



**A SPECIAL THANKS TO THE  
FOLLOWING SPONSOR:**



- Discuss History of Brushes. Selection of proper brushes and materials.
- Associated risks of not following manufacturer's instructions for use.
- Discuss environment of care parameters for flex scopes.
- Discuss CMS requirements for maintaining flex scopes.
- Identify critical steps for endo reprocessing and the supported evidence based guidelines .
- Identify pathogens and the surfaces they come in contact with. Understanding Biofilm and the impact in the OR/SP.
- Effective care and handling in the reprocessing of flex scopes .

**THE NORTH CAROLINA  
ASSOCIATION FOR  
HOSPITAL CENTRAL SERVICE  
PROFESSIONALS**

**WINTER MEETING  
FEBRUARY 07, 2020**

**WILL BE HELD AT:**

**THE VILLAGE INN  
6205 RAMADA DR.  
CLEMMONS, NC 27012  
(336) 766-9121**



**PROGRAM HIGHLIGHTS:**



## NCAHCSP Winter Meeting 2020

**FRIDAY, February 7th**

**Educational Meeting**

**7:30-8:30am**

**Registration**

**8:30am-9:45am**

**Gabe Cox**

**“It’s A Dirty World”**

**Sponsored by: Steris IMS**

**9:45am-10:00am**

**Coffee Break**

**10:00am -11:45am**

**Gabe Cox**

**“Felxible Scopes and Rigid Rules”**

**11:45am-12:00pm- Business Meeting**

**NOON-1:00pm LUNCH**

**1:00-2:00pm**

**Jim Hoffman**

**“Effective Care and Cleaning in the Reprocessing of Scopes”**

**Sponsored by: Steris IMS**

**2:00-3:00pm**

**Brandon Foushee**

**“Brush Training”**

**Sponsored by: Steris IMS**

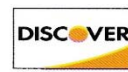
### REGISTRATION FEE

**\$25 Members**

**\$50 Non-members**

(Registration Fees include Lunch Buffet, Coffee Breaks and CE)

**We can accept the following forms of payment for pre-registration or at the meeting:**



**For pre-registration contact:**

**Stacie Patterson @ (704) 902-8092 with:**

**Name on card**

**Card Number**

**Expiration Date**

**CVV Number**

**Billing Zip Code and Email Address**

### PRE-REGISTER FOR THE EVENT

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

Dept.: \_\_\_\_\_

Email: \_\_\_\_\_

Member (\$25)

Non-Member (\$50)

*Please attach membership application. Membership included in registration fee.*

**Please remember that it is time to renew your memberships!**

**Make checks payable to: NCAHCSP**

**Return registration form & payment to:**

Stacie Patterson

165 Appaloosa Lane

Statesville, NC 28625