

Volume 21, Issue 2 - Summer 2018

Message from the Board of Directors:

We're very pleased to announce the election of two new Executive Commissioners to the CBSPD Board of Directors, Gail Law, CSPDT, CASSPT, CSPDM and Angela Jensen, CSPDS.

My name is Gail Law, and I was recently voted onto the Board as an Executive Commissioner. I served on the Board for over a decade, and am honored to be among such a dedicated group of individuals. I started my career in ambulatory surgery about twenty years ago. My initial operating room experience was in a one-room surgery center dedicated to ophthalmology. As is the case in most surgery centers, I was cross trained to work in many areas. I worked in the pre-op and post op areas, spent time scrubbing and circulating and also processed instruments. Working in this center was my first introduction to the cleaning and processing of instruments. I enjoyed working in this center for about ten years .

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

In 2009, I assisted in the opening of a four-room Ambulatory Surgery Center specializing in ophthalmic surgery. The opening of the new center brought many challenges. I am proud to say that all of

(Continued inside, page 2)



**Gail Law,
CSPDT,CASSPT,
CSPDM**

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Gail Law cont.

that all of our employees working in the sterile processing department have their certification from the CBSPD. Ophthalmology brings many challenges to instrument processing. All of the instruments are micro instruments and must be handled with the utmost care.

Each ambulatory center has its' unique characteristics; however, the principles of sterile processing must remain consistent. For the past ten years, I have also held a concurrent weekend per-diem position in a women's ambulatory surgery center. The instruments used in gynecological surgery are in stark contrast to the micro-instruments used in ophthalmology yet the principles of processing remain the same. Attention to detail, consistently following best practices and recommendations will offer the best care we give our patients regardless of the specialty. I have learned so much over these past years, but most importantly, I have learned that this profession is constantly evolving. We must all continue to stay current with changes, support one another and share our knowledge. We are a profession that is focused on providing the best care to our patients. The respect I have for those working in the sterile processing profession continues to compound as I continue to learn more. I feel I am a better nurse because of the education and credentials I have attained in sterile processing. My goal is to continue to keep my knowledge current and support the sterile processing profession. My hope is to see all States require certification for those involved in sterile processing. It's my honor to be a CBSPD Executive Commissioner.

Angela Jensen, CSPDS

Angela Jensen is a native of Meridian, MS where she has lived since 1965. She is married and mother to three adult children, ages 34, 32, and 24. Angela is also a proud grandmother to two young children, ages 8 and 6. Since 1990, Angela has been employed with Rush Foundation Hospital where she began her career as an OB/OR Technician in 1990 until 2000 and then as CS/SPD Supervisor from 2000 until present. In 2016, she was named Employee of the Year for Rush Foundation Hospital. In addition to her daily Supervisory responsibilities, she is also responsible for developing and providing educational training for all sterile processing personnel across the Rush Health Systems platform, which includes the main Hospital, five Critical Access Hospitals, numerous Clinics and a Surgery Center. Angela achieved her Supervisor certification with CBSPD in 2002 and has maintained this certification since then. She also served two terms with the CBSPD Board of Directors as a Supervisor Representative beginning in 2005 and ending in 2011. Angela joined the CBSPD Ethics Committee and CEU Committee in 2010, and she is currently serving with Jeanette Bakker as Co-Chairs of the CEU Committee. Her dedication to the sterile processing profession and CBSPD has also inspired all of her staff to receive technician certifications with CBSPD in 2016.



Welcome new Commissioners!

Open nominations to the Board of Directors vacancies



We are currently looking for qualified, motivated, and educated people to join our Board of Directors. There are two positions opening: Ambulatory Surgery and Management representatives. To qualify, you must be certified through the CBSPD in that specific certification, and be employed in that exact position in a healthcare facility or ambulatory setting during your full term. All Nominations are due by **Friday September 28th**, so that voting can take place with the distribution of the Winter Newsletter. Consider becoming part of an amazing team!!

You may send in a nomination by email to mailbox@sterileprocessing.org or mail it to our office at:

CBSPD Inc.

148 Main St. Suite D-1

Lebanon, NJ 08833

Social Media Happenings

The CBSPD is hosting an ongoing Facebook contest called "CBSPD Certification Pride." In the month of July, we encouraged certificants to send us an image of his/her certificate(s) on our Facebook page. Each week in July, we selected a random winner. Each winner received a CBSPD Swag bag with CBSPD promotional products, a \$10 VISA gift card and tumbler. **Our lucky winners were: KJ Brockington, Clint Jacobs of India, Matthew Dyer and Jessica Cano. Congratulations to all the certificants and everyone who shared their CBSPD certification pride! (Please note, the CBSPD Swag Bag was for our Facebook promotion. This bag isn't available for purchase.)**

For the month of August, our next segment of CBSPD Certification Pride involves:



WIN A FREE COUPON for ONE CBSPD TECHNICIAN EXAM REGISTRATION FEE!

(You don't pay the exam fee, we've got it covered!!!)

How to qualify:

- 1) Refer a friend to 'like' our FB page.
- 2) Tell us why you like CBSPD in the comments section. (Sorry, thumbs up emojis won't count).
- 3) Enter as many times as you'd like!
- 4) Winner will be chosen at RANDOM on 8/31.

****This contest is only being offered on Facebook****

September's portion of CBSPD Certification Pride will be a contest offering a coupon for ONE CBSPD RE-CERTIFICATION FEE. (Certificant must submit a re-certification application with appropriate documents by the designated date.)

We'd like to hear 'real world' commentary from our certificants. Comment on our FB page about why you love SPD, and how being certified with the CBSPD has helped you professionally. Winner will be chosen **at random and announced by October 1st.**

LIKE us on FB! <https://www.facebook.com/theCBSPD/>

Report on the Association for the Advancement of Medical Instrumentation (AAMI) - Nancy Chobin, RN, CSPM, CFER

AAMI met March, 2018 in Baltimore, 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. The updated document was published in October, 2017. All facilities processing medical/surgical devices using steam sterilization are strongly recommended to get this updated version. This Committee will only meet if changes are deemed necessary before the next 5- year review.

AAMI ST/WG 61, Hospital chemical sterilant practices. - Status updates were provided for TIR67, which is in publication, and TIR68, which will undergo copy editing and final 15-day review with the working group before proceeding to the AAMI Standards Board for approval for publication. Both documents are anticipated to be published in during the summer. TIR-67 is "Promoting Safe Practices Pertaining to the Use of Sterilant and Disinfectant Chemicals in Health Care Facilities".

AAMI ST-58 (Chemical Sterilants). - A number of comments were submitted with votes to reaffirm this document however but suggested that a revision is needed, including general issues of updating to reflect current technology/processes, aligning content with other AAMI standards, and updating the format to be consistent with other AAMI standards, and specific areas of content that need revision. It was noted that there might be an opportunity to include disinfection of ultrasonic probes and TEE probes in this document. There is an anticipated new work item proposal for a standard addressing processing of ultrasonic probes and TEE probes that could perhaps be rolled into this revision. A call of show of opinion for support for opening AAMI ST58 for revision indicated that all ST/WG 61 members present were in favor; no members were opposed to initiating a revision. When the revision process opens, members will be invited to submit (or resubmit) comments on specific revisions to incorporate into the document for the development of the first working draft.

Working Group 84 (Flexible Endoscope Reprocessing). - The Working Group resolved and responded to comments through #435. Going forward with the review of the remaining comments, it was agreed that purely editorial comments would be identified and proposed to accept, and that the co-chairs would consider developing proposed resolutions for the technical comments to be circulated to the working group for review in advance of the next meeting. There will be a meeting in July but members can call-in to continue with the comment review.

AAMI ST/WG 94, Rigid sterilization container systems. - The results of the ballot to reaffirm AAMI TIR63:2014, Management of medical devices used in health care facilities that are not owned by the facility unanimously supported reaffirmation. The working group agreed that the document should be reaffirmed and reviewed again at the next 3-year periodic review. A new category of containment device had been cleared by FDA and FDA requested additional guidance similar to the guidance for other containers. The new containment devices are designed to hold multiple individual sets. A task group was appointed to investigate where guidance might be needed and to develop language.

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

AAMI ST/WG 12, Instructions for Reusable Device Reprocessing Working. - Members reviewed and resolved the comments received on AAMI WD-2 TIR12, Designing, testing and labeling reusable medical devices for reprocessing in health care facilities: A guide for medical device manufacturers. Members agreed to form a number of task groups and each task group will consider human factors. The working group agreed to hold an interim meeting on Monday, June 4 to review the work of the task groups, in preparation for the next working draft of WG12. Members also agreed to meet during the October 2018 Sterilization Standards Week.

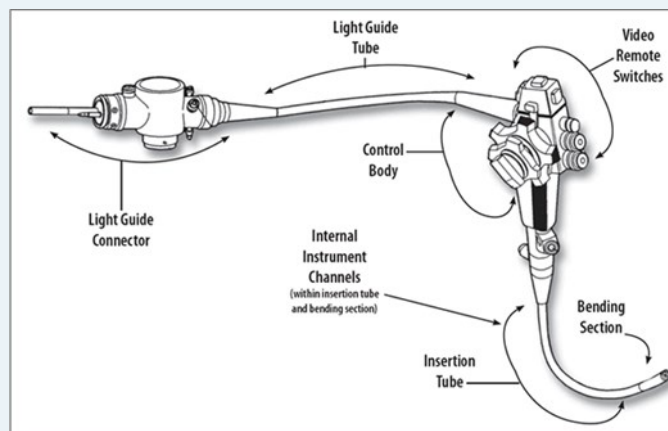
FLEXIBLE ENDOSCOPE STRUCTURE & INSPECTION

Chris Franklin, CSPDT, CSIS, CFER

Flexible endoscopes are complex medical devices used to visualize the inside of various body cavities. Since the humble beginning of the endoscope, which dates back to 1853, endoscopes have taken on significant technological advances having become incredibly sophisticated and complex. Proper identification, cleaning, and inspection are crucial to the reprocessing of flexible endoscopes. However, this task has become somewhat daunting in recent years and it's important that those who are reprocessing these devices are familiar with the endoscope structure, their function, and how to identify potential safety concerns.

Endoscope Structure

The basic design of most flexible endoscopes consists of a light guide connector, umbilical or universal cord, control body, insertion tube with internal channels, and the bending section which houses the several important components.

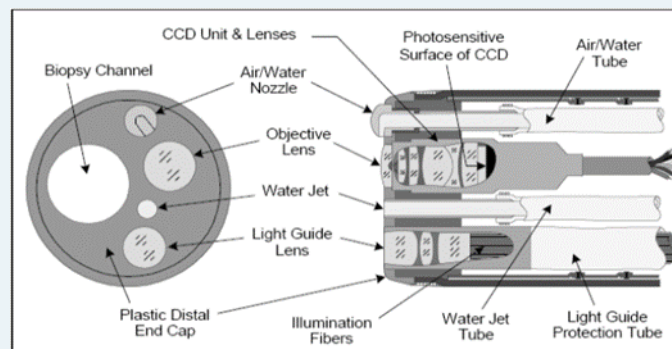


Via The Basics of Flexible Endoscope Reprocessing, Sterile Processing University, 2nd Edition

FLEXIBLE ENDOSCOPE STRUCTURE & INSPECTION - continued

The endoscope connects to the video processor and light source via the **light guide connector**. Power and light (and in more complex scopes, a suction channel, air/water channels) travel up through the **umbilical cord** to connect to the main **control body**. Located on the control body are the video remote switches, angulation controls, suction and air/water valves, and channel opening. From the bottom of the control body extends the **insertion tube** (the part that is inserted into the body) and at the distal end is the **bending section**. Located inside the insertion tube is one or more internal channels that are used for suction, inflation, irrigation, and allow access for instrumentation to be passed through to perform various procedures.

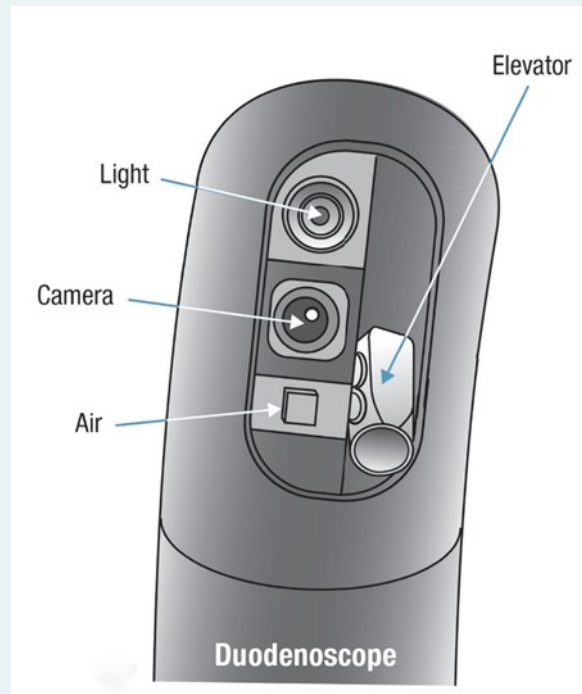
Housed in the distal end of the endoscope are multiple components that allow for the endoscope to perform its intended function. This area can consist of one or more of the following: Biopsy channel, air/water nozzle, objective lens, water jet, light guide lens, and distal end cap. During the manual cleaning process, be sure to take a close look at the distal tip and inspect for any damage. Look for any fractures or chips to the lenses, damage to the air/water nozzle, and any damage in the end cap.



Via The Basics of Flexible Endoscope Reprocessing, Sterile Processing University, 2nd Edition

Advanced Endoscopes

Some endoscopes are equipped with more advanced technology, designed to carry out specific endoscopic procedures. The duodenoscope is one such scope, consisting of a side viewing lens and a mechanical elevator that is used to maneuver medical instrumentation into hard to reach areas. In recent years there have been several occurrences involving the duodenoscope and the difficulty of cleaning around the elevator mechanism, ultimately resulting in patient infections, some of which were fatal. In response to this, many manufacturers implemented new extensive cleaning instructions and have even made some design alterations to newer endoscopes. When reprocessing a duodenoscope it is important to thoroughly inspect the elevator and closely follow the manufactures instructions, some manufacturers can have as much as 92 steps in the manual cleaning process.

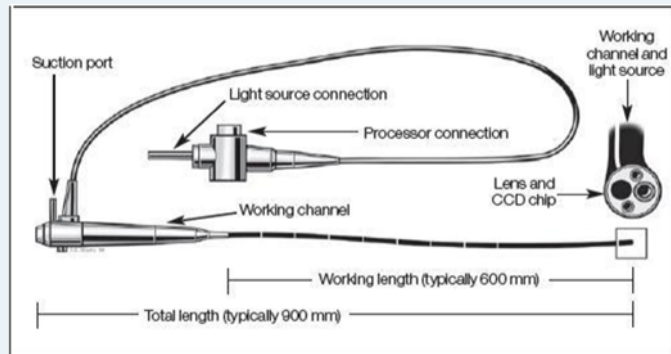
FLEXIBLE ENDOSCOPE STRUCTURE & INSPECTION - continued

Via www.healthadvance.com

Other types of advanced endoscopes include the linear and radial echoendoscopes or ultrasound endoscopes. These two endoscopes contain an ultrasound transducer at the distal end of the scope, allowing the endoscopist to detect abnormalities in the walls of or around the gastrointestinal tract. When handling these types of endoscopes, it is important to use sufficient care, as not only are these endoscopes expensive and costly to repair but the ultrasound transducer at the distal tip is particularly fragile. In addition to the ultrasound components, the linear ultrasound endoscope contains a mechanical elevator at the distal tip, which is similar to that of the duodenoscope.

Bronchoscope

Perhaps the most simplistic of the commonly used endoscopes is the bronchoscope which is used in pulmonary procedures to visualize the inside of the lungs. This endoscope is comprised of the light source connector, umbilical cord, control body, and insertion tube. Bronchoscopes typically contain only one internal channel and consists of fewer controls than their GI counterparts. Although these scopes are quite simple in terms of their function and design, the bronchoscope is often one of the most repaired endoscopes. This is due to their smaller, more fragile design. These endoscopes regularly suffer from air leaks, fluid invasion, and bite marks that result in crushed insertion tubes.

FLEXIBLE ENDOSCOPE STRUCTURE & INSPECTION - continued

Via The Basics of Flexible Endoscope Reprocessing, Sterile Processing University, 2nd Edition

When inspecting a bronchoscope, it is important to run your fingers down the length of the umbilical cord and insertion tube, to ascertain any damage in the form of dents or puncture marks.

Leak Testing

Leak testing is not only required prior to reprocessing an endoscope, it is also the most effective way to inspect a for puncture marks or leaks. Failure to identify a leak can result in fluid invasion which can severely damage the internal components and harbor bacteria which could be transmitted to another patient. Costs to repair an endoscope with fluid invasion can cost thousands of dollars.

Endoscope Handling

Endoscopes over time will wear due to normal use and will eventually require maintenance or repair at some point. However, much of the repairs to endoscopes are 100 percent preventable. Improper use and handling are the top contributors to the damage of endoscopes. Always maintain control of the distal tip to ensure it does not become damaged during transport. Endoscopes are to always be handled with care and coiled loosely when reprocessing.

Commonly Reported Damage**Leaks:**

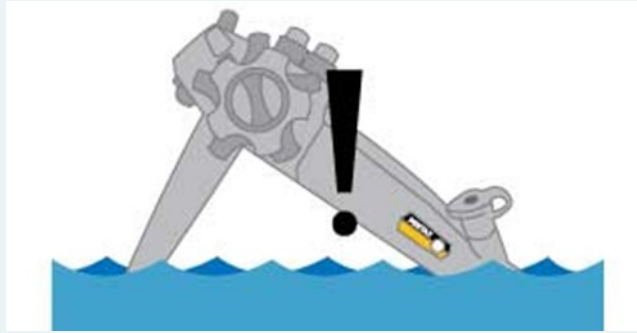
Typically found around the bending section at the distal end of the scope, leaks are identifiable through the process of leak testing, presenting themselves as a steady stream of bubbles (wet leak testing). Damage is most commonly caused by contact with sharp objects such as needles, forceps, and other accessories used during a procedure. Other causes include bite marks from patient, careless handling, cracked housing, and stacking of scopes.



Via www.pentaxmedical.com/pentax/en/95/1/Damage-Prevention

FLEXIBLE ENDOSCOPE STRUCTURE & INSPECTION - continued**Fluid Invasion:**

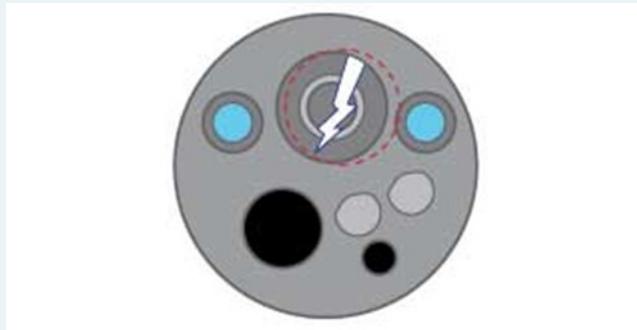
Indicated by improperly functioning endoscope or corrosion of components. Fluid invasion is caused by failure to properly attach water-resistant cap, puncture of sheath, cracked housing, and wet leak tester connection.



Via www.pentaxmedical.com/pentax/en/95/1/Damage-Prevention

Cracked Lens & Light Guide Cover:

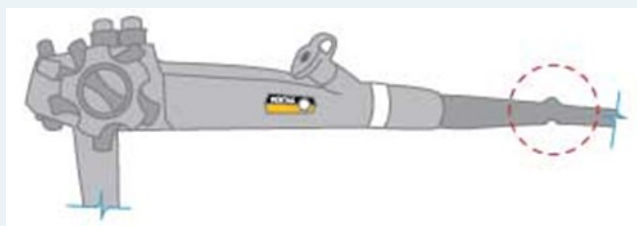
Indicated by distorted image or visible fracture or chip. Cracks are typically the result of careless or accidental handling involving the impact of scope tip with a hard surface.



Via www.pentaxmedical.com/pentax/en/95/1/Damage-Prevention

Dents, Kinks, and Buckles:

Indicated by a flattened/abnormal appearance of the insertion tube or umbilical cord. Common causes include excessive bending, bite makes from patient, getting caught in cabinet door, and careless handling.



Via www.pentaxmedical.com/pentax/en/95/1/Damage-Prevention

FLEXIBLE ENDOSCOPE STRUCTURE & INSPECTION - continued**Clogged Channels:**

Indicated by limited to no air or water delivery. Causes include damage to air/water nozzle, chipped O-rings, and improper or inadequate cleaning resulting in channel blockage.



Via www.pentaxmedical.com/pentax/en/95/1/Damage-Prevention

Control Body Damage:

Indicated by cracks in housing and damaged controls. These damages are often caused by dropping of scope, poor handling, and lying endoscopes on the angulation knobs.

The Importance of Inspection

Inspection and a general understanding of the structure and function of the endoscope is an essential part of flexible endoscope reprocessing. Damaged or improperly cleaned endoscopes can have devastating effects on the patients we care for. Failure to properly inspect an endoscope can result in injury to the patient or contraction of a bacterial infection. Regardless of high-level disinfection (HLD) or sterilization, an endoscope cannot be deemed safe for use unless thorough cleaning and inspection take place. Every patient deserves a properly functioning endoscope that has been meticulously inspected for cleanliness and function.

References

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

PENTAX Medical, www.pentaxmedical.com. Montvale, (NJ)

CFER

If you are regularly reprocessing flexible endoscopes or performing competency check-offs, it is highly recommended that you become certified. The CBSPD offers the Certified Flexible Endoscope Reprocessor (CFER) certification. The CFER is the first certification of its kind and the only one that is NCCA accredited. Are you ready to take your professional career to the next level? For more information on the CFER certification visit us at www.sterileprocessing.org.

POST TEST – Flexible Endoscope Structure & Inspection.

(Preapproved by CBSPD for 1 CEU)

1. **What method is most effective for identifying leaks?**
 - A. Visual inspection
 - B. Leak testing
 - C. Guessing
 - D. Placing in AER
2. **What feature is found in both the duodenoscope and the linear ultrasound scope?**
 - A. Ultrasound transducer
 - B. Extended insertion tube
 - C. Mechanical elevator
 - D. Dual cameras
3. **What type of damage causes fluid invasion?**
 - A. Leaks and housing cracks
 - B. Denting or buckling
 - C. Clogged channels
 - D. Chemical effects
4. **What is one of the biggest contributors to endoscope damage?**
 - A. Lack of pre-cleaning
 - B. Prolonged exposure to chemicals
 - C. Poor scope handling
 - D. Excessive use
5. **The bronchoscope is used for which type of procedures?**
 - A. Gastrointestinal
 - B. Urinary
 - C. Cardiovascular
 - D. Pulmonary
6. **What is unique about the “linear” & “radial” endoscopes?**
 - A. Ultrasound capabilities
 - B. Side viewing lens
 - C. Extended insertion tube
 - D. Detachable tips
7. **Which part of the endoscope connects the light guide connector to the main control body?**
 - A. Insertion tube
 - B. Umbilical cord
 - C. Bending section
 - D. Internal channels
8. **In addition to manual cleaning and disinfection/sterilization, what must take place before an endoscope is safe for use?**
 - A. A second leak test
 - B. Storage in drying cabinet
 - C. Connect to video processor & test
 - D. Inspection for cleanliness & function
9. **What is the most common cause of cracks in the objective lens/light guide glass?**
 - A. Impact of scope tip with a hard surface
 - B. Improper use
 - C. Patient bite marks
 - D. Prolonged immersion in water
10. **What outcome can result from a damaged or inadequately cleaned endoscope used on a patient?**
 - A. Nothing, if the scope was HLD
 - B. Patient injury/ contraction of infection
 - C. Poor endoscope quality
 - D. Dissatisfied doctor

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

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

Podcast with Beyond Clean

Our former Executive Director, Nancy Chobin, was recently interviewed by Beyond Clean. She has been a longtime SPD advocate, voice and selfless worker in this field for over 30 years. Hear her journey in the profession as well as setting the record straight on certification in a special podcast:

<http://beyondclean.libsyn.com/nancy-chobin> Part I

<http://beyondclean.libsyn.com/nancy-chobin-part-2> Part II



Survey on the way...

Very soon, we will be uploading a Survey to our homepage to solicit your feedback surrounding a service we're contemplating implementing. We receive hundreds of requests from candidates to have his/her final exam result expedited. Since we legally must perform final diagnostics on the final results, to satisfy the legality of the credential as well as accreditation compliance, the final exam results will continue to be processed within 3 weeks from the end of the exam window. Once the final results are released to our office for processing, we are considering an option for the candidate, when registering for the exam, to pay an upfront, non-refundable fee of \$50.00 to expedite his/her final result. This fee will be in addition to the exam registration cost. Once this fee is paid and the final results are released to our office, the person's result will be processed within 48 hours (excluding weekends and holidays) and sent out Priority Mail. This service will mimic the expedited service we have for our re-certification.

Why will we charge for this service? We must cover the costs associated with labor, postage and internal processing, so we can fulfill the expedited requested. Processing the final results for our certificants encompasses a great deal of time, resources and labor on the backend.

Our questions will be:

- 1) Would you be interested in such a service?
- 2) Do you think the suggested fee is fair?
- 3) If you think this service isn't feasible, please share your opinion on why?

Your feedback will guide on us on a final decision!

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- (4th edition) UPDATED This book encompasses 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 do 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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**August 2017 - November 2017
CBSPD Certification Exam Stats**

(Passing names listed at

www.sterileprocessing.org/new_members.htm)

Technician: Total Sat for Exam = 2,240;
Total Passed = 1,356 (61%); Total Failed = 884 (39%)

Management: Total Sat for Exam = 37;
Total Passed = 18 (49%); Total Failed = 19 (51%)

Instrument Specialist: Total Sat for Exam = 34;
Total Passed = 28 (82%); Total Failed = 6 (18%)

Ambulatory Surgery: Total Sat for Exam = 54;
Total Passed = 30 (56%); Total Failed = 24 (44%)

GI Scope: Total Sat for Exam = 393;
Total Passed = 223 (57%); Total Failed = 170 (43%)

****Reminder to All Upcoming
October/November 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 October 2013, you are due for re-certification in October 2018. Please have your completed re-certification packet with payment into the CBSPD office no later than 9/23/18.

If you became certified or re-certified in November 2013, you are due for re-certification in November 2018. Please have your completed re-certification packet with payment into the CBSPD office no later than 10/23/18.

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