

STERILE PROCESSING UNIVERSITY POLICIES AND PROCEDURES ORDER FORM

Conditions:

1. **These policies and forms are copyrighted. They cannot be shared with any other individual, hospital, publication, presentation, etc. They may be used within a healthcare facility system.**
2. These policies may be modified to meet the specific needs of your facility.
3. All policies written in compliance with the most current federal standards and guidelines in effect at the time of purchase. The facility is required to update policies as recommended by the specific facility.
4. Areas highlighted or in red require specific information from your facility.

NOTE: All policies will be emailed to you to facilitate modifications. Please provide your email address.

If you would like the policies on a CD, please indicate on the attached form.

PRICING: Individual Policies: \$25 each

Individual forms: \$10 ea.

Any combination of policies & forms OVER 25: \$20 each

All Policies, Procedures and Forms: \$650 (save \$570 off the individual prices!)

Please place a check next to each policy or form needed.

*****NOTE: *Forms are in italics***

- Accountability for Surgical Instruments/Sets
- BI Log Form - 3 Hour Rapid Readout for Pre-Vac 270°F, 275°F and Gravity 250°F*
- BI Log Form - 1 Hour Rapid Readout for Pre-Vac 270°F and 275°F*
- Cleaning of Steam Sterilizers
- Cidex OPA Competency Summary
- Decontamination of Soiled Instruments and Devices
- Decontamination Area Temperature and Humidity Log Form*
- Designation of Time Related or Event Related Dating
- Early Release of Implantable Device/Tray Form*
- Environmental Cleaning Protocols for SPD
- High Level Disinfection Log Form*
- Implantable Devices
- Known or Suspected Prion Contaminated Items Processing Log Form*
- Lap Insulation Testing Log Form*
- Lending/Borrowing of Instruments
- Loaner Instrumentation/Borrowed Instruments/Dr.'s Instruments
- Lot Control for Sterilization
- Manufacturer's Instructions for Processing
- Monitoring of Sterilization Cycles
- Off-Site Processing
- PI Form for Infection Control*
- Prep/Packaging Area Temperature and Humidity Log Form*
- Preparation, Assembly and Handling of Surgical and Lap Instruments
- Process Improvement Plan for Sterile Processing
- Process Improvement – Tray Audit Form*
- Process Improvement – Event Related Dating Audit Form*
- Process Improvement – Problem Report Form*

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- _____ *Process Improvement – Sterilization Record Audit Form*
- _____ Precautions for Patients with Known or Suspected Creutzfeldt-Jakob Disease (CJD)
- _____ *Perioperative Screening Form for Patients Who Are at Risk for Creutzfeldt-Jakob Disease (CJD)*
- _____ Pre-Processing Treatment of Instruments in Ancillary Departments/Units
- _____ Processing of Flexible Fiber Optic GI Scopes and Bronchoscopes
- _____ Processing Reusable Laryngoscope Handles and Blades
- _____ Processing of Ophthalmic Instruments
- _____ Processing of Patient Care Equipment
- _____ Product Testing
- _____ *Product Testing Log Form*
- _____ *Quality Assurance Testing of HLD Test Strips Form*
- _____ Recall of Facility Sterilized Products and Products from Outside Manufacturers
- _____ Rigid Container Testing
- _____ *Rigid Container Testing Documentation Form*
- _____ Re-sterilization of Opened, Unused Single Use Devices and Return of Explanted Implants to Patients
- _____ Single Use Devices
- _____ Steam Sterilization Protocols
- _____ *Sterile Storage Area Temperature and Humidity Log Form*
- _____ *Sterilizer Access Area Temperature Log Form*
- _____ *SPD Annual Competency Testing Form*
- _____ SPD Dress Code
- _____ *SPD Orientation Guide Form*
- _____ *SPD Vendor Delivered Trays Form*
- _____ *SPD Implant Log Form*
- _____ Surgical Instrument Marking
- _____ *STERRAD 100NX Log and BI Form*
- _____ *STERRAD 100S Log and BI Form*
- _____ *STERRAD NX Form*
- _____ Use of the STERRAD NX Sterilization System
- _____ Use of the STERRAD 100NX Sterilization System
- _____ Use of the STERRAD 100S Sterilization System
- _____ Storage of Sterile Supplies
- _____ Temperature, Humidity and Air Flow Requirements for the Sterile Processing Areas
- _____ Testing of Emergency Eyewash Stations
- _____ *Testing of Emergency Eye Wash Stations Log Form*
- _____ Training, Continuing Education and Competency Assessments
- _____ Transport of Sterile/Clean Items
- _____ Use of Cidex OPA High Level Disinfectant

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PAYMENT FORM

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PLEASE EMAIL ME THE POLICIES/FORMS _____

PLEASE MAIL ME A CD (Postage/handling \$10.00 extra) _____

Quantity Ordered:	Amt Payable
_____ Policies @ \$25 ea.....	_____
_____ Forms @ \$10 ea.....	_____
_____ All Policies, Procedures and Forms.....	_____
_____ Postage/handling (for CD orders only) \$10.00.....	_____

Please attach a facility check made payable to: Sterile Processing University, LLC

Ordering Information: PLEASE PRINT

Your Name: _____

Facility Name/Dept: _____

Mailing Address: _____

City: _____ ST: _____ ZIP: _____

Work Tel: _____ Ext.: _____

Work FAX: _____

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If paying by credit card, please complete the attached credit card form. You can FAX your order (if paying by credit card) to 1-908-730-6025)

If paying by facility check; mail order form, check or completed credit card form to:

STERILE PROCESSING UNIVERSITY, LLC: 59 Allerton Road, Lebanon, NJ 08833

All orders will be processed within 10 days of receipt.

STERILE PROCESSING UNIVERSITY POLICIES AND PROCEDURES ORDER FORM

CREDIT CARD PAYMENT FORM

Name on Credit Card: _____

Card Billing Address: _____

City: _____ **ST:** _____ **ZIP:** _____

Credit Card Type: **Visa** ___ **Mastercard** ___ **American Express** ___ **Discover** ___

Card Number: _____

Expiration Date: _____

Security Code on Card: _____

Signature: _____

Date: _____