

STERILE PROCESSING BASIC TRAINING: SPD BOOT CAMP®

Module #1:
Introduction to Sterile Processing

by

The Central Sterile Processing Initiative

Sterile Processing Basic Training: SPD Boot Camp

Published by:

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**Message From The Central Sterile Processing
Initiative Director**

Thank you for purchasing this e-course, an introductory and review survey of the basics of sterile processing, *Sterile Processing Basic Training: SPD Boot Camp*.

Thank you, enjoy the program, and I am always just an e-mail away if you have questions or need my assistance during the course of your studies.

Sincerely,
Shane Huey,
Director

www.centralsterileprocessing.net

Preface

This e-course is neither the traditional textbook nor the typical student workbook. It is, rather, a combination of the best and most relevant of information related to the basics of sterile processing education and training presented much like a series of lecture notes with multimedia elements included for a more complete and well rounded educational experience for both sterile processing "newbies" and seasoned veterans simply seeking a comprehensive review alike.

The content is structured as a classroom lecture/text with all relevant points discussed and references provided for further information and investigation.

In this text one will be presented with material contained within the industry standard texts, current field relevant articles, and as well have workspace much like contained within the likewise standard workbooks. Herein, however, the student will find no superfluous material to bog one down unnecessarily. Covered within is only that which one needs to know as a sterile processing tech at the level 1 stage—the ESSENTIALS of sterile processing, that which every tech need know—the prerequisites of the field. References will be cited throughout the course, however, to point students in the right direction should they choose (and we are trusting that they will!) to pursue additional knowledge, training, and advancement in the field of sterile processing.

The course consists of multiple individual modules (at least 15 at the time of this printing). Please read through each module from beginning to end at least once before attempting to complete the assignments and then work your way back through the text completing the required coursework specified in the assignment directions at the end of the module (see contents).

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1. Module Objectives

- Define the sterile processing department and describe its role in the health care setting.
- Understand and state the basic roles and responsibilities of the sterile processing technician.
- Understand and state the job requirements and expectations required of sterile processing technicians.
- Define "ethics" and understand the role ethics plays in the field of sterile processing.
- Understand and explain the work flow movement of individuals and items through the sterile processing department.
- Be cognizant of future trends in sterile processing as related to personal career growth and employment opportunities.
- Understand and state the typical organizational structure of the health care setting, particularly hospitals, and how the sterile processing department fits within that structure.
- Understand current educational and professional trends to include professional development and certification.

2. What Is Sterile Processing?

A rose by any other name...

The department within a health care facility known as the *sterile processing department* is also known by many other names: central sterile processing, central sterile, CS, central processing department, CPD, central supply, central service, central services, sterile processing and distribution, SPD, etc.

The terms *sterile processing*, *central services*, and *central supply* are the more commonly used terms for the department today.

Historically (more to come on this topic in the following historical module), the department was born "central services" due to the centralization of reprocessing of surgical instrumentation and supply distribution within a facility. Today, there has been more of a trend to separate sterile reprocessing and supply distribution and thus two departments typically exist within the health care setting: sterile processing (reprocessing of instrumentation and equipment) and central supply (supply distribution).

The Sterile Processing Department

"CS/SPD is the department that receives, cleans, decontaminates, assembles, disinfects, and/or sterilizes reusable medical and surgical devices for patient care."¹

"The term 'central,' suggests that services are centralized. The activities of reprocessing soiled goods and sterilizing devices to ready them for the next procedure are conducted in one centralized location..."²

More than simply involved in the reprocessing of surgical instrumentation and other equipment and supplies, the sterile processing technician is an essential component of perioperative health care. Without adequately trained sterile processing staff, neither OR staff, surgeons, or a facility's physicians could perform

1 Nancy Chobin, ed. *The Basics of Sterile Processing, Third Edition*, p. 2.

2 *Central Service Technical Manual, Seventh Edition*, p. 8.

their respective vital jobs and thus patient care is severely impacted. Though indirect and provided as a service, sterile processing's primary focus is always upon providing the best possible patient care. By meeting the needs of a facility, patients are better serviced by those providing for their direct care.

The term, "service," is the key to "what Central Service is all about," and it occurs as Central Service personnel help or assist their patients and others including their health care peers. Central Service personnel must remember that they are an integral part of quality patient care.³

³ *Ibid.*, p. 8.

3. Roles and Responsibilities

Understanding the erstwhile definitions of sterile processing, it naturally follows that the role and function of the sterile processing technician is to receive, clean, decontaminate, assemble, disinfect, and/or sterilize reusable medical and surgical devices for patient care.⁴ And this from within the context of a centralized hub of provision within the health care setting.

Working Areas of the Sterile Processing Department

Decontamination—both the area in which all used/soiled items are received and the process by which items are rendered safe for further handling and reprocessing. The initiatory point of the reprocessing cycle in sterile processing. Items enter the decontamination via an approved transport system (e.g., closed cart, dumbwaiter, etc.) by staff trained in the appropriate transport and handling of biohazardous materials.

Decontamination may be accomplished manually by hand or via mechanical washer systems.

As all items entering the decontamination work area are to be deemed infectious, a thorough understanding of microbiology and infection control is required on the part of the sterile processing technician. As well, one must have an in depth understanding of the processes of decontamination. Essential knowledge includes: instrumentation and equipment identification, understanding of science behind and appropriate usage of the chemicals and other agents utilized in the decontamination process, manufacturer's instructions for decontaminating specific types of equipment and instrumentation, instrumentation and equipment maintenance, sonic and washer-disinfector operation, etc.

As well, the sterile processing technician must be cognizant of and religious in the usage of PPE (personal protective equipment) while working in the decontamination area, be aware of the appropriate disposal methodologies for biohazardous waste products, how to deal

4 Nancy Chobin, ed. *The Basics of Sterile Processing, Third Edition*, p. 2.

with soiled sharps (e.g., knife blades and syringes), etc.

OSHA (Occupational Safety and Health Administration) has protections in place to ensure a safe working environment for individuals working with blood borne pathogens and one must follow the OSHA guidelines and their own respective facility's policies and procedures structured around the OSHA guidelines to ensure their personal safety and that of others working in the area.

Appropriate PPE consists of (on top of scrubs and surgical cap): face shield, surgical mask, gloves, impervious gown, apron, and shoe covers. These are to be worn at all times when there is ANY risk of exposure.



Assembly

The assembly area of the sterile processing department is also often referred to as "prep 'n pack" or preparation and packaging. As the name suggests, it is the area which follows second in the work flow

structure in which decontaminated items are inspected for cleanliness and functionality, assembled, and packaged according to the sterilization methodology required for that item (if sterilization or further processing is required).



The assembly area may be further divided with a **sterilization area**, **sterile storage area**, and a **case cart area** (and possibly a **sterile stores** and **dispatch area**).⁵

The sterilization area is the area in which the sterilizers are housed. Typically today, the average facility will at least have several steam sterilizers (autoclaves), a hydrogen peroxide plasma

⁵ *Ibid.*, p. 3.

unit (e.g., Sterrad), and possibly an ETO unit (ethylene oxide). Each unit has its own purposes, intent, and scope in terms of product reprocessing. This will be discussed more fully in the sterilization modules.



The sterile storage area is the area of the department in which items processed by one of the above sterilization methodologies are stored post sterilization/reprocessing for further distribution upon need. As well, the sterile storage area may house sterile supplies from outside vendors for use in the OR, placement on case carts or crash carts, etc.



The case cart area is the area which, in many sterile processing departments, houses the case carts. Case carts are the delivery means component of the case cart system--a system of transport and delivery of goods to areas serviced by the sterile processing department. Items such as sterile surgical instrumentation, equipment, and supplies are placed on the carts and delivered to the OR suites and other areas of service. Upon use, the items are returned to sterile processing decontamination in the same carts for reprocessing.



Further Points for Consideration

- Sterile processing technicians also function as infection preventionists. By performing their duties according to protocol and standard, surgical site infections are minimized and patient outcomes improve.
- Sterile processing technicians strive to assure quality in service and improvement in performance. Perhaps in no other department is documentation of met standards and parameters so vital as in SPD.
- Sterile processing techs are truly *technicians*. Many of the tasks required of SPD techs are very technical and require a sound understanding of microbiology, physics, and chemistry (e.g., sterilization validation).
- Sterile processing technicians are customer service professionals...in SPD, techs serve patients, physicians, vendors, co-workers, and each other.

4. Job Requirements and Expectations

Below are but some of the important knowledge and skill set areas of importance and relevance to the sterile processing technician. For a more detailed survey see the Central Service Technical Manual, Seventh Edition, pp. 15-19).

Communication

- Ability to read and write (advanced)
- Ability to comprehend complex technical instructions and follow exacting directions which may have a direct impact on patient care
- Ability to interact and understand/communicate with individuals from differing and varying backgrounds (e.g., cultural, linguistic, religious, educational, etc.)
- Follow departmental guidelines, policies, and procedures for expeditious intradepartmental communication facilitation
- Ability to interact with electronic data (facility systems, e-mail, instrument inventory and tracking systems, etc.)

Facility/Department-Specific

- Customer service provision
- Stewardship and management of company resources
- Participation in performance improvement and quality assurance initiatives

Legalities

- Compliance with facility, state, and federal guidelines relevant to department specifically and health care provision more generally
- HIPAA (Health Insurance Portability and Accountability Act of 1996)
- Safety practices (e.g., OSHA standards for safety in the work place)
- Patient safety (compliance, reporting, etc.)
- Employment and labor laws

5. Ethics and The Sterile Processing Technician

Ethics

Ethics is that branch of philosophy which deals with the pursuit of and study of *morality*. *Morality*, in turn, is:

...an informal public system applying to all rational persons, governing behavior that affects others, having the lessening of evil or harm as its goal, and including what are commonly known as moral rules, moral ideals, and moral virtues. To say that it is a public system means that all those to whom it applies must understand it and that it must not be irrational for them to use it in deciding what to do and in judging others to whom the system applies.⁶

In the health care setting, one often hears discussion of ethics, particularly ethics as related to professional standards and standards of conduct. What is really referred to by the use of the term ethics, though not often expounded quite accurately in the true philosophical sense, is the moral standards of professionalism required for the individual working in health care. The practice of ethics is in the doing of philosophy. Most aren't doing this. But the practice of morality, that is everyone's business and this includes the sterile processing technician.

Some Important Ethical Considerations for the Sterile Processing Professional

- Understanding of and protection of patient rights
- Promotion of equality and justice for patients, associates, and others
- PATIENT FIRST as guiding principle
- Reporting of issues that would be of adverse impact upon the safety of others (patients, visitors, associates), violations of compliance (policy, standards, corporate), etc.
- Professionalism demonstrated in every word, deed, and action toward patients, each other, surgeons, physicians, visitors, etc.

6 Robert Audi, ed. *The Cambridge Dictionary of Philosophy, Second Edition*, pp. 284, 586.

Work Ethic

One of the most important aspects of ethics as relates to the field of sterile processing is that of *work ethic*. Though the notion of work ethic can apply to the overarching work environment more generally, for the intents and purposes of the current discussion the connotation is more limited.

Work ethic refers to one working in each and every aspect of one's job to his or her utmost capability with no less than excellence as the final end product.

In sterile processing, not seeking perfection in every task, no matter how trivial, repetitious, or seemingly unimportant, can severely impact patient care and outcomes in an adverse manner.

REMEMBER!!! There is a patient, another human being, at the end of everything produced by the sterile processing team. The products of the sterile processing department can impact patient lives for good or for ill. Always work with this as the chief guiding principle. Sterile processing is all about patient care.

TIP: Some times it helps to imagine that the instrument one is cleaning, or the set that one is preparing, is going to be used on one's own mother, father, brother, sister, child, etc. This can put things in perspective.

6. Sterile Processing Department Work Flow

The concept of *work flow* refers to the movement of both people and items through the work area. Work flow is extremely important in the sterile processing environment.

We have already discussed how soiled items enter the sterile processing entry point, decontamination, first. This is where the items are processed to be rendered safe for handling and further processing.

It is imperative that cross contamination be avoided at all costs (soiled items should never come into contact with clean and/or sterile items). In the event that a processed (clean or sterile) item does in fact come into contact with a soiled item, that item itself should be considered contaminated and reprocessed appropriately and immediately to reduce the chance of further cross contamination.

Work flow progresses ***from dirty to clean*** in the sterile processing department in terms of instrumentation, equipment, and carts.

In terms of the flow of individuals through the department, movement from clean side (assembly or sterile storage) requires the donning of appropriate PPE prior to entering the decontamination side (soiled side). Prior to moving from soiled (decontamination side) to clean side (e.g., assembly) PPE is to be removed completely and the individual should wash their hands before entering the clean side.

The decontamination side should have controlled access such that unapproved visitors cannot enter without being accompanied by a sterile processing technician. Visitors must always enter on the clean side (and be dressed accordingly, e.g., facility approved scrubs, surgical cap, shoe covers, etc.)

The control of traffic through the department must be monitored and maintained by sterile processing technicians at all times. Only allowed entry should be: employed technicians, other approved facility staff, approved vendors, approved service technicians, etc.

Sterile Processing Work Flow Charts

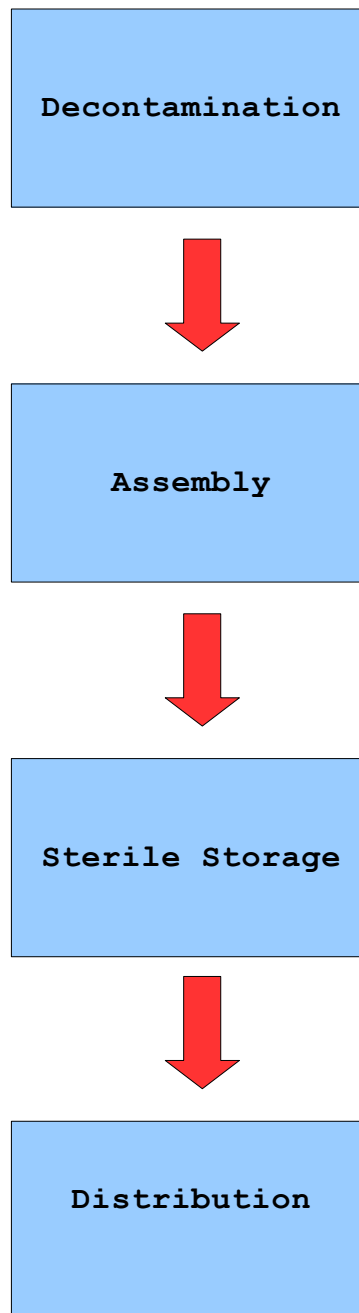


Diagram 1a

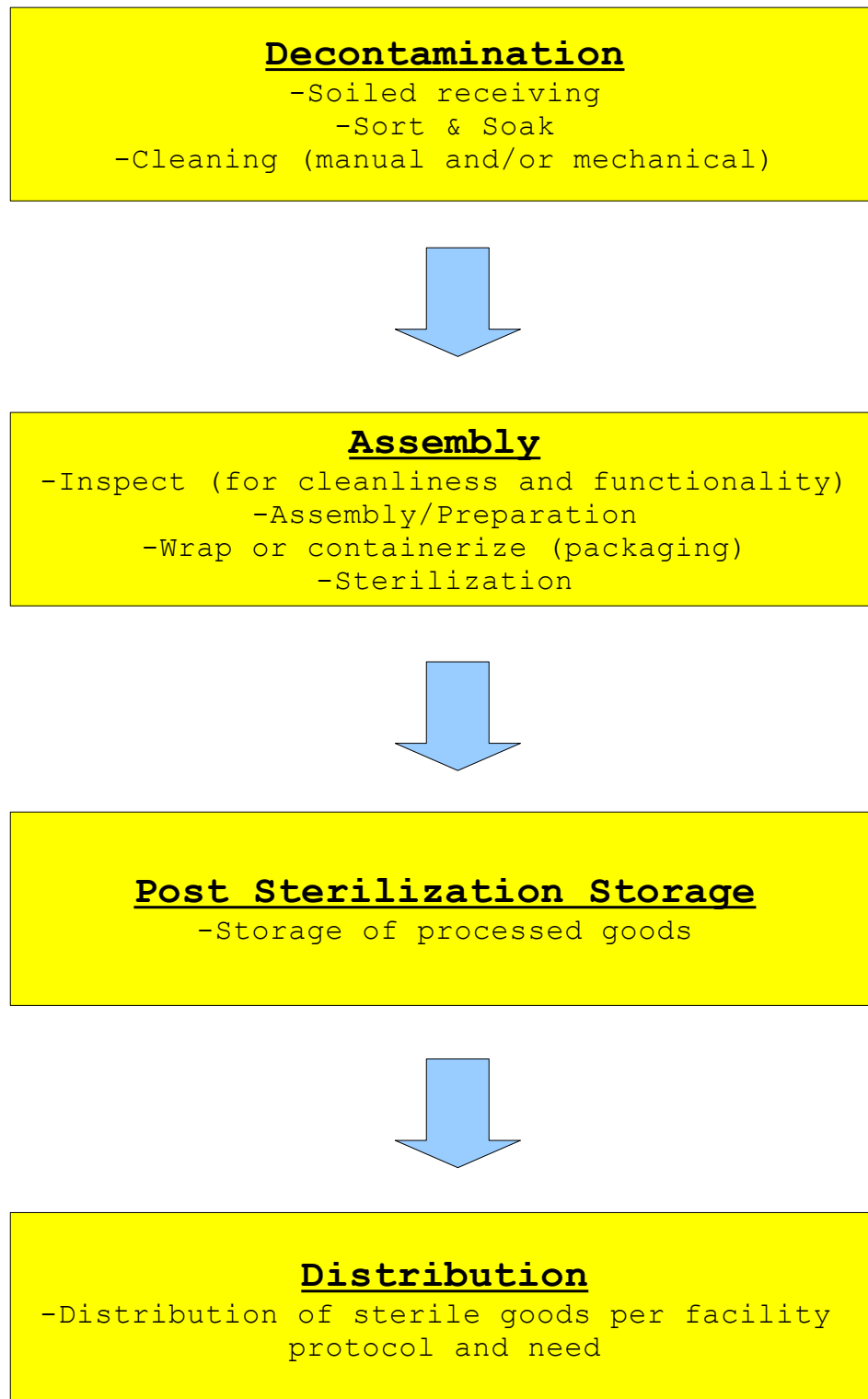


Diagram 1b

7. Occupational Outlook for Sterile Processing Technicians

"The Future of Sterile Processing Education: Online Training" An Article by Shane Huey

Currently, the sterile processing professional is one of the most under recognized and underpaid of the clinical technicians in the modern health care setting. This is a very sad state of affairs when one considers the importance of the role of the sterile processing technician in the hospital and surgery center setting. Quite literally, no direct patient care providing medical center can function without them!

It is unlikely that hospital administrators will come to an epiphany on their own with respect to the profession within their respective facilities and seek to reach down and help elevate the sterile processing department and, subsequently, its technicians. It is, in pretty much any endeavor, *futile* (not to mention lazy and irresponsible) to sit around any hope for things to get better. Some times, we have take the initiative upon ourselves.

In central sterile processing, one organization, [IAHCSMM](#), has been at the forefront of this for many, many years. And other independent and group efforts are underway, organizations such as [The Central Sterile Processing Initiative](#). But a more concentrated effort is now needed if we are to move the profession forward. If what we have been doing for years isn't giving us the results we both want and need, then it is clearly time to step back and evaluate.

It is the contention of The Central Sterile Processing Initiative that there are several areas upon which we should, as a profession, now be focused—mandatory certification is not the biggest hurdle and should not be our ultimate goal. We can aim higher than even this lofty enterprise. To learn more about these areas and our ideas, please visit The Central Sterile Processing Initiative's website.

But for the discussion at hand, we are interested in one topic alone, *education*. Before the sterile processing professional can be lifted

up, he or she need be worthy of such elevation. It is time that we stopped treating sterile processing as any other support services area such as environmental or dietary and begin to focus on both the clinical and technical aspects of the field. This entails a much more educated technician.

The Central Sterile Processing Initiative's view of education is not centered upon simply plans of self-study, brief courses and seminars, and then, finally, passing a certification exam. Rather, we proffer that the education of a sterile processing technician should be no less rigorous than that of any other technical/clinical associate's degree-level program. The reasons for this should be obvious (the complex understanding of microbiology, chemistry, and physics required; infection control prevention, patient safety, etc.)

We know that this won't come quickly or even easy but it is a goal that we should be focused upon. Certification should be second to such an educational paradigm shift.

The above being said, we are not opposed to certification—on the contrary! Today, professional certification is the highest possible standard for the sterile processing professional and it is a MUST. We both recommend certification via [CBSPD](#) and [IAHCSCMM](#) to all of our students and *require* it of our affiliate instructors.

How can we begin to implement the above recommended changes in our own professional arena?

First, let's take a look at the current educational situation. Today, the only real educational options for sterile processing educational progression are: 1) self study, 2) the occasional seminar/training session, 3) some course offerings via community and technical colleges (these are limited and not available in all areas), and 4) vendor sponsored programs and inservices.

Self study is a viable option for some, but it is limited in scope and not everyone does well without the appropriate structure of the classroom setting and fixed curriculum.

Seminars and the occasional training session are good opportunities for learning but self-limiting due to several factors. For one, they aren't available in all locations and at regularly scheduled times. This makes it difficult for many. As well, they, due to the short time frame which they run (anywhere from several hours to several

days) only so much information can be conveyed.

The community/technical college offerings are good first steps, however, the problem again is location—they just aren't convenient for the greater population as the sterile processing course offerings aren't standard programs as would be, say, radiology technician training. As well, these programs can be costly. Once these such programs become more the norm as, say, nursing or radiological technician curricula, well, then we are on the right track!

Many vendors offer educational programs and some of these are indeed outstanding. However, with vendor sponsored programs, there is always a catch—there is a clear product bias and, in many instances, this can cause more confusion than do good. Vendor neutral educational programs are to be preferred.

Despite stating the negatives associated with the above, these are in fact integral parts of the sterile processing educational platform and are not to be shunned but rather seen merely for what they are—ancillary educational arenas—but these alone cannot move the profession forward. These are just first steps.

What we need is a fresh and new first step, a step that will provide for *global* educational opportunities for sterile processing professionals, via quality products, at an affordable price, and ON DEMAND.

This is one of the driving goals of The Central Sterile Processing Initiative—develop comprehensive online training curricula for sterile processing professionals that one can accessed ***at anytime, from anywhere, at an economy price*** so that we can put more and better education into the hands of those who would otherwise miss out on such opportunities.

"Sterile Processing Education and Training: A Discussion"
By Shane Huey

Sterile Processing is, more often than not, at least by hospital administrators and those areas which SPD serves, looked upon as merely a service department not unlike food and nutrition or environmental services. Not to discount the roles that these other areas play in the healthcare setting, for they truly are important

and essential and impact patient care, sterile processing is much more than just a support service and more directly impacts patient care and surgeon satisfaction.

Sterile processing is both a clinical and technical field requiring much knowledge and responsibility. Sure, pretty much anyone can be taught how to do the job and get by at it. But in sterile processing, it is so important for the technician to understand the theory behind and rationale for what he or she is doing in the department. For example, a technician who truly has a good grasp of the principles of microbiology is going to be better equipped to work adequately in decontamination and provide a better quality product than someone who lacks such understanding.

The same is true of sterilization and sterilization validation. Yes, anyone can place something into a machine, press a button, and remove the item and send it over to surgery (but there is more to sterilization and sterilization validation than microwaving a bag of popcorn!) How much better it would be if all techs everywhere could explain how the product was verified as being decontaminated adequately to minimize microbial counts satisfactorily enough to suffice for prep and package, ensure that the product was prepared according to standard and recommended practice, assure that product was placed into a sterilizer unit properly tested and functioning according to the manufacturer's guidelines and state how they know this, that the product was sterilized at the appropriate time, temperature, pressure, and at the right sterilant saturation level, that sterilization integrity was maintained post sterilization and during transport to point of use or storage, etc.

Sadly, as most CS/SPD managers will attest, though most sterile processing technicians can perform the job at a "just getting by" level, many lack the technical and clinical knowledge base that would enable them to be more effective infection control and prevention specialists (which is truly what an SPD tech is in the perioperative setting).

It is common knowledge, despite the knowledge and skill, not to mention the responsibility, required of the sterile processing professional, that sterile processing is an under served, under recognized, and underpaid profession. If we are to raise our standing within the healthcare community, we are going to have to start focusing on three things:

- 1) Education.
- 2) State-mandated professional certification.
- 3) And, perhaps even, state licensure.

The first step is education. There needs to be more educational opportunities made available and this opportunities should be both accessible and affordable. For example, professional organizations, independent initiatives such as [The Central Sterile Processing Initiative](#), vendors, etc. should partner together (or even on their own) to produce more and better educational materials. Not more vendor-specific in-service material, not short articles that provide a few credits to keep up certification (these are all good and fine and recommended as part of the overall plan but shouldn't be the only options) but rather a comprehensive educational paradigm shift and concomitant curriculum.

One of the most powerful ways to reach the sterile processing professional today is via the Internet--online courses and training, at affordable rates will be what sets the stage for the next generation of sterile processing professionals. That is, at least, until colleges and universities the country over begin to develop and offer truly academic and technical programs in the field of sterile processing.

Entering the Field

Historically, one learned how to be a sterile processing technician by simply *being* a sterile processing technician. I.e., by obtaining a position and subsequent on the job training. Many facilities still today hire individuals from other employment background (medical and otherwise) and train them on the job. This is becoming less and less common however.

Today, with the advancements in both surgical and sterilization technology, health care facilities are actively seeking out experienced, educated, and certified sterile processing staff. Education and certification have been the battle cries of field proponents recently and this emphasis will only continue to grow in the coming months and years ahead. The face of sterile processing is changing and today is an exciting time for sterile processing professionals as they will, no doubt, be participating in the great anticipated changes to come!

Education

As discussed above, historically, training for the position of sterile processing tech occurred on the job. Today, there are quite a few more options at the disposal of the prospective student:

- Some local community and technical colleges offer SPD training programs and certification preparation
- Both certification boards provide educational resources leading to certification and for the purposes of ongoing education for recertification
- Independent site and distance programs (e.g., certification board/professional membership approved curriculum instructors, consultants, vendor sponsored programs and training, etc.)
- Online education (e.g., [The Central Sterile Processing Initiative](#))

Education will only continue to play an even greater role in sterile processing in the future. This is to be expected as technology advances daily in health care and sterile processing technicians must keep up with such changes and adapt to those changes.

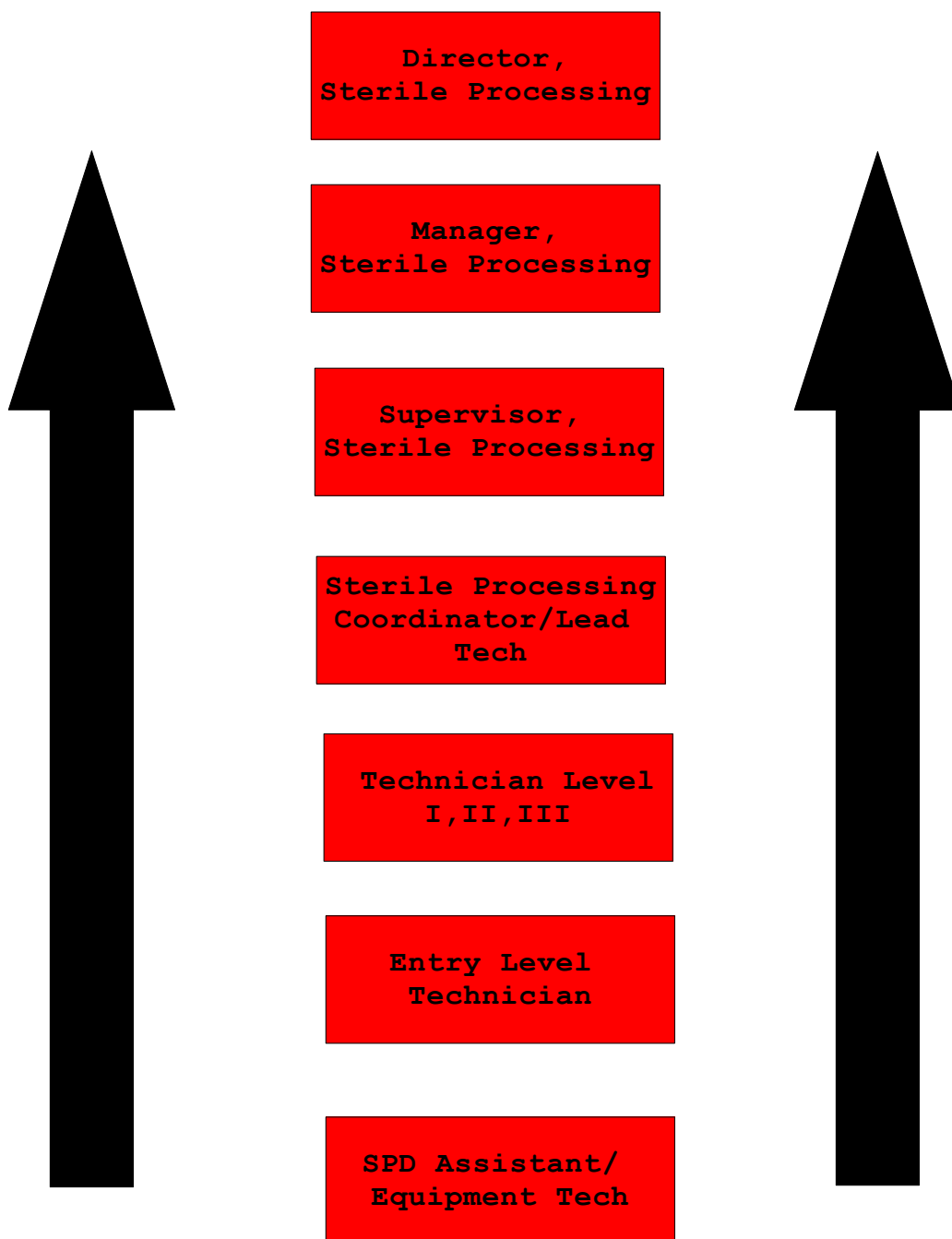
The Central Sterile Processing Initiative's prediction: 7-10 years from May 1st 2010, sterile processing will be a profession more akin to that of say laboratory technician, surgical technician, radiological technician, and so on. Look for two year associate's degree programs that prepare one more adequately to enter the field of sterile processing and require at least state-mandated certification and, perhaps, even licensure.

The Sterile Processing Career Ladder

Depending on facility (varies from one to another), there is a progressive career ladder for sterile processing professionals).

View a typical career ladder on the following page...

Sterile Processing Career Ladder
(Diagram 1c)



Sterile Processing Technician Salary Range

Sterile processing is not a clinical-technical field known for well deserved salaries. On the contrary, sterile processing is one of the lower paying of health care professions in the modern health care setting. This is so for a number of reasons (not within the scope of the current discussion). Suffice it to say, however, that the times are rapidly changing and the importance of central sterile processing in the health care setting is becoming more and more widely recognized by hospital administrators and human resource departments. Expect to see a future increase in salary ranges nationally, and this will continue to be commensurate with educational and certification efforts.

According to the limited data collected by the [CBSPD](#) in their annual salary survey (most recent posted from 2008), the salary range nationally for a non-certified technician was \$9.45/hr-\$23.00/hr. For a certified technician, the range was \$8.18/hr-\$25.00/hr. Salaries and wages vary widely with geographic location.⁷

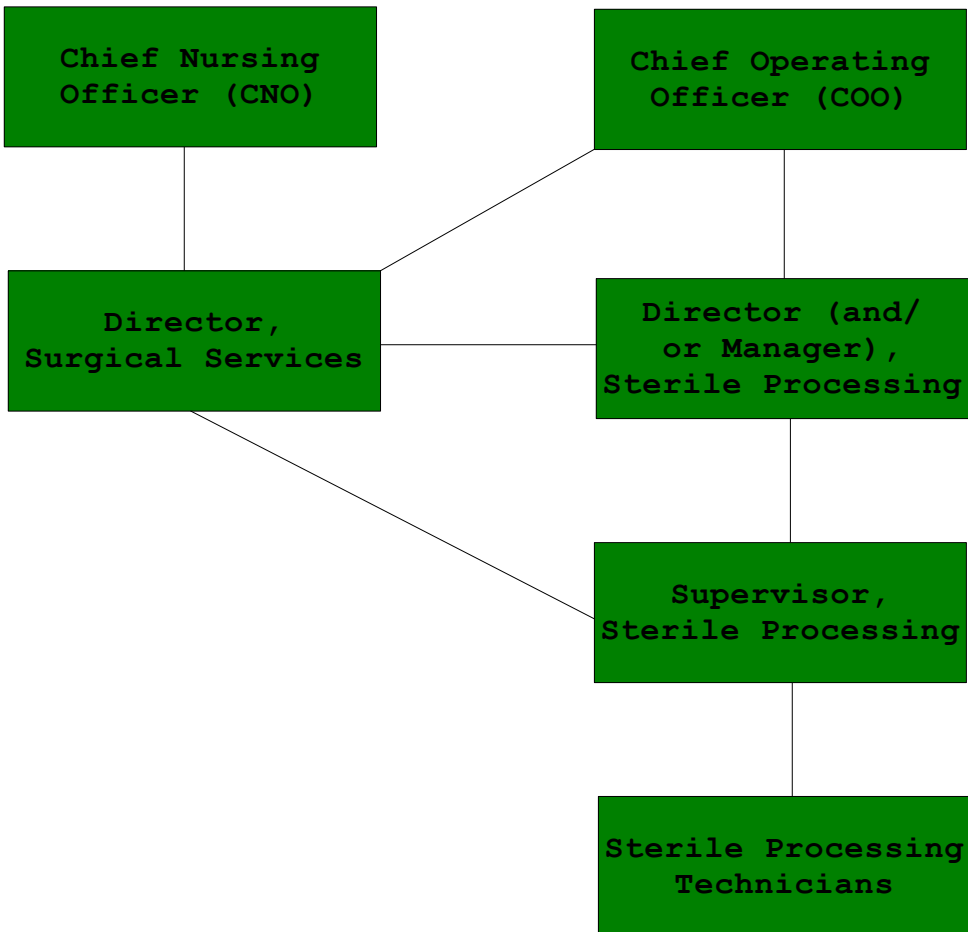
Despite the relatively low salary ranges, there are, more often than not, very good benefits associated with working as a sterile processing technician in the health care setting. Most companies employing sterile processing technicians offer excellent benefits to include great medical and dental packages, retirement, and educational packages for employees.

Don't be discouraged by the above salary outlook, remember—salary is commensurate with education and experience! Use this as encouragement to better yourself both personally and professionally and you will go far, no matter what field you find yourself in.

⁷ See http://sterileprocessing.org/salary_survey_results_08.htm.

8. Health Care Organizational Hierarchy (Typical Hospital Tier of Hierarchy in SPD)

(Diagram 1c)



- Structure will vary from facility to facility. Lines indicate possible chains of command.

9. Professional Development and Certification

Professional Development

Professional development is intricately bound up with education in the field of sterile processing. The more one knows, the more value he/she is to their facility and the better care they provide to the patient. Knowledge is indeed power, but knowledge applied is wisdom. Not only is sterile processing a technical-clinical field, but it is one of practice as well not unlike other areas of health care.

Though there are limited educational opportunities (see above discussion of education), professional development is still somewhat limited in the profession though this is changing. Most training and development will occur on the job and by means of self education.⁸ The bottom line is, however, if one seeks to improve him or herself, he/she will find ways to improve and develop.

Certification

Today, professional certification is the highest demonstrable standard of sterile processing knowledge and competency and each facility should require certification of its sterile processing technicians. This is good for the field, the facility, and, more importantly, for the patients.

There are two certification boards each offering multiple types of certification in the field.

The oldest organization, [IAHCSMM](#) (founded in 1958), is both a professional membership association and certification board. IAHCSMM (The International Association of Healthcare Central Service Materiel Management) offers the following certifications at the date of the current printing of this text:

- CRCST-Certified Registered Central Service Technician
- CIS-Certified Instrument Specialist
- CHL-Certification in Healthcare Leadership
- CHMMC-Certification in Healthcare Materiel Management Concepts

⁸ Nancy Chobin, ed. *The Basics of Sterile Processing, Third Edition*, p. 4.

To learn more about IAHCsMM and their certification and educational offerings, visit them on the web at www.iahcsmm.org.

The CBSPD (Certification Board for Sterile Processing and Distribution) also offers certifications for sterile processing professionals. CBSPD boasts to be the only “nationally accredited” certification board and has certified over 20,000 technicians and managers since its first exam offerings in 1991.⁹

CBSPD offers the following certifications:

- C.S.P.D.T.-SPD Technician
- C.S.P.D.S.-SPD Supervisor
- C.S.P.D.M.-SPD Manager
- C.S.I.P.-SPD Instrument Processor
- C.F.E.R.-GI Scope Certification
- C.A.S.S.P.T.-Ambulatory Surgery Technician

To learn more about the CBSPD, visit them online at www.sterileprocessing.org.

Both organizations are excellent organizations as well as good sources for educational, training, professional development, and continuing education materials. It is strongly encouraged that students of this program, upon completion, study for and pursue one or more of the exams above from either or both organizations.

⁹ See http://sterileprocessing.org/about_cbspd.htm.

10. Required Readings, Recommended Readings, and Other Resources

Required Reading

["Designing the Sterile Processing Department"](#) by Felipe Mejia

["What Does the Sterile Processing Technician Do?"](#)

Recommended Reading

Chobin, Nancy, Ed. *The Basics of Sterile Processing, Third Edition.* Foreward (p. vi), Chapter 1 (pp. 1-19).

Central Service Technical Manual, Seventh Edition. Preface (p. 1-5), Chapter 1 (pp. 7-25).

Perkins, John J. *Principles and Methods of Sterilization in Health Sciences, Second Edition.* Chapter 15 (362-414).

Recommended Links

www.sterileprocessing.org

www.infectioncontroltoday.com

www.iahcsmm.org

11. Module Assignments

Module 1 Assignments

- 1) Read the module in its entirety from cover to cover at least once.
- 2) Write a 2-3 paragraph essay (all essays to be completed in Word, Works or similar, common word processing/text application) describing the basic role and responsibilities of the sterile processing technician.
- 3) Write a 2-3 paragraph essay on the importance of work flow considerations in the sterile processing department.
- 4) Do a web search for 3 websites related to sterile processing (not from among those listed above) and type the URL (web address) into a document. Briefly describe at least 3 things you learned about the field of sterile processing on each site.
- 5) Visit www.YouTube.com and search for sterile processing videos. Pick one that interests you and then, in a text document, describe what you learned from the video.
- 6) Write a brief essay (no more than 1 page) describing why you either wish to become or why you became a sterile processing technician.
- 7) Tell, in a few sentences, how the article "[Designing the Sterile Processing Department](#)" is relevant to the discussion of departmental work flow considerations.
- 8) Take the module quiz (posted online separately 3 days after posting of this module). Submit with above documents to info@centralsterileprocessing.net. In subject line, type "Module 1 Assignments." In body of e-mail, submit full name.

END MODULE 1