CRITERION

Winter 2017 "The Official Newsletter of the CBSPD, Inc." VOLUME 20, ISSUE 1

Message from the Chairman of the Board:

Karen Swanson, LPN, CSPM

The holidays are behind us and a new year has begun. Many of us begin the new year with resolutions and thoughts on how we will make this year better than the last. According to the American Psychological Association, "it is important to remember that the New Year isn't meant to serve as a catalyst for sweeping character changes. It is a time for people to reflect on their past year's behavior and promise to make positive lifestyle changes."

What are some of the changes we can make in our work lives? Strengthen relationships with coworkers and customers by avoiding gossip, complaining less, being more productive, appreciating and complimenting others and helping others are just a few. On a personal level learn something new, take on new challenges, or step up to be the shining star in your department. And if you reach an obstacle, don't berate yourself. Think about what you can do differently and move on. We all have it in us to make positive changes!

I wish all of you a very happy, healthy and prosperous new year.

We heard you……

At the recent Board of Directors meeting the decision was made to no longer require original certificates of attendance from seminars when you submit for recertification. Copies of certificates of attendance at educational programs will be accepted, but please know the CBSPD staff carefully inspect all recertification documents for signs of alteration of information. If a certificate is suspected of being altered, it will not be accepted. It is still necessary to have CBSPD approval codes for programs.

Not planning to re-certify?

A frequent topic at the Board of Directors meeting is recertification statistics. If you choose or have chosen not to recertify, we would love to hear your reason. Send your response to karen@sterileprocessing.org

On the move?

If your mailing address and/or email address changes, please be sure to notify the CBSPD. Many communications, including recertification information are sent via email. We don't want you to miss the recertification window, because you did not receive the reminder.

What's Inside…

Report on the Association for the Advancement of Medical Instrumentation (AAMI)

Nancy Chobin, RN, CSPM, CFER

AAMI met April and October, 2016 in Bethesda, Maryland. The following updates are provided:

Working Group 40 (Steam Sterilization Hospital Practices). This Committee is responsible for ST-79, Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care Facilities. During the past three years, a complete updating and reorganization of this document has been taking place. One of the major undertakings is a review of the temperature and humidity requirements for the various areas of SPD which are in conflict with facility building codes. An Ad-Hoc Committee of the various stakeholders has been meeting to resolve the issue and make recommendations. Due to the large number of comments received on the changes to the document, several conference calls were held over the summer. In October, the Committee met again in Bethesda, MD. The Committee continued to review and resolve comments received. The Committee will meet again in March in Baltimore, MD. At that time, it will be determined if the document can move forward. There will be significant changes to ST-79.

Working Group 84 (Flexible Endoscope Reprocessing) –

The Committee met in April and October and reviewed the over 400 comments received to update the document. When the document was processed in 2015, it was determined that an immediate rewrite would take place due to the constantly changing information being distributed regarding endoscope reprocessing. Additional Conference calls will be held in January 2017 to resolve the remaining comments.

AAMI/ANSI ST-81 –

Information to be Provided by Device Manufactures – the Committee met in April and October. The original document was reaffirmed (meaning it is still needed). The Committee is working on standardized instructions for use that would apply to all companies (i.e. a hemostat from any instrument manufacturer would have the same instructions). However, this is in its early stages and the Committee has much more work to do.

Technical Information Report (TIR) for Low and Intermediate Level Disinfection in Healthcare Settings for Medical Devices and Patient Care Equipment and Sterile Processing Environmental Surfaces.

This Committee met in April and October and is finalizing this document.

WG 86 – Quality Systems for Device Reprocessing -

this group met in April and October and is finalizing their document which identifies the practices needed for a quality system.

In 2017 AAMI will meet in March and October in Baltimore, Maryland.

JOB ANALYSIS:

In 2016 the CBSPD performed job analyses for the Ambulatory Surgery Technician and the Flexible Endoscope Reprocessor exams. The CBSPD Board of Directors wishes to thank all of you who took the time to review the information and participate in the survey.

As we know, there are many ongoing changes in the sterile processing profession. The CBSPD performs a job analysis every 5 years for each certification. This process is used to collect information used to determine which knowledge and skills should be required of a person who has a minimum of 12 months of experience in order to establish minimal competence.

The first step in the process is for the respective board member to review the current analysis. The analysis is then reviewed by volunteers who are already certified with the particular credential being reviewed, people who currently work in the position, as well as industry experts. The resulting information is compiled and the job analysis revision survey is posted on the CBSPD website for a specified period of time. Those responding to the survey rate each category as to importance of the knowledge and skill. The final results determine the percentage of questions in each domain to appear on the exams. It is crucial to get as many reviews and responses as possible from all geographical locations, in order to create legally defensible certification exams.

In 2017, we will be performing the job analysis for the Management and Technician exams.

We will initially need volunteers to review the current information and make suggestions for any changes. If you are interested, please send an email as soon as possible to karen@sterileprocessing.org When the information is compiled and ready to be posted on the website for ratings, each certificant holding the credential will receive an email notification. We encourage everyone to participate by responding to the survey.

Email: mailbox@sterileprocessing.org or the CBSPD office.

Is it true?

It is amazing how rumors get started and spread so quickly. A rumor that has been out there for many years, but seems to have strengthened over the past year or two is CBSPD and IAHCSMM are merging. Let us put this to rest by saying this is **NOT TRUE.** The CBSPD is a viable organization committed to providing competency based certification exams internationally since 1991. We hold ourselves to the highest standards in the industry and maintain our accreditation with the National Commission for Certifying Agencies (NCCA).

Current Openings on the Board of Directors for the CBSPD

We are currently looking for qualified , motivated, and educated people to join our Board of Directors. There are four positions opening: Technician, Ambulatory Surgery Representative, Surgical Instrument Representative and Flexible Endoscope Representative. To qualify, you must be certified through the CBSPD in that specific certification, and be employed in that exact position in a healthcare facility during your full term. All Nominations are **due by Friday March 3rd**, so that voting can take place with the distribution of the Summer Newsletter. Consider becoming part of an amazing team!!

ALERTS AND RECOMMENDATIONS FOR DUODENOSCOPE REPROCESSING

Karen Swanson, LPN, CSPM

Endoscopic retrograde cholangiopancreatography, better known as ERCP, is a specialized technique used to study and view the liver, gallbladder, bile and pancreatic ducts using a duodenoscope. During this procedure, the scope is passed through the mouth, into the stomach and into the small intestine. A thin tube is inserted through the scope into the common bile duct and pancreatic duct connecting the liver and pancreas into the intestine to inject a dye to outline the ducts as X-rays are taken.

Duodenoscopes are used in more than 500,000 procedures in the United States each year.
If not thoroughly cleaned and disinfected, there can be transfer of tissue and fluids from one patient to another. Going back as far as 2012, duodenoscopes have been linked to numerous infections, including multiple patient deaths from carbapenem-resistant Enterobacteriaceae (CRE) related to improperly cleaned duodenoscopes.

There are several differences between duodenoscopes and other types of flexible endoscopes. One such difference is the side viewing lens. Duodenoscopes also have an elevator, or forceps raiser, located at the end of the insertion tip which allows accessories to be passed through the biopsy channel. The elevator is a small arm at the biopsy port opening ,and is attached to a wire that runs through the insertion tube. It connects to a control lever on the control body and acts like the angulation system controls. Because of the design differences, the duodenoscope is a much more complex endoscope, making it more of a challenge for cleaning and disinfecting. If not thoroughly cleaned and disinfected, there can be transfer of tissue and fluids from one patient to another.

The elevator channel is the most challenging and difficult area to clean and requires specialized cleaning procedures. The endoscope manufacturer's instructions for cleaning and disinfection must always be followed. Newer duodenoscopes have a sealed elevator wire channel that cannot be brushed or flushed. Older model scopes may require different processes than newer scopes. Some older models may require use of specific sized syringes to generate sufficient pressure to force the cleaning and disinfection solutions through the channels. The elevator channel should be raised to allow for brushing underneath and around the sides. When ready to clean the elevator channel, the elevator should be placed in a mid-line position to allow reprocessing fluids to access the channel. Manufacturer's instructions should be carefully followed for cleaning around the forceps elevator at the distal tip. Brushes should always be those recommended by the endoscope manufacturer for the specific make and model of the endoscope.
In 2015, the Centers for Disease Control (CDC) and the Food and Drug Administration (FDA) issued alerts and recommendations to ensure duodenoscopes are cleaned correctly.

The CDC recommendations state facilities should review steps in duodenoscope reprocessing several times a year and assure strict adherence to manufacturer's instructions. These recommendations include:

1. "Ensure the elevator mechanism is thoroughly cleaned and free of all visible debris. The visual inspection is to be done with the elevator in the "open/raised" position as well as the elevator in the "closed/lowered" position to assure no visible soil remains above or below the mechanism. Consideration should be given to use of a lighted magnifier (e.g.10X) to improve detection of residual debris around the elevator mechanism."
2. Ensure channels and elevator mechanism are thoroughly dried prior to storage of the scope. This should include an alcohol flush followed by forced air drying if this is compatible with the duodenoscope manufacturer's instructions. If channels and the elevator are not completely dry, bacterial growth can occur, forming a biofilm that is difficult to remove and could result in persistent contamination."

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The FDA issued recommendations in FDA, 2015a to:

1. "Follow closely all manufacturer's reprocessing instructions for cleaning and processing."

2. Follow best practices including meticulous manual cleaning of the elevator mechanism and recesses surrounding the mechanism, raising and lowering the elevator throughout the process to allow for brushing of both sides, even if using an automated endoscope reprocessor.

3. "Implement a comprehensive quality control program or reprocessing duodenoscopesto include written procedures for monitoring training and adherence to the program; documentation of equipment tests, processes and quality monitors used during the reprocessing procedure."

FDA, 2015b August 2015 is a safety communication addressing:

1. Microbiological culturing of duodenoscopes involving sampling duodenoscope channels and the distal end of the scope and culturing the samples to identify any bacterial contamination that may be present on the scope after reprocessing. Cited in the communication is the CDC's March 2015 Interim Duodenoscope Surveillance Protocol which includes several options for duodenoscope sampling and culturing protocols. "One option is to culture duodenoscopes after each reprocessing cycle and quarantining the scope until the results are known. An other option is to perform periodic culturing with the interval being determined by the healthcare facility.Facilities considering culturing should understand that culturing is resource-intensive and creates additional costs; there can be a lack of on-site experience with culturing and interpretation of results; the need to quarantine scopes while waiting for the culture results. Persistent contamination should lead to action by the healthcare facility, such as taking the scope out of circulation until negative culture results can be demonstrated following repeated reprocessing."

2. Ethylene Oxide (ETO) sterilization following cleaning and high-level disinfection. The ETO sterilization is a validated process to render a device free from all viable microorganisms. Considerations to the use of ETO sterilization include the need to meticulously clean and disinfect the devices prior to sterilization; the cost to implement ETO sterilization; effects on the material and mechanical properties of the scope; toxicity to personnel and patients from ETO residuals; assessment of scope supply and clinical demand; the importance of following the scope manufacturer's reprocessing instructions pertaining to the use of ETO.

3. Use of liquid chemical sterilant (LCS) processing systems following cleaning and high-level disinfection to destroy all viable forms of microbial life. Considerations to use of this process include meticulous cleaning prior to high-level disinfection and LCS processing; the use of a FDA cleared LCS processing system indicated for duodenoscopes;and adhering to the LCS manufacturer's instructions for use.

4. Repeat high-level disinfection (HLD) after the first HLD cycle, be it manual or using an automated endoscope reprocessor (AER). Considerations to this process include the understanding that repeat HLD does not eliminate the need for meticulous cleaning prior to HLD; and the importance of knowing the AER manufacturer has determined if the specific model duodenoscope and HLD are compatible with AER.

Additional recommendations from the FDA include; review of the recent FDA Safety Communication by facilities and staff for additional information, strict adherence to manufacturer's reprocessing instruction and adherence to these best practices:

1. "Meticulous cleaning of the elevator mechanism and recesses surrounding the elevator mechanism by hand, even when using an AER. Raise and lower the elevator throughout the manual cleaning process to allow brushing of both sides.

2. Implement a comprehensive quality control program for reprocessing duodenoscopes, including written procedures for monitoring training and adherence to the program, and documentation of equipment tests, processes and quality monitors used during the reprocessing procedure.

3. Refer to Multisociety Guidelines on Reprocessing Flexible Gastrointestinal Endoscopes: Consensus document for evidence-based recommendations for endoscope reprocessing."

References:

The Basics of Flexible Endoscope Reprocessing, Sterile Processing University, 2016

Centers for Disease Control and Prevention. Interim Protocol for Healthcare Facilities Regarding Surveillance for Bacterial Contamination of Duodenoscopes after Reprocessing. March 11, 2015

Food and Drug Administration. Supplemental Measures to Enhance Duodenoscope Reprocessing: FDA Safety Communication, August 4, 2015.

Food and Drug Administration. Design of Endoscopic Retrograde Cholangiopancreatography (ERCP) Duodenoscopes May Impede Effective Cleaning: FDA Safety Communication March 4, 2015a

QUESTIONS:

1. Improperly cleaned ERCP scopes have been linked to outbreaks of
   A. streptococcal infections.
   B. cancer of the GI system.
   C. carbapenum-resistant Enterobacteriaceae
   D. vancomycin-resistant enterococcus.

2. Accessories are passed through the duodenoscope through the
   A. biopsy channel.
   B. suction channel.
   C. control body.
   D. side viewing lens.

3. The most challenging area to clean on a duodenoscope is the
   A. elevator channel.
   B. side viewing lens.
   C. auxiliary water channel.
   D. light source connection.

4. Alerts and recommendations for cleaning duodenoscopes have been issued by
   A. Food and Drug Adminsitration
   B. Centers for Disease Control
   C. The Joint Commission
   D. Both A and B

5. According to the CDC, steps for cleaning of duodenoscopes should be reviewed
   A. once a year.
   B. several times a year.
   C. by the endoscopist.
   D. only if there is an outbreak of infections.

6. Adhering to the endoscope manufacturer's cleaning instructions
   A. sterilizes the scope.
   B. kills all bacteria
   C. minimizes the risk of infection
   D. removes all viable microorganisms.

7. When manually cleaning the elevator mechanism it is important to
   A. leave the elevator in the raised position.
   B. leave the elevator in the lowered position.
   C. raise and lower the elevator throughout the process.
   D. flush the elevator channel with alcohol.

8. Culturing duodenoscopes involves sampling of
   A. the control body.
   B. the distal end.
   C. Channels.
   D. B & C

9. When Ethylene Oxide is to be used to sterilize a duodenoscope, the scope
   A. does not need to be cleaned.
   B. should be cultured prior to sterilization.
   C. can be reprocessed quickly for the next procedure.
   D. should be cleaned and high-level disinfected first.

10. Which of the following should be included in a comprehensive quality control program for reprocessing duodenoscope?
   A. Written procedures for monitoring training of staff
   B. Documentation of equipment tests used during the reprocessing procedure
   C. Monitoring adherence to the quality control program
   D. All of the above

Answer key: 1.C; 2.A; 3.A; 4.D; 5.B; 6.C; 7.C; 8.D; 9.D; 10.D

CBSPD Has Approved this In-Service for 1 CEU

ETHICS IN THE WORKPLACE

Paul Letersky, Public Member, CBSPD Board of Directors and Chairman of CBSPD Ethics Committee

'Reputation' is what other people think of you
'Character' is how you act when no one is watching;
'Ethics' is the moral standard that oversees both.

The chain of patient surgical care begins in the Sterile Processing Department. Patient outcomes often are decided by that department's practices---be it good or bad. Positive outcomes result from competent performance. The pattern of behavior by each staff member---technician and manager---dictate the department's performance level. Unfortunately, those absent of moral strength, lack of discipline and fortitude often become the legal cause of patient deaths. Untold numbers of patients die and a greater number of others suffer lifelong problems, some of which may be attributed to incompetence, negligence and poor practices within some SPD departments. Examples:

1. 12,000 children and young adults who had procedures performed at Seattle Children's Bellevue Clinic and Surgery Center since 2010, could be at risk from surgical instruments that may not have been properly cleaned. In January 2014, the hospital also notified 100 patients that the colonoscope used for their procedures may not have been properly cleaned.
2. 15 patients in 3 states; New Hampshire, Massachusetts and Connecticut each shared tainted equipment with a patient who died from apparent Crentzfeldt-Jacob Disease (CJD).
3. St. Louis VA hospital – patients may have been exposed to HIV due to improper sterilization procedures.

More than 250,000 patients die each year due to medical errors. How many errors are committed in your department each year? What is the underlying cause? It most often is the result of attitudes that break down ethical moral standards, such as "cutting corners," failure to follow policies and rules, or perhaps there are deadlines to meet. Maybe it's the operating room demands that push us to eliminate steps in processing instruments. Each of us bear the responsibility for identifying those underlying causes and take corrective action to prevent them. We are also ethically responsible for reporting unethical acts of others – "if you see something, say something."

Ethics violations are also often associated with criminal acts; theft, fraud, extortion, illegal drugs, conflict of interests, forgery, document alteration, etc., all of which can adversely impact continued viability within the health care industry, including your workplace. 30% of all business failures in the private sector are the result of employee theft. It can occur as "casual" or "systematic".

Casual theft is usually committed by an individual employee who has access to inventory. There is little or no premeditated planning involved. Theft of this kind is for an individual's private use. The casual thief steals, because of an inability to resist temptation and in some cases, feels entitled to take items from the supply room such as surgical gowns, masks, etc. The person will steal whatever is available and remove it by concealing on his/her person.

Systematic theft is committed by someone who plans the theft and most likely works in conjunction with another. If not a fellow employee, then maybe a vendor, consultant, contractor and in some cases a rogue security guard. This type of thief steals for profit by selling stolen items like computers, medical devices and surgical instruments. There is an outside black market for all those items to include, but not limited to, surgeons having private practices and veterinarians whose own personal poor ethics allow them to take part in transactions they know are illegal.

Whether casual or systematic, when they become known to us, we have a duty and obligation to report those thefts to the appropriate supervisory/management personnel. Ignoring and turning a "blind eye," makes us complicit and at a minimum enablers to ethic breaches.

Conflict of Interests is an ethics violation that can occur intentionally, or unwittingly through naivete, negligence or complacency: Salesmen, surgical instrument representatives and consultants frequently bring food or gifts to the SPD department. This is done to gain favor from the employees which, over time, allows him/her influence their decisions. These relationships can eventually create

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conflicts of interests when developed friendships translate into real or imagined trust that may result in the employee accepting gifts from vendors. Most facilities restrict or limit employee gift acceptance to a specified maximum value. Once an employee begins to start receiving and accepting 'high value' gifts, the vendor owns him and can negotiate contract demands that are not advantageous but indeed costly to the hospital. Taking the word of a "friendly" sales rep and acting upon it without a written transaction, (e.g. "You can reuse this instrument 10 times more than stated in the instructions) is a poor business practice and a possible violation of ethics. It can also effect the hospital's bottom line and safety of a patient.

Incompetence or carelessness in the processing of instruments can often result in operating room delays. Each hour of delay costs the OR, on average, seven hundred and twenty dollars. If there is only a one hour delay each day throughout the year, the hospital cost would still be greater than a quarter of a million dollars ($262,080). Don't be the person who causes that delay. And it is not just the money; a patient outcome may be in jeopardy, as could your job.

Civil authority cannot protect hospitals, clinics, ambulatory surgery centers, or other health care facilities from ethics violations. Internal codes of moral standards must be developed and implemented at each entity. It is within that premise the CBSPD incorporated a code of ethics in their charter and formed an Ethics Committee comprised of members from their Board of Directors.

The CBSPD Ethics Committee's main duty is to investigate alleged violation charges against its certificate holders, and those wishing to sit for their exams, and then further determine what action, if any, should be taken. The majority of alleged violations received by the committee involve falsification of documents, forgeries, counterfeiting and document alterations. On occasion there have been reports of cheating on examinations, a most serious offense, that requires intense investigation. We have also processed criminal felons who have requested to sit for our exams. All of which must be evaluated thoroughly and judged along with a recommended action to be taken by the CBSPD. With all violations, we look first to prove the innocence of those accused, but also may issue severe penalties to the guilty (revoking certification and/or refusing admission to take certification exams). Decisions are not always black or white. We cannot rationalize an ethical dilemma. Our recommended actions must be based on thorough evaluations while exercising sound professional judgement. Our decisions can affect the lives of patients, fellow workers, families, and the accused employee.

After the facts of a case are examined and verified, we look into the character of the accused. It is the individual's character that mostly defines the committee's decision making process. We have set a precedent of giving "second chances." However, precedent must always be challenged as to its relevance in order to ensure that any criminal or unethical past tendencies will not adversely affect patient safety or embarrass the CBSPD.

New ethical issues continue to emerge as in the case of our policy on "drug use." It is clear that our position is to never use illegal drugs while on duty nor prior to the beginning of ones' shift. Any drug use that effects decision making and patient safety is not tolerated. However, recent election referendums were passed in many states legalizing marijuana use---both recreational and medical. Our position on marijuana use has been clarified to reinforce and apply the standing current "drug use" policy. In states where marijuana is now legal, the institutions therein must set their own policies. It is complicated by the fact there exists a conflict of laws between those states and the federal government. Federal law maintains that marijuana is illegal and where the law conflicts, federal government prevails. The CBSPD, having certificate holders in every state,

Continuation from pg 8:

must respect and honor federal jurisdiction. Institutional decisions, within those states where marijuana has been legalized, becomes even more complicated by the fact that no employment laws currently exist on this issue.

According to the Colorado Nurses Association: The frequency of marijuana use as well as other factors determine how long marijuana stays in your system causing potential "impairment at work":

- After one (1) use---three (3) days;
- When using it four (4) times a week---five (5) to seven (7) days;
- When using daily---ten (10) to fifteen (15) days;
- Heavy use for a long time---more than thirty (30) days.

Factors that impact how long marijuana stays in your system includes: Body weight/fat content, dose amount, health issues, medication.

There is a sense of pride in earning the CBSPD certification and the wearing of its pin. The pin is a symbol of "integrity" from which the CBSPD was founded. The respect and recognition the CBSPD has gained over the years results from the competent performance demonstrated by its certificate holders and their carrying for each other. It is believing in what you do that makes a difference for the good; "even when no one notices." It is expected of each certificate holder to carry that torch of "integrity," with the need to re-affirm their moral obligations within the health care profession which can be ambiguous, difficult and conflicted. But each of us must accept that challenge and keep our moral compass pointed in the right direction.

Questions:

1. **Ethics are defined as**

A. conforming to the standards of your employer.
B. a code of moral standards.
C. establishing an excellent reputation.
D. the study of standards of conduct.

2. **Ethics violations include**

A. washing hands after using the restroom.
B. parking in the hospitals "employees only" lot when not on duty.

5. **The Ethics Committee's main function is to**

A. assess penalties to certificate holders who violate ethical practices.
B. write regulations and questions for certification exams.
C. monitor policies formulated be the CBSPD Board of Directors.
D. investigate and resolve alleged ethical violations.

6. Positive patient outcomes result from:

A. competent work performance.
B. quickly processing instruments for the next case.
C. cutting corners to speed up processing.
D. None of the above

7. Thousands of patients die each year as a result of

A. high ethical standards.
B. fraud and extortion.
C. medical errors.
D. All of the above

8. Operating Room delays

A. are planned occurrences.
B. cost hospitals thousands of dollars.
C. cannot be avoided.
D. All of the above

9. SPD/CS Department performance is determined by

A. staff members.
B. technicians.
C. Managers.
D. All the above

10. Casual theft is usually committed by

A. a group of employees.
B. an individual employee.
C. instrument vendors.
D. patient families.

Answer Key: 1:B, 2:C, 3:C, 4:D, 5:D, 6:A, 7:C, 8:B, 9:D, 10:B

CBSPD has Approved this In-Service for 1 CEU

CONTINUING EDUCATON (CEU) COLUMN

Jeanette Bakker CSPM and Angela Jenson CSPDS

There have been questions on how to obtain and maintain continuing educational points. The CEU Committee would like to explain the process, which is a very easy:

Although many programs/seminars are pre-approved, you can request CEU's for the following programs on your own by using the form found on line at sterileprocessing.org. This must be done 6 weeks prior to, or no more than six weeks after the program.

- Check your local chapter for educational meetings and Seminars.
- Department in-services in regards to your practices, new equipment, new instruments etc.
- College courses.
- Programs you have attended that were not pre-approved and do not have an approval code form the CBSPD.

CEU's are also given for:

- Chairing or serving on committees or holding office in a local, state and or national level of Central Service.
- Sending questions to the Item Review Committee. If interested you can send an email to mailbox@sterileprocessing.org

Manufacturers such as 3M, Healthmark, Steris and others offer programs with continuing educational credits. These programs are pre-approved, and may be online or departmental programs. Check your local manufacture for more details.

Printed In-services can be found in Healthcare Purchasing News at www.hpnonline.com. Healthcare Purchasing News articles have been pre-approved. After reading the article, take the post test, the test should be graded by your Supervisor/Manager. There is a journal log that can be downloaded from sterileprocessing.org to keep track of what has been completed.

A person attending a session will receive 1 credit for every hour in a session. Breaks and lunch do not count towards the credits. Credits are accumulated in increments of 15 minutes.

Here are some tips to help you be successful.

- Start as soon as you get your certificate.
- Keep certificates in a folder, you'll be more organized.
- Working full time 10 credits per year for technicians. Part time at least 20 hours per week earns 5 credits. Per Diem at least 6 days per month earns 3 credits per year.
- As soon as you receive a re-certification certificate, start the process again.
- To re-certify, you should receive a re-certification packet in the mail 6 months prior to the expiration of your current certificate, if not a copy can be down loaded from sterileprocessing.org.

The CEU Committee is always looking for people to help approve CE requests. This involves approving requests at 1 month increments, several times a year. If interested, please email the CE Committee at:

mailbox@sterileprocessing.org

Announcements from the CBSPD Office:

On January 4, 2017, we will be relocating our premises to a larger unit as our organization continues to grow. Our office will be closed from January 1st – 6th, 2017 so we may perform inventory and set up our new quarters. **Please note our new suite letter and number:**

CBSPD Inc.
Oasis Commons
148 Main Street
Suite D-1
Lebanon, NJ 08833

Our phone numbers, fax number and email addresses will remain the same.

Changes to documentation awarded to new certificants and via re-certification

Effective January 1, 2017, there will be a change with the documentation that is sent out to new certificants and those who re-certify. Each year, the CBSPD constantly explores ways to keep our certification and re-certification costs effective and affordable. As the cost of goods continue to rise each year, we still try to find ways to cover our costs as a non-profit organization without raising our fees. For the new fiscal year, we will no longer be providing ID cards with our documentation that is sent out to someone who has passed a certification exam or re-certified. There will be the option to purchase an ID card, like we have offered in the past, for $5.00. Therefore, going forward, we will be sending out a certificate with our Chairperson's signature and gold seal, lapel pin and correspondence related to certification.

We realize this may be a disappointment to some, but please understand that our first priority is our certificants, certification ingretities and maintaining a fiscally sustainable entity. This small cutback is needed in order to keep our overheads costs down.

Thank you for your understanding.

CBSPD conference attendance 2017

The CBSPD will exhibit at annual conferences of AORN, SGNA and IAHCSMM. It is a wonderful experience to be able to meet so many of our certificants who visit our booth in the exhibit hall. We find many people have questions regarding CEUs and recertification and it is nice to be able to answer these questions in person. Please stop on by and see us if you plan on attending .

Meet The Board

Back Row : Gail Law - Outgoing Ambulatory Surgery Rep, Karen Swanson - Board Chair, Travis Paluck - Management Rep, Rebecca Langston King - Outgoing Surgical Instrument Rep, Heidi M. - Executive Director, Livia Senties Zuniga - International Rep, Edward Senties Zuniga - Livia's Son,
Front Row: Karen Zervopoulos – Outgoing Flexible Endoscope Rep, Sue McManus - Board Member Emeritus & Co-Chair Item Review, Nancy Choblin - Board Member Emeritus & Chair Item Review, Jeanette Bakker - Executive Commissioner,
Absent from Picture: Paul Letersky, J.D. - Public Member and Ethics Committee Chair,
Absent Board Members: Michelle Milner - Technician Rep, and Tekla (Tam) Maresca - Executive Commissioner.

Reaching for the Skies

Sparsh Foundation

On a mild November day in 2006, when Apollo Gleneagles Hospital in Kolkata agreed to partner a small NGO in the latter's quest to initiate medical technician courses in India in a totally new format, history was silently but permanently made. Months later in Jul'07 Sparsh Foundation, initiated its Medical Technician Training (MTT) Program with the country's only formal CSSD Technician certificate course, to cater to growing demands of the healthcare industry's needs.

That was a revolutionary event in more ways than one :

1) For the first time minimum entry level academic qualification for a medical technician course was set at Class 10 (A level) pass – instead of Class 12 (O level) with science that is mandatory everywhere else.

2) It continues to the only such program in the country where the entire hands-on training is provided within premises of a functional, state-of-art, NABH certified hospital – instead of theoretical training in an institution finished by short internship in a hospital.

3) Sparsh Foundation remains the only organisation to have received formal approval from, affiliation of and certification by a government body for conducting such courses without any owned infrastructure.

4) It is the only medical technician course in the country where students can undertake such high quality training without having to incur any financial outgo during process. That is made possible by a bank loan offered systemically to all students without any collateral, guarantor or co-borrower, and an adequate repayment holiday, by one of India's most reputed private banks. Obviously, after doing proper due diligence on us and being fully satisfied with our processes & plans. To extent that even interest on the individual, micro education loans, mandatory per RBI guidelines, is paid for by the bank's CSR funds.

5) It probably still remains the only formally recognised medical technician courses just one year long. This was a necessity for trainees to start earning at the earliest.

For roughly 70% of all Indian children, who enroll into school (higher in some states), drop out at class ten level or earlier. Very many of them solely due to poverty related difficulties! In an occupational economy skewed towards formal academics as means of gaining livelihood, this spells end of road for millions of country's future generation. Willing and capable of doing much better, these kids are compelled to miss out on professionally acquired, livelihood skills as our education system has largely lacked industry tagged, vertically mobile, vocational education. For the 12.8 million people entering the labour market annually, only 2.5 million vocational training seats are available nationally. Hence, to enable at least one member from each poor family gain proper training for a sustainable livelihood ,so that the family escapes the vicious cycle of poverty for good, academic dropout youth in 17-24 age group form our principal beneficiary group.

Over past few decades Indian healthcare industry has undergone a sea of change. Non-philanthropic private investment grew exponentially to keep up with the massive health needs of a billion plus people through insurance driven rather than government provided and subsidised medical care. This resulted in induction of latest technology, creating huge demand for skilled technicians for best utilisation of latest equipment! Experts pegged this need in numbers big enough to justify investment in long-term, strategically-planned training process for developing skilled technicians for industry as a whole. As specialists in livelihood skills, we saw great potential for employment in matching this sector's supply & demand sides, and started our MTT program long before any government had even thought about promoting similar ventures to skill the country's populace.

Continuation from pg 12

All the one year courses are divided into 3 parts – a foundation module of 3 months covering the basics of anatomy, physiology and microbiology, followed by 6 months of training in chosen / allotted field and finished by another 3 months of internship in respective department. Share of practical classes keep increasing over time even as classroom lectures get delivered across 280 technical and 200 non-technical (English, soft skills etc.) sessions of 3 hours each.

Over past decade, we have enrolled over 300 students and widened scope of the MTT program to cover other disciplines as OT, EMT-CCU & Dialysis. We have also managed to maintain 94.5% pass percentage and a 99.8% placement record amongst pass-outs by ensuring annual updating of syllabi by the best healthcare practitioners, choosing our training centres with utmost care and, of course, due to the exemplary dedication of everyone involved in this program! An insistence on quality that has helped some of our ex-students to already head respective departments within the best hospitals across India or work internationally!!

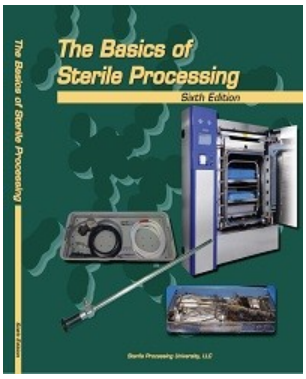
Since our goal was always to open more doors for them and make sure that they can live up to their full potential, the international assignments first got us thinking and then seriously looking out for opportunities that would let them rate themselves against global standards. A quirk of fate brought us to the doors of CBSPD around the start of this year, and everything just fell into place, as if pre-destined, thereafter. A most empathetic ear led to specially worked out proposal for the organisation. All of which culminated into making it possible for our students to appear for our first batch of students to appear for the CSPDT exam in Aug'16.

But more vital than all that was the constant guidance and encouragement received, even through slips that naturally occurred, while we went about gathering our many learning from the process.

As we eagerly await the results, we are looking forward with great hope that this will only be the beginning of a long journey together. That shall help open up a whole wide world of opportunity for so many youngsters unfortunate enough to have started their lives with a huge disadvantage but well set to reach for the skies hereafter!!

Sterile Processing University, LLC.

"To help you succeed and keep your patients safe."



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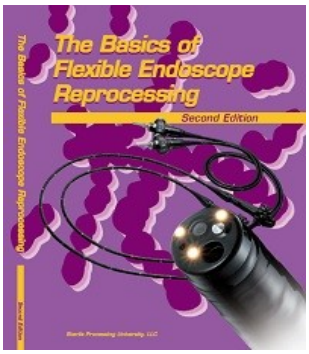
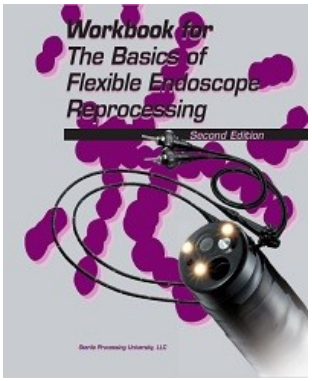
STUDY TEXTBOOKS AND WORKBOOKS– FOR SELF STUDY. *This includes the NEW 6th edition of the Basics of Sterile Processing Textbook and Workbook.* This edition includes 72 additional pages, over 20 new photos and all updated information on AAMI standards. Also included is new information on testing of TEE probes, emergency eyewash stations and how to test rigid containers. All material in the book is based on AAMI standards and is evidence-based.



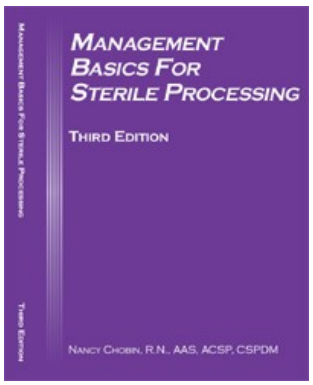
For MANAGERS and SUPERVISORS – SPU offers the textbook,* Management Basics for Sterile Processing, *The Third Edition (2014). *Indicated for SPD Managers and Supervisor or those who wish to become a manager or supervisor.*

Working in GI/ENDO? IMPORTANT GI UPDATES, CRITICAL TO PATIENT SAFETY have been added to our **UPDATED** The Basics of Flexible Endoscope Reprocessing Textbook and Workbook SECOND editions. Both editions available for sale now.



On-Line Courses. No time to attend a school or need a more structured environment for learning? SPU offers three on-line courses: Sterile Processing Technician, Sterile Processing Ambulatory Surgery Technician and Flexible Endoscope Reprocessor. Learn at your own pace. The information is divided into modules and there is a practice quiz at the end of each chapter. There is also a practice finale exam at the end of the course. Learn from the convenience of your home.

FOR EDUCATORS *– The instructional CD in Power Point for the Basics of Sterile Processing, Sixth edition, is currently being update and will be available by July 31st. The CD follows the course content for the SIXTH edition of* ***The Basics of Sterile Processing. If you previously purchased a CD, you are eligible for an upgrade.***



Continuing Education Programs - If already certified, maintain your certification with continuing education. All SPU In-services have been pre-approved for CBSPD Continuing Education credits. SPU educational materials are evidence-based ad updated continually so you get the most current information. We are constantly adding new inservices.

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.

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August 2015 - February 2016
CBSPD Certification Exam Stats
(Passing names listed at
www.sterileprocessing.org/new_members.htm

Technician: Total Sat for Exam = 2,671;
Total Passed = 1,691 (63%); Total Failed = 980 (37%)

Management: Total Sat for Exam = 63;
Total Passed = 35 (56%); Total Failed = 28 (44%)

Instrument Specialist: Total Sat for Exam = 43;
Total Passed = 31 (72%); Total Failed = 12 (28%)

Ambulatory Surgery: Total Sat for Exam = 36;
Total Passed = 18 (50%); Total Failed = 18 (50%)

GI Scope: Total Sat for Exam = 410;
Total Passed = 288 (70%); Total Failed = 122 (30%)

*****Reminder to All Upcoming***
April/May 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 April 2012, you are due for re-certification in April 2017. Please have your completed re-certification packet with payment into the CBSPD office no later than 3/18/17.

If you became certified or re-certified in May 2012, you are due for re-certification in May 2017. Please have your completed re-certification packet with payment into the CBSPD office no later than 4/18/17.

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