

**Sterile Processing
Management,
Regulations and Responsibilities
WEBINAR**

**A course for Sterile Processing
Managers and Supervisors,
Infection Preventionists,
Materials Managers
and PeriOperative Managers with
Responsibility for SPD**

**Cannot take time off from your job? Do not have travel money in your budget?
Then sign up for the SPD Management Course given via webinar!**

**This webinar will provide all the information provided in the courses held at
various locations WITHOUT the associated travel expenses!**

REGISTER EARLY - LIMITED TO 25 PEOPLE

**Sponsored by Sterile Processing University, LLC
Lebanon, New Jersey**

**NOTE: You will need access to a computer and a telephone
(or a headset).**

It is recommended to be in an area with little interruption.

**DATES: Tuesday, June 13th, Thursday, June 15th,
Tuesday, June 20th and Thursday, June 22nd, 2017**

This course is intended for Sterile Processing Managers (new or experienced), Infection Preventionists, Ambulatory Surgery Administrators and Supervisors, Materials Managers, PeriOperative Managers and Sterile Processing Supervisors. The course covers basic management concepts as well as all regulations and recommended standards of practice for cleaning, disinfection, packaging and sterilization. All registrants will be provided with detailed handout materials and reference forms for use in managing their departments.

FEE: The registration fee for this webinar course is \$700 (for all days) which includes hand-out materials. Your registration cannot be processed without receipt of full payment.

NOTE: We accept VISA, AMERICAN EXPRESS AND MASTER CARD. A credit card form is attached in this packet.

COURSE REGISTRATION DEADLINE: THE DEADLINE FOR THE COURSE REGISTRATION IS JUNE 2, 2017. NOTE: A MINIMUM OF 10 REGISTRANTS IS REQUIRED TO CONDUCT THIS COURSE.

Course Cancellation: Sterile Processing University reserves the right to cancel this webinar course due to low registrations. A full refund will be made. If you must cancel your registration after it has been made, you must do so no later than June 2, 2017 or a refund will not be issued. However, a \$15 administrative fee will be retained.

QUESTIONS? Please call 1-908-735-8944 or FAX: 1-908-730-6025 or email: nancy.chobin@comcast.net

CEUs—Sterile Processing CEUs (25) will be provided (CBSPD and IAHCSSM) for any individuals who are already certified in sterile processing. Sorry, there are no Nursing CEUs. Attendees must be present for the entire program to receive CEUs or they will be pro-rated based on your attendance.

FACULTY: Nancy Chobin, RN, AAS, ACSP, CFER, CSPM is the President and CEO of Sterile Processing University, LLC and developer of this course. She has taught this course for 20 years and continually updates it to provide the most current Standards and recommendations for effective practice and patient safety. She is a member of AAMI and numerous AAMI Committees, AORN (past member of their Recommended Practices Committee), SGNA and IAHCSSM. Nancy has published extensively and lectures throughout the US and internationally. Nancy was named one of the 30 most influential people in infection control by Healthcare Purchasing News in 2007.

Please note, approximately one week prior to the start of the course, you will be emailed an invitation for the webinar. Please follow the instructions on the invitation. The invitation is only for the first day. You will be emailed subsequent invitations for each respective session. You will also be emailed the handout materials. Please make sure you have copied them to follow the presentations.

It is strongly recommended you have a headset and microphone. The webinar does not offer toll-free calling.

NOTE: The start time for the course will be determined by the registrant's location. If there are registrants from the west coast, we will start the sessions at 10AM Eastern time. YOU WILL BE ADVISED OF THE START TIME IN YOUR COURSE CONFIRMATION.

QUESTIONS: Call 1-908-735-8944 or email: nancy.chobin@comcast.net

Thank You.

PROGRAM AGENDA

Day # 1

Recommended Standards - AAMI Standards including all recent updates to ST-79, CDC
Updated Regulations Impacting on SPD: OSHA, FDA, EPA
CJD - The Hidden Danger
Best Practices for Decontamination - Types of Equipment, Processes
High Level Disinfection (ANSI/AAMI ST-58)
Review of AAMI ST-91 Endoscope Document - Best Practices for
Processing Flexible Endoscopes
Question and Answer Time - Sharing Information

Day # 2

Best Practices for Assembly, Packaging including Wraps and Paper-Plastic Pouches
Rigid Container Systems and Recommended Testing
Dealing with Loaner Instrumentation
Developing a Quality Surgical Instrument Processing Program
Question and Answer Time - Sharing Information

Day # 3

Sterilization Methodologies (Steam, EO, Low Temperature Systems)
Product Testing - How Do I Comply?
Steam Sterilization for Immediate Use
Establishing a Process Improvement Program for SPD
Dealing with Manufacturer's Instructions for Use
What are the CMS and Joint Commission Looking For?
Question and Answer Time - Sharing Information

Day # 4 (1/2 Day)

Sterile Storage Requirements
Training Needs for SPD Personnel
Developing an Orientation Plan for SPD Personnel
Elements of a Competency-Based Job Description for SPD
Performing Risk Analysis in Processing Areas
Continuing Education, Competency Assessment
Question and Answer Time - Sharing Information

REGISTRATION FORM

Please register me for the "Sterile Processing Management" webinar course

NOTE: Registration fee is \$700

COURSE REGISTRATION DEADLINE: JUNE 2, 2017

PLEASE PRINT ALL INFORMATION:

NAME: _____

FACILITY
NAME: _____

DEPT: _____

ADDRESS: _____

Is this your home address? _____

CITY: _____ ST: _____ ZIP CODE: _____

TEL: _____
(Area Code) Ext.

FAX: _____
(Area Code)

Preferred Email: _____

Sorry, Purchase Orders not accepted. Payment must be in the form of a facility check, personal check, money order or credit card (Visa, American Express and Master Card only). **If you are paying by credit card, please complete the credit form that is included in this packet.**

BILLING CREDIT CARD INFORMATION - **To pay by Credit Card**

Name on Credit Card: _____
 First Name Last Name

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Please circle Credit Card Type:

Credit Card Type: VISA MASTER CARD AMERICAN EXPRESS

Account Number: _____/_____/_____/_____

Expiration Date: _____

Security Code: _____

Authorized Signature: _____

One time charge of \$ _____

Please FAX this form (completed and signed) to: 1-908-730-6025 along with your registration form. **This is a secure FAX.**