“Attitude is a choice. Happiness is a choice. Optimism is a choice. Kindness is a choice. Giving is a choice. Respect is a choice. Whatever choice you make makes you. Choose wisely.”
— Roy T. Bennett

Please note the new CEU submission requirements, as found on Page 6 of this newsletter. ALL requests for CEU must now be sent via e-mail, to the address

The NCAH CSP is an affiliated chapter of the
International Association of Healthcare Central Service Materiel Management
Objectives:

What are multi-drug resistant organisms
What part does SPD play in dealing with MDROs
What can everyone do to reduce MDROs

Multi-drug resistant organisms (MDROs) are common bacteria that have developed resistance to multiple types of antibiotics. These bacteria can be present on the patient’s skin, moist areas of the body, and in secretions. Examples of commonly seen MDROs are: Methicillin-resistant Staph aureus (MRSA), Vancomycin-resistant Enterococcus (VRE), Extended-spectrum Beta-lactamase Producers (ESBLs), and Carbapenem-resistant Enterobacteriaceae (CRE). These organisms can live on surfaces for months and are spread easily by the hands of healthcare workers. It is important for the sterile processing department (SPD) to be diligent with hand hygiene and proper use of PPE when cleaning, preparing, and processing surgical instruments. Although this may seem scary, it is vital to understand the important role you play in preventing these organisms from reaching the surgical patient; thereby preventing difficult if not impossible to treat surgical site infections.

The SPD is a critical area when it comes to prevention of surgical site infections. The busy work environment in SPD can often present challenges when attempting to apply infection prevention measures. Some of these challenges include: low hand hygiene compliance, rapid turnover times, staffing, heat and humidity in the decontamination area, and lack of understanding of preventing bacterial transmission. In this highly specialized area, it may seem that the chips are stacked against you when attempting to do the right thing during your busy day.

The good news is that there are three simple steps that the technician can take to prevent transmission of MDROs to themselves and to the patient. The first step is a very simple and easy intervention, using proper hand hygiene technique every time you enter and exit from each SPD area and prior to handling instrumentation. Proper hand hygiene includes use of an alcohol-based hand rub, or the use of soap and water for at least 15-20 seconds. Fingernails should be no longer than a quarter of an inch beyond the fingertip, and artificial nails or chipped nail polish is prohibited. The second measure includes applying proper precautions when handling potentially infectious instruments and materials. The practice of standard precautions, by treating all blood and body substances as potentially infectious should be used. MDROs may be present in patient secretions and spread to self and others by direct and/or indirect contact. The decontamination area involves activities for potential splashing, aerosolization, and direct contact with contaminated instrumentation. Staff should always clean hands prior to application of personal protective equipment (PPE) including: shoe covers, water-resistant gown, face mask, face shield/eyewear protection, and gloves. The importance of diligently using all PPE mentioned protects the staff member from contamination. Remember to clean your hands when removing PPE as well. The third step is maintaining your competency on reprocessing measures, so you know what instructions for use (IFUs) to follow to properly clean and process instrumentation. Skipping steps in manufacturers recommendations for processing instruments could contribute to a surgical site infection. Your understanding and usage of the proper techniques are critical to properly processing and preventing transmission of MDROs to the patient.
The final consideration to preventing the spread of MDROs in the SPD, is having a “conscience” about the important work you do every day. Learning to question things that don’t seem right and reporting them to your leadership can prevent processing errors. Reach out to your infection preventionist when you have questions and ensure that you do the right thing every time for every patient are keys to patient safety.

References:
What to know and do about multi-drug resistant organisms (MDROs) in the sterile processing department?

1. Multidrug resistant organisms can often be found on the patient’s skin?
   True    False
2. Multidrug resistant organisms are not spread very easily and can be treated readily with antibiotics?
   True    False
3. Hand hygiene and the use of standard precautions are methods of infection prevention the SPD technician can use to prevent the spread of MDROs?
   True    False
4. Handwashing should be performed for 5 to 10 seconds?
   True    False
5. When the technician applies standard precautions, they need to be aware of PPE necessary to protect them from potentially infectious blood and body fluids?
   True    False
6. The technician should always perform hand hygiene prior to putting on PPE?
   True    False
7. Strictly following an IFU to process an instrument is not important in preventing infection?
   True    False
8. It is important for the SPD technician to follow an IFU when processing instrumentation, to prevent the spread of MDRO infections?
   True    False
9. Sterile processing plays an important role in preventing surgical site infections?
   True    False
10. An extended spectrum beta-lactamase producer is an example of an MDRO?
    True    False

PROCEDURE FOR SUBMITTING CERTIFICATE REQUESTS

- Complete TEST, take a picture of completed TEST, send picture to email address ceu.ncahcsp@gmail.com.
- As of April 01, 2019, the PO Box was closed. All submissions must be sent via the e-mail address. As a reminder, allow six (6) weeks for certificate requests to be processed and plan accordingly.

Your certificate will be returned via the above email address, if your score is greater than 70%.
If you are not a member of NCAHCSP, please go to the website www.ncahcsp.org Membership link.
CEU Expiration Date CBSPD: 8/31/24
CEU Expiration Date IAHCSMM 8/25/21
Allow at least six weeks for processing.

PRINT NAME CLEARLY: (If we can’t read it, we will make our best guess as to what you wrote.)

E-MAIL ADDRESS: ____________________________________________  □(New e-mail address)

PHONE NUMBER: ____________________________________________
Recognizing National Immunization Awareness Month (NIAM) People of all ages can protect their health with on-time vaccination. National Immunization Awareness Month (NIAM) is an annual observance held in **August** to highlight the importance of vaccination for people of all ages.

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**Notes**

- Please submit your questions to Dear Steamie.
- Allow six weeks for CEU processing and plan accordingly.
- Please print clearly when filling information in on your test sheets.
- Please make sure your email address is correct and legible.
- Changed your e-mail address, ensure you’ve “checked” the box..
Dear Steamie,
We have been hearing that our hospital has an outbreak of CRE. What is CRE and should we be afraid?

CRE, stands for Carbapenem-Resistant Enterobacteriaceae. These are a family of germs that are difficult to treat because they have high levels of resistance to antibiotics. CRE are an important emerging threat to public health.

Common Enterobacteriaceae include Klebsiella species and Escherichia coli (E. coli). These germs are found in normal human intestines (gut). Sometimes these bacteria can spread outside the gut and cause serious infections, such as urinary tract infections, bloodstream infections, wound infections, and pneumonia. Enterobacteriaceae can cause infections in people in both healthcare and community settings.

Carbapenems are a group of antibiotics that are usually reserved to treat serious infections, particularly when these infections are caused by germs that are highly resistant to antibiotics. Sometimes carbapenems are considered antibiotics of last resort for some infections. Some Enterobacteriaceae can no longer be treated with carbapenems because they have developed resistance to these antibiotics (i.e., CRE); resistance makes the antibiotics ineffective in killing the resistant germ.

To get a CRE infection, a person must be exposed to CRE germs. CRE germs are usually spread person to person through contact with infected or colonized people, particularly contact with wounds...
or stool. CRE can cause infections when they enter the body, often through medical devices like ventilators, intravenous catheters, urinary catheters, or wounds caused by injury or surgery.

Healthy people usually don’t get CRE infections. CRE primarily affect patients in acute and long-term healthcare settings, who are being treated for another condition. CRE are more likely to affect those patients who have compromised immune systems or have invasive devices like tubes going into their body. Use of certain types of antibiotics might also make it more likely for patients to get CRE. CRE have been spread during ERCP (endoscopic retrograde cholangiopancreatography), a medical procedure that involves inserting a specialized endoscope commonly called a duodenscope into the mouth and down to the intestine where the bile duct attaches.

To prevent the spread of CRE, healthcare personnel and facilities can follow infection-control precautions provided by CDC. These include:

- Washing hands with soap and water or an alcohol-based hand sanitizer before and after caring for a patient
- Carefully cleaning and disinfecting rooms and medical equipment
- Wearing gloves and a gown before entering the room of a CRE patient
- Keeping patients with CRE infections in a single room or sharing a room with someone else who has a CRE infection
- Whenever possible, dedicating equipment and staff to CRE patients
- Removing gloves and gown and washing hands before leaving the room of a CRE patient
- Only prescribing antibiotics when necessary
- Removing temporary medical devices as soon as possible
- Sometimes, hospitals will test patients for these bacteria to identify them early to help prevent them from being passed on to other patients

Hope you find this information helpful.

Steamie
Future Education Meetings

►►The Summer meeting will be held on August 23, 2019
►►The Autumn meeting will be held in November
Visit our website www.ncahcsp.org You’ll find details as well as brochures and registration information. We are now IAHCSMM (www.iahcsmm.org) affiliated!

Recipes

Summer Thriller
Recipe by MIRALI
Total Time: 15-30 minutes
Serves: 4
Ingredients

3 cups - boiling water
3 bags - tea bags (Lipton preferably)
1/3 cup - Sugar
1 cup - chilled Cranberry juice
1 tbsp. - Lemon juice

How to Make Summer Thriller

Thank you Christi Tucker, Karen Furr, Tammy Franklin, & Stacie Patterson for the recipe contributions.
Committees for 2019

If you are interested in serving on a committee please contact Stacie Patterson

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