

Inside the July Issue



Click the cover above for the online edition, or click below for the digital flip book.

July Cover Story

[Clinical, fiscal costs face off](#)



[Self Study Series](#)

[White Papers](#)

[Purchasing Connection](#)

[Resources](#)

[Show Calendar](#)

[HPN Hall of Fame](#)

[HPN Buyers Guides](#)

HEALTHCARE PURCHASING NEWS

Follow @HPN_Online

CLINICAL INTELLIGENCE FOR SUPPLY CHAIN LEADERSHIP

Like us on Facebook



From Zero to Hero

McKesson Supply Chain Solutions™
Your secret weapon in the war on eroding margins

MCKESSON

Click here

INSIDE THE CURRENT ISSUE

July 2013

CS Solutions

Questions can be sent to: jakridge@hponline.com
called in to Jeannie Akridge at HPN: (941) 927-9345 ext.202 or mailed to:
HPN CS Questions, 2477 Stickney Point Road, Suite 315B, Sarasota, FL 34231
Names and hospital identification will be withheld upon request.



Fans in CS? Ideal lighting for visual inspections?

by Ray Taurasi

Q The summer season has started here in the south and my staff is already complaining about the intolerable heat and humidity in the department. Every summer we go through the same thing. We have very limited cool air circulation and our maintenance manager says the air conditioning system is old and over extended and just can't cool down the department with the heat of the sterilizers, etc. They provided us with a few fans which really seemed to help circulate the cool air. The infection control coordinator came by the department a few days ago and told us that fans could not be used in the sterile processing area. She shut them all down and ordered maintenance to remove them immediately. She could not provide any reason why we could not use fans; she just boldly declared it was against regulations. If she is correct, could you please tell me why we can't use fans?

A There are legitimate reasons why fans should not be used in the sterile processing department. Foremost, the forced air currents from fans aerosolize dust, microbes and other particulates which may be re-deposited onto items being processed or onto clean and sterile packages that are stored in the area. Thus the aerosolized deposits present a potential source of cross contamination. Fans can also interfere with the proper functioning of programed HVAC and exhaust systems.

Current AAMI ST79 recommendations provide detailed guidelines with rationale for the ideal environmental conditions for each work area of the sterile processing department. The recommendations do clearly state that neither fixed nor portable fans should be allowed in any of the Central service areas. When complying with AAMI ST79 recommendations 3.3.6.4 Ventilation, 3.3.6.5 Temperature and 3.3.6.6 Relative Humidity, you will find that the conditions in each work area will provide comfort for the staff without the need for fans.

It sounds like your current environment conditions certainly are not in alignment

JULY 2014
Featured advertisers:

[AHRMM](#)
[Cardinal Health](#)
[Cardinal Health - OptiFreight](#)
[Clorox Healthcare](#)
[Cook Medical](#)
[Crosstex/SPS Medical](#)
[CS Medical](#)
[Dale Medical Products Inc.](#)
[Healthmark Industries](#)
[Key Surgical](#)
[Kimberly-Clark Health Care](#)
[Malaysian Rubber Export Promotion Council](#)
[Maquet Medical Systems USA](#)
[Metrex Research Corp.](#)
[One Source](#)
[Palmero Health Care](#)
[Ruhof Corporation](#)
[Sage Products](#)
[Sempermed USA, Inc.](#)
[SteriDesign Inc.](#)
[Stryker Sustainability Solutions](#)
[Tork](#)
[TRIOSE](#)
[Tronex Healthcare Industries](#)
[TRU-D SmartUVC](#)
[Tuttner USA Co. Ltd.](#)
[VHA](#)
[Welch Allyn](#)

SHOP HPN

FEATURED PRODUCTS
INFORMATION LINK

[Classifieds](#)

[Issue Archives](#)

[Advertise](#)

[About Us](#)

[Home](#)

[Subscribe](#)

 **Sign up for our
Email Newsletter**

Privacy by  **SafeSubscribe**SM
For Email Marketing you can trust

Contact Us

KSR Publishing, Inc.

Copyright © 2014

Xpedx

with the recommended practices. It also sounds like your IC coordinator is concerned about following recommendations since she ordered the removal of your fans. I would review the aforementioned AAMI recommendations for ventilation, temperature, and humidity with her and together request that engineering conduct an assessment of your current conditions compared to the AAMI recommendations and provide an action plan to rectify any discrepancies noted.

Q We recently did some renovations in the pack and assembly area which has provided some well needed additional work space. We also have purchased new work stations which allow for better work flow and the organization of supplies and work space. Since this change has occurred we have seen a significant increase in quality defects. Error rates have increased amongst all staff to some degree. Most noted defects should have been detected during visual inspections. Staff members feel that there has been a change in lighting in the department which affects their work. I have discussed this matter with our facility engineers and they have evaluated the situation and assured me that our lighting conditions are in accordance with the Illuminating Engineering Society of North America (IES) recommended luminance levels for various categories of work environments. He shared data that showed that the lighting levels were greater than they were in the old work area. My staff are all well-seasoned and dedicated professionals and very conscientious and attentive to detail. They insist that lighting is not good and that they even have trouble reading from the computer screen and pick lists. I am kind of at a dead end and not sure what to do. Any advice would be appreciated.

A The IES recommendations are usually pretty effective in taking many things into consideration when assigning a luminance level for a work environment. Factors considered include the following:

- the age of the workers (persons under 40 years of age require the least amount of illuminance, persons 40 to 55 years of age require an average amount of illuminance, and persons more than 55 years of age require the highest amount of illuminance);
- the importance of speed or accuracy of the work done in the area (the greater the importance of speed or accuracy, the more illuminance needed)
- the amount of light reflection in the work area (lighter colors reflect light; darker colors absorb light; the greater the reflectance, the less illuminance required).

The problem is some work environments might be affected by other conditions and variables such as construction materials, furnishings, work surfaces, work equipment, machinery and the like. The amount of stainless steel typically used in a sterile processing area could be enough to turn a warm color cool; therefore, the type of fluorescent lighting needed might differ from the generic recommendations. The color of the walls (white, light warm colors, or dark colors); and the type and color of work surfaces (stainless steel, shiny and matte laminate) will also affect the type and amount of illuminance required. So the IES recommendations are a great starting point but may need adjustments based on the uniqueness of certain work area such as Sterile Processing. "A qualified illumination engineer, in consultation with the department manager, should determine the appropriate illuminance for each work area within the processing department. Generally, all functions performed within a processing department require detailed inspection and accuracy. Ancillary lighting should be considered for areas where instruments are manually cleaned and inspected. Lighting fixtures should be selected and mounted in positions that focus the light in front of the employee so that they are not working in their own shadows. The design of lighting fixtures should minimize the accumulation of dust." (AAMI ST79 3.3.6.7) **HPN**

Ray Taurasi is Eastern Regional Director of Clinical Sales and Services for [Healthmark Industries](#). His healthcare career spans over three decades as an Administrator, Educator, Technologist and Consultant. He is a member of AORN, AHA, SGNA, AAMI and a past president of IAHCMM and has served on and contributed to many national committees with a myriad of

professional organizations, manufacturers, corporations and prestigious healthcare networks. Taurasi has been a faculty member of numerous colleges teaching in the divisions of business administration and health sciences. In addition to this column he has authored several articles and has been a featured speaker on the international scene.

