Dear NCAHCSP Members,

MERRY CHRISTMAS and HAPPY NEW YEAR!

I hope everyone is enjoying this Holiday Season. It is often very chaotic for those of us in SPD. Many surgeries are scheduled because deductibles have been met and now things must be done before the new year.....and just when we wanted to take time off to shop.

Please continue to check the website for updates on educational sessions in the future. The next meeting in Winston Salem is February 6. Start planning to attend the annual meeting in Myrtle Beach April 22-25. Remember we are adding an extra session on Wednesday afternoon for “certification preparation”

Every Christmas Season I am reminded of the fact that we are the experienced wrappers. At least during this season we can wrap in colors other than blue. As you wrap at work, be thankful for work. As you wrap at home count your blessings we have so much. Share a little happiness.

Elections will be here soon. Please take this seriously and vote. Pictures on the website will help you identify people.

Merry Christmas

Judith M Carey

President’s Message

Christmas List 2014
Karen Furr

As we all go into the Holiday season we make a list of things to do but somehow we don’t quite get it all done.

Here are just a few suggestions to have on your list of things to do.

God and worship: stop and say a little prayer he likes to hear from us

Love: Be the gift of love and kindness.

Family and Friends: they are treasures so give an extra hug or say an extra prayer for them

Needy: You may not have much but share what you have: even a little prayer will go a long way.

Share: a smile with a stranger, it may be the only one they get that day

Time: Take time and spend it with love

ones young and old. These are the treasures that will be remembered

Enjoy: The most wonderful time of the Year.

Christmas and the New Year

Once you have checked this list then check it twice, Remember Santa Clause is
Ebola: Is your department prepared?

Objectives:
Define Ebola and why the healthcare system should be prepared for potential outbreaks.
Discuss the symptoms of the Ebola infection.
Discuss how Ebola is transmitted.
Discuss what protocols sterile processing employees should take if exposed with the Ebola virus.

What is Ebola?
There is a new threat to the citizens of the United States as well as people across the country. The threat comes in the form of a virus that can target the human body rapidly, and have adverse effect in the end. So what is this new Ebola virus, or is it so new? According to the Centers for Disease Control and Prevention, “Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees)” (Center for Disease Control and Prevention, 2014). There are a total of five different Ebola viruses that can affect humans and/or animals. Ebola has been connected to the infectious strain Filoviridae. The Ebola disease is an acute disease. It is imperative that once diagnosis is confirmed that the patient is promptly treated.

This year (2014) has been the largest epidemic spread of the Ebola virus. Contrary to some beliefs, this virus was around prior to 2014. The first outbreak was actually in the year of 1976. According to the World Health Organization: “Ebola virus disease (EVD) first appeared in 1976 in 2 simultaneous outbreaks, one in Nzara, Sudan, and the other in Yambuku, Democratic Republic of Congo” (World Health Organization, 2014). Small, remote villages in Central Africa had minute outbreaks of the virus once the virus was first identified. Today, the Ebola virus has been seen in more urban and rural areas in West Africa. In the United States, there have been confirmed Ebola cases in four people this year (2014).

What are the symptoms of Ebola?
Once infected with the Ebola virus it can take the patient just a few days to actually exhibit symptoms. This can certainly vary from person to person. According to the Centers for Disease Control and Prevention symptom times can fluctuate: “Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days” (Centers for Disease Control and Prevention, 2014).

How is Ebola transmitted?
The natural reservoir of Ebola has yet to be identified. Researchers have confirmed however, various ways the Ebola virus can be transmitted. According to the World Health Organization, Ebola can be transmitted the following ways once the host has been infected by the virus: “Ebola then spreads through human-to-human transmission via direct contact (through broken skin or mucous
membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids” (World Health Organization, 2014). According to the CDC, the Ebola virus is not a disease that can be transmitted through water, food, or the air.

Why should the healthcare system be equipped to take on Ebola?
Unfortunately, this year (2014) has been the worst in world history that any healthcare organization has had to worry about treating those infected by the Ebola virus in Africa as well as the United States. Therefore, it is critical that all healthcare workers are trained and equipped with the supplies needed to control the potential spread of the virus throughout the country once a case of Ebola is confirmed within a facility. Because healthcare workers have to be in direct contact with patients diagnosed with the Ebola virus, it puts them in immediate jeopardy of contracting the disease themselves. “Health-care workers have frequently been infected while treating patients with suspected or confirmed EVD. This has occurred through close contact with patients when infection control precautions are not strictly practiced” (World Health Organization, 2014). Healthcare workers have to be adequately trained before treating any patient that has contracted the Ebola virus.

Why should sterile processing be concerned about Ebola?
Sterile processing technicians are already trained to use Universal Precautions which when simply defined is to “treat all instruments, equipment, or used supplies as if they were infectious”. Surgical patients can have infectious diseases or infections such as HIV, Hep B, AIDS, MRSA, VRE, CJD, and yes Ebola! Therefore, sterile processing technicians should still take on the same protocols as they do with any other infectious disease when processing potentially infectious instruments, medical supplies, and/or equipment that may have been exposed with Ebola. To date, there has not been a patient exposed with Ebola that has needed a surgical procedure, but this does not mean that both the operating room and sterile processing departments should not be prepared. So what should the sterile processing technician do once they come in contact with patients? Well according to the CDC all precautions should be taken. “The Association of periOperative Registered Nurses (AORN) recommends that airborne precautions be taken when caring for an Ebola patient in the surgical setting in addition to standard, contact, and droplet precautions” (The Association of perioperative Registered Nurses, 2014).

How would you handle medical supplies, or equipment that has been exposed with Ebola? The answer is simple. Make sure you wear ALL components of your Personal Protective Equipment! These items include ALL of the following: utility gloves (puncture resistant), impervious, fluid-resistant gown with sleeves, shoe covers/boots, and a mask with splash resistant goggles and/or shields. As far as instrument re-processing goes, there has not been any new data confirming that instruments should be cleaned, decontaminated, or sterilized in any other manner. The technician should minimize handling sharps items and instruments to decrease their
Objective:
Distinguish the difference between a lead technician, supervisor, manager, and director.
Discuss the primary role of a sterile processing lead technician.

Lead technician, supervisor, manager, or director: what’s the difference?
When you hear the word LEAD or LEADER what description comes to mind? According to Allan Wong a leader is described as such: “a person who influences a group of people towards the achievement of a goal” (Wong, 2007). Within the sterile processing department the common goal is patient safety and nothing less than that. Let’s dig a bit further. When you hear the terms supervisor, manager, and director what does those terms mean to you? Do all of these terms have the same meaning? Or may be you feel as if one title is more superior to the other? Hopefully, you will find in this article that the answers to these questions will be revealed. Okay, now to break each role down so that we can gain a better perspective. When you research several job descriptions provided throughout the nation you will find that the lead sterile processing technician description may vary from city to city, state to state, or facility to facility. The most common description presented stated that the lead sterile processing technician often serves as a “back-up” for the department’s supervisor. According to Hillcrest Hospital in Ohio, the lead technician is further responsible for the following: “Performs and serves as a resource for decontamination, inspection, assembly, and sterilization of all basic and specialized complex instrumentation, and troubleshoots equipment or product failure” (Minute Men Media, 2014). Now again this may vary from facility to facility, but in a nutshell, the lead technician is responsible for facilitating the duties of the sterile processing and in most cases are the ones responsible for working right alone with the sterile processing technicians within the sterile processing department.

A supervisor normally has more than two years’ experience in sterile processing either as a technician, lead technician, or previous supervisory role depending on the facility. Supervisors operate beneath the manager and have various responsibilities similar to the lead technician. A supervisor should also possess a certification in sterile processing. They are responsible for scheduling and coordinating all activities within the sterile processing department to ensure a smooth working flow. The supervisor also works “hand-on” with sterilizing, prep and preparation, and multiple other duties within the sterile processing department to facilitate work flow as needed.

The manager is who the supervisor usually reports to within the sterile processing department. Your sterile processing manager usually has previous experience in sterile processing, surgical technology, or the nursing field. They are also certified individuals in sterile processing. Through research you will find that most facilities across the country require a minimum of five years’ experience in sterile processing and a minimum of two to three years’ experience in the supervisory role. Furthermore, most facilities require at the minimum a Bachelor’s degree to serve as a manager. Some facilities may only require an Associate degree. Other facilities may require as high as a Master’s degree before they will consider someone to operate as a manager within the sterile processing department. The sterile processing manager is responsible for duties conducted within their department on a 24 hour bases, unlike the lead technician or supervisor. According to the job description provided by Bay Care Health in Florida, the manager furthermore has these duties: “The Manager: Sterile Processing is a leader within the health system who demonstrates proficiency in all Quality Leadership skills. Expertly manages the entire operation surrounding the sterile processing of instruments and other items necessary to conduct patient care throughout the hospital” (Bay Care Health, 2014).
Health, 2014). The manager has to have the ability to think quickly, problem-solve, delegate, and work with a diverse group of individuals.

The operating manager in sterile processing works under the director, if the facility has one. Your director can be over not only the sterile processing department, but the operating room, PACU, and Pre-Op departments as well just to name a few. Directors usually have more than five years of experience managing. Several facilities across the nation require a Master’s degree for a position as a director within the sterile processing department. Degrees should be in Nursing, Business, or any other Health-related studies. Some facilities will only hire registered nurses for both manager and director positions within the sterile processing department. Your director’s should also be nationally certified. It is critical that they have skills in organizational leadership, critical thinking, budgetary skills, project management, communication, conflict resolution, and Joint Commission, AORN, CDC, AAMI, and OSHA regulations. A specific description for the sterile processing director is as follows: “The Department Director plans, organizes, manages and directs the activities of the hospital department(s). This position has continuous operational authority and responsibility for accomplishments of the hospital departmental goals and objectives” (Oregon Health and Science University, 2014). The director’s role is very busy. They often rely on the managers and supervisors of the department to assist in maintaining quality control.

What is the specific role does the lead technician provide?
So finally, what exactly do the lead sterile processing technician job duties include? Are you currently acting as a lead tech without the necessary “title” as one? Sure you are! Most of you reading this letter are lead technicians! You have lead technicians in some facilities for each shift: first, second, and third. Let’s further examine the responsibilities so that you can determine if you are currently operating as a lead technician. Lead technician responsibilities include all of the following, but are not limited to:

- Decontaminating and sterilizing medical supplies and equipment
- Preparing and packaging medical supplies and equipment
- Responsible for documenting sterilized items
- Responsible for department in absence of the manager
- Assist with staffing and planning throughout the department
- Order necessary supplies and equipment

Regardless if the role is in being a lead technician, supervisor, or manager, they all have one specific requirement that is critical to the success of the sterile processing department; that skill is the ability to LEAD.
Certification: A big deal?
Katrina Simpson, B.S., CST, CSPDT

Objectives:
Discuss how a sterile processing technician can become certified.
Discuss different states that have or are working on legislation to mandate certification in their facilities.
Discuss the benefits of certification.
Discuss why some personnel may be skeptical about achieving certification.
Discuss the role anxiety may play in test-taking.

Why certify??
“I’ve been doing this job for 30 years and you can’t make me become certified”! If you are snickering as you read this it may imply that you have either overheard one of your fellow coworkers initiate this statement. Maybe you have allowed the words to blurt out of your own mouth a time or two. For those seasoned employees it may be difficult to rationalize the importance of becoming certified in the very critical field of sterile processing. Many have performed as OJT sterile processing technicians and have performed very well. These technicians may not see even the slightest reason why they should sit down for an exam that not only reconfirms that they know what they are doing, but recognizes that they are supreme technicians once they receive those extra credentials. So, why become certified?

What makes the sterile processing role so important?
Before we get into why certification is so important, let’s discuss in detail what it means to operate as a sterile processing technician. Sterile processing technician’s duties are: “To ensure the safety and cleanliness of reusable equipment, Central Services technicians decontaminate, sterilize and package instruments according to manufacturer and Food and Drug Administration specifications” (Montero, 2008). The sterile processing technician is a highly, skilled individual that works cohesively with infection control, operating room, emergency departments, dental clinics, and other departments in which the common goal is to achieve the highest quality of patient safety. Sterile processing technicians are the true “hearts of the hospital”. Departments throughout hospitals and clinics cannot run efficiently without the sterile processing team, and the sterile processing team cannot function without those departments. Therefore, why wouldn’t it be crucial for someone in a role so important to achieve the additional education necessary to sit for an exam(s) that are recognized on a national level?

Could anxiety play a role?
“I’m terrible at testing”! There is at least one person you may know that feels this way about testing. It may even be you that unconsciously becomes decomposed at the thought of having to take an exam. If so, don’t worry, you are not alone. There are
several adults across the country that suffers from “test anxiety”. “Anxiety disorders are the most common mental illness in the U.S., affecting 40 million adults in the United States age 18 and older (18% of U.S. population)” (Anxiety and Depression Association of America, 2014). Although anxiety is common in several adults, it is a treatable condition. There is a specific anxiety that targets adults by the name of Generalized Anxiety Disorder (GAD). “Generalized anxiety disorder is characterized by persistent, excessive, and unrealistic worry about everyday things” (Anxiety and Depression Association of America, 2014). Although, GAD may not be the primary reason personnel within the sterile processing department do not want to become certified, it could be a slight concern for some employees. Once seasoned staff can become comfortable about the idea of testing by being educated on the numerous benefits of becoming certified, there could potentially be an increase of personnel that wants to get certified, versus those that are forced to become certified.

**How do I become certified?**

There are two national certification agencies in which a sterile processing technician can become certified in the field of sterile processing. [The Certification Board for Sterile Processing and Distribution, Inc. (CBSPD), formerly the NICHSPDP, is a non-profit Certification Board which plans, develops and administers competency-based "International" certification examinations for personnel performing cleaning, disinfection, sterilization and inventory management activities, regardless of the setting] (The Certification Board for Sterile Processing and Distribution, 2014). IAHCSMM also known as the International Association of Healthcare Central Service Material Management is one of the other certification organizations in which a sterile processing technician could achieve a nationally recognized certification. Their mission statement is as follows: “The mission of IAHCSMM is to promote patient safety worldwide by raising the level of expertise and recognition for those in the Central Service profession” (International Association of Healthcare Central Service Material Management, 2014). Depending on which agency the sterile processing technician chooses to become certified through would indicate the minimal qualifications in which they would be allowed to test.

Some qualifications may include, but are not limited to: graduating from an accredited school that offers a sterile processing certification or degree and/or on the job training that is verified by a supervisor. Besides coming certified in just the area of a technician, there are also other certifications awarded for technicians that include but, are not limited to the areas of: management, surgical instrumentation, and gastrointestinal/endoscope reprocessing. In order to see what certification is applicable to the personnel looking into becoming certified, the applicant could visit either the CBSPD website @ [http://www.sterileprocessing.org/about_cbspd.htm](http://www.sterileprocessing.org/about_cbspd.htm) or the IAHCSMM website @ [https://www.iahcsmm.org/about.html](https://www.iahcsmm.org/about.html) to see which certification would be within their best interest. Both certification agencies offer national recognition to technicians that have taken the additional step to become certified in sterile processing.

**What states require certification?**

Currently, there are two U.S. states that have signed into legislation to mandate certification. Those two states are New York and New Jersey. Starting in January, it will be a requirement for all central sterile processing employees working in the state of New York to become certified through a national certification agency. “The state of New Jersey currently requires certification of CS technicians, while the state of New York will require new CS techs to be certified starting January 1, 2015, allowing them 18 months from
the date of hire to achieve certification” (Healthcare Purchasing News, 2014). Due to these new regulations in the states of New York and New Jersey, there have been several conversations across the Northeast for other states to jump on the bandwagon to mandate certification for their CS personnel.

Currently, there are hospitals throughout the U.S. whom have made it a requirement within their hospitals or clinics for their employees to become certified although; their residing state(s) has not signed this policy into legislation.

Benefits of certification
As previously discussed, sterile processing technicians are truly the “heart” of all hospitals and clinics across the country. When you discuss the heart, you are discussing a very valuable structure that is necessary to maintain the life of something. This is the way all sterile processing technicians should see themselves (as valued employees). Certification adds to that value. Some facilities give actual pay raise incentives for those personnel that take the extra step into becoming certified. Certification also means continuous education. In a world that is ever-so evolving, the field of sterile processing is constantly evolving as well, which makes it necessary for seasoned and un-seasoned employees to learn continuously. Either way you look at it, there are more pros than cons when it comes to deciding if you want to certify or not. Whenever the average person looks at those extra credentialing criteria before an employee’s job title, it often speaks volumes regardless if that employee is a doctor, nurse, or technician. It shows that “I am willing to continue to learn to stay abroad of all the latest that I need to know to do my job either to meet or exceeding the expectations”. Certification puts a stamp on the sterile processing technician that shouts out: “I am not mediocre, I am exceptional; I am
References

The Association of perioperative Registered Nurses. (2014). *Preparing for Ebola in the Operating Room:*


Post-Test 2014
1. Ebola is a deadly bacterium.
   TRUE             FALSE

2. Ebola was previously known as Ebola hemorrhagic.
   TRUE             FALSE

3. Ebola infections can only spread in humans.
   TRUE             FALSE

4. Ebola is a chronic disease that occurs over a long period of time.
   TRUE             FALSE

   TRUE             FALSE

6. Ebola is transmitted through indirect contact.
   TRUE             FALSE

7. Healthcare workers do not have to be concerned with Ebola transmission because they are in a hospital setting.
   TRUE             FALSE

8. While cleaning and/or decontaminating surgical instruments exposed to Ebola, sterile processing technicians do not have to worry about shoe covers if they have a gown on.
   TRUE             FALSE

9. Instruments exposed to Ebola should be thrown in the garbage.
   TRUE             FALSE

10. Sharp items should be handled as minimally as necessary while cleaning, decontaminating, and/or re-processing them.
    TRUE             FALSE

To receive one contact hour complete the quiz after reading the article and send the quiz only, via normal mail to:
    Lana Haecherl
    PO Box 568
    Pineville, NC 28134

DO NOT SEND QUIZ CERTIFIED
Your certificate will be sent via email if your score is greater than 70%
If you are not a member of NCAHCSF please include a fee of $20.00
Please allow at least six weeks for processing

NAME:________________________________

EMAIL:________________________________

PHONE NUMBER:________________________
What exactly is the Sterile Processing Team Leader’s Responsibility?
Katrina Simpson, B.S., CST, CSPDT

Post-Test 2014
1. A leader does not have the ability to influence a group of people towards a common goal.
   TRUE   FALSE

2. Every hospital within the nation has the exact job descriptions for sterile processing techs in every facility.
   TRUE   FALSE

3. The lead sterile processing technician is not responsible for preparing instruments for sterilization.
   TRUE   FALSE

4. The lead sterile processing technician often serves as a “back-up” for the sterile processing department’s supervisor.
   TRUE   FALSE

5. It is unnecessary for a supervisor to be or become certified.
   TRUE   FALSE

6. Some facilities require managers to have Bachelor’s degrees.
   TRUE   FALSE

7. The manager reports to the supervisor.
   TRUE   FALSE

8. The manager works underneath the director of the sterile processing department if the facility has a director.
   TRUE   FALSE

9. A director does not need skills in communication or organizational leadership.
   TRUE   FALSE

10. Assist with staffing and planning throughout the department is one of the job duties of the lead sterile processing technician.
    TRUE   FALSE

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NAME:_______________________________________

EMAIL:_______________________________________
Certification: A big deal?
Katrina Simpson, B.S., CST, CSPDT

Post-Test 2014
1. "OJT" technicians have performed poorly over the years.
   TRUE FALSE

2. Test anxiety can play a role in adults not wanting to take an exam.
   TRUE FALSE

3. Anxiety disorders are the most common mental illness in the U.S., affecting 20 million adults in the United States age 18 and older (18% of U.S. population)
   TRUE FALSE

4. Generalized anxiety disorder is characterized by persistent, excessive, and realistic worry about everyday things
   TRUE FALSE

5. There is only one nationally recognized certification board within the U.S. for sterile processing technicians.
   TRUE FALSE

6. Graduating from an accredited school that offers a sterile processing certification is one requirement that may allow someone to sit for a national certification exam as a sterile processing technician.
   TRUE FALSE

7. New Jersey is the only state that has signed into legislation mandatory certification for sterile processing technicians.
   TRUE FALSE

8. Sterile processing technicians are invaluable employees.
   TRUE FALSE

9. Becoming certified can add additional value to the sterile processing technician.
   TRUE FALSE

10. There is no need for continuous education once a sterile processing technician becomes certified.
    TRUE FALSE

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   Your certificate will be sent via email if your score is greater than 70%
   If you are not a member of NCAHCSPT please include a fee of $20.00
   Please allow at least six weeks for processing
   NAME:________________________________
   EMAIL:_______________________________
   PHONE NUMBER:______________________
Dear Steamie,

I have heard a lot of scary stories about Ebola. What is it and what do I need to know as an instrument technician in sterile processing?

Thank you.
Miss Informed

Dear Miss Informed,

Ebola (named after the Ebola River in Zaire) is believed to be a zoonotic (animal-borne probably fruit bat) virus, that had its’ first human outbreak in 1976. Over 284 people were infected with a mortality rate of 53%. There is little known about how the virus was transmitted, and the natural host/reservoir has yet to be determined.

The Ebola virus is not spread through air or by water. It is transmitted by contact with infected bodily fluids (usually blood, feces or vomit) and/or tissue of a person who has developed symptoms of the disease. It is important to note that people are only contagious when they have symptoms and once they recover, they can no longer spread the virus (NOTE: the virus may be viable in sperm up to 3 months after recovery).

The Ebola virus is able to survive on surfaces for a few hours and for a few days in body fluids. Per the CDC, PPE (mask, gloves, gown, full face shield, shoe covers up to the knee and head cover) should be worn by people caring for infected patients, instruments or equipment. Regular hand washing with soap and water is key to avoiding the spread of the virus. Ebola is stable and remains infective at room temperature (20°C), but can be destroyed with heat (60°C for 30-60 minutes), or boiling for 5 minutes. Its’ infectivity is terminated with commercial hypochlorite (bleach), alcohol-based products and Phenolic disinfectants.

What we know from this, is that our standard precautions, including our routine PPE’s and the chemical detergents we use in our decontamination process is sufficient to kill the Ebola virus.

Steamie

CDC Ebola Key Message provided by CHS Updated October 30, 2014
CLAM CHOWDER

In a Crock Pot

3 cans Cream of Potato Soup
1 can diced clams-drained
1 can Cream of Celery Soup
1 quart half and half
Salt to taste
Parsley (optional)

Place in Crock Pot - cook on low 3-4 hours

It doesn’t get any easier than this.
This recipe is from a restaurant in St Louis Mo. Call NOAH’S ARK
I put this in the Crock Pot before we go see Christmas lights. ENJOY

Judith M Carey
DATE COOKIES

- 1/2 cup butter or margarine (4 ounces)
- 1 cup brown sugar, packed
- 1 egg, beaten
- 1/4 cup warm water
- 1 tsp vanilla
- 2 cups flour
- 3/4 tsp baking soda
- 1/4 tsp salt
- Date Filling
  - 1 package (8 ounces) dates, cut up
  - 1/4 cup sugar
  - 3/4 cup warm water

Preparation
Bring dates, water, and sugar to a boil. Reduce heat to low and simmer, stirring frequently, until dates are thickened, about 5 to 7 minutes. Set aside to cool.

Cream butter and sugar; stir in egg, water, vanilla, flour, baking soda and salt. Drop cookie dough by tea-
spoonfuls onto a lightly greased cookie sheet. Place about 1/2 teaspoon of date mixture on the top of each cookie, then a small dab of cookie dough on top of the date mixture. Bake at 350° for 10 to 12 minutes.
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.
Board of Directors

President—Judith Carey, RN
Processing Coordinator, Sterile Supply Services
Gaston Memorial Hospital
2525 Court Drive
Gastonia, NC 28054
Phone 704-834-2346
Judith.carey@caromonthealth.org

Past President—Karen Furr
Moore Regional Hospital
Past President—Karen Furr
Moore Regional Hospital
Assistant Director Sterile Processing
PO Box 3000
Pinehurst, NC 28374
Phone 910-715-1081
kfurr@firsthealth.org

President-elect—Ann Thomas Inst. Tech IV
Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28205
Phone: 704-737-4794
ann.a.thomas@carolinashealthcare.org

Treasurer—Frank Sizemore
Associate Director Supply Chain Operations
North Carolina Baptist Hospitals, Inc
Medical Center Blvd
Winston-Salem, NC 27157-1122
Phone 336-716-6270
fsizemor@wfubmc.edu

Secretary—Paul Hess, BSN, RN, CRCST, ACSP
Manager, Support Services, CPD Central Processing and Distribution
New Hanover Regional Medical Center
2131 S 17th St, P.O. Box 9000
Wilmington, NC 28402-9000
Phone 910-343-2142
paul.hess@nhrmc.org

Angela Brockington
SPD Supervisor, Tech IV
Duke University Hospital
2301 Erwin Road, PO Box 100010
Durham, NC 27710
Office 919-681-4255
angela.brockington@duke.edu

Lana Haecherl
Manager, Medical Equipment & Sterile Services
Carolinas Medical Center
P O Box 32861
Charlotte, NC 28232
Phone 704-355-9814
lana.haecherl@carolinashealthcare.org

Sylvia Holland, RN, BSN, CNOR
Manager SPD, Medical Equipment Sterile Processing
Carolinas Medical Center
2001 Vail Avenue
Charlotte, NC 28207
Phone 704-304-5991
sylvia.holland@carolinashealthcare.org

Stacie Patterson, RN, BSN
SPD Manager
Iredell Memorial Hospital
557 Brookdale Avenue
Statesville, NC 28625
Office 704-878-4526
stacie.patterson@iredellmemorial.org

Louise Rahilly, RN
Founder-Board Member Emeritus
2623 Fordham Drive
Fayetteville, NC 28304
Phone 910-485-8296
crah115826@aol.com

Patricia Washington
Manager, Sterile Processing
Carolinas Medical Center NorthEast
920 Church Street North
Concord, NC 28025
Phone 704-403-1441
patricia.washington@carolinashealthcare.org

Tammy Franklin, ST, CSPDT, CSPDM
Sterile Processing Director
Catawba Valley Medical Center
810 Fairgrove Church Rd
Hickory, NC 28602
Phone 828-326-3259
Tfranklin@catawbavalleymc.org

Ann Murdock, BSN RN, CNOR,CRMST
Reusable Medical Equipment Coordinator
SP Services, OR Educator
W.G. "Bill" Hefner VA Medical Center
1601 Brenner Ave
Salisbury, NC 28144
Phone 704-638-9000 X3929

Katrina Simpson, BS CST,CSPDT
Program Coordinator Sterile Processing
Fayetteville Technical Community College / UNC Medical Center
PO Box 35236
Fayetteville, NC 28303
Phone 910-678-9786
simsonk@faytechcc.edu

Mailing Address
2131 S 17th St, P.O. Box 9000
Wilmington, NC 28402-9000

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