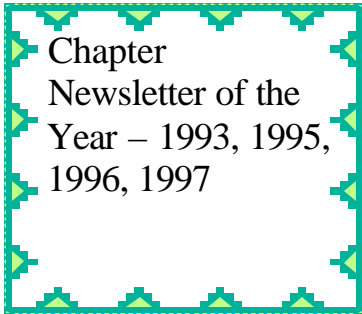


I HEARD IT THROUGH THE STEAMLINE

Volume 9, Issue 2

September 1998



PRESIDENT'S MESSAGE

The summer is over and my favorite time of the year is right around the corner. I hope all of you summer lovers enjoyed your special time of the year.

May I thank all of the attendees at our quarterly meeting for attending. It was one of the most successful July meetings we have had in a few years. We had over 60 members present. Again, we thank you and your organization for your support.

The Board and I have heard some concerns on the selection process of the employee awards recognition at our annual meetings in May each year. I am going to address the process in this newsletter. I hope that I can answer or clear up any concerns, whether they are negative or positive that you may have.

The first of each year, each member gets a mailing requesting that you look among your staff and choose someone who does exemplary work. The mailing is a form that is requesting specific information about this exceptional employee. This form needs to be filled out in its entirety by the employee's supervisor or manager. Your description of this person should be detailed on things he or she excels in, both at work and in their personal life. The chairperson of the Recognition Committee receives the candidates information and the selecting process is as follows: (1) Each applicant is assigned a letter and the applicant is always referred to as that letter instead of a name. (2) As the information is read aloud to the board by the Recognition Committee Chairperson, no information is given as to where the applicant works. (3) From the verbal presentation, each

board member votes by secret ballot. (4) The ballots are tabulated by the Recognition Committee Chairperson. The applicant receiving the highest number of votes is awarded the Ray Manning Sr. Achievement Award. The applicant receiving the second highest tabulation is awarded the Joe Stanley Award. (5) After the tallying is completed, the names of the award winners are announced to the Board. The Board and I feel that this is a fair process for choosing a suitable candidate. If there are members that continue to have concerns, please let the Board know.

I encourage supervisors and managers to send in your candidates. All of us have exceptional employees. Let's recognize them! May I go a step further; give us enough information about your candidate, (we do not want a book) but we need enough information about the candidate that makes he or she stand out about the average employee.

LOOKING FORWARD TO SEEING YOU ON OCTOBER 16, 1998 IN WINSTON-SALEM!

Sincerely,

Ruby Blackwell

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Inside this issue:

<i>Latex Allergy</i>	2
<i>Member Spotlight</i>	3
<i>New Members</i>	4
<i>Health Watch</i>	4
<i>Region 3 Report</i>	5
<i>Upcoming Programs</i>	6
<i>Supervisors Corner</i>	6

Latex Allergy: Etiology and Management

By Sallie Simpson, RN, MBA, CPHM

Wake Forest University Baptist Medical Center

Allergy is a hypersensitive reaction by the body to foreign substances that in similar amounts and circumstances are harmless within the bodies of other persons. An antigen is a foreign substance introduced into the body that is capable of adhering to lymphocytes, the white blood cells that fight infection. Antigens that produce an allergic reaction are called allergens. Since the mid- 1980's, allergy to natural rubber latex (NRL) has become widespread in populations exposed to high levels of rubber. These populations include health care workers, children with spina bifida, latex industry workers, and housekeepers. Latex gloves are probably the main cause of latex sensitivity, so it is helpful to understand something about the manufacturing process. Latex gloves are made from the sap of the rubber tree (*Hevea brasiliensis*) which grows in Asia, Malaysia, West Africa, and South America. The sap is collected and treated with ammonia which acts as a preservative. The latex sap is then vulcanized (treated with heat and sulfur) to make it stronger and more elastic. Then accelerators (thiurams, carbonates, and thiourea) and antioxidants (benzothiazoles) are added to improve strength, stretch, and durability. Hand-shaped molds are dipped into the latex concentrate. Depending on the various finishing processes used, the gloves may contain varied amounts of water soluble latex protein, the allergenic component. Variable amounts of latex protein are removed by washing and leaching processes. The gloves are treated with cornstarch "powder" or chlorination to assist in the donning process. Finished gloves may actually contain more antigens than raw latex due to "neoantigens" produced during the manufacturing process.

Ten different proteins in natural rubber latex have been implicated as allergens. Latex allergy was first

identified in 1979. When universal precautions were introduced in 1987, the exposure to both patients and staff dramatically increased. Glove demand soared and manufacturers had trouble meeting the increased demand. Also, political situations in some of the latex-producing countries were unstable. Inconsistencies in manufacturing techniques and inadequate washing and curing times led to the release of products containing a much higher content of latex antigens. Health care

workers were suddenly required to use gloves more often and the gloves they were using had more impurities. More and more health care workers became sensitized to latex. Once an individual becomes sensitized, exposure to as little as one part per billion can cause a reaction. There are three recognized reactions to NRL products: irritant contact dermatitis, allergic contact dermatitis, and immediate-type hypersensitivity reaction.

Irritant contact dermatitis is a result of the direct action of chemicals found in latex or other glove components on the skin. It is not directly mediated by the immune system. The extent of the reaction depends also on the duration of exposure, skin occlusion, and skin temperature. Irritant contact dermatitis presents as erythema, itching, and edema followed by crusty plaques on the exposed areas.

Allergic contact dermatitis is also known as delayed-type hypersensitivity (type IV) and is caused by sensitization to the chemical components of latex gloves, usually the accelerators. Once an individual has become sensitized, contact with the same allergen will cause a dermatitis usually beginning within 48 to 72 hours of exposure. Allergic contact dermatitis presents with erythema, scaling, and vesiculation in the acute phase with lichenification in the chronic phase. Unlike irritant contact dermatitis, allergic contact dermatitis involves the immune system. Like allergic contact

dermatitis, immediate-type hypersensitivity (type I allergy) requires previous sensitization. This type of reaction is the most dangerous reaction to NRL products as it can lead to anaphylaxis and death. On re-exposure to the allergen, IgE linked to the latex protein causes the release of histamine and other chemical mediators in the body. Presentations vary among individuals and include

contact urticaria, burning, stinging, sneezing, conjunctivitis, asthma, and anaphylaxis. Exposure routes include mucus membranes, skin, inhalation, and intravascular. Most of the severe reactions result from mucus membrane or inhalation exposure. Mucus membrane exposure can result from air-borne powder particles used as dry lubricant on gloves. The powder acts as a carrier for latex proteins in the air. These particles can be dispersed when removing gloves and cause aerosol contamination, leading to occupational asthma and sometimes allergic contact dermatitis.



When universal precautions were introduced in 1987, the exposure to both patients and staff dramatically increased.

(Continued from page 2)

What can be done to protect patients and staff members who have latex sensitivity? First it must be recognized that latex sensitivity is a real and serious problem that will not go away. The problem must be addressed in a formal manner. Health care facilities should establish multidisciplinary committees to address the following issues: educational programs for employees, policies and procedures relating to latex allergy, obtaining latex-free supplies, and formulating plans for high risk areas such as emergency departments and operating rooms. Systems should be developed to help identify individuals, both patients and employees, who are latex sensitive. Written statements should be obtained from manufacturers about the latex content of supplies and equipment. Institutions should concentrate on latex avoidance and making the environment latex safe, as it is virtually impossible to be totally latex free. Latex allergy risk assessment should be included in the admissions process. All children with neural tube defects should be cared for in a latex safe environment from birth. Above all, educate health care workers and physicians about latex sensitivity.

Since gloves are the most common vehicle for exposure to latex, they must be selected and used appropriately. Gloves must provide a two-way barrier. The efficacy of the barrier is compromised by the task being performed and the length of time involved. In other words, the longer the gloves are worn and the more active the task, the less effective the gloves will be. Latex does offer more barrier protection than vinyl when the task requires a long time and where there will be exposure to large amounts of blood or body

fluid. Vinyl gloves are generally appropriate for exposure of 10 - 15 minutes where there is minimal exposure to blood or body fluids. Food service workers should never wear latex gloves when preparing or serving food. They wear gloves to protect the public, not to protect themselves from blood or body fluids.

Glove powder aerosolizes latex protein particles in the air, so it is crucial that all persons working in the vicinity of a latex sensitive individual wear only powder-free latex gloves or synthetic gloves at all times. Synthetic gloves that provide the superior strength and barrier properties of latex are currently available in limited quantities. As manufacturers tool up to produce more of these gloves, they will become more available at lower cost.

Natural rubber latex is used by thousands of goods, especially health care products. Eliminating the use of latex completely is not a viable option, but latex-free alternatives are becoming more common. By using products appropriately, the problem of latex sensitivity can be effectively managed by health care institutions.

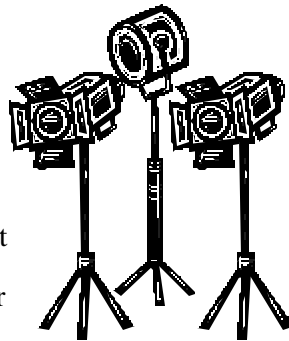
*To love what you do and
can feel that it matters –
how could anything be
more fun?*

Katherine Jackson

Spotlight on Members By Janet Aultman

Jessie Jones is one lady who understands why people cringe at the thought of the words reorganization, facility construction and added responsibilities. Organizational restructuring and construction are presently in progress at UNC Hospitals, her place of employment. In addition, added responsibilities became a reality two days after her NCAHCSP sidekick, Ted Toomer, took the plunge into retirement one year ago last February. Jessie had been the supervisor of the Operating Room Instrumentation Room for twenty-two years. For many years she had worked closely with Ted, the supervisor of the instrumentation in Central Sterile Services at the UNC Hospitals. Two days after Ted's retirement,

Jessie's supervisor role expanded to include the responsibility for instrumentation in Central Sterile Services. Jessie is no stranger to the changes and challenges in health care. As a LPN, she began her career in the Operating Room with LTNC Hospitals. Her continued health care career reads like an recruiting ad for traveling nurses: Tampa, Florida; Trenton, New Jersey; and Santa Maria, California. She states without hesitation that she



gained great experiences from each place of employment. When she returned to UNC Hospitals, she again worked in the OR before accepting the position of supervision of instrumentation. Now Jessie is very excited about soon having a "state of the art" Central Sterile Service Department in which to perform the daily

functions of instrumentation.

Jessie has a special young lady in her life, her granddaughter Leah. Leah was born prematurely with a birth weight of one pound and ten ounces. Leah is now a lovely three-year-old who brings happiness and laughter into Jessie's life. They are together every weekend. Jessie enjoys dining out with Leah, or loves to "go sit down and eat" as Leah calls the event.

Jessie, we wish you continued happiness with both your family and your career!

WELCOME NEW MEMBERS

Karen R. Baker, LPN
 Central Service
 Union Regional Medical Center Monroe, NC

Vickie Fraylon
 Sterile Processing
 Mercy Hospital
 Charlotte, NC

Maxine C. Hampton, CORT Central
 Sterilization
 Brunswick Community Hospital Supply, NC

Tara Holland
 Central Processing
 UNC Hospital
 Chapel Hill, NC

Michael Smith
 Central Service
 Morehead Memorial Hospital, Eden, NC

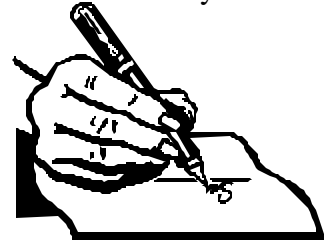
Kathy Young
 Sterile Processing
 Mercy Hospital
 Charlotte, NC

Robert Young
 Central Processing
 UNC Hospital
 Chapel Hill, NC

Membership Report

Thanks to your continued support, we currently have 254 members. Renewal letters, have been mailed, so take a moment and rejoin if you haven't already.

Linda Messick, CSPDT
 Membership Chairperson



HEALTH WATCH

Sugar Sugar

There are nine teaspoons of sugar in a 12-ounce can of Coke or Pepsi.

A 64-ounce drink has 48 teaspoons of sugar.

Most of the sugar in our diets comes from processed foods, especially in the form of "high-fructose corn syrup. Other names for sugar on food labels: corn solids, corn sweetener, corn syrup, date sugar, dextrose, fructose, glucose, honey, invert sugar, lactose, malt, malted barley, maltose, maple syrup, molasses, raw sugar, sucrose, and turbinado.

Source: Fat-Proof Your Child by Joseph Piscatelia



Kiwi

Ounce for ounce, kiwifruit is the most nutrient-dense of the major fruits – including cantaloupe, straw-

berries, oranges, and apples.

- ▲ Cut in half and scoop it out of it's furry skin.
- ▲ Slice it and combine it with oranges and grapefruit for a nice salad.

Source: Journal of the American College of Nutrition, Vol. 16, No. 5

IN THE NEWS.....

The latest on EtO. The third edition of *Ethylene Oxide Use in Hospitals: A Manual for Health Care Personnel* has just been released by the ASHCSP. Author Neal Danielson has updated and expanded the manual, which is suitable for self-study or classroom use. Structured for easy learning, the manual covers real-world work procedures that will help reduce occupational exposure to EtO. The book costs \$69.95 for ASHCSP members, and \$90 for others. To order, call 800.242.2626 and ask for item no. 031826.



Latex video. Health care workers who use products containing latex will benefit from a new educational video from the U.S. Commerce Department's National Technical Information Service. "Natural Rubber/Latex Allergy: Recognition, Treatment, and Prevention" is a two-tape recording (171 -minutes total) in which a panel of experts discusses prevention and management of latex allergy. The tapes cost \$85 plus a \$5 handling fee. Call 800.553.NTIS (ext. 6847) and ask for product no. AVA20282VNB2KNB.

Materials Management in Health Care, August 1998, Vol. 7 No. 8

It's the tried-and-true for now. The national standard for steam sterilization and sterility assurance is up for revision this year at the Association for the Advancement of Medical Instrumentation, but don't expect a radical shift to European-style "parametric" release any time soon. "We plan to incorporate some aspects of ISO 13683, and to encourage people to move toward a quality system. But until then they need to rely on the tried-and-true method," says Jan Schultz, a consultant in Allison Park, Pa., who's on the committee that's revising the standard. The plan is to introduce the concept gradually and to release a technical information report at the same time as the new standard. Work is going slowly, though, and Schultz doesn't expect it to be released for about two years.

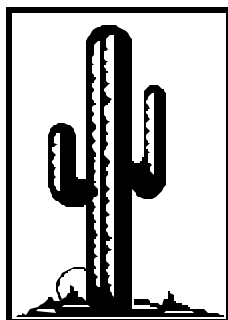
▲ If your hospital hasn't started fixing its Year 2000 bugs yet, it's not alone, according to the fourth annual Healthcare Technology Survey by IT law firm Gordon & Glickson, Chicago. More than 30 percent of the 1,600 responding hospitals "have not yet begun to develop a strategy to address critical programming updates," and few have coordinated their efforts with other entities in their networks. "Hospitals need to move beyond assessment and begin to initiate Year 2000 conversions immediately," says partner Diana J. P. McKenzie. "Otherwise, they will face major shortages in qualified programmers, increased costs, failed systems and ultimately, legal threats."

Materials Management in Health Care, July 1998, Vol. 7 no. 7

Region 3 Report

The 31st Annual Conference & Technical Exhibition of the American Society for Healthcare Central Service Professionals will be held On October 24 - 27, 1998, in Reno, Nevada at the John Ascuaga's Nugget Hotel (800.843.2427). Registration for this meeting is \$375 for members, \$475 for non-members. Call 312.422.3750 for more information.

Also, this is election time for ASHCSP. Members have received ballots for President-elect. Please vote and make your voices heard.



TREASURER'S REPORT

BALANCE (MAY 1998)	\$30,097.78
DEPOSITS	7,191.00
EXPENSES	20,232.39
MONEY MARKET	10,773.86
BALANCE (July 1998)	\$27,830.25

OCTOBER

Our next educational program will be held on October 16, 1998 at the Hawthorne Inn in Winston- Salem. During the morning session, we will have two excellent speakers: Beverly Essick and Tina White-Kennedy, from Wake Forest University Baptist Medical Center. You may remember Beverly from a previous program she presented to our organization on risk management. This time Beverly will speak on Advance Directives, a topic informative to everyone. Tina will speak on Conflict Management, how to deal with problem employees and also how to resolve conflicts with co-workers. The afternoon session will feature Lu Ann Sorrell, from Forsyth Medical Center. Lu Ann will bring us up to date on the latest in Biological Monitoring. Please plan to attend this excellent program!



Craig Mills, CSS Supervisor at Caldwell Memorial Hospital in Lenoir was awarded Employee of the Month for April, 1998. Craig will also be a nominee for the Employee of the Year at Caldwell Memorial, which will be announced at the Annual Banquet in January 1999.

Congratulations and Good Luck, Craig!

Working together, ordinary people can perform extraordinary feats. They can push things that come into their hands a little higher up, a little further on towards the heights of excellence.

SUPERVISOR'S

Praise employees effectively

Praise is a manager's most powerful tool but like all tools, you have to be sure you're handling it correctly. Here are two suggestions:

Don't hide your praise behind criticism. The "sandwich technique" in which you couple a piece of praise with another item of criticism, rarely sounds sincere. The employee is more likely to remember the criticism and assume the praise was included only to soften the blow.

Be specific. Vague, global praise, like "You're doing a great job," is less meaningful than precise descriptions, such as "You added five new accounts last week. That's great!"

(Think & Grow Rich Newsletter, 208-2 Keowee Trail, Clemson, SC 29631)


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The greatest thing in the world
is not so much where we stand
as in which direction we are
moving.

Oliver Wendell Holmes

NCAHCSP MISSION STATEMENT

**NCAHCSP WILL ESTABLISH ITSELF
STATEWIDE AS THE LEADING EDU-
CATIONAL ORGANIZATION THROUGH
INNOVATIVE PROGRAMS THAT ENHANCE
THE DEVELOPMENT OF CENTRAL SERVICE
PROFESSIONALS**



We're on the web!
www.ncahcsp.org

Board of Directors 1998-1999

PRESIDENT

Ruby Blackwell, RN
Forsyth Medical Center
3333 Silas Creek Parkway
Winston-Salem, NC 27103
336.718.5074

PRESIDENT-ELECT

Paul Hess, RN, BSN, CRCST
New Hanover Regional Medical Center
2131 S. 17th Street
Wilmington, NC 28402-9000
910.343.2142
phwilmnc@wilmington.net

TREASURER

Mary Jo Perkins
4325 Riverside Drive
Clemmons, NC 27012
336.766.3265

SECRETARY

Linda Messick
N.C. Baptist Hospital
Medical Center Boulevard
Winston-Salem, NC 27157
336.716.4891
lmessick@wfubmc.edu

Janet Aultman
N.C. Baptist Hospital
Medical Center Boulevard
Winston-Salem, NC 27157
336.716.6271
jaultman@wfubmc.edu

Richard Blackburn
Gaston Memorial Hospital
2525 Court Drive
Gastonia, NC 28054
704.834.2233

Carole Caniford
Western Wake Medical Center
1900 Kildare Farm Road
Cary, NC 27512
919.233.2379

Linda Cook
High point Regional Hospital
601 N. Elm Street
High Point, NC 27262
336.884.6047
lcook@hprhs.com

Ruth Falls
Iredell Memorial Hospital
P.O. Box 1828
Statesville, NC 28304
704.878.4526

Louise Rahilly
Cape Fear Valley Medical Center
Box 2000
Fayetteville, NC 28301
910.609.6199

Frank Sizemore
N.C. Baptist Hospital
Medical Center Boulevard
Winston-Salem, NC 27157
336.716.6270
fsizemor@wfubmc.edu

Carl Winge
Frye Regional Medical Center
420 N. Center Street
Hickory, NC 28601
828.324.3064
carlos@twave.net

David Wooten
Cleveland Regional Medical Center
201 Grover Street
Shelby, NC 28150
704.487.3000