

*California Central Service Association  
1494 N. Mountain View Avenue  
San Bernardino, CA 92405*

## SEMINAR OBJECTIVES

**By the end of the seminar,  
participants will:**

- Be able to describe design considerations related to flexible and rigid endoscopes that impact safety, operation, maintenance, repair, and budgetary requirements.
- Describe the critical steps necessary in the safe decontamination of endoscopes.
- Identify appropriate temperature and humidity levels in each area of the sterile processing department.
- Understand which documents cover AAMI medical device validation testing and AAMI recommendations for personnel, facility design, and quality control.
- FDA categories and regulations for medical devices.
- Cleaning & sterilization validation testing.
- Recent regulatory compliance issues & solutions.
- Identify who develops sterilization standards & why adhering to standards is important.
- Review ways that device manufacturers can assist healthcare workers with compliance to sterilization standards.
- Recognize minimum cycle times for flash sterilization in both gravity displacement and dynamic air removal sterilizers.
- Identify methods for daily efficiency testing of sterilizers, and describe the process for routine product testing.

## APPROVALS

*6 Contact Hours*

<i>Calif. BRN Approval Code:</i>	<i>CEP6914</i>
<i>IAHCSMM Approval Code:</i>	<i>Pending</i>
<i>CBSPD Approval Code (formerly NICHSPDP)</i>	<i>Pending</i>

*Federal ID # 94-3132914*

## California Central Service Association

Affiliated Chapter of the International  
Association of Healthcare Central  
Service Materiel Management



# 2010 Southern Coastal Region Seminar

*Location and date:*

*April 3, 2010*

*Norwalk Marriott Hotel*



*13111 Sycamore Drive  
Norwalk, California 90650*

## PROGRAM TOPICS

- ➔ Care and Handling of Flexible and Rigid Endoscopes.
- ➔ Decontamination: Decreasing the Risk
- ➔ Sterilization Issues and Solutions
- ➔ Medical Device Validation Testing
- ➔ Sterilization Standards: Fact or Fiction ?

## WHO SHOULD ATTEND

- ➔ Any personnel employed in any aspect of CS/SPD.
- ➔ SPD Technicians, supervisors, and Management, Operating Room, Materials Management, Infection Control, and Risk Management.

## FACULTY

### **Bruce Sleboda**

Senior Technical Specialist  
SPSMEDICAL SUPPLY

### **Michele McKinley**

LVN, CRCST, Clinical Education Specialist  
STERIS CORP

### **Mark Mendenhall**

Regional Vice President  
INTEGRATED MEDICAL SYSTEMS

## PROGRAM AGENDA

7:00a - 7:55a	Registration / Vendor Exhibit
7:55a - 8:00a	Introductions
8:00a - 9:30a	<b>Bruce Sleboda</b>
9:30a - 10:30a	Break / Vendor Exhibit
10:30a - 12:00p	<b>Bruce Sleboda</b>
12:00p - 1:00p	Lunch / Vendor Exhibit
1:00p - 2:00p	<b>Michele McKinley</b>
2:00p - 3:00p	<b>Bruce Sleboda</b>
3:00p - 3:15p	Break
3:15p - 4:30p	<b>Mark Mendenhall</b>
4:30p -	Adjourn & Certificates

CCSA Member	\$75.00
NON-Member	\$100.00
Students	\$25.00
<i>(Student rate is for non-current CCSA members with verification from instructor)</i>	
<b>ALL WALK-INS</b>	<b>Add \$10.00</b>

**NOTE:** IAHCSSM members who are **NOT** Also CCSA members will be charged at the **NON-MEMBER** rate.

**ALL FEES MUST BE RECEIVED PRIOR TO SEMINAR TO AVOID WALK IN CHARGE!**

**Cancellation Policy:** Refund on request 14 days prior to seminar, less \$10.00 handling fee.

**Returned Checks** subject to a \$10.00 service fee.

**Pay Pal**

**The Easy Way to Pay!**

See our Website at:

[www.ccsa1.org](http://www.ccsa1.org)

## REGISTRATION FORM

(Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Hospital/Firm: \_\_\_\_\_

Email: \_\_\_\_\_

CCSA Member #: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

CCSA Member fee                      --- \$75.00

Non-Member fee                      --- \$100.00

Students                                --- \$25.00

Walk-Ins                                **Add** --- \$10.00

**TOTAL PAID:**                      \$\_\_\_\_\_

Send Registration form **AND** check/money order payable to:

**CCSA**

1494 N Mountain View Ave.  
San Bernardino, CA 92405

Registration / Fax Deadline:

**March 26, 2010**

CCSA Office phone: (909) 763-2758

Fax registrations to: (909) 763-2419

(When office is open).

### Office Use ONLY

Mem Exp: \_\_\_\_\_ CK/MO #: \_\_\_\_\_

Rec'd: \_\_\_\_\_ Rec #: \_\_\_\_\_

Conf. Sent: \_\_\_\_\_

## PROGRAM LOCATION

Saturday, April 3, 2010

Norwalk Marriott Hotel  
13111 Sycamore Drive  
Norwalk, CA 90650

Detach here and return with your Registration Payment