

Volume 21, Issue 1 - Winter 2018

Message from the Chairman of the Board:

Happy New Year! I hope 2018 will be a good year for everyone.

Effective December 31, 2017, I regretfully resigned as Chairman of the Board. My elderly parents have been in poor health for the past year and caring for them has become a huge demand on my time. This was a difficult decision to make, because the CBSPD has been a very important part of my life for many years. But, with so many personal demands, I can no longer devote the time necessary to effectively lead the CBSPD.

It has been both a pleasure and an honor to have served the CBSPD, and all of you certificants over the past 4 years as Chairman of the Board. I have had the opportunity to meet so many people who are truly devoted to the Sterile Processing profession. I also had the pleasure of representing the CBSPD throughout the United States and in Mexico, South America and Dominican Republic to speak about the importance of certification.

I wish the CBSPD and all of you the very best in the future.

With kindest regards,

Karen



Karen Swanson
LPN, CSPM

Farewell and Good Luck Karen Swanson

The CBSPD would like to take this time to thank Karen Swanson for her many years of service, not only to the Board of Directors but also for her personal time sacrificed to make the importance of Sterile Processing know world wide. Her drive, actions and performance has increased the knowledge of the importance of the certification and has advanced the visibility of Sterile Processing to a nationwide level. She will truly be missed, but we look forward to continue to consult with her for years to come. Due to Karen's resignation, we will soon be announcing the reorganization of the CBSPD Board of Directors for 2018.

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Report on the Association for the Advancement of Medical Instrumentation (AAMI) - Nancy Chobin, RN, CSPM, CFER**AAMI ST79 UPDATE From October 2017, Baltimore Meeting:**

As many of you are aware, the ST79 AAMI Steam Sterilization standards have been updated. This is the first update since 2013. Below are highlights of some of the changes.

Temperature and Humidity Documentation

In the 2013 Document, there were specific temperature and humidity requirements for the various areas in the SPD. AAMI now states parameters should be established according to the ANSI/ASHRE/ASHE 170 version when the HVAC system was initially installed or last updated. Monitoring results should be able to be retrieved from either a central or local log.

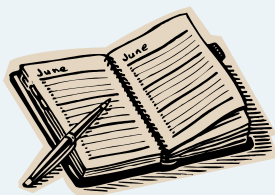
Mechanical Cleaning Equipment Testing

Section 7.6.4.5 states, "Mechanical cleaning equipment performance should be tested each day it is used and all results should be recorded." This is more specific than was in the 2013 Document.

AAMI/ANSI ST-81 – Information to be Provided by Device Manufacturers

More emphasis is being placed on reference to device manufacturers' instructions for cleaning and sterilization. Rather than stating standard sterilization cycles, reference is now made to ANSI/AAMI ST81, ANSI/AAMI ST55 and FDA (2015) for standard sterilization cycles.

**In March,
AAMI will
meet in
Baltimore,
MD.**

**Immediate Use Sterilization**

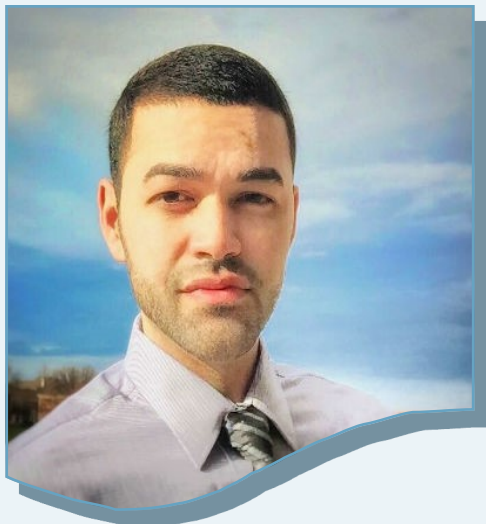
Items to be sterilized using immediate use steam sterilization (IUSS) should be placed into rigid sterilization containers that have been validated for immediate use cycles.

Chemical Indicator Placement

Placement of internal chemical indicators has been modified. A significant change is that one chemical indicator should be placed, so it is visible to the person opening the package.

Meet the New Members of the Board of Directors

GI Scope Representative



Chris Franklin

"Chris Franklin joined the CBSPD board of directors as the GI Scope Representative in November 2017. He has been working in the field for several years, and currently works in downtown Indianapolis at IU Health Methodist Hospital as an Endoscopy Tech. Chris is very involved in the industry, having worked with several organizations and even runs a website devoted to uniting Sterile Processing Professionals. He is also the Endoscopy Unit Representative for the SGNA Infection Prevention and AAAHC Infection Prevention Champion programs.

Chris started working in the sterile processing field by chance and hasn't turned back since. He has said, 'Sterile processing is a rewarding career with lots of opportunity, I believe I have truly found my calling in this work.' Ever since beginning his career, Chris has always looked for opportunities to grow and ways to make things more efficient. He is currently attending school for Business Administration, and hopes to take on an administrative role in sterile processing in the future."

Surgical Instrument Specialist Representative

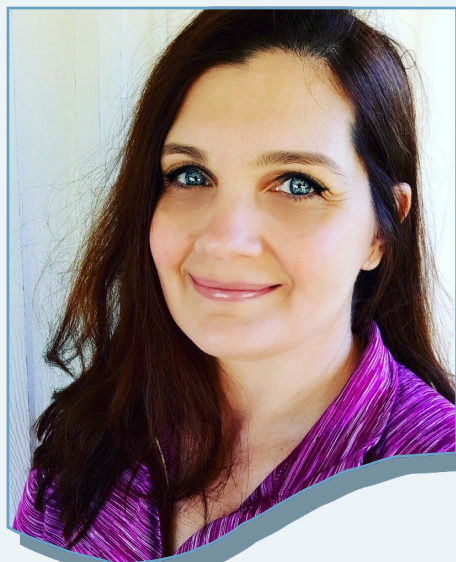


Natoria Pettyjohn

Natoria Pettyjohn has been working in the medical field for over ten years. She attended Harris School of Business and received her diploma in Surgical Technology in 2010. Then, received her associates degree in Healthcare Management from Virginia College in 2013. Traveling nationwide as a travel sterile processing technician for the past five years, Natoria is continuing to travel and educate others in the importance of sterilization. She is currently employed as an surgical consultant for Steris. When not working she enjoys playing, "Words with Friends," with her husband of six years and singing songs with her two girls.

Meet the New Members of the Board of Directors

CSPDT Representative



Deborah Hager

Deborah Hager, CSPDT is from Arkport, New York, a small town in the southern tier of New York state. Being married to a United States Marine for nearly twenty years allowed Deborah to reside in several parts of North Carolina and even overseas in Okinawa, Japan. Raising three children along the way was her main focus. When the children were older, it became a priority to move closer to family, back in upstate New York. When a nearby hospital was hiring, it seemed like a good opportunity.

Starting at Noyes Hospital in Dansville, New York as a telecommunication attendant, Deborah worked only part time. She enjoyed the hospital setting. She noticed there was a full time job posted for a Sterile Processing Technician. Not being familiar with this field, she performed some research. To her surprise, she found Sterile Processing was intriguing and she interviewed for the job.

The Supervisor explained what a Sterile Processor was and without hesitation she accepted the job. In 2008, she began learning and doing all the tasks of a Sterile Processor and never looked back. This situation encouraged her to pursue certification in 2011. The more experience and knowledge she gained, boosted her confidence so she applied to a bigger hospital out of town. Now divorced, she needed a change.

That is exactly how Deborah started working at Highland Hospital in Rochester, New York. After two years of commuting over fifty miles to work, she left there as a shift supervisor and returned to Noyes Hospital. This enabled her to be closer to her children and grandchildren. Deborah is also creating a new home, with a new life partner. Together, they spend time with their children, family, dog and friends.

Thank You!!

The CBSPD would like to thank all certified members who voted for their respective representatives. We would also like to thank each one of our new board members for the time they will and have already sacrificed, to ensure that the CBSPD is continually meeting the needs of our members and the professionalism that will continue to advance the care of patients world wide.

GI Endoscopes: Biofilm

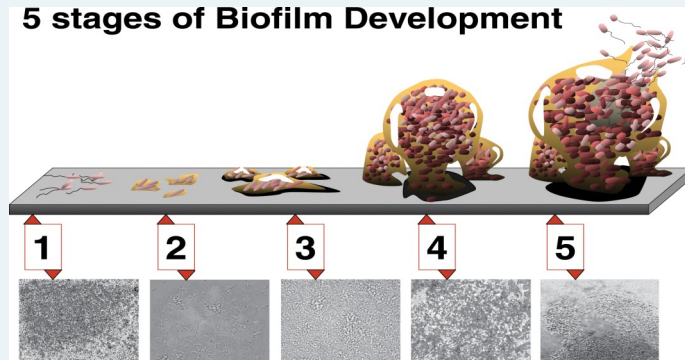
By: Christopher Franklin, CFER

What is Biofilm?

What is biofilm? This is a term that is commonly used in sterile processing and more specifically in flexible endoscope reprocessing. Biofilms are groups of tightly packed cells that attach to surfaces, and secrete a slimy glue-like substance that protects them, allowing microorganisms to adhere to a surface. You can find biofilm everywhere, including river rocks and even your teeth. These biofilms form when non-sterile water comes in contact with a non-shedding surface. If the biofilm is given the opportunity to mature, it can inhibit the effectiveness of enzymatics and detergents, making cleaning and disinfecting very difficult. In fact, bacteria within biofilms can be as much as 1,000 more resistant to antimicrobial solutions than bacteria alone.

The development of biofilm happens in 5 stages; initial attachment, irreversible attachment, maturation I, maturation II and dispersion. Microorganisms must first come in contact with and attach to a surface. If given the opportunity, these microorganisms will then begin to grow and mature. Once the biofilm has fully matured, it can then begin to disperse and colonize elsewhere.

5 stages of Biofilm Development



Effects on endoscopes.

The impact of biofilm on flexible endoscopes can be very problematic, and could even result in deadly outcomes if bacteria is transmitted from patient to patient. In previous years, there has been a string of deadly CRE outbreaks from duodenoscopes that were improperly cleaned, harboring bacteria in the elevator mechanism, resulting in at least 60 clinical infections.

Endoscopes have since taken centerstage in the media due to these outbreaks. As a result, some endoscope manufactures have added additional steps to the manual cleaning process, and The Joint Commission has increased its focus and attention on the endoscope reprocessing area. Due to this added pressure, many facilities prefer to hire candidates that are certified in flexible endoscope reprocessing. AAMI recommends that personnel performing processing of flexible endoscopes be certified as a condition of employment or within two years; the certification should be in flexible endoscope reprocessing.

Causes.

The most common reason for biofilm formation on endoscopes is due to delayed reprocessing or failure to performing proper point-of-use (bedside) precleaning immediately after a procedure. It is imperative that reprocessing begin as soon as possible following the procedure and this starts with precleaning. Typically, precleaning involves the initial wipe down of the endoscope and suctioning a cleaning solution or water through the scope to clear the internal channels of debris and bioburden, depending on the complexity of the endoscope, more precleaning steps may be required. It is recommended that manual reprocessing take place within one hour of procedure end. Also, important to note that, not all endoscopes are precleaned the same way and that manufactures instructions are always followed.

GI Endoscope: Biofilm Cont.

Biofilm formation can also occur on endoscopes while in storage, it is very crucial that endoscopes are thoroughly cleaned, disinfected and dried before placing into a storage cabinet. Endoscopes that are not completely dry and still retain residual water can begin to form biofilm. There has also been a lot of discussion concerning the maximum storage time in which endoscopes can safely be stored before needing reprocessing. Studies have been conducted on this issue, however, there has not been a conclusive answer to this question, and it is recommended that each facility conduct a risk assessment to determine the maximum storage time.

Reaction.

Although the goal is to eliminate the formation of biofilm, it is inevitable that it will form on endoscopes, this is unavoidable due to the rate at which biofilm forms. Biofilm can begin to form in as little as 30 seconds, and can adhere to surfaces as slick as highly polished stainless steel. Endoscope manufacturer, Olympus, has validated studies that indicate no more than one-hour should elapse between procedure end and reprocessing start. In the event that an endoscope remains unprocessed for over one-hour post procedure, delayed endoscope reprocessing should be performed. This process is the same as standard reprocessing with the added step of allowing the endoscope to soak in a water and enzymatic solution for the appropriate amount of time, not to exceed 10 hours, to loosen and break down the biofilm, however; this process may vary, and it is important that you follow the manufacturer's instructions for use (IFU).



Prevention.

The only way to combat biofilm is through due diligence and prevention. Precleaning is the first step in endoscope reprocessing, and greatly reduces the amount of bioburden and prevents the formation of biofilm. Precleaning is imperative and should never be skipped for any reason. Once precleaning has been completed it is recommended that the endoscope remain moist during transport to avoid the drying of any remaining bioburden.

The single most crucial step in reprocessing is through manual cleaning. If an endoscope is not thoroughly cleaned, then it cannot be disinfected. The IFUs from each endoscope manufacturer must be followed in accordance

with their validated cleaning process. Simpler endoscopes can have very few steps, and the cleaning process may only take several minutes, however, more complex endoscopes such as, the duodenoscope can have as many as 120 steps and take up to 30 minutes to effectively clean.

Conclusion.

Biofilm is a real problem that has plagued flexible endoscope reprocessing, resulting in thousands of dollars spent and lives lost. However, with continued education and determination, we techs are up for the challenge. Every patient deserves a clean, well-functioning endoscope and it is our responsibility to provide that. The prevention of biofilm formation is a team effort, biofilm may act quick, but we can act quicker.

GI Endoscope: Biofilm Cont.**Word Search**

N E G B R C R N O I S S I M M O C T N I O J R S
 R O T A V E L E T W M X L C S L I M Y D R W Z H
 D M G D H C O Q W R B Y O D S Z V G V D H L M M
 E I S L G Z K M R H T L U O N X F E K W A P A A
 T C C E U H A E M M O O X L W R S S M R R N T M
 C R I J U E W G D N D C B V E U R H P Q U M U M
 E O T J A Y X A I E I P A Z F X I I L A I B R A
 F O A T C M F Z N F K N C O A P S B L N G U A T
 N R M I F O E O Z B O E T T U F K C I L N P T U
 I G Y M U M S C D Z P N E V K J L T U R I R I R
 S A Z E Z C F B G O I D R W D E I O F G S E O A
 I N N U O U D L C O I H I Z A A X U I N S C N T
 D I E P D J A S P S Y Z A N L I H E R I E L I I
 V S E X J N O E P V P C I A R R S V E S C E B O
 H M E M G D M E T H A N F E V R R U R S O A U N
 D S Q L N V R Q I A G I Z L S E C S U E R N R I
 Z O I E B S Q M J Z D T Z C O V P V T C P I D I
 L N V L I I L Y D V P I Q J N E R S C O E N E M
 R Z J O M O X A I S U W L I J R B P A R L G I T
 N C N H W N M E H R F M I A X S U Q F P I D R P
 F Z W G B C G H L T A N F C V I P U U E R X D R
 Q H N O I T A C I F I T R E C B K H N R E J C J
 T E Z D R C V I O D P C Y A G L Q H A J T C Y B
 B I O F I L M E C A F R U S B E W W M R S L A J

validate

risk

precleaning

duodenoscope

Maturation II

enzymatics

glue

flexible

manual

dried

point of use

bacteria

Maturation I

microorganisms

reprocessing

sterile processing

cleaning

disinfected

certification

colonize

Irreversible

surface

endoscope

biofilm

Manufacturer IFU

clean

Joint Commission

dispersion

initial

slimy

elevator

POST TEST - Biofilm

(Preapproved by CBSBD for 1 CEU)

1. **What is the recommended time in which endoscope reprocessing should take place following a procedure?**
 - A. 30-minutes
 - B. 1-hour
 - C. 5-hours
 - D. Any time
2. **How fast does biofilm begin to form?**
 - A. 1-hour
 - B. 20-Minutes
 - C. 30-seconds
 - D. 45-minutes
3. **What are the 5 stages of biofilm formation?**
 - A. Initial attachment, irreversible attachment, maturation I, maturation II, dispersion
 - B. Attachment, growth, dormancy, reemergence, remission
 - C. Transmission, colonization, detachment, dispersion, attachment
 - D. Viable host, source, transmission, incubation, maturation
4. **What is the most crucial step in endoscope reprocessing?**
 - A. HLD
 - B. Precleaning
 - C. Leak testing
 - D. Manual cleaning
5. **What reprocessing steps should you follow when reprocessing endoscopes?**
 - A. Facility guidelines
 - B. Manufactures IFU's
 - C. Whatever you are told
 - D. All scopes are reprocessed the same
6. **When should endoscope precleaning begin?**
 - A. Once received in the reprocessing area
 - B. After the room has been cleaned
 - C. During the procedure
 - D. Immediately following the procedure
7. **What reason(s) does biofilm form on endoscopes?**
 - A. Delayed reprocessing/ failure to preclean
 - B. Prolonged procedure
 - C. Improper use
 - D. Extra dirty cases
8. **What is the recommend maximum storage time or endoscopes?**
 - A. 7-days
 - B. 14-days
 - C. 21-days
 - D. Determined by facility
9. **What should be done if one hour has elapsed between the time the procedure ended and the time reprocessing starts?**
 - A. Delayed endoscope reprocessing
 - B. Nothing, clean as usual
 - C. Send scope back to room to be precleaned again
 - D. Add more enzymatic/detergent to water
10. **What endoscopes was involved with the deadly CRE outbreak?**
 - A. Gastroscope
 - B. Bronchoscope
 - C. Duodenoscope
 - D. Colonoscope

**CBSPD Has Approved this In-Service
for 1 CEU**

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

GI Endoscopes Biofilm*Work Cited*

Association for the Advancement of Medical Instrumentation. Flexible and semi-rigid endoscope processing in health care facilities. ANSI/AAMI ST91: 2015. Arlington (VA): AAMI, 2015.

The Basics of Flexible Endoscope Reprocessing. Sterile Processing University, 2nd Edition. Lebanon (NJ): Sterile Processing University, LLC, 2016

Olympus America. www.olympusamerica.com. Center Valley, (PA)

American Society for Gastrointestinal Endoscopy. Multisociety guideline on reprocessing flexible GI endoscopes: 2016 update. www.giejournal.org Volume 85, No. 2

**CE Review Committee Article - 2018**

By: Angela Jensen, CSPDS and Jeanette Bakker, CSPM

The CBSPD CE Review Committee strives to keep the process of requesting approval for programs as simple as possible, but there are a few important steps to keep in mind when completing the on-line request as well as request by mail.

To simplify the process and clear up any misunderstandings, we'd like to take a few minutes to go through the application form with you.

Keep in mind, we have a **6 week** processing period (at the most) for CE approval and the more complete the application is, the less chance for a delay due to insufficient information.

If at all possible, we ask that you submit your requests in advance of the program but the CE Committee will accept programs up to **6 weeks** after the program date. Once your program has been approved, an approval letter will be emailed to you (if an email address is provided), which helps speed up the process as well.

As you complete the **online** form, please be sure to include **your name, phone number, fax number** (if one is available) and an **email address**. The next segment covers the facility information beginning with a drop down menu to select your **title** (this may be technician, supervisor, manager/director, educator, mfct. rep. or self). Next, complete the **name of the facility, street address, city, state** and **zip code** (this is where the approval letter will be mailed should there be a problem with emailing it).

CEU Article Cont.

When you begin the next section for the program information, we need as much information as possible concerning the program to be able to adequately determine program eligibility.

Please include the **program title**, **program duration** (this needs to be specified in terms of the number of hours, please do not use vague information such as 1 day, 2 days, etc.), **the program date** (if the program extends over multiple days, please be sure to include all dates that apply) and the **program location** (this would be the facility or site where the program will be given). If the program duration is longer than 2 hours, we do require a program agenda. If you have a program brochure, please email it to ceu@sterileprocessing.org

The next section is for listing the speakers and titles of talks or topics, then you will complete the section for the goals or objectives of the program and finally the last segment is for any additional comments you may need to include in your request.

Once you have all fields completed, submit the form. You should see a white page with a copy of the information you submitted, this is your indication that the form was submitted.

If you need to submit a program by mail, please go to the downloads page at sterileprocessing.org and print the CBSPD CEU packet.

The CEU Review Committee will make every effort to assist you with the approval process for your programs, if you have any additional questions or concerns about the process please contact us at ceu@sterileprocessing.org or through the CBSPD office.

Thank you for your continued dedication to the sterile processing profession!

SPD Technician

Nurses, Doctors, Scrub techs and Anesthesiology

You see, trust and come to respect all of these

They say hello, give you a smile

Chat with you, some sit for a while

We are the ones who you'll never see

We are the first in line who keep you infection free

We gather the tools and clean them real well

We see many things that would make most people pale

They go through the washer, we take them from there

Then they're checked twice and handled with care

We package them up and hit them with steam

I'm sure they're sterile now, you know what I mean

We set up the case carts with supplies that are needed

To fix you up right since your health is impeded

Though we'll never meet, please know who you're missin

We care for you too, your Specialty Technician

By Travis Paluck BSBA, SPDM

Sterile Processing University, LLC.

Sterile Processing University provides textbooks, workbooks and on-line courses to meet the educational needs of sterile processing and flexible endoscope reprocessing personnel. All materials are routinely updated to ensure the most current information is provided. In addition, all educational materials are based on scientific data, recommended practices, regulations, etc. which includes the Association for the Advancement of Medical Instrumentation standards.

Online Continuing Education Programs - SPD offers a full line of Continuing Educational programs at a nominal fee. All are approved for Continuing Education points from the Certification Board for Sterile Processing.

Textbooks available:

The Basics of Sterile Processing Textbook (6th edition). This book is for sterile processing technicians and Ambulatory Surgery sterile processing technicians.

The Basics of Sterile Processing Workbook (6th edition). To be used in conjunction with the textbook and offers hundreds of study questions and quizzes.

The Basics of Flexible Endoscope Reprocessing Textbook (2nd edition) Is intended for those individuals who are responsible to reprocess flexible endoscopes.

The Basics of Flexible Endoscope Reprocessing Workbook (2nd edition) To be used in conjunction with the textbook and offers hundreds of study questions and quizzes.

Management Basics for Sterile Processing Textbook- (3rd edition) This book contains 17 chapters on all management concepts for the sterile processing manager or supervisor and includes performance appraisals, interviewing, safety, labor laws, budgeting, career ladders, etc.

Instructional CS - NOTE TO EDUCATORS - SPU offers an instructional CD in Power Point to facilitate teaching a Central Service/SPD course. The CD follows the course content for the **The Basics of Sterile Processing**. If you previously purchased a CD, you are eligible for an upgrade.

On-line courses available: If your technicians so not have access to a formal course, the following courses are available on line. There is no time limit so they can learn at their own pace. A quiz is given after each chapter is completed and there is a final exam at the completion of the course.

Basics of Sterile Processing Technician course - conforms to the 6th edition of The Basics of Sterile Processing (2016).

Basics of Sterile Processing Ambulatory Surgery Technician course - conforms to the 6th edition of The Basics of Sterile Processing (2016) and includes only those areas of practice that relate to the Ambulatory Surgery practice setting

The Flexible Endoscope Reprocessor course - conforms to the 2nd edition of the Basics of Flexible Endoscope Reprocessing.

Sterile Processing Policies, Procedures and Forms - SPU offers policies, procedures and documentation forms on line! Pick a la carte or all the policies and forms. All policies are reference to AAMI standards and federal regulations where applicable.

Visit: www.SPDCEUS.com for all your sterile processing education needs. SPU...Quality education at affordable prices!



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**May 2016 - May 2017
CBSPD Certification Exam Stats**

**(Passing names listed at
www.sterileprocessing.org/new_members.htm)**

Technician: Total Sat for Exam = 5,231;
Total Passed = 3,218 (62%); Total Failed = 2013 (38%)

Management: Total Sat for Exam = 127;
Total Passed = 61 (48%); Total Failed = 66 (52%)

Instrument Specialist: Total Sat for Exam = 103;
Total Passed = 70 (68%); Total Failed = 33 (32%)

Ambulatory Surgery: Total Sat for Exam = 122;
Total Passed = 70 (57%); Total Failed = 52 (43%)

GI Scope: Total Sat for Exam = 1070;
Total Passed = 706 (66%); Total Failed = 364 (34%)

****Reminder to All Upcoming
May 2018 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 May 2013, you are due for re-certification in May 2018. Please have your completed re-certification packet with payment into the CBSPD office no later than **4/24/18**.

The CBSPD e-mails and mails out re-certification packets 6 months before your certification is 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