## Contents - June 2013

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NEW ZEALAND STERILE SERVICES ASSOCIATION Executive 2012 - 2015

**President:** Garry Gorham  
CSSD  
Building 32, Level 1  
Auckland Hospital  
Private Bag 92024  
Auckland  
Phone: (09) 307 4049 ext. 23418  
021 938 846  
Email: garryg@adhb.govt.nz

**Treasurer:** Alison Stewart  
NZSSA Treasurer  
28 Brighton Street  
Island Bay  
Wellington 6023  
Phone: (04) 971 4273 (HM)  
021 209 8127  
Email: pisces.1703@hotmail.com

**Secretary:** Martin Bird  
Sterile Services  
Dunedin Hospital  
Private Bag 1921  
Dunedin  
Phone: (03) 470 9639  
027 812 6064  
Email: martin.bird@southerndhb.govt.nz

**Theresa Luke (Editor):**  
SSU  
Southern Cross Hospital  
3 Brightside Road  
Epsom, Auckland  
Phone: 021 841 221  
Email: pinkieluke@hotmail.com

**Christopher Mumford:**  
Sterile Service Unit  
Level One  
Palmerston North Hospital  
MidCentral District Health Board  
Heretaunga Street  
Palmerston North  
Phone: (06) 350 8875 DD  
Email: Christopher.Mumford@midcentraldhb.govt.nz

**Ellen Komene:**  
SSU  
Waikato Hospital  
Private Bag 3200  
Hamilton  
Phone: (07) 839 8899  
Email: ellenkomene@hotmail.com

**Sue Woods (Librarian):**  
TSU  
Burwood Hospital  
Private Bag 4708  
Christchurch  
Phone: (03) 383 6836 ext. 99990  
021 1154 484  
Email: sue.woods@cdhb.govt.nz

**Sue Evans:**  
CSSD  
St George’s Hospital  
Private Bag 8140, Christchurch  
249 Papanui Road  
Christchurch  
Phone: (03) 355 9179 Ex 8891  
(03) 355 1714 DD  
Mobile: 0273732501  
Email: Sue.Evans@stgeorges.org.nz

NZSSA Web site: www.nzssa.org

New Zealand Sterile Services Association -  
Westpac 030156 0173557 00  
GST 53-167-322  
Registered Charity No: CC 25480

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President’s Message

Good day all.

Where has the time gone! I cannot believe we are nearly half way through the year already.

Again, it is with pleasure that I have this opportunity to speak with our members and other readers of our Supplyline publication. In addition, a timely opportunity to thank Theresa for her continued efforts in pulling such a great publication together.

The Supplyline is a great forum for all individuals involved in the specialised field of sterile services to submit topical papers for publication. The efforts you make in your own departments are in most cases very topical to all. I have no doubt that some of the problems you face on a daily basis are the same in a majority of departments throughout New Zealand. With this in mind if you have any projects ongoing or already completed, there are numerous readers who would very much appreciate you recording all your actions taken to overcome a problem. You may be surprised with the feedback and thanks you get for your efforts.

Also for the companies that read the publication, I would appreciate some of your research and development papers on new or existing products. It is of great interest as to why we use certain products and the rigorous testing that is involved in manufacturing, testing and approving your products.

Since the start of the new executive team, there have been some minor changes to some individual posts. Mark Casey, who was elected Secretary, has gained a new position with Southern Cross in Wellington as the Theatre and Sterile Services Manager. I am sure you will join me in wishing him all the best in this new venture!

Unfortunately, and understandably his commitments on the executive had to change slightly. He discussed the secretary’s post with me and felt that if he could not guarantee a commitment to do the job to the best of his ability, he thought it best to stand down. It is good however, that he continues to be a valued member of the executive team. This generated discussion within the executive team to select a suitable replacement. I am glad to say we found such an individual and Martin Bird was identified as the new secretary. As most of you will know, Martin has been involved with the executive team for some time, so from my perspective it is a pleasure to have him in this position.

A few interesting topics have been brought to light at our previous executive meeting held in February. Some of these issues may bring some dramatic changes moving forward. Once these have been discussed in more detail you will all certainly be the first to know.

You may be aware from my earlier messages that it was my intention to provide an opportunity for all current and previous members to feedback their personal thoughts on the Association. The questionnaire has been on Survey Monkey for some time now and the link has been in the last Supplyline. I have also kept both Martin and Alison very busy by trying their best to contact all current & previous members to make them aware of the survey via email and letter.

Feedback is valuable to us all and is normally the way change actually happens. Completion of the on-line survey at the time of writing this is slow, but steady and no doubt by the end of the process we will have valuable feedback to work on. This feedback will be completely transparent and will be published in a future edition.

On a final note, I would like to give clarification on this year’s conference in Hamilton. If you are not aware, the dates are Nov. 12-14th. This is Tuesday through to Thursday with the conference dinner on the Wednesday. This was decided at last year’s conference where I took the opportunity to discuss with numerous individuals, both from the CSSD/ NZSSA and trades, the lower attendance at the conference dinners over the past few years. Common feedback was that a high percentage of individuals did not like to stay on the last night as this impacted on their family time as they would be returning home on the Saturday. I took this feedback into consideration, which is the reason for the change this year. As with any change, this will be monitored to see if there is any improvement and will be reviewed again for 2014.

Looking forward to catching up with you all again soon. I hope the winter weather is good to you all.

Garry Gorham
President NZSSA
Hello All

Well we are most definitely into the winter months; I hope you are all keeping warm and well. Before we know it, it will be Spring and Christmas will be knocking at our doors once again.

Yes, we do not like to hear it, but we are already half way into the year. There is plenty going on behinds scenes, the organising of the NZSSA 2013 Conference in Hamilton is in full swing, and this year is looking like one well worth going to. You will find more information as you continue to read on.

I hope as you read forward past this page, you will enjoy what I have put together for you to read.

I would love to hear your feedback, positive or negative; I am open to it all. If you have anything of interest, you would like to share in Supplyline, please email me and I will do my best to accommodate you.

Until next time, keep safe and keep smiling.

Regards,

Theresa Luke
Editor

Editor’s Note

Hello All

I am taking this opportunity to identify to people what I take care of as part of my role as the treasurer. Apart from balancing the accounts and paying the invoices I also:

• Manage the membership, graduates and registered technician registers
• Act as liaison for information on the website
• Act as the administrator for the forum on the website

If you have queries about any of these please do not hesitate to contact me.

NZSSA Forum: The forum has not been well supported in the past however the executive would like to see your queries and thoughts presented on the forum. You will need to register a user name to participate in the forum but you can view posts without registering. When you register for the first time I will approve it and then you will have full access.

I look forward to you registering as a forum user and participating in discussions.

Best wishes

Alison

Treasurer Update
Upcoming Events

14th World Sterilization Congress
8th National Sterilization Disinfection Congress of Turkey 6-9 November Turkey
Sterile Services Association Conference 12-14 November 2013 Hamilton

NZSSA Leaders Forums
TBA - Shelagh Thomas is the convenor for these meetings, please feel free to contact her for more information. shelagh.thomas@huttvalleydhb.org.nz

Regional Meetings
TBA - Lorraine Eldershaw is the convenor for these meetings, please feel free to contact her for more information. lorraine.eldershaw@tdhb.org.nz

If you require any more information on the following, please go to www.mtanz.org.nz

NZ Healthcare Congress – Bold Ambitions 25-26 June 2013 Auckland
NZ Dental Hygienists Conference 5-6 July 2013 Nelson
NZ Association for Clinical Research Conference August 2013 Auckland
Royal Australasian College of Surgeons Annual Conference August 2013 Queenstown
NZ Society of Otolaryngology – Head and Neck Surgery 12-15 August 2013 Tongariro

MTANZ 2013 Seminars
NZ Dental Industry Certificate Workshop September 2013 Auckland

Let me know of any opportunities so they can be included in Upcoming Events - pinkieluke@hotmail.com

Leaders Forum
Friday July 19th 2013
Harewood Room, Christchurch Airport

‘QUALITY IS THE WORD’ 09:30 - 14:30

Quality management – what is it?
What is quality in public health – directions?
Workshop – putting QM into practice

Please confirm your attendance to Alison Stewart by Friday 12 July for catering purposes. Lunch will be at your own expense.
Clinical Study

Lead Contamination of Surgical Gloves by Contact with a Lead Hand


Department of Orthopaedics and Clinical Biochemistry, City Hospital, Birmingham B18 7QH, UK

Correspondence should be addressed to A. Mehra, amehra@hotmail.co.uk

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Academic Editors: D. H. Clements, P. V. Kumar, A. Leithner, and G. Papachristou

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Background. “Lead hands” are frequently used to maintain hand and finger position in hand surgery. The malleability and strength of lead make it ideal for this purpose. The aim of this study was to determine the amount of lead transferred to a surgeon’s glove during handling of a lead hand. Method. Sterile surgical gloves were wiped over the surface of a lead hand. The number of wipes was varied, the gloves were then sent to a trace elements laboratory, and the lead content transferred to each glove was determined. Results. The amount of lead transferred to each glove increased with increasing exposure to the lead hand. After twenty wipes, up to 2 mg of lead was transferred to the surgeon’s glove. Covering the lead hand with a sterile drape markedly reduced the lead transferred to the surgeon’s glove. Conclusion. Significant amount of lead is transferred on to the gloves after handling a lead hand. This risks wound contamination and a foreign body reaction. Covering the lead hand with a sterile drape may minimise the risk of surgical wound contamination.

1. Introduction

Lead hands are frequently used to maintain the position of a limb during hand surgery [1]. They are easily constructed from lead sheets. Lead’s malleability and strength make them ideal for this purpose [2, 3]. Lead oxide residue from the lead hand is frequently transferred to surgical gloves after handling the device (Figure 4). To date, there is no published data describing the amount of lead transferred to the surgeon’s gloved hands after contact with a lead hand. We hypothesised that handling a lead hand results in lead contamination of the surgeon’s gloves. There is, hence, a potential risk that some of these lead particles may contaminate the surgical wound causing an inflammatory (i.e., foreign body) reaction. The aim of this study was to determine the lead concentration on surgical gloves after handling a lead hand.

2. Methods

A sterile surgical glove (Biogel, Mölnlycke Healthcare, Gothenburg, Sweden) was opened and worn over the investigators right hand (AM). The investigators gloved hand was then wiped over the surface of a lead hand (Integra Miltex) in a smooth and reproducible manner. The number of wipes was increased sequentially and each glove was removed and sealed in a plastic container separately. The gloves were transferred to the local trace elements laboratory and placed in a 120 mL polypropylene, screw-cap container (Sarstedt, UK), and 50 mL of 0.15% HNO3 were added. The container was capped securely and then rolled for 2 hours to aid dissolution of the lead. The acid was then analysed for lead (208 isotope) by inductively coupled plasma mass spectrometry using an Agilent 7500c (Agilent, UK) and with rhodium as an internal standard. Calibration standards were prepared in 0.15% HNO3, and this reagent was also used to dilute the glove washings when necessary. Lead content on each glove was determined. The gloves which were not wiped across the lead hand acted as a control.

In a second experiment, a glove was wiped over a different lead hand ten times. A second glove was then wiped over the same area a further ten times, and this procedure was repeated for a total of ten gloves. This aimed to determine the effect of repeated handling of the same area of the lead hand on lead content over the surface of the surgical gloves.
In a further experiment, the lead hand was sandwiched between two sterile OPSITE (Smith and Nephew) drapes, and experiment one was repeated (Figure 5). This aimed to determine the amount of lead transferred to the glove after minimising its contact with the lead hand with an OPSITE drape.

3. Results

A glove not wiped across the lead hand acted as a control, and 2 µg of lead was recovered. The amount of lead recovered from a glove wiped five times across the lead hand was 875 µg. The amount of lead increased proportionally with the increase in the number of wipes (Table 1, Figure 2).

When gloves were wiped repeatedly over the same area of a different lead hand the amount of lead recovered was maximum after the first ten wipes (1749 µg) (Table 2, Figure 1). This amount reduced slightly with subsequent wipes but then remained stable between 1076 µg and 1339 µg each time a glove was wiped over the same area ten times.

With the use of OPSITE (Smith and Nephew) over the lead hand the amount of lead contamination rose minimally from 2 µg to 7.7 µg after twenty-five wipes (Table 3, Figure 3). But, the increase was significantly lower than the increase seen without the impervious cover.

Straight line graphs were plotted for experiment 1 and 3 and the slopes estimated. For experiment 1 (Table 1), the slope was 86.8 micrograms per wipe (95% confidence interval is 36.4–137.2), and for experiment 3 (Table 3),...
Table 1: Lead recovered from each glove with increasing number of wipes across a lead hand.

<table>
<thead>
<tr>
<th>Glove number</th>
<th>Number of wipes across a lead hand</th>
<th>Pb (µg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glove 1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Glove 2</td>
<td>5</td>
<td>875</td>
</tr>
<tr>
<td>Glove 3</td>
<td>10</td>
<td>965</td>
</tr>
<tr>
<td>Glove 4</td>
<td>15</td>
<td>1200</td>
</tr>
<tr>
<td>Glove 5</td>
<td>20</td>
<td>2010</td>
</tr>
</tbody>
</table>

Table 2: Lead recovered from each glove after repeated exposure to the same area of the lead hand.

<table>
<thead>
<tr>
<th>Glove number</th>
<th>Number of wipes</th>
<th>Pb (µg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glove 12</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Glove 13</td>
<td>10</td>
<td>1749</td>
</tr>
<tr>
<td>Glove 14</td>
<td>10</td>
<td>1673</td>
</tr>
<tr>
<td>Glove 15</td>
<td>10</td>
<td>1434</td>
</tr>
<tr>
<td>Glove 16</td>
<td>10</td>
<td>1126</td>
</tr>
<tr>
<td>Glove 17</td>
<td>10</td>
<td>1339</td>
</tr>
<tr>
<td>Glove 18</td>
<td>10</td>
<td>1076</td>
</tr>
<tr>
<td>Glove 19</td>
<td>10</td>
<td>1304</td>
</tr>
<tr>
<td>Glove 20</td>
<td>10</td>
<td>1308</td>
</tr>
<tr>
<td>Glove 21</td>
<td>10</td>
<td>1300</td>
</tr>
<tr>
<td>Glove 22</td>
<td>10</td>
<td>1096</td>
</tr>
</tbody>
</table>

Table 3: Lead recovered from each glove with increasing number of wipes across a lead hand covered by an impervious sterile plastic drape.

<table>
<thead>
<tr>
<th>Glove number</th>
<th>Number of wipes across a lead hand protected by a plastic sterile drape</th>
<th>Pb (µg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glove 6</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Glove 7</td>
<td>5</td>
<td>2.4</td>
</tr>
<tr>
<td>Glove 8</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Glove 9</td>
<td>15</td>
<td>5.4</td>
</tr>
<tr>
<td>Glove 10</td>
<td>20</td>
<td>6.7</td>
</tr>
<tr>
<td>Glove 11</td>
<td>25</td>
<td>7.7</td>
</tr>
</tbody>
</table>

the slope is 0.24 micrograms per wipe (95% confidence interval is 0.17–0.31).

4. Discussion

The malleability and strength of lead make it an ideal material for use in a lead hand [4]. However, lead is a highly toxic element, and ingestion or administration to humans has been associated with a number of serious side effects [5]. Normal blood lead concentrations are below 0.48 µmol/L. Experiments looking at percutaneous absorption of inorganic lead compounds have shown no increase in total lead in blood or urine [6, 7]. While no evidence exists that use of a lead hand is associated with lead poisoning in patients, our study shows that up to 2 mg of lead can be transferred to a surgeon's glove by direct contact with the lead hand. This amount may be double if both the surgeon's gloves are used to handle the lead hand. Handling the surgical wound may cause some of this lead to contaminate the patient's tissues. The effect of this potential lead contamination both locally and systemically is unknown but may be the cause of florid inflammatory (i.e., foreign body) reaction seen in some patients.

Our study demonstrates that the amount of lead contamination of the surgeon's gloves is directly related to the amount of contact with the lead hand. The lead contamination of surgeons gloves can be minimised by covering the lead hand with an impervious plastic drape. Surgeons using lead hands should be aware of this lead contamination and also of the fact that this risk can be minimised by covering the lead hand with an impervious drape. Newer malleable plastic hands may also solve this problem.

We did not measure the blood lead levels in our patients, as inorganic lead absorption through the skin has been found to be essentially zero [7]. Another interesting observation made during the study was that the lead content in the first experiment after 10 wipes was much lower than the lead levels found in the second experiment after 10 wipes. This may be related to the age of the lead hand with the older lead hand shedding more lead even though this is difficult to prove.

5. Conclusion

The study has confirmed our hypothesis that handling a lead hand during surgery results in deposition of lead on the surgeon's gloves. This may be responsible for the wound inflammation seen occasionally in patients. This risk can be minimised by covering the lead hand with an impervious drape. Further studies are required to provide more robust evidence.

References

ELECTRONIC STERILITY MANAGEMENT SYSTEM

FEATURES

- 2D Data Matrix Instrument Marking
- Quality System Based Audit facility
- Human Resource Management
- Stock and Inventory Control
- Financial Information Analysis
- Maintenance Planning & Management
- Reporting & Analysing Real-Time Data
- Wireless Scanning Functionality
- Multi-Site Capabilities
- Unique Product Identification
- User Friendly
HAIR TODAY, GONE 17TH MAY

Winter. Cold winds whistling up from the south, short days and long chilly nights. The season that makes us think of log fires, fluffy jumpers and hot chocolate. Probably not the ideal time of year to have a hair cut. Really not the ideal time to have a short new ‘do. It is definitely not the time to shave the lot off, unless it’s for a very, very good cause.

On Friday May 17th I went from mad, curly, wild hair to a grade 2 crop to raise sponsorship for Sue Clynnes, Tauranga Public Hospital’s Theatre Acute Coordinator, who is off to West Africa for two years on the hospital ship Africa Mercy. The Mercy Ships provide full hospital facilities for people in the poorest countries in the world.

Africa Mercy and her entirely volunteer crew offer free medical aid to thousands of people who otherwise could not afford it. The Africa Mercy is a state-of-the-art hospital ship with an ICU ward, MRI scanner and laboratory. The onboard sterilizing team supports six theatres, 78 ward beds as well as onshore dental and ophthalmic clinics.

In front of a large and enthusiastic audience, Anna Tee, my colleague in Tauranga Public Hospital’s sterilizing department, did the deed and was so concerned about getting it right, that the night before she practiced using the clippers on the dog! Word has it that the dog has never looked so smart.

I would like to thank my friends, colleagues, family and local businesses, in both New Zealand and the UK, for their support and very generous donations. Together we raised the magnificent sum of $1250!

Was it worth doing? Absolutely! Would I do it again? Give me a couple of years to grow it back, and ask me then!
The first leader’s forum for 2013 was held at Wellington Airport conference centre on the 26th April. There was a good turnout of managers, team leaders, supervisors, and coordinators from around the country.

To get the day off to a good start we had a presentation from our first speaker of the day, Alison Brieseman. Alison has recently returned to work as a nurse educator at Hutt Hospital Theatres. For the past seven years, Alison has been the Director of Nursing on the Mercy Ships, “Mercy Africa”. Alison gave a wonderful presentation on life onboard the ship and explained how everyone on board was a volunteer who paid for the privilege of being there. She also showed fantastic slides of the ship, life in Africa and the surgery undertaken and before and aftershots of the patients.

The second speaker was Steve Gorrie from Getus Electrical in Auckland. Steve is well known to many of us around the country. Steve gave a presentation on “Washer Disinfectors and Soil Testing”. Included in the presentation were the sub themes of:
- Loading and unloading
- Water quality
- Machine performance
- Thermal disinfection
- Soil testing

Steve gave his insights as to how this would all tie in with the new version of AS/NZS 4187 and what it would mean for sterile services. For anyone interested I have an online copy of Steve’s power point presentation.

After lunch, the group held an interesting round table discussion focusing on areas of concern for various participants. The meeting closed at 2.30pm.

The next leader’s forum will be held at Christchurch airport on 19th July. Do try to be there, this is for you if you are a leader, supervisor, educator, or coordinator.

THE FIRST LEADERS FORUM 2013

Shelagh Thomas
Vice President, NZSSA
**WHAT IS YOUR JOB DESCRIPTION?**
SSD Loan Liaison Technician

**WHAT ARE YOUR RESPONSIBILITIES?**
Hatch, Match and Dispatch of Loan sets and Implants

**WHAT IS YOUR BACKGROUND?**
Accident Compensation Claims Co-Coordinator, Paymaster, Fork hoist driver, classified advertising call centre supervisor.

**HOW DID YOU GET STARTED IN THE BUSINESS?**
Looking for a change, sent in a CV, got a response 6 months later went for it and got it.

**WHAT IS A GOOD EARLY STORY ABOUT YOUR BUSINESS?**
Moving from a public hospital to a private hospital and noticing most surgeons in the private hospital talk to theatre support staff a lot more often.

**WHAT ARE SOME OF YOUR GREATEST CHALLENGES IN YOUR BUSINESS?**
Juggling resources with unrealistic budgets when supplying sterilised items in a safe and timely manner.

**WHAT IS AN INTERESTING STORY ABOUT A CUSTOMER INTERACTION YOU HAD?**
Taking instructions from a visiting surgeon and being told that we did not need to sterilise the instrument as he had it in a jar soaking in pure alcohol. I then immediately thought of Florence Nightingale crossed with the Mad Butcher and subtly advised him that perhaps there would be enough time to sterilise the item according to the standards.

**WHO IS YOUR TYPICAL CUSTOMER?**
Medical reps and charge nurses.

**HAVE YOU EVER ATTENDED A NZSSA CONFERENCE? WHAT HAVE BEEN THE HIGHLIGHTS OF GOING?**
Yes I have, the networking with other attendees and the socialising experiences in the evening have been my highlights.

**HOW WOULD SOMEONE EXTERNAL DESCRIBE YOUR BUSINESS?**
With great difficulty- most people do not know we exist.

**HOW DO YOU FEEL THIS DESCRIPTION CAN BE CHANGED?**
By having more exposure on programmes like “Shortland Street”

**HOW MANY EMPLOYEES IN YOUR UNIT/DEPARTMENT?**
Eight.

**WHERE DO YOU SEE YOURSELF IN 5 YEARS’ TIME?**
As the SSD Loan Liaison Technician position is new, I see myself fine-tuning this position for the next 5 years.

**WHAT ARE YOUR GOALS OVER THE NEXT 5 YEARS?**
To maintain high standards and instruct my transferable skills to trainees and through orientation in theatre to allow excellent group dynamics within the SSD department.
Kimberly-Clark Health Care is accepting nominations for their 2013 HAI WATCHDOG* Awards Program for Australian and New Zealand hospitals as part of their global awards program.

With concerns regarding HAIs growing worldwide, these awards were created as an initiative of the Kimberly-Clark HAI WATCHDOG* Program, to recognise HAI champions who make a difference in reducing and preventing these serious, often life-threatening Healthcare-Associated Infections.

While many hospitals in New Zealand continue to battle with HAIs, one hospital is taking action. Auckland District Health Board being proactive and leading the way for others in HAI prevention, after taking home first place in the HAI WATCHDOG* Awards program for its CSSD Infection Prevention Initiative in its first year of the program in Australia and New Zealand as judged by an independent judging panel.

The CSSD developed and implemented a program titled “CSSD fight against a creeping contamination incident,” led by Mohammad Alshadiefat of the Central Sterile Supply Department at Auckland District Health Board.

The program focused on reducing HAIs and internal customer rejections by reviewing the cleaning of surgical instruments to determine whether additional decontamination procedures and steps need to be instigated in sterile-service departments to reduce the risk of infection.
Mohammad Alshadiefat said the initiative not only led to a more effective preparation model for surgical instruments, but that it was cost and time saving for the health board.

“It was concluded that there was an immediate need for removing the pre-soak bath as these are not controlled. Furthermore, there was a saving of almost $100,000 annually on detergent and soaking bath water and a reduction of 4 minutes on average per set reprocessing in the Decontamination area,” said Mohammad.

To continue their efforts in the reduction and prevention of the serious, and often life threatening infections, the hospital has been provided with a Kimberly-Clark Health Care grant to further their staff educational efforts.

To continue their efforts in the reduction and prevention of HAIs the hospital has been provided with a Kimberly-Clark Health Care HAI WATCHDOG* educational grant.

To find out more about Auckland District Health Board’s initiative please visit: www.haiwatchdog.com.

Two other hospitals also took out top honours in the HAI WATCHDOG* Awards program in Australia and New Zealand. Royal Perth Hospital won **ICU Infection Prevention Initiative Category** for the program titled “Achievement of zero Central line associated blood stream Infections (CLABSI)s over 12 month in a Tertiary Hospital” which was led by Rosie Lee, Coordinator, Infection Prevention and Management Royal Perth Hospital.

Lismore Base Hospital won first place in the **Clinicians Choice Category** with a program titled “All Screwed Up – Reprocessing Single Use Sterile Screws,” led by Ruth Strickland-Ross, CSSD Manager. The program aimed to reduce potential HAIs during surgery that may have originated from re-stocking screw banks in the CSSD.

To find out more about these initiatives please visit: www.haiwatchdog.com.

**Do you know of an HAI prevention initiative that deserves recognition?**

**Deadlines for 2013 HAI WATCHDOG* Award entries:**
Australia / New Zealand: 30th September  2013

*Registered Trademark or Trademark of Kimberly-Clark Worldwide, Inc.

**Media Contact Details:**

Donna Empson  
Kimberly-Clark Health Care  
52 Alfred Street  
Milsons Point, NSW 2061  
Phone: 0424 493 424  
Website: www.kchealthcare.com.au
COMING SOON:

The Kimberly-Clark Health Care HAI WATCHDOG®
(Healthcare-Associated Infections)
is on his way to see you!

Where: New Zealand
When: 21-23rd August
Infection Control Conference
Why: 12 - 14th November
NZSSA Conference

Check him out and have your photo taken!
Will you join us in becoming an HAI WATCHDOG®?

www.HAIwatchdog.com

Kimberly-Clark
Trusted Clinical Solutions®
Conference Team:
Christopher Mumford // Shelagh Thomas // Kerry Nicholls // Sue Evans // Theresa Luke

Feel free to contact these people with any of your queries. Their contact details are on the contacts page on the website, www.nzssa.org

The New Zealand Sterile Services Association Annual General Meeting will be held on Wednesday 13 November as part of the conference programme. If you have items to be included in the agenda please ensure these are sent to the NZSSA Secretary, Martin Bird.

Annual General Meeting:
Documents required for the AGM are on the NZSSA website ‘minutes and financial’ page. The documents are:
- 2012 AGM Minutes
- 2012 Audited Financial Accounts
- 2013 AGM Agenda

Programme Outline:
Tuesday 12 November
- Executive Meeting
- Trades Opening
- WOW parade – pre voting viewing!

Wednesday 13 November
- AGM
- Full conference programme
- Conference Dinner – Verandah Function Centre

Thursday 14 November
- Full conference programme
- Social function – no cost to delegates.
NZSSA Conference Registration Form
Claudelands Convention Centre, Hamilton  12 – 14 November 2013

PLEASE COMPLETE IN BLOCK CAPITALS.
Surname: ___________________________________________   First Name: _________________________________________________
Hospital / Company: ________________________________________________________________________________________
Role / Position:     ________________________________________________________________________________________
Contact Address: ________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Tel No: _________________________________________________   Mobile: _________________________________________________
Email: __________________________________________________________________________________________________________
NZSSA Member? YES / NO (circle one)                        Membership No. _____________________________________________________
Signed: ____________________________________
Do you have any special food requirements (e.g. Diabetic, Gluten Free, Vegetarian)     YES / NO   (circle one)
If yes, please state your requirements:
________________________________________________________________________________________________________________

Registration & Function Details:  (please identify when attending functions with no cost)               Total
2 Day Registration      $ 430 (Member) $ 460 (Non-Member) $__________________
1 Day Registration  $ 215 (Member) $ 230 (Non-Member) $__________________
Circle day attending  Wednesday / Thursday
½ Day Registration  $ 110 (Member) $ 215 (Non-Member) $__________________
Circle Day/Time attending     Wednesday am / pm – Thursday am / pm
Tuesday Evening Trade Opening  $ No cost No. Attending: ______________
Partner attending Tuesday Evening  YES / NO $ 45.00 $__________________
Conference Dinner - Wednesday  $ 77.00 $__________________
Partner attending Dinner  YES / NO $ 77.00 $__________________
Thursday Evening Brewery Visit  $ No cost No. Attending: ______________

REGISTRATION TOTAL:  $______________

Payment Methods:
Cheque: made payable to: NZSSA Conference

Electronic Transfer:  
• Transfer to Westpac NZSSA Conference Account:   
03 0156 0173557 - 01
• Reference: your surname
• Print off a copy of the transaction and enclose with the registration form

Registration Forms and payment or details of payment should be sent to:
NZSSA Treasurer, Alison Stewart, 28 Brighton Street, Island Bay, Wellington 6023

Cancelling date for Registration: 4th October 2013 (Payment after this time will incur a 5% administration charge).
Cancellations will be accepted until 18th October 2013 but a 25% fee will apply. After this date NO MONEY will be refunded.

Accommodation Suggestions:
All conference delegates must arrange their own accommodation bookings directly with their choice of Hotel, Motel, or other preferred venue. Neither the NZSSA nor the organising committee will accept any responsibility on your behalf in relation to booking accommodation.

Hotel Novotel Hamilton Tainui
7 Alma Street
HAMILTON 3204
NEW ZEALAND
Tel - (+64)7/8381366
Fax - (+64)7/8381367
Email - h2159@accor.com

Hotel Ibis Hamilton Tainui
18 Alma Street
HAMILTON 3204
NEW ZEALAND
Tel - (+64)7/8599200
Fax - (+64)7/8599201
Email - h2159-re02@accor.com

Watch the website and supplyline for conference updates

the journal of NEW ZEALAND STERILE SERVICES ASSOCIATION

15
Showcase your creative talent!

**intermed* INVITATION**

Your team is invited to register interest in the Wipak Wearable Arts 2013

This will be held at the NZSSA Conference in November

Get your team together & put your thinking caps on.

**REGISTRATION: CLOSES 1ST JUNE, 2013**

**RSVP:** LEONIE@INTERMED.CO.NZ
Your team is invited to register interest in the Wipak Wearable Arts 2013. This will be held at the NZSSA Conference in November. Get your team together & put your thinking caps on. Showcase your creative talent!
Designer or Team Name: 
Hospital / Facility: 
Contact Name / Team Leader: 
Telephone: 
Address for starter pack: 

Registration closes by 1st July 2013. Packs will be sent out by 31st July 2013

We look forward to seeing your creations.

Leonie Swindlehurst
Product Specialist
021 246 4444
leonie@intermed.co.nz
Poster Competition
New Zealand Sterile Services Association
Hamilton Conference 2013

NZSSA Conference,
Dunedin 2013

POSTER COMPETITION ENTRY FORM

Please complete this form and forward to: Sue Evans, CSSD St Georges Hospital, Private Bag 8140, Christchurch 8041
Email: Sue.Evans@stgeorges.org.nz

All entry forms must be sent to Sue by 4 October 2013. All posters will need to be at the Claudelands venue for the Trade Opening on Tuesday 12 November 2013.

Who can enter:
- Anyone who is currently employed in a sterilizing facility and who is a current member of NZSSA
- Can be a group or individual entry

Subjects:
- Showcase an improvement in a system or process in your department
- Demonstrates how it makes your job easier
- Discusses how it came into being
- Demonstrates how it improves the outcome for patients/staff/product

Prizes:
1st ......................... $500
2nd .......................... $300
3rd .......................... $200
Delegates choice ...... $100 (if more than one entry)

Judging Criteria and steps to follow:
- Start work on your poster following this criteria
- Analyse a subject that would be interesting
- Identify the key objectives
- Minimise detail in the main ideas
- Include all references for the information
- Use clear simple jargon free text
- Explain the process/systems clearly from start to finish
- Type size at least 16 in black, do not use fancy fonts
- Line spacing must be inserted with text
- Do not justify text as this will interfere with legibility
- Colour or black & white pictures can be used
- Information must be legible at 6 feet distance
- Poster size must be 120cm x 120cm
- Prepare scale drawing to determine the best layout
- Poster must contain: Title, name of author(s), name of department and hospital/company
- An introduction of the poster participant(s) must be included – wallet size
- Be able to answer questions for delegates viewing the poster
- Be able to answer questions from judges
- Consider having handouts for viewers
- All posters must be mounted with push pins.
Education Records Supporting Technician Registration

One of the main aims of the Association is to promote education. To assist with this and with a long-term view of achieving registration under the Health Professional Competency Act (HPCA), we have set up a system for technicians to record their on-going education. Initially registration will be offered by the Association to members who meet the following criteria:

- Must be a full member of the Association. Confirmation of membership shall be included with application e.g. photocopy of membership card.
- Must have the Sterilising Technology Certificate qualification.
- Must have completed 20 hours education and 40 hours practice within a two-year period. This may include Endoscopy, Dental Clinics, or similar if approved by the verifiers.
- Evidence of the above criteria in support of registration has been verified by an Executive member or delegated representative of the New Zealand Sterile Services Association.

Includes:

- In-service Sessions
- STEAM Meetings
- National Conference
- Industry sponsored education
- Industry sponsored product/process education
- Website access – education and information (maximum contribution to hours – 3 hrs)
- Preparation of presentations/projects/articles, which include references and/or research. (Maximum contribution to hours – 2 hours).

The education must:

- Be related to Sterile Services practice
- Have documented proof of attendance
- Include attendance at sessions focusing on topical issues

Contact Companies within our industry and ask if they have any education, in-services etc. that can be made available to you. Contact other Units and ask if you would be able to attend their in-services or come together to arrange an in-service with company representative.