



CRITERION

SPRING 2014

"The Official Newsletter of the CBSPD, Inc."

VOLUME 18, ISSUE 1

Chairperson's Message Karen Swanson LPN, CSPM

This has been a year of change for the CBSPD. As many know, Nancy Chobin retired from the Executive Director's position effective November 1, 2013. Nancy has led the CBSPD to world known recognition for certification. I have not known anyone who has been as passionate about and dedicated to the care and safety of patients as Nancy has. There are no words to express the gratitude the CBSPD and the sterile processing profession have for all that Nancy has done. Nancy is not leaving us completely. She will continue to be an advisor to the Board and will co-chair the Item Review Committee with Sue McManus.

At the October 2013 Board of Directors meeting the leadership and reporting structures were reorganized and the Chairperson of the Board of Directors position was announced. Heidi Melnyk has been named Executive Director, a position reporting to the Chairperson of the Board. Robert Chobin, Jr. has been named Director of IT and Nickie Bunting has been named Office Manager.

It is with honor that I assume the position of Chairperson of the Board of Directors of the CBSPD. I have been involved in the sterile processing profession for almost 35 years, currently employed as the Manager of Central Sterile at Connecticut Children's Medical Center. I have been certified through the CBSPD since 1991, first as a Technician and then in 1996 as a Manager. Since 2000 I have served in various capacities including Manager representative on the Board of Directors and as member and Chairperson of Item Review.

I encourage you to become involved with the CBSPD. We need people from all parts of the country to write questions and participate on the Item Review Committee to review questions to be used on exams. More information regarding this very important committee can be found on our website. Please contact me at Karen@sterileprocessing.org or call the office if you would like to actively participate. This year we will open nominations for the Surgical Instrument Specialist and Management positions on the Board of Directors. The term for board members is 3 years with a possible extension of an additional 3 years. Board business is carried out throughout the year via email and conference calls and the annual Board meeting is held in the fall. Why not nominate someone who is willing to serve? Or, consider nominating yourself!

The CBSPD Technician exam has been re-accredited by the National Commission for Certifying Agencies (NCCA) for 5 years. The National Commission for Certifying Agencies (NCCA) is the accrediting body of the Institute for Credentialing Excellence. "NCCA was created to help ensure the health, welfare, and safety of the public through the accreditation of certification programs/organizations that assess professional competence. " In order for the CBSPD to attain certification we must comply with the stringent standards set forth by the credentialing organization. This year we are considering submission of application for accreditation for the Management and GI exams as well.

In closing, on behalf of the CBSPD I would like to offer congratulations to Jo Collaci, Government Affairs Director for IAHCSSM and the local team in the state of New York who worked so hard for a long time to get the bill requiring certification and ongoing education passed. They, along with the state of New Jersey are an inspiration for the other states currently in the process which include Connecticut, Massachusetts and Pennsylvania.



Chairperson's Message: Front Cover
Pre-approved In-service: Pg. 2

Exam Stats: Back Cover

What's Inside...

My name is Gail Law and I am the Board member representing the credential for Ambulatory Surgery Technician. I have been with the Board for a little more than four years and am honored to be among such a dedicated group of individuals. I started my career in ambulatory surgery about twenty years ago. My initial operating room experience was in a one-room surgery center dedicated to ophthalmology. As is the case in most surgery centers, I was cross trained to work in many areas. I worked in the pre-op and post op areas, spent time scrubbing and circulating and also processed instruments. Working in this center was my first introduction to the cleaning and processing of instruments. I enjoyed working in this center for about ten years.

The next position I accepted was working with a high volume ophthalmologist in a multi-room ambulatory OR setting. It was here that I first met Nancy Chobin. She came to the center to consult and assist with process improvement. I was very inspired by Nancy's knowledge and directional compass. I began my educational quest to master a deeper knowledge of the processing of surgical instruments. After attending many courses and in-services, I became certified as an Ambulatory Surgical Technician, (CASPT) and Sterile Processing and Distribution Technician (CSPDT). My passion continued. I attended as many in-services, lectures and courses related to sterile processing and infection prevention that I could possibly fit into my schedule. I became certified as a manager (CSPDM) in the August of 2008 and was nominated and appointed to the CBSPD Board in 2009. I was and remain honored to be appointed to this position.

In 2009 I assisted in the opening of a four-room Ambulatory Surgery Center specializing in ophthalmic surgery. The opening of the new center brought many challenges. I am proud to say that all of our employees working in the sterile processing department have their certification from the CBSPD. Ophthalmology brings many challenges to instrument processing. All of the instruments are micro instruments and must be handled with the utmost care. Special attention must be given to the prevention of Toxic Anterior Segment Syndrome (TASS). An adequate inventory of instruments is required to allow the staff the appropriate time to clean instruments. We are a high volume center and require twenty four cataract sets to provide the appropriate processing needed for the rapid turnover.

Each ambulatory center has its' unique characteristics; however, the principles of sterile processing must remain consistent. For the past ten years I have also held a concurrent weekend per-diem position in a women's ambulatory surgery center. The instruments used in gynecological surgery are in stark contrast to the micro-instruments used in ophthalmology yet the principles of processing remain the same. Attention to detail, consistently following best practices and recommendations will offer the best care we give our patients regardless of the specialty.

I have learned so much over these past years but most importantly I have learned that this profession is constantly evolving. We must all continue to stay current with changes, support one another and share our knowledge. We are a profession that is focused on providing the best care to our patients. The respect I have for those working in the sterile processing profession continues to compound as I continue to learn more. I feel I am a better nurse because of the education and credentials I have attained in sterile processing.

My goal is to continue to keep my knowledge current and support the sterile processing profession. My hope is to see all States require certification for those involved in sterile processing. It has been my honor to be the CBSPD Ambulatory Surgery Representative.

Toxic Anterior Segment Syndrome
Gail Law, RN, CSPDM

Toxic Anterior Segment Syndrome (TASS) is an acute inflammatory reaction that can occur after ophthalmic surgery of the anterior segment (front) of the eye; usually after cataract surgery. This inflammation can lead to severe damage to the eye. TASS has been associated with certain products used during surgery. TASS has also been associated with procedures and techniques used when processing ophthalmic instruments.

TASS has been associated with contaminated fluids used to irrigate the eye during surgery. It has also been associated with detergent residues, endotoxins, ophthalmic viscoelastic devices (OVD's), preservatives, foreign matter and residues left from sterile processing.

Outbreaks of TASS have been associated with a failure to follow guidelines for the processing of ophthalmic instruments. It is essential that the cleaning and sterilization guidelines provided by the manufacturer and professional societies be followed. Education, training and verification of the competency of the staff handling the ophthalmic instruments is crucial.

Some of the key elements related to the processing of intraocular instruments are as follows:

- **Adequate Inventory** - Having an appropriate amount of instruments will allow adequate time that is necessary for the proper processing of the instruments. Ocular instruments are delicate and require manual cleaning, often with many steps involved in the process. This process can be time consuming.
- **Designated equipment and cleaning area** - Intraocular instruments should be processed separate and apart from other surgical instruments. This will reduce the cross contamination from other instruments.
- **Manufacturer's instructions** - Manufacturers instructions must be available, up to date and followed. They should be easily accessible in all areas of processing. Employees processing intraocular instruments should have documented training. It is suggested that audits of the process be performed to verify that the instructions for use are being followed.
- **Pre-cleaning** - Intraocular instruments should be pre-cleaned immediately after use. Gross debris should be removed, cannulas flushed as recommended by the manufacturer (disposable cannulas are preferred) and instruments should be kept moist until the cleaning process has begun.
- **Transportation** - As with any contaminated instruments, transportation from the OR should be in an impervious closed transport container labeled with the biohazard symbol. The time between the use of the instrument(s) and cleaning should be kept to a minimum.
- **PPE** - Appropriate PPE should be worn when processing instruments.

- **Cleaning Agents** - Intraocular instruments should be cleaned with the products recommended by the manufacturer. The correct quality and quantity of the water recommended by the manufacturer should be used. It is critical that the recommended dilution of the cleaning agent be followed exactly; more is NOT better! The water quality is critical as well. Generally, the final rinse of the instruments should be with sterile, deionized or distilled water. Adequate volume must be used to rinse the instruments and must **not** be reused. It is very important to discard the rinse water after each use. If an ultrasonic unit is used, it is recommended that the unit be cleaned daily, preferably after every use. Single use brushes are recommended; if reusable brushes are used they should be cleaned after every use.
- **Sterilization**- Sterilize the instruments by following the manufacturer's instructions for use. Consult the manufacture if there are any discrepancies between the recommendations for the equipment used and the instrument instructions for use. The process of sterilization should be effective, monitored and documented. See AAMI ST79 for restrictions regarding Immediate Use Steam Sterilization.
- **Processing Equipment must be maintained** - All equipment must be maintained per recommendations and the equipment manuals must be easily accessed. All maintenance and repairs should be documented and performed by qualified personnel.

As healthcare workers it is our responsibility to process intraocular instruments precisely following the guidelines and best practices available to us. By properly processing intraocular instruments we will be doing our part to help prevent patients from developing TASS.

Test : multiple choice

1. What is a correct statement about TASS following eye surgery?
 - a. It is an expected outcome of surgery
 - b. It is a slowly progressing eye disorder
 - c. It is an inflammatory reaction
 - d. It does not cause any symptoms
2. TASS has been associated with which of the following?
 - a. Residuals from sterile processing
 - b. Wearing sunglasses post operatively
 - c. Using pre operative antibiotic eye drops
 - d. Wearing contact lenses prior to surgery
3. In order to prevent TASS, the dilution of the detergent solution should be?
 - a. Double the concentration
 - b. The recommended concentration
 - c. Half strength concentration
 - d. Triple the concentration
4. When processing ophthalmic instruments it is important to?
 - a. Clean the instruments as quickly as possible to expedite turn over
 - b. Vigorously scrub the tips of the instruments
 - c. Shake the instruments in a mesh bin to loosen soils
 - d. Allow whatever time is necessary to clean according to guidelines
5. Immediately following an ophthalmic surgical procedure it is very important to
 - a. Lubricate the instruments
 - b. Soak the instruments over night
 - c. Clean the instruments as soon as possible
 - d. Dry the instruments
6. What is generally recommended for the final rinse of ophthalmic instruments?
 - a. tap water
 - b. treated water
 - c. hydrogen peroxide
 - d. the cleaning solution
7. What is the best way to assure available eye trays for the OR?
 - a. Decrease the dry time on the autoclave by a few minutes
 - b. Have an adequate inventory of sets available
 - c. Avoid drying the instruments after decontamination
 - d. Delay inspecting the instruments until the end of the day
8. When other specialty instruments need to be cleaned at the same time as ophthalmic sets, it is best to
 - a. Process the instruments together to expedite the cases
 - b. Process the eye instruments separate and apart from other instruments
 - c. Soak the instruments separately then process together
 - d. Alternate cleaning ophthalmology sets with general instrument sets
9. While waiting to process ophthalmology sets it is important to
 - a. Keep them moist
 - b. Keep them dry
 - c. Expose them to air
 - d. Cover them with a dry towel
10. What is the best reason for following recommended practices for processing of intraocular instruments?
 - a. To help prevent TASS
 - b. Expedite turnover time
 - c. To prevent surgical delays
 - d. To minimize OR complaints
11. When cleaning ophthalmic instruments, the solution in the ultrasonic cleaner should be changed?
 - a. Only if it appears to be dirty
 - b. Daily, but preferably after each case
 - c. When you have adequate time
 - d. Weekly is best practice
12. What is true of brushes used to clean ophthalmic instruments?
 - a. They should be metal
 - b. They should be rinsed well between uses
 - c. Single use brushes are preferred
 - d. They should never be used

Key: 1c 2a 3b 4d 5c 6b 7b 8b 9a 10a 11b 12c

The CBSPD Item Review Committee Report

The committee met via webinar seven times in 2013, approving a total of 249 questions for various banks. The Committee met in conjunction with the annual CBSPD Board of Directors meeting in Asheville, North Carolina in October, 2013. Members in attendance included Gail Law, Karen Swanson, Mary Kay Lane, Sue McManus and Nancy Chobin. Jeanette Bakker was excused.

Questions for multiple exams were reviewed and submitted for inclusion in the various Item Banks.

At the meeting it was announced that since Karen Swanson was assuming the Chairperson of the Board position with the CBSPD, she would no longer be Chairing the Item Review Committee. Karen will continue to contribute and work with Item Review. Nancy Chobin, who retired as the Executive Director, agreed to assume Co-Chairing the Item Review Committee with Sue McManus.

Since October, the Committee co-chairs have reviewed the Ambulatory and GI Item Banks for question needs. In February-March, the Co-Chairs, with Karen Swanson, reviewed the entire Technician Item Bank, verifying test specifications, retiring older questions and updating references to the soon to be released 5th edition of the Basics of Sterile Processing textbook.

The Committee has also approved over 150 new questions for various banks since November, 2013. Anyone interested in joining the Item Review Committee as an item writer or Item approver should contact the CBSPD office.

Respectfully submitted
Nancy Chobin, RN, CSPM and Sue McManus, RN, CSPM
Co-Chairs, Item Review Committee

CEU's

I am frequently asked "how do I get CEU's towards recertification?" Below are tips for **all** of our certifications. There are many opportunities for **free** CEU's but REMEMBER – all CEU'S must be approved by the CBSPD and topics must fall within the exam guidelines which can be found in the Candidate Bulletin for each exam or on the Continuing Education Protocols page on the CBSPD website.

Check your professional magazines and journals. There are often educational/in-service articles with a post test. If there is a statement that the in-service article has been approved by the CBSPD you DO NOT have to send in a fee to the magazine or organization to have the test corrected. You can simply ask your Supervisor, Manager, educator or even your Infection Preventionist to correct the post test and document you have passed the test.

Have you read an interesting article related to your job? You can develop and present a departmental in-service for your coworkers based on the material read in the article and submit it to the CBSPD for CEU review.

Have you taken a class at your facility, such as medical terminology, ethics, or precepting? Submit the class outline to the CBSPD for approval.

Use your sales representatives or manufacturer representatives to give an in-service on their instruments, sets or equipment currently used. For example: ask your flexible scope manufacturer if they have education specialists who can come to your facility to review care and handling of scopes.

Many manufacturer's have submitted programs, in-services and video's for review and have had approvals given. Check with your local sales representatives for a list of their approved programs. They should be able to provide you with a certificate of attendance, an approval code number and contact hours. If they do not provide this, you can submit the information to the CBSPD.

There are multiple websites that may have educational material. Be sure the CBSPD has reviewed any of the website material before assuming it can be used for re-certification. If approved, the instructions on how to use or obtain approval codes are to be published with the material. Follow those directions.

You can submit test questions to the CBSPD and for every 10 (ten) test questions submitted and **accepted by the Item Review Committee** 2 contact hours will be awarded for a maximum of 15 points per re-certification period. Contact the CBSPD office if you are interested.

There are online sources for CEU's, though not all of them are free. Be sure there is a statement that the program has been approved.

Many states have local CS or SGNA Associations who present seminars. If they have not provided a CBSPD approval code for CEU's you can submit a copy of the program with the CEU request. The approval letter should be attached to the seminar attendance certificate when you submit for re-certification.

Be sure to have your supervisor, manager, educator, etc. document and sign your CEU records or obtain certificates for all of your education. You will need to submit proof when you prepare to re-certify.

To access the CEU approval form on our website click on CEU Approval and scroll to the bottom of the page.

Surgical Instrument Cleaning Brushes



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- Suction Tubes
- Laparoscopic Instruments



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DO YOU WANT TO BECOME A STERILE PROCESSING
OR AMBULATORY SURGERY TECHNICIAN,
OR FLEXIBLE ENDOSCOPE REPROCESSOR
BUT DO NOT HAVE A COURSE NEARBY?
YOU DO NOT HAVE TIME TO ATTEND SCHOOL?***

Understand that certification for CS/SPD personnel is quickly being required throughout the US. Don't wait until it is required. Get your education now! If already certified, maintain your certification with continuing education. All SPU In-services have been pre-approved for CBSPD Continuing Education credits.

SPU only contracts with certified sterile processing managers who have a minimum of 15 years' experience in the profession. In addition, all educational materials are based on scientific data, recommended practices, regulations, etc. SPU educational materials are evidence-based and updated continually so you get the most current information. Here are the resources we have to help you:

FOR STERILE PROCESSING PERSONNEL IN HEALTHCARE FACILITIES – TEXT-BOOKS, WORKBOOKS and on-line courses:

The Basics of Sterile Processing Textbook and Workbook (New 5th Edition!) This book was completely updated with new chapters and more photos.

The on-line Basics of Sterile Processing course has been completely updated with more information and modules to conform to the expanded FIFTH edition of The Basics of Sterile Processing. For sterile processing personnel working in an Ambulatory Surgery Center, **SPU offers an on-line Ambulatory Surgery Sterile Processing Technician course!**

For MANAGERS and SUPERVISORS – SPU offers the textbook, Management Basics for Sterile Processing, The Third Edition (2014). Chapter revised, updated and includes more information on safety, manufacturer's instructions, etc. Indicated for SPD Managers and Supervisors.

FOR EDUCATORS – The instructional CD in Power Point for the Basics of Sterile Processing, Fourth edition, has also been updated to facilitate teaching a Central Service/SPD course. The CD follows the course content for the FIFTH edition of The Basics of Sterile Processing. If you previously purchased a CD, you are eligible for an upgrade.

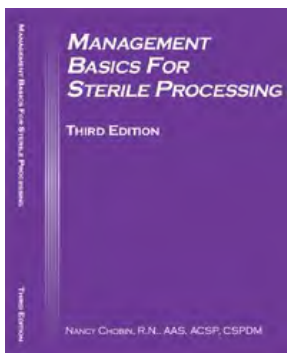
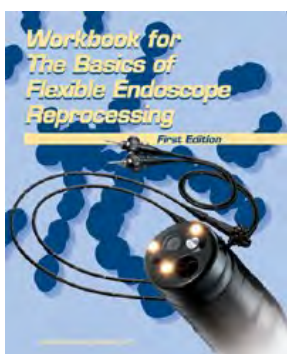
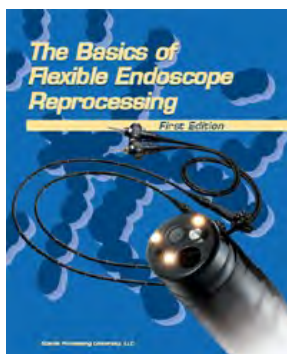
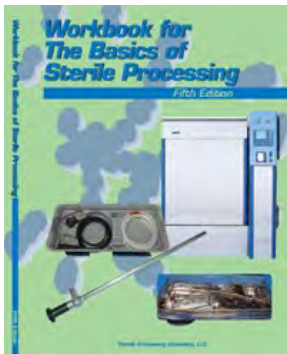
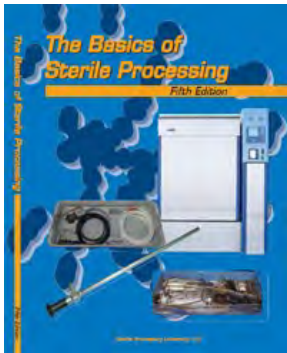
Working in GI/ENDO? Purchase your copy of the The Basics of Flexible Endoscope Reprocessing Textbook and Workbook. An on-line course, complete with videos is also available.

POLICIES, PROCEDURES AND FORMS: - SPU offers policies, procedures and documentation forms on line! Up-to-date and referenced to save you time. Customize to your format.

NEW: Certificate Programs: SPU will be offering specialty certificate programs. Currently we offer a Certificate in Processing Ophthalmic Instrumentation. Additional Specialty certificate programs will be added.

Visit: www.SPDCEUS.com for all your sterile processing education needs.

SPU.....Quality education at affordable prices!



Important Web Links!

For important CBSPD announcements, go to
www.sterileprocessing.org/info.htm

If you are looking for a CS/SPD job or need to post a job opening, go to

www.sterileprocessing.org/jobs/page1.htm

For CEU/Re-certification info, go to
www.sterileprocessing.org/ceu1.htm

To download anything from our site, including exam applications, re-cert packets and more, go to

www.sterileprocessing.org/download.htm

Looking for CEU programs? Have a CEU program in your area that you want others to know about? Go to

www.sterileprocessing.org/future_programs.htm

Looking for CS/SPD training courses? Have a course you want to suggest to us? Go to

www.sterileprocessing.org/courses/courses1.htm

Managers! Tired of making all those certificates showing your employees passed magazine journal quizzes? How about having a table right on your computer for compiling all your CEU's? We have what is called an "Ongoing CEU Record". You can download a copy at

www.sterileprocessing.org/ceu_record.htm

CBSPD Board Vote

The CBSPD is holding one vote at this time to elect a new member to our Board, for the Surgical Instrument Specialist position. You will find the ballot on the **BOTTOM OF THIS PAGE** as well as on our web-site (www.sterileprocessing.org). Below is the nominee and some information about her.

Please note, you must only vote for a candidate that represents your job title (i.e. if you're an Ambulatory Surgery Tech, you can only vote for those nominees, etc., AND you MUST be CBSPD certified in order to vote.)

****Surgical Instrument Specialist****

Rebecca Livingston, SIS: I love what I do and am constantly trying to broaden my knowledge and education in sterile processing. I am a graduate of Gulf Coast State College in Panama City, FL. I began my career working for a HCA hospital in Northwest Florida. I currently am the sole Sterile Processing Technician at the Greenville V.A. Outpatient Clinic in Greenville, SC. Working with the private sector as well as the V.A. has afforded me the opportunity to have a broad experience in the sterile processing field. Currently, I hold three certifications CBSPDT, CSIS, and CRMST (Certified Registered Medical Supply Technician (through the V.A.)) I hope to have the opportunity to serve with the Board of Directors. I am highly organized, and methodical in my process which I believe has opened doors for leadership opportunities allowing me to develop skills that would equip me for service. I possess an enthusiastic, professional attitude and work ethic, bringing new ideas that would be an asset in this position, and would welcome the opportunity to work with my peers in the advancement of my chosen profession.

OFFICIAL CBSPD BALLOT

SURGICAL INSTRUMENT SPECIALIST NOMINATIONS TO THE CBSPD BOARD OF DIRECTORS

SELECT OR WRITE IN A NAME

CANDIDATE MUST HOLD THE SURGICAL INSTRUMENT SPECIALIST CERTIFICATION WITH CBSPD TO QUALIFY!

~ **SIS** ~

_____ **Rebecca Livingston**

_____ **(Write In)**

PLEASE NOTE:

- **Only official CBSPD ballots will be accepted.**
- **ALL BALLOTS MUST BE RECEIVED IN THE CBSPD OFFICE BY JUNE 30, 2014.**

Mail to: CBSPD, 148 Main St., Suite C-1, Lebanon, NJ 08833

Or Fax to: 1-908-236.0820.



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ALL of 2013
CBSPD Certification Exam Stats
(Passing names listed at
www.sterileprocessing.org/new_members.htm)

Technician: Total Sat for Exam = 3,336;
Total Passed = 2,106 (63%); Total Failed = 1230 (37%)

Management: Total Sat for Exam = 115;
Total Passed = 76 (66%); Total Failed = 39 (34%)

Instrument Specialist: Total Sat for Exam = 51;
Total Passed = 47 (92%); Total Failed = 4 (8%)

Ambulatory Surgery: Total Sat for Exam = 52;
Total Passed = 28 (54%); Total Failed = 24 (46%)

GI Scope: Total Sat for Exam = 311;
Total Passed = 199 (64%); Total Failed = 112 (36%)

****Reminder to All Upcoming**
October/November 2014 Re-certs**

Why retake the exam when after working full time for 5 years, you only need 10 points of education per year to re-certify (except for Supervisors/Managers)?

If you became certified or re-certified in October 2009, you are due for re-certification in October 2014. Please have your completed re-certification packet with payment into the CBSPD office no later than 9/15/14.

If you became certified or re-certified in November 2009, you are due for re-certification in November 2014. Please have your completed re-certification packet with payment into the CBSPD office no later than 10/15/14.

The CBSPD e-mails and mails out re-certification packets 6 months before you are due to expire. If you have not received your packet yet, please contact our office to update your address and/or print one out from our downloads page at

www.sterileprocessing.org/download.htm