

# PHOENIX RISING

*In memoriam of Evangeline Semple*



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April 2009 – Vol. VIII published bi-annually by the N.J. State Society of the AMT

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**The Phoenix is Rising to the web by 2010 at:**

**[WWW.NJAMT.ORG](http://WWW.NJAMT.ORG).**

**There you will be able to view Phoenix Rising, job postings, and obtain the most up to date information concerning your medical profession.**

**If you are interested in continued home mailings of Phoenix Rising, please complete the enclosed form inside. Thank You!!!**

## **Message from our President:**

Hello to all members,

In the pages of the newsletter you will find all kinds of good stuff.

The team putting together the October Scientific Meeting is doing a fine job. We need more help from the membership however to obtain speakers and locations for future meetings throughout the state. We need the members to help with all that goes on!!!!!! We have been thinking about holding more meetings throughout the year, but it takes a lot of time to find speakers and locations to hold the meetings.

Folks remember that this is your Society. There are very few people going to the National Convention this year. As I am writing this, know that your president will receive an award at the National Convention which will be held in Minneapolis, MN from June 21-27.

We are the voice for all of the NJ members. We hear very little from you all throughout the year and we would like to change that. Please use our Website at NJAMT.ORG.

See you all in October,  
Pam

## **Message from the District Councilor –**

Happy spring! I hope you are enjoying the warmer weather, and the sunny days that are growing longer! I have just returned from the Spring AMT Board and Council Meeting and have several things to share: This year's AMT National Convention and Educational Meeting will be held June 21-27, 2009, at the Hilton

Minneapolis/St. Paul Hotel in Minneapolis, MN. AMT is booking the entire hotel for the week, and there will be a free continuous shuttle to the Mall of America for those who love to shop. Beside the hotel is a Nature Preserve with walking trails and across the street from the hotel is a station to take the tram to downtown for those who would like to see the city. Our keynote speaker is Jeff Skiles, the pilot of the airplane who made an emergency landing in the Hudson River. He will be giving a motivational talk on how the crew's training and teamwork resulted in a positive experience. There will also be two educational speakers from the world renowned Mayo Clinic, along with many other fine sessions. The welcome party on Tuesday night will continue the tradition of the giveaways of State Baskets. The optional Friday night social will be a bus trip to Stillwater (the location where movies such as Fargo and Grumpy Old Men were filmed) with time to shop, followed by a dinner cruise down the St. Croix River, complete with DJ.

The 2010 National Convention will be held July 12-17 in Las Vegas, NV, at the J W Marriott Golf Resort. The pictures in the brochure that Diane Powell shared with us look fabulous!

2009 marks the 70<sup>th</sup> anniversary of American Medical Technologists. We have over 43,000 members and are growing strong.

For those of you have not had a chance to check it out, the new AMT website is very professional and much easier to navigate. Access to all of the forms and manuals will be added to the website in the near future, making it very easy for your state officers to communicate with the AMT Office, Councilors, and Board Members.

National Medical Laboratory Professionals Week is April 19-25, 2009. This year's theme is "Laboratory Professionals Get Results". Thanks for all you do to help in the diagnosis and treatment of our patients.

Just a reminder, to the state society officers, to submit your society's activities to AMT Office via the

News Form, and send a copy to the District Councillor. This is a great way to share your state news with other members who were unable to attend your state society meeting. This is an Honor Roll requirement for the state societies.

Several states have begun e-publications for their state society newsletters or journals. Remember that you need to notify members in two consecutive printed publications of the intent to begin publishing electronically. During this time, the editor should post an e-publication to the state society website in addition to mailing the printed publication. For those members who would like to continue to receive a hard copy of the publication, you must notify your state society editor.

The Board and Council worked together at our spring meeting to update the Strategic Plan of American Medical Technologists. It is very important to implement strategies to reach our organizational goals, such as promoting AMT and our profession.

In conclusion, I would like to encourage all of you to attend your next state society meeting. It is a wonderful opportunity to network with your peers, receive continuing education and make new friends. Thank you for allowing me to serve as your District Councillor. Please contact me if I can assist you in any way.

Janet Crigler, MT (AMT)  
Eastern District Councillor

### **Message from the Editor**

Hello and Happy New Year Everyone,

Our October Meeting was a great experience for all of us. The speakers were informative and the group mingled and networked and had a great time.

We also welcomed to NJSSAMT three new board members Cookie, Maria, and Elizabeth. Thank you ladies, and welcome aboard.

Although we just left our meeting in October, it is that time again, time to prepare for our 2009 Scientific Meeting. We are excited about creating a very informative and interactive experience for all members who attend this year.

Don't forget your CEUs for your membership. As you are aware anyone certified after 2006, must maintain the required amount of CEUs for your discipline. If you are uncertain as to what CEUs you need, see the National website at [www.AMT1.com](http://www.AMT1.com).

Enjoy this New Year everyone, and hope to see you all our next meeting in October. It will be a comfortable and simple way to earn CEUs, make friends and learn more about the AMT.

Kim Angelastro, AHI, RPT, RMA  
Phoenix Rising Editor  
Scientific Meeting Chairperson.

### **AMT Proctors needed in North & South Jersey**

Can you give a few hours of your time to proctor an AMT examination? We desperately need proctors in both South and North Jersey. You must be an active member of the AMT to proctor. The job responsibilities simply include:

1. you receive tests from the AMT
2. check the contents of package
3. bring them to location
4. check ID at door
5. have person sign in
6. monitor room
7. send tests back (UPS) in envelope supplied

The AMT pays \$50 honorarium (tax free!) for your time (about 4 hours) and will pay per mile (.36/mile) for travel over 30 miles with a maximum of 200 miles.

Contact Pam Sharp if you would like to help.  
E-mail: [pdsharp@ gmail.com](mailto:pdsharp@ gmail.com) or [www.njamt.org](http://www.njamt.org)

### **Reserve your place now for our 2009 NJSSAMT – Scientific Meeting!!!**

Grab a pen and mark your calendar for your chance to meet fellow members and students and earn CEU credit in a comfortable and fun loving environment:

**When: Saturday, October 17<sup>th</sup> 2009 through  
Sunday, October 18<sup>th</sup> 2009**

**Where: Hilton Place  
8000 Crawford Street  
Mount Laurel, NJ 08054**

**Phone: (856) 840-0700  
Website: HyattPlace.com**

**Registration Cost: \$95.00 for Members  
\$65.00 for Students**

**Room Rates: \$99.00 a night (single/double  
occupancy) includes free continental breakfast.**

Reservation for overnight hotel stay must be called in by  
**September 16, 2009.**

Registration information is included with this letter and if you have additional questions feel free to contact:

Kim Angelastro: [kjtd0320@yahoo.com](mailto:kjtd0320@yahoo.com) or  
Pam Sharp: [pdsharp@ gmail.com](mailto:pdsharp@ gmail.com)

***Speakers, speakers we need speakers.....***

Do you know anyone (or even yourself) who would be a great person to speak at our 2009 Scientific Meeting?  
Contact: **Kim Angelastro** at [kjtd0320@yahoo.com](mailto:kjtd0320@yahoo.com)  
with contact information.

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**Editorial Content:**

**The Phoenix Rising is a bi-annual publication sent to the certified individuals of the American Medical Technologists in the state of New Jersey. If interested in advertising or announcement space that spans the entire state of New Jersey, please contact Kim Angelastro at [kjtd0320@yahoo.com](mailto:kjtd0320@yahoo.com) or 856-309-1116.**

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**Cervical Cancer**

The television, magazines and radio all are loaded with advertisement for Gardasil. Physician offices such as ob/gyn, pediatricians and family practice doctors say they can't keep it on the shelf due to the high demand. Reducing new cases of cervical cancer is the goal. How much do we know about cervical cancer? This article will review the basics.

***What is cervical cancer?*** Cervical cancer is cancer of the cervix. The cervix is the part of the uterus that connects the upper part of the uterus to the vagina. Cervical cancer is a serious condition that can be life threatening if not discovered early and treated. If a woman becomes infected with the certain high-risk types of human papillomavirus (HPV) and does not clear the infection, abnormal cells can develop in the lining of the cervix. These abnormal cells become cervical pre-cancers and then possible cancer. This usually takes a number of years.

***Who gets cervical cancer?*** About half of all females diagnosed with cervical cancer are between 35 and 55 years old. They may have been exposed when they were in their teen or early 20s.

***What is HPV?*** HPV is a common virus that affects both males and females. Most types of HPV are harmless and go away on their own. There are about 30 types of HPV that are known as genital HPV. HPV is the most common cause of sexually transmitted disease in the U.S. Some types are high risk and can cause cervical cancer. Others are low risk and benign. Anyone who has any kind of sexual activity involving genital contact could get genital HPV. About 50% of ALL adults will become infected with one or more HPV during their lifetime. Many have no signs or symptoms so the infected person may not know they have the virus. The body's typical response to HPV infection is latency followed by clearance via an immune response. Most infections are cleared within 24 months. However, if the infection is not cleared – it may lead to more serious problems.

***What is the connection with genital warts?*** Certain types of HPV can develop into genital warts. Genital warts are very common and very contagious. It is estimated that as many as 1 million new cases are diagnosed in the U.S. each year. The infected person often knows they have developed the warts and the health care professional will recognize them when examining the patient. Sometimes they go away on their own but other times they grow larger. The warts can be removed by freezing, burning, laser or surgery.

***How is cervical cancer diagnosed?*** The usual way to detect cervical cancer is through a Pap Test. If the Pap test indicates abnormal cervical cells more testing such as a repeat Pap test, HPV DNA test, colposcopy and possible biopsy will be recommended. Abnormal cervical cells (also called cervical dysplasia) are cells in the lining of the cervix that have changed in appearance.

The more severe the cervical abnormality, the more likely it is that cervical cancer could develop in the future. There are a number of different causes for abnormal cervical cells such as infection but some are commonly caused by certain types of HPV.

**How is it treated?** If the abnormality is mild the health care professional may simply monitor them. If the abnormalities are more severe, removing these cells can almost always prevent cervical cancer from developing in the future. Removal can be done by freezing or removing them using an electrical instrument. If the cancer is more serious there are three main methods; (1) surgery to remove the cancer, (2) radiation therapy, and (3) chemotherapy. More than one treatment may be needed.

**Who should get the vaccine?** The Center for Disease Control and Prevention (CDC) recommends that females between ages 9 and 26 are candidates. The vaccine has not been shown to be effective for boys or men. Ideally the vaccine should be administered before the female patient becomes sexually active. If a patient is already sexually active they should still get the vaccine but the benefit may be lessened since they may already have acquired one or more HPV. The vaccine protects against 4 types of HPV and those four types cause 70% of cervical cancer and 90% of genital warts. *Gardasil* may not fully protect everyone and does not prevent all types of cervical cancer so regular Pap tests are still needed. References: Merck & Co. HPV – What you need to know, May 2006.

Merck & Co. The power to help prevent cervical cancer, 2006

Focus. Protection from Cervical Cancer, Spring 2007.

CDC: [www.cdc.gov/std/hpv/STDFact-HPV-vaccine.htm](http://www.cdc.gov/std/hpv/STDFact-HPV-vaccine.htm)

Article submitted by: Kathleen Voldish, CLC (AMT), P.O.C Consultants, LLC

**The Phoenix Rising is all about YOU, the NJAMT members. Let me know what topics you want to hear about. Email me, Kim Angelastro at [KJTD0320@yahoo.com](mailto:KJTD0320@yahoo.com) with your thoughts and ideas.**

### Hand Hygiene – Fighting the Enemy

Flu, MRSA, Staph – what infection is being transmitted at your facility simply because an employee does not properly wash their hands? JCAHO President, Denis O’Leary, stated “Even the best accredited hospitals manage to convince only 35-45% of their workers to wash their hands consistently when handling patients.” That’s a sobering statistic!

Hospital acquired infections contribute to 90,000 to 100,000 patient deaths per year. Acquired infections are not limited to hospitals; they can happen in any location. Patients in poor health, and those who are elderly, are at high risk of infection because their immune system is often compromised. Personal hygiene

can contribute to a reduction of non-patient infections – rather employee to employee infections. Most employees who are aware of the risk have good intentions; but do not strictly comply with hand hygiene recommendations.

If there were 10 hospital commandments – “**Wash Thy Hands**” should be number one. Hand hygiene saves lives – it’s that simple.

Some hand hygiene facts include:

- ❖ The use of gloves does not eliminate the need for hand hygiene. Nor does hand hygiene eliminate the need for gloves.
- ❖ Gloves reduce hand contamination by 70-80%. Gloves can be punctured or torn when used. Even when properly and carefully removed – contamination of the hand may occur.
- ❖ Gloves should be put on and removed while in the patient room or treatment area.
- ❖ Hand rubs (when a sink and soap are not available) should be done before and after each patient; just as gloves should be changed before and after each patient.
- ❖ Inadequate hand washing or use of hand gels can be as much of a problem as not washing or gelling at all.
- ❖ Sinks and gels should be located close to the area where needed.
- ❖ Gel dispensers should not be located next to a soap dispenser; this creates confusion. It is best to put a gel dispenser away from a sink.
- ❖ Some soaps and gels are effective against some infectious agents and not others. You must know what you want to target and choose the product accordingly.
- ❖ The average number of times a nurse washes his/her hands during a shift ranges from 5 to 30 times.
- ❖ It is well documented that the subungual areas (area under the nails) of the hand harbor high concentrations of bacteria. Artificial nails and chipped nail polish increase the risk. The skin under rings is more heavily colonized than areas without rings.

Alcohol-based hand gels, foams and wipes must be allowed to dry completely to be effective. Hand rubs should be conveniently placed. These products should contain more than 60% alcohol to be effective. Products will effectively reduce numerous bacterial counts after a 30 second application. The growth of bacteria was slowed after use, but was not long lasting. These products are not appropriate for use when hands are visibly dirty or contaminated. Products have been shown to be more effective than hand washing with regular (not anti-bacterial) soap. The ideal volume to apply is individual by brand and alcohol content. However, if the hands feel dry after only 10-15 seconds, the volume of

the product applied was insufficient. Frequent use can cause dry skin. Look for products that contain 1-3% glycerol or other skin conditioning ingredients. Anti-microbial soap and antiseptic hand washes contain an antiseptic agent. Common effective ingredients include chlorhexidine, chloroxylenol, hexachlorophene, iodine, quaternary ammonium and triclosan. Different additives are specific to different types of organisms. Therefore, a soap used generally for patient contact will not be adequate for use prior to surgery. On that same line of reasoning, 60 seconds is generally recommended for routine hand washing and 10 minutes is recommended for the surgical staff. Plain soap does not and should not be used in clinical settings. Studies have shown that plain soap can reduce bacterial counts, however; several studies also resulted in **increased** bacterial counts! Plain soap can also become contaminated and spread gram-negative bacilli!!

As many as 25% of nurses report symptoms or signs of dermatitis involving their hands, and as many as 85% have a history of having skin problems. Damaged skin makes the health care worker even more susceptible to infection. Damaged skin also makes alcohol based gels unpleasant to use. Allergic reactions to antiseptic products can also be a problem. This problem can be reduced or resolved by paying special attention to ingredients and trying alternative products. Barrier creams that are marketed for hand hygiene can be helpful when irritation is a problem. Make sure the barrier cream used is compatible with type of glove used, because some creams can compromise the glove.

When evaluating hand hygiene products for potential use in health care facilities, the evaluator must take into account the overall efficacy of the product; this includes the relative efficacy of antiseptic agents against various pathogens. Products that are not well accepted by the health care worker will not be used as recommended. Personnel should be involved when trying new products. Smell, consistency and color can make or break a product. The cost of putting in place effective hand hygiene products is far less than the cost of employees taking sick time or patients needing treatment for acquired infections. The staff should be educated on the importance of hand hygiene as part of the infection solution to wiping down blood pressure cuffs, exam tables, computer keyboards, EKG leads, etc. between patients. It is well documented that the many organisms on the patient can be transmitted to inanimate objects and then be transferred to others.

Make booklets or pamphlets on hand hygiene available as a reference for employees.

Another concern is transmission of bacteria on patient care items. Disinfecting wipes are a good. The safety officer should periodically monitor health care workers for adherence with recommended hand hygiene practices and provide employees with training and

written information when needed. Solicit input for products purchased.

Keeping your hands clean is one of the smartest things you can do for both patient safety and your own safety and health.

The CDC has a publication that covers the recommendations for hand hygiene. It is found on their website: <http://www.cdc.gov/handhygiene/>. The document has clear and straight forward steps to take to reduce hand transmission of infection. It contains many helpful hints and the results of studies on the effectiveness of hand hygiene products.

**References:** Gibbons, Michael. *The Elusive Enemy*, Advice for Medical Laboratory Professionals, April 14, 2007.

Johnson, Dave. *Hand Protection: When Risks are Obvious*, ISHN, April 2007

Allgood, Charles. *Outbreak Control*, ISHN, April 2007. CDC, MMWR, *Guideline for Hand Hygiene in Health Care Setting*, October 2002.

Submitted by: Kathleen Voldish, CLC (AMT). P.O.C. Consultants, LLC

**DO NOT FORGET!!!!**

1. *Newsletter Mailing Form for Home Mailings.*
2. *Registration and Fees for October Meeting.*
3. *Send ideas for topics for next meeting or letter to [KJTD0320@yahoo.com](mailto:KJTD0320@yahoo.com).*

**Publishing Information:** The *Phoenix Rising* is published by the N.J. AMT twice a year. The views and opinions expressed in this publication are those of the contributors and do not necessarily reflect the opinions of the American Medical Technologists. The Editor reserves the right to accept, reject or revise materials submitted for publication.



### Newsletter Mailing Request Form

Please fill in your mailing address information below **if you wish to receive the Phoenix Rising newsletter by mail**. If you are not interested in receiving the mailing and prefer to use the [WWW.NJAMT.ORG](http://WWW.NJAMT.ORG), do not fill out and return this form.

Thank you.

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

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**Return this portion of the form to: Kim Angelastro, 6 Laguna Drive  
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### Newsletter Advertisement Form

The Phoenix Rising is a newsletter that is sent throughout the state of New Jersey to our over 1,800 members on a bi-annual basis. If interested in advertising space within our letter please fill out the following information.

**Advertising prices are as follows:**

	<b>Full page</b>	<b>½ page</b>	<b>¼ page</b>	<b>Business Card</b>
<b>1 issue:</b>	<b>\$75.00</b>	<b>\$60.00</b>	<b>\$40.00</b>	<b>\$20.00</b>
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Advertising funds will be collected upon confirmation of information with business and Kim Angelastro, Editor (check or money orders accepted). Please enclose a copy of the logos and pictures of entry. Advertisement or announcement will not be published into the next letter until all funds for payment are received.

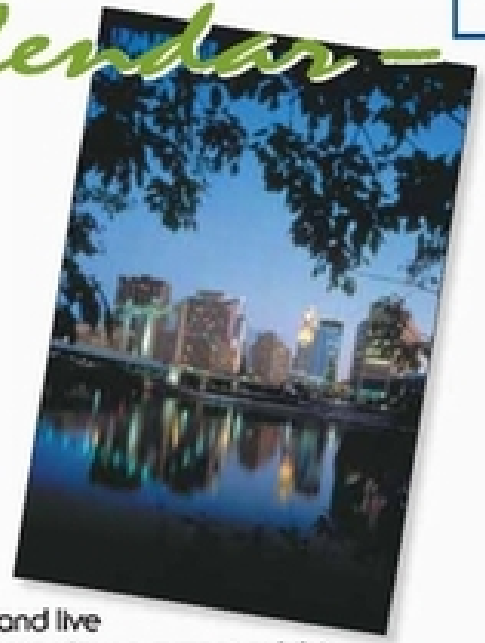
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# AMT in Minneapolis

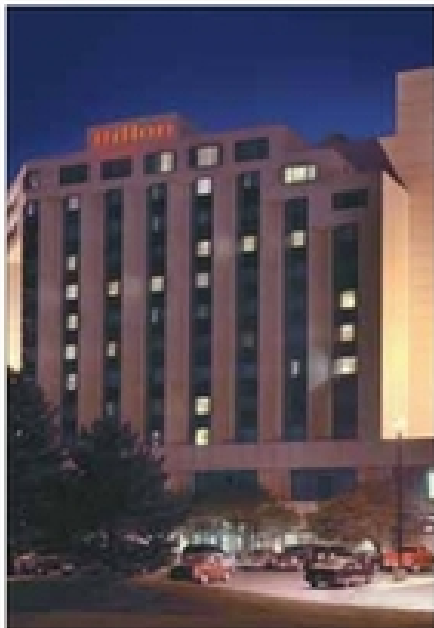
June 22-27, 2009

## 71st Educational Program and National Meeting

Fewer than 400,000 people live in Minneapolis proper, but it feels more like a hip, thriving metropolis. There are lines well past midnight to get into some downtown clubs and live music bars. Crowds pour into the futuristic-looking Walker Art Center to view a current exhibit. Sports fans file out of the light-rail transit system towards the Metrodome for a Sunday afternoon Twins game. Theater lovers head for a matinee at the new and renowned architectural gem of Guthrie Theater; the theater's lobby alone is worth a visit. Esquire magazine last year dubbed Nye's Polonaise in Minneapolis The Best Bar in America. In 2006, Travel & Leisure magazine named Minneapolis one of the top five destinations that you must visit.



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*Scientific Meeting Registration Form  
Saturday, October 17<sup>th</sup>-Sunday, October 18<sup>th</sup>, 2009  
Hyatt Place Hotel, Mount Laurel, NJ*

*Please fill in the fields below:*

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