President’s Message

Summer is over and I hope you and your family had a very deserving and restful vacation. It was good to see a lot of you at the August Meeting. Those of you who did not attend really missed some very informative sessions.

School has started and autumn is right at our doorsteps. As fall approaches we see color changes in the trees, leaves beginning to fall and cooler weather all around us. It is time we step back and look at our accomplishments since January 2005. Are you happy and satisfied with your personal and professional accomplishments? Have you done your very best? How do you see your job performance? How do you think others view your job performance? As is common, we usually see ourselves differently from what our coworkers see. How do you stack up?

Let’s look at ourselves from a professional “anatomical” perspective. Just as the human body has the skeletal bone structure for support, our departments need a skeletal structure to make it strong and supportive.

Just for a moment, take a look at your “department skeleton”. Just how does it “stack up”?

Are there LAZY BONES in the department? These are the people who do anything to keep from getting the work done. They take extra and prolonged breaks. They want to stay in the background. They do not want to be involved in any decision-making. They don’t want others to make waves that could change their comfortable way of “just getting by.”

What about those WISH BONES? These people wish others would do all the work and just leave them to do what they want to do. They wish everyone else would volunteer to take on special assignments and not ask them to help. Wish bones often watch the clock and count the minutes until time to go home.

Then there are the JAW BONES. Jawbones are always ready to tell others how things should be done. A common phrase used by the jawbone is “Why are we doing this?” They are not happy with change. Their most dangerous words are “we have always done it this way and I don’t see why we have to change now.” They are content to stay the same forever. Jawbones are often perceived as “set in their way”. SKULL BONES are emphatic. They want things to be done their way. They do not have time or even desire for anyone else to offer suggestions on improvement. Skull bones get rattled when coworkers do not agree with their way of thinking and are often perceived as “hard headed” KNUCKLE BONES continuously rap. They delight in criticizing or finding fault with co-workers attitude or job performance. Knuckle bones look for faults in others while ignoring their own faults. These bones need to learn that before you criticize a person or their work, they must be ready to offer a solution for correction and improvement. Knuckle bones need to realize that they are either part of the problem or part of the solution.

Laughing all the way are the FUNNY BONES. They never take anything seriously. They are always eager to get the tasks at hand completed so they can get another break or make another phone call. Often the funny bones are just around for a paycheck. Quantity overlooks quality. It is not a laughing matter when careless mistakes are made that could impact the patient’s outcome.

Continued on page 7
• Objectives: The reader will have an understanding of the role of a CS employee in the hospital. 
• The reader will understand the importance of the CS employee to the delivery of safe patient care.
• The reader will understand the functions performed by the CS employee.

You are just out of school and don’t want to work in McDonald’s or Burger King. You want to go to college but not just yet. There is an ad in the paper for someone to work in Central Sterile at the local hospital with no experience required. So you put on your best shirt and pants, fill out an application, do the interview thing and amazingly enough you get hired. Now what? You think to yourself, “self, what exactly is Central Sterile and what am I going to do there”? Fortunately for you, there is someone in the Central Sterile area that likes to teach. Your first day there, he/she starts to precept you with all the basic information you will need to work in Central Sterile.

You will be taught the five basic divisions of Central Sterile starting with what Central Sterile is and progressing thru decontamination, processing (inspection, assembly and packaging), sterilizing, sterile storage and distribution. You and your preceptor will go over each of these areas individually until you feel comfortable with the knowledge before you go on to practical training.

She will probably start out by teaching you the very basics. What is Central Sterile and what does it do in the hospital? Central Sterile is the department within a health care facility in which both sterile and non-sterile equipment and medical/surgical supplies are cleaned, prepared for sterilization, processed, sterilized, stored and issued for patient care. Most of these items are used in direct patient care. Which means, if you don’t care for these items in the appropriate fashion, someone can become ill or infected with a disease. You will also learn that Central Sterile (CS) did not evolve until the early 1920s. Until that time most of the different nursing units took care of their own med/surg supplies. The Misericordia Hospital (now Mercy Catholic Medical Center) in Philadelphia is credited with being the first to establish a complete and separate area for sterilizing supplies. The first sterilizer was invented in the mid 19th century. Charles Chamberland, who was a student of Louis Pasteur, developed the first sterilizer and it looked very much like a large pressure cooker; imagine that.

The Central Sterile is arguably the most important department in the hospital. Think about it. Without your diligence to cleaning and sterilizing of all the used equipment and instruments in the hospital, the chances of patients having the appropriately cleaned and ready to use equipment is non-existent. Can you imagine an OR without sterile instruments, or an ER without the proper equipment and supplies? Something else the CS department does for the rest of the hospital is provide consulting services, in-service educational programs and occasionally a review of their policies and procedures to make sure the correct way of doing things has been documented. As your preceptor points out to you, there are many units that really do not understand the processes of sterilization so it will become your job, once you become proficient, to teach others what they need to know about sterilization. So you see, the job you have aspired to is really an important one.

As your preceptor continues to talk, two things start to happen; first, you have the feeling that you are in way over your head, but secondly, you start to feel that this job may just be more important than you first thought. Hey, it might even be something you want to do for the rest of your life, imagine that!

Once you have learned the basics of Central Sterile, you will begin to learn about the individual areas and how each of them has their own importance and how each fits together to give you a completely sterile product for use in direct patient care.

Your preceptor would have you read about the different areas first before you actually had hands on. This would involve the different policies and procedures that each CS department uses, which are mainly taken from both the AORN Standards of Practice as well as the AAMI Guidelines and the regulatory boards such as OSHA, JCAHO, FDA and the EPA.

That ends week one and your head is so full of information, you’re not sure you will remember it all. And to beat it all, starting Monday, you learn about decontamination and chemicals. As you approach the next week with trepidation, your preceptor smiles and says it won’t be that bad. Decontamination is defined as the area that all reusable equipment, instruments and other supplies are cleaned in order to make them safe to handle. In other words, the supplies that are used by the hospital are returned to decontamination with germs and other debris on them and you are responsible for making them safe enough for the rest of the hospital, including yourself, to handle with bare hands. In order to protect yourself against unknown germs and virus that are lurking on the used equipment, you must first protect yourself. This protection is called personal protective equipment or PPE for short. PPE consists of surgical scrubs that are laundered by a hospital facility, hair covering, shoe covers, safety glasses or a full-face shield, an impervious gown or apron and gloves. To yourself, you think that this is not the way to get a girl but you don’t say anything out loud. Next your preceptor starts to talk about cleaning agents like detergents. Isn’t detergent something your mother uses to wash clothes, you ask your preceptor? She smiles and says it’s not quite the same thing and goes on to explain that the detergent used to wash clothes is a soap that is alkaline and could cause pitting and corrosion on certain types of surgical instruments. Soap can also leave a film.
that will interfere with germicidal action. The detergent your preceptor is talking about breaks down fat, oil and grease and causes soil to break into fine particles that can be suspended rather than reattaching themselves to the instrument being cleaned. She goes on to talk about things called antiseptics and disinfectants as well as other chemicals that can be used as sterilants. But you can hardly keep your eyes open. You realize that you are going to have to study a lot harder than you thought to learn all that your preceptor is trying to teach you. Toward the end of the week, Ms. Preceptor takes you into the decontamination department and you get dressed in the appropriate PPE and you start to learn about the machinery used to make something clean from something dirty. She explains the difference between a washer/decontaminator and a washer/sterilizer. You actually get to use the cart washer. And that big ultrasonic thingy was a gas. When she had you stick your hand into it to feel the ultrasonic waves, that was cool. Of course, she explained how everything worked and you started to feel excited and interested again. Now this was a lot more fun than just sitting in a classroom. So much for week two.

On to week three.

This week you start to learn about the instruments themselves and how they are divided into certain key areas or categories. The first of these categories includes handheld, non-powered surgical instruments that are used for cutting, clamping, retracting, chiseling, holding and manipulating bone or tissue. The second category includes those instruments that are powered by electricity, batteries, compressed gas and lasers, for example, saws, drills or cauteries. The third group contains those instruments that are used endoscopically or via a telescope. Instruments that are used to look inside the bladder or on a video monitor would fall into this category. You also start to learn about the names of the different instruments and what their function is as well as what sizes they come in. For instance, you learn that a forceps is anything that grasps tissue, sponges or dressings. That they can be locking or non-locking and be many different lengths depending on the use. Ms. Preceptor also teaches you the structure of each instrument so that you know which parts are the box link, the jaw, what the shank is, the ratchet mechanism and the finger rings. She gives you a book of instruments for you to match names with the instruments she gives you for demonstrations. You are instructed on how to examine each instrument for cracks in the box links, any corrosion on the instruments, that the scissors still cut and the needle holders hold needles. Something else you will be taught is how to look at the endoscopic instrumentation and check for insulation problems and that the endoscopes themselves are not foggy. It is also important to check the light cords to ensure that the light fibers are not being broken and still carry a sufficient amount of light. After adding instrumentation to your list of things to study, you are very glad to see the weekend come. You can’t wait to see what the next week holds. When you get to work on Monday, you find out the preceptor is going to be at a conference for the week and you are going to work with the senior technician. You will spend two days in decontamination then you will spend the rest of the week learning about the different instruments and how to maintain them correctly. The time passes quickly as the tech you are working with is very good and even lets you check some of the trays against the pick sheets. This week, the preceptor is back and she is very excited about the conference she attended. She tells you about some of the new things she has learned as she lays out your new learning packets. You see by the top sheet that you are going to study sterilization. Sterilization is defined as the destruction of all living organisms by exposure to physical or chemical agents. You already learned about some chemical sterilization earlier but Ms. Preceptor starts to talk about steam sterilization, ethylene oxide, paracetic acid, gas plasma and dry heat. She tells you that the most common sterilization process is steam. This involves saturated steam under pressure and is the most economical and reliable method of sterilization. You also learn that the essential parameters of steam are time, temperature and the presence of saturated steam. The entire load must be exposed to steam that is hot enough to destroy all microorganisms in the time allotted for sterilization.

The next type of sterilization is ethylene oxide (EtO). This is a colorless gas that has an odor similar to ether. It is an ideal sterilant for heat sensitive devices. EtO gas will kill all known microorganisms by a process called alkylation. This is a chemical reaction that interferes with the metabolism of all types of microbial life, including bacterial spores. You also learn that this type of sterilization does have some disadvantages. The first being that it takes a long time for one cycle to complete. This is due to the need for lengthy exposure and aeration times. It is also more expensive and there are known serious health hazards associated with the continued exposure to EtO.

Dry-heat or “hot air” sterilizers are used only for specialized purposes for the most part. This involves very high temperatures which ordinarily would destroy or damage most items that a hospital usually autoclaves/sterilizes. Dry heat sterilization actually burns up microbial cells. Powders such as cornstarch are things, which are sterilized using dry heat.

Paracetic acid sterilization is considered a chemical sterilization. This is used as a low temperature sterilization system. This system is used primarily as a “just-in-time” sterilization system. In other words, it is used to
sterilize something just before being used. Items such as endoscopic cameras, scopes, light cords are sterilized by this system. The down side to this method is that if you don’t use the sterilized item right away, there is no way to keep it sterile so it would have to be sterilized again for its’ next use. Gas plasma is the newest of the sterilization systems. Ms. Preceptor tells you that gas plasma is also used as a low temperature sterilization method for sterilizing heat and moisture sensitive items. This system does not require aeration or have the hazards, expense and required safety devices that are needed for low temperature sterilization using EtO. Items sterilized by this method can be wrapped so that after the sterilization process, they can be stored until needed for the next use. The one important thing to remember is that the container and wrap used must be gas plasma specific, otherwise damage is done to the wrap and/or it won’t become sterilized.

As another week draws to a close, you realize how much information you have already learned as well as how much information you still have to learn. There is still the information about all the different types of wraps as well as the many different types of containers. The biological indicators, the integrators and the chemical indicators have to be learned as well as the Bowie-Dick test packs and what is used in the flash sterilizers. When you flip ahead to the agenda there is also listed sterile storage, distribution and inventory control. You don’t even know what some of those words are but you do know one thing, this may very well be a step in a long career in the healthcare field. Maybe, just maybe, not going to college now wasn’t such a bad choice after all.

For Additional Reading:

Post Test – So You Want To Work In Central Sterile

1. Central Sterile did not evolve until the early 1920s.  
   T  F
2. The first sterilizer looked very much like it does today.  
   T  F
3. Each CS department uses policies and procedures, which are taken from AORN Standards as well as AAMI Guidelines.  
   T  F
4. Decontamination is defined as the area where all reusable equipment, instruments and other supplies are cleaned in order to make them safe to handle.  
   T  F
5. PPE is professional protective equipment.  
   T  F
6. If soap is used to clean instruments, it can leave a film that will interfere with germicidal action.  
   T  F
7. There are four categories that instruments are divided into.  
   T  F
8. Sterilization is defined as the destruction of most living organisms by exposure to physical or chemical agents.  
   T  F
9. Steam is the most commonly used sterilization agent.  
   T  F
10. One of the disadvantages to EtO sterilization is that it takes a long time to run a complete cycle.  
    T  F

Please Note - Answer key will be in the next issue of the “Steamline”
To receive 1.0 Contact Hours toward re-certification from CBSDP, complete the in-service “quiz” after reading the article. Send this entire page with the completed “quiz” to:

Lana Haecherl  
P.O. Box 568  
Pineville, NC 28134

who will issue a certificate. You must score 70% or better to be issued a certificate. Be sure to include the information in the fields below.

If you are NOT a member of NCAHCSP please include a $15 fee, $20 for out of state, before a certificate will be issued. Your fee will provide you with a 1-year membership in the Association and consequently entitle you to submit the next in-service offerings for the cost of a postage stamp. That’s potentially six in-services for your registration fee.

CBSDP will allow us to give CEU credit for this in-service for one year after publication. Please be aware that this in-service will expire in September 2010.

Print your name CLEARLY, as you want it to appear on the certificate. Enter the address where you want the certificate to be sent.

EVALUATION – Please evaluate this in-service by selecting a rating between 0-4.  
0 = Not Applicable, 1 = Poor, 4 = Excellent

Authors Knowledge of the Subject 0 1 2 3 4
Authors Presentation, Organization, Content 0 1 2 3 4
Authors Methodology, Interesting/Creativity 0 1 2 3 4
Program Met Objectives 0 1 2 3 4

Name:________________________________________

Street:________________________________________

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November 4, 2005
Plan to attend the next meeting to be held on November 4th at the Hawthorne Inn and Conference Center in Winston-Salem. Our program will include topics such as “Monitoring Your Process” by Edie Chevalier, “Is It Sterile?” by Bryan Stewart and “Attitude Is Everything” by Debra Steele. Make your reservations for the Hawthorne Inn by calling 1-800-972-3774.

Our next scheduled meeting will be held on January 20, 2006 for the future quarterly meeting to be held at the Hawthorne Inn in Winston-Salem. The next annual meeting will again be held at the Ocean Dunes Resort in Myrtle Beach on May 3-5, 2006. We hope to see you at a future meeting.

Have you contributed information for the Newsletter?
Let us know what you are doing. What innovative ideas have you started at your hospital? Have someone that merits special recognition? Contact any member of the Newsletter Editorial Board. Let’s give recognition where recognition is due.

Do you have a suggestion for a newsletter in-service?
Better yet, submit an in-service and if we use what you have submitted as a newsletter in-service, you will earn a free registration to a quarterly meeting.

Submissions need to be original work, about a current CS topic, approximately 1,800 words and include a 10-question posttest and references. Do not worry about being perfect, we will help you with editing. Please submit your in-service in electronic form to any member of the editorial board listed on the first page.

Recipe for your busy lifestyle: – Mexican Rice – by Marie Caerver, from the NCAH CSP Cookbook

1 cup long-grain white rice, raw 1/3 cup Picante Salsa
2 Tbsp. vegetable oil 1 can Swanson’s Chicken Broth
1 clove garlic, minced 1 1/2 cups water
1/2 med. onion, chopped 1/4 tsp. cumin

Heat oil in a frying pan on medium-high. Add uncooked rice, garlic to pan and stir rice to coat with oil. When rice is slightly brown, add onions and stir. When onions are tender add Picante sauce, chicken broth, water and cumin.

Bring to a boil. Allow liquid to boil for 5 minutes, lower heat to low and cover. Simmer for about 15 minutes, stirring every few minutes.

When all liquid has evaporated and rice is tender, remove from heat and serve hot.

Yield: 4 servings; Nutrient Analysis Per Serving: Calories: 237 Total Fat: 10gm Carbohydrates: 33.0 grams Fiber: .7grams

Roadside Wisdom
Signs seen along life’s highway.
“The true measure of love is in what one is willing to give up for it!”
Region Two Report

- The annual meeting for 2006 will be held at the Mohegan Sun Casino and Resort, CT on September 23-26. Conference information as always is available on the website http://www.ashcsp.org.

- Congratulations to the NCAHCSP and it’s members. The Member recognition awards in Albuquerque were once again well represented by North Carolina Members.

- It is not too soon to begin thinking about who you may want to nominate for any of the prestigious awards offered by the ASHCSP at the annual meeting. In the past the North Carolina Association has been well represented by our fine Technicians and Managers.

- The 5th edition of the Technicians manual has been finalized and is currently at the printers and will be ready by the fall of 2005. The Spanish translation is completed and so is a Japanese edition. The cost is $100 for nonmembers and $80 for members. The Spanish workbook is $60 for non-members and $50 for members.

Sincerely,

Paul Hess, BSN, RN, CRCST, ACSP
Region 2 Director

Answers to the July Post Test for “Distribution Systems”

1. An optimal stock level for regularly used items determined for each area, checked frequently and brought up to standard is called a demand par system. F

2. A Demand Distribution system requires nursing or other customers to manage the supplies they use. T

3. When distribution systems are not accurate, supplies are not carefully handled and deliveries not timely, customers lose confidence and hoard supplies, patient safety may be jeopardized by not having required items available duplication of inventories and poor accounting of the inventory will occur. T

4. A printed array of contrasting bars and spaces that encodes information in a machine-readable form, used to identify a specific item is called a scanner barcode. F

5. An exchange cart distribution system disadvantage is the simplification duplication of inventory and storage space requirements for the second cart. F

6. A Case Cart Distribution System is almost always procedure or physician-specific. T

7. A case cart distribution system requires a collaborative relationship between CS and Surgery or other department using the system, especially effective communication. T

8. A specialty cart distribution system contains supplies for specific situations that are assembled onto a cart and taken to point of use. T

9. JIT is also called Exchange Cart Delivery System. Stockless F

10. Methods for charging include, paper requisitions, stickers, electronic or computerized requests and barcode systems. T
EVER WONDER:

- Why the sun lightens our hair, but darkens our skin?
- Why women can't put on mascara with their mouth closed?
- Why don't you ever see the headline "Psychic Wins Lottery"?
- Why is "abbreviated" such a long word?
- Why is it that doctors call what they do "practice"?
- Why is it that to stop Windows 98, you have to click on "Start"?
- Why is lemon juice made with artificial flavor, and dishwashing liquid made with real lemons?
- Why is the man who invests all your money called a broker?
- Why is the time of day with the slowest traffic called rush hour?
- Why isn't there mouse-flavored cat food?
- When dog food is new and improved tasting, who tests it?
- Why didn't Noah swat those two mosquitoes?
- Why do they sterilize the needle for lethal injections?
- You know that indestructible black box that is used on airplanes? Why don't they make the whole plane out of that stuff?!
- Why don't sheep shrink when it rains?
- Why are they called apartments when they are all stuck together?
- If con is the opposite of pro, is Congress the opposite of progress?
- If flying is so safe, why do they call the airport the terminal?

Presidents message continued from page 1  The push and pull until all the work is done is performed by the SHOULDER & BACK BONES. These people never give up or become discouraged. They are usually always on the job. They realize the work they do is vital and they are not going to stop until they have completed the tasks at hand. Shoulder and backbones strive for perfection and accuracy. They work hard their 8 hours, trying to get as much accomplished as possible. They don’t even think about leaving work for the oncoming shift “because they might not have enough to keep them busy.” These bones are constant. Shoulder and backbones are the strength and support of the department.

Where the body needs all the bones for support, Central Service could do without bones that are not doing their part to hold up the department. Bones lending a hand to low morale, negative or lacodasial attitudes need to make a personal appointment for a skeletal readjustment and realignment.

People judge others on perception. It is your responsibility to make them view you differently. Are you performing your best? Do you give all you can? Are you focused on quality and good customer service? Are you just looking to make it through another 8 hours?

Central Service has a very important role in the care of every patient. Every person employed in this department needs to be accountable for their actions. You cannot change another person but you can change yourself to really make a difference in what you do each day. Perform your work with purpose and meaning. You really do make a difference.

Don’ t forget to vote for candidates for the Board of Directors and President-elect
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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Post Test Answer Key for “Distribution Systems” from the July Issue

1. F   2. T
3. T   4. F
5. F   6. T
7. T   8. T
9. F   10. T

We’re on the Web! See us at:
www.ncahosp.org