



STERILE SERVICES SEMINAR

CSSD for Suppliers

Friday, 12th November 2010 9.00am - 12.30pm
CSSD, Auckland City Hospital (meet at level 5 reception)
Educator: Mohammad Alshadiefat, CSSD Educator

NEW

Course Outline:

- Processing instruments – Definition of Terms;
- Authorisation of products used in CSSD;
- Risks of infection from equipment;
- Single use items;
- Medical Device Reprocessing Cycle;
- Medical Device Classes;
- Appropriate behavior and conduct in CSSD.

OPERATING THEATRE PROTOCOL WORKSHOP

Protocol and Aseptic Awareness for Operating Theatres

Saturday 6th November 2010 8.00am - 1.00pm
Adult & Emergency Operating Theatre, Auckland City Hospital
(meet at level 5 reception) Limited to 16 people
Educator: Karen Beckett, Nurse Educator

Course Outline:



- Organisational Structure of the OR;
- Ethics, Patient Rights and Confidentiality;
- Health & Safety in the OR and Aseptic technique;
- Infection Control;
- Anaesthesia Teams & Techniques;
- Practical workstations will reinforce learning on the above subjects.

**Please complete attached registration form and send to MTANZ
Fax: (09) 9173651 Post: P.O. Box 8378, Symonds St Auckland**



Medical Technology Association of New Zealand

P.O. Box 8378, Symonds St Auckland

Tel: (09) 917 3645 Fax: (09) 917 3651 Email: admin@mtanz.org.nz

ONE REGISTRATION FORM PER PERSON PLEASE

Attendee Details :	
First name:	Surname:
Position:	Contact Phone:
Company Name:	
Email Address:	
Postal Address:	

Tick the Workshop/s you will be attending:

- STERILE SERVICES SEMINAR**
- Members \$260.00 + GST
- Non Members \$360.00 + GST
- OPERATING THEATRE PROTOCOL WORKSHOP**
- Members \$295.00 + GST
- Non Members \$395.00 + GST
- BOTH WORKSHOPS (Sterile Services & Operating Theatre Protocol)**
- Members \$515.00 + GST
- Non Members \$715.00 + GST

PAYMENT DETAILS

When you complete this form, it will become a TAX INVOICE. Please keep a copy.

GST : 25-286-121

I enclose payment of \$ _____ using: **Direct Debit** **Cheque**  

Card No:

Expiry Date: /

Cardholder's Name: _____

Signature : _____

Bank Details for Direct Debit:

Branch: Westpac, Lake Rd
Account Name: Medical Industry Association of NZ Inc
Account No. 03-0275-0299953-000

Booking conditions:

Please RSVP by no later than **15th October 2010**. Any bookings cancelled after this date will not be entitled to any refund. Please make payments before event date. **You will receive confirmation of your booking.**

REGISTRATION FORM