking and responding to emails,” says Rock. “As soon as you download your emails, your brain gets overwhelmed with information and ideas, and your personal objectives and goals start to slip out the window. Leave it as late as possible in the day, so you can get your own work done.” He advises you leave your emails to early afternoon, if you can.

And when you do tackle email, write your own sparingly. “Use emails to share information, to schedule, but never use emails to discuss complex issues or give any kind of feedback, particularly negative feedback,” says Rock. “When you notice yourself writing an email longer than one screen, it’s time to pick up the phone. You can save countless hours with that one rule,” he says.

2. Make your first task of the day prioritizing your top three goals.

Because of the number of outside demands in our lives can be so overwhelming, it’s important to know how to prioritize them. “There are so many potential distractions and detailers that can take our attention, we need to be really clear about the most important things. As a rule of thumb, you can remember three ideas relatively well,” says Rock. For that reason, you should limit yourself to three goals for the year, for the quarter. With four, five or six goals, you’re less likely to be able to unconsciously scan the environment for opportunities and threats relevant to those goals. When you do finally check your email, remind yourself of those goals beforehand.

3. Conserve your decision-making energy at every opportunity.

“Your ability to make great decisions is a limited resource,” writes Rock in *Your Brain at Work*. For that reason, it is essential to learn to say no to tasks not among your priorities. “This means *not* thinking when you don’t have to, becoming disci-

plined about not paying attention to non-urgent tasks unless, or until, it’s truly essential that you do,” he writes. For instance, turn off your Smartphone during a meeting instead of idly checking it to see what emails have come in — save it for later, when you know you’ll be able to respond. Additionally, don’t expend energy thinking about a project until you have all the information you need. And delegate.

4. Find and protect your quality thinking time.

In his work, Rock has asked many people how much quality thinking time, which he defines as “time when you’re able to focus deeply and achieve what you set out to achieve in the time you expect,” they get in a week. “The number continues to decrease as I ask people. It’s not 20 or 10 or even 5 hours. For a lot of people it’s a couple hours a week, if that.”

The culprit he says is our connected world. The solution: “Find the ideal window in your week when you can carve out focus time — to do what I call level three thinking, deeper problem solving and writing and creative work.” For everyone, this will be individual, but Rock says that generally, the best time is early in the day and early in the week — Monday, Tuesday, maybe Wednesday morning.

During this time, turn off all distractions — email alerts, your phone ringer, etc.

5. Reserve meetings for your low-focus time.

As you find the time when your brain is most able to do level three thinking, you may also identify times when your energy ebbs. That could be the best time for you to have meetings, “when you don’t necessarily have to be at your peak,” says Rock. (Positive psychology researcher Shawn Achor also says that [our energy wanes as sugar levels drop](#), so, for some people, the period after meals could also be a good time to reserve for more complex thinking.)

6. Don’t waste precious energy multitasking. Single-task as much as you can.

Our brains can only do one conscious thing at a time, and switching between tasks not only wastes energy, but multitasking can lead to decreased performance and more mistakes. And, it saves no time at all. Multitasking between two activities takes the same amount of time as it does to do them one at a time. If you have two things that need to get done as soon as possible and as accurately as possible, do one first and then the other.

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Mission Statement

North Carolina Association for Hospital Central Service Professionals will establish itself state-wide as the leading educational organization through innovative programs that enhance the development of the Central Service Professionals.



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