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THE QUARTERLY NEWSLETTER OF THE
AMERICAN SOCIETY OF ANESTHESIA TECHNOLOGISTS AND TECHNICIANS

PRESIDENT'S MESSAGE...

RECOGNITION OF THOSE WHO SUPPORT US

by Chris Patterson



In this message, it is my intention to bring to light a few of the people and organizations who back our Society. Unfortunately, a large number will go unnamed in this brief message, but they are not forgotten. First, we offer special greetings and a warm welcome to all new members and corporate members who recently joined our Society. We thank you for uniting with us. Your backing is of great help to the success of this Society. As you may know, our National Certification Process is the foremost issue on our minds. Progress has been excellent and we are on schedule to meet our set goal of concluding this process by next spring. Dr. Andrew J. Falcone, Project Director will provide another update for you in this edition of our newsletter.

Contributions to ASATT's Certification Fund: It is a privilege for me to speak for our membership and Board of Directors in offering our heartfelt appreciation and thanks to the following State Societies for their outstanding show of support:

The Northwest Society of Anesthesia Technology (NSAT)

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These donations are very special. They come from our colleagues, the men and women hard at work in the anesthesia technical support profession. I know from personal experience that the treasuries of state societies are limited and certainly not overflowing with funds. It is very uplifting to see such generosity and

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All submissions pertinent to the objectives of the ASATT will be considered for publication. Preferred format: 3 1/2" micro floppy diskette, IBM format. Photographs, preferably black-&-white are also welcome and will be returned.

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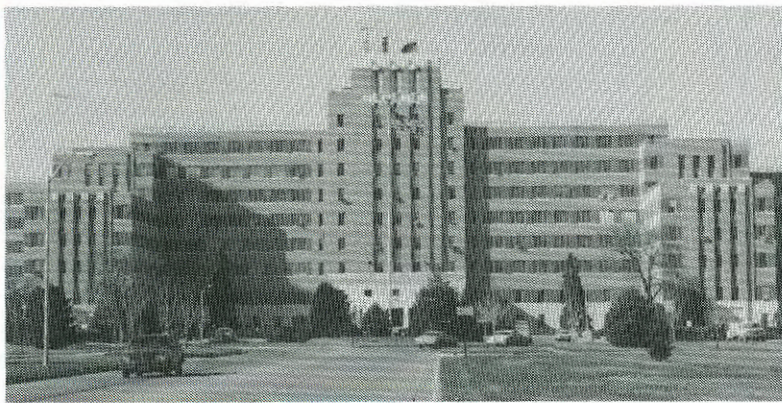
FITZSIMONS ARMY MEDICAL CENTER AURORA, COLORADO

by Mary K. Dameron, L.P.N., Anesthesia Technician



Fitzsimons Army Medical Center was campaigned for when the United States entered World War I in 1917. Many soldiers who were retiring from Europe in the early days of World War I suffered from pulmonary diseases. Tuberculosis and other diseases of the lungs were caused by prolonged exposure on the battlefields. It was believed that the Colorado cool, dry air and the many days of sunshine were therapeutic for treatment of lung disease.

Construction began on forty-eight wooden buildings in April 1918 at a site east of Denver. It designated as Army General Hospital No. 21. On October 17, 1918, the first patient to arrive was Clair W. Martin, a private from New Haven, Connecticut.



Fitzsimons Army Medical Center, Aurora, Colorado

Due to the increase of soldiers arriving from Europe, the facility was to add another twenty-five buildings that were completed in April 1919. The education department was established in June 1919 as an important part of the program for recovering patients. It offered courses from elementary to graduate levels.

On June 26, 1920, a war department directive redesignated the facility as Fitzsimons General Hospital. The post was named in honor of William Thomas Fitzsimons, the first American officer to die in World War I. By the 1920's, Fitzsimons was described as the largest active military hospital in the world, and the largest tuberculosis hospital in the United States.

During the 1930's, the facility was deteriorating and the cost to maintain it was increasing. Franklin D. Roosevelt's "New Deal" rerouted money from military expenditures to social and economic purposes. One of the first posts to be considered under-utilized was Fitzsimons. It was due to close in April 1933.

On October 12, 1936, President Roosevelt visited Denver and made a brief stop at Fitzsimons. He was impressed by the facility and the enthusiasm of the staff. At that time, it was decided to keep Fitzsimons operating.

Construction of new buildings began in January 1939, with the main hospital taking over two years to complete. This would make Fitzsimons the largest general hospital in the country with 2,252 beds. The new hospital opened on December 3, 1941.

Fitzsimons is a teaching hospital. We have an average inpatient census of 142 and clinic visits of around 47,000 per month. For the 1994-95 school year, there are thirty interns, seventy-five residents in eight medical specialties, and sixteen fellows in seven subspecialties. Courses are offered for nurses in anesthesia and critical care.

The anesthesia department is made up of ten military anesthesiologists, seventeen CRNA's, ten of whom are in the military, and two technicians. Both technicians are civilians. One of us is an LPN, and the other is a Medical Supply Tech. We received "on-the-job" training to become Anesthesia Technicians. Fitzsimons provides educational funds to assist us in attending ASATT and other educational meetings.

In the main operating room, there are nine rooms plus two in cysto, and one in the eye clinic. There are an average of 400 surgeries per month. Our surgery department supports a wide variety of specialties including CV, neuro, ortho, ENT, ophthalmology, urology, and pediatric surgery.

Our patients are all U.S. Army active duty, dependents of active duty, or retired. Fitzsimons also has a pain clinic where the technicians assist the anesthesiologists with pain management.

The technicians assist with maintaining equipment used in the OR as well as trouble-shooting problems that may arise during a procedure. We also perform the usual stocking, cleaning, and ordering of supplies and drugs.

Technicians assist the anesthesia care providers with placements of CVP and arterial lines, spinals, and epidurals. Also, the technicians run a mini lab which helps provide efficient lab results in a timely manner. The LPN is allowed to draw up drugs and start IV's.

Anesthesia is a team effort and with all of us as the players, we are able to give the quality care that each patient deserves.

EXAMINATION COMMITTEE BEGINS WRITING TEST QUESTIONS

*Andrew J. Falcone, Ph.D.
Program Director, Research and Development,
Applied Measurement Professionals, Inc. (AMP)*

The ASATT Job Analysis/Certification Advisory Committee and Applied Measurement Professionals, Inc. (AMP) held a phone conference on March 30, 1995 to review the results of the job analysis survey mailing. This call had Committee members from Florida to California "on-line" for two hours and fifteen minutes to discuss the results. During this conference call, the final content outline for the certification examination was determined, as well as final approval of the number of test questions from each of the content areas covered by the exam.

The next step in the process is to write the test questions according to the guidelines agreed upon during the conference call. After the test questions are written, the Examination Committee will meet in Kansas City, MO for a two-day meeting in which the newly written questions will be thoroughly reviewed. This review will include the technical accuracy and structure of the questions, correctness of the content outline and cognitive complexity classification, correctness of the keyed response, and a review of question clarity and grammar.

During the months following the July meeting, a draft form of the examination will be assembled. This draft examination will be reviewed at another Examination Committee meeting which will take place in Atlanta during the month of October. Prior to this meeting, the Committee will actually have to "take" the exam, and have their responses reviewed by fellow Committee members during the Atlanta meeting. At this time, the members of the Committee will also determine the passing score of the examination by giving their professional judgements about the difficulty level of the test questions. The examination will then move into its final stages of development in which the typeset version of the exam will be reviewed.

The numerous stages required for a professionally developed certification examination helps assure that the examination is psychometrically sound, job-related, and legally defensible.

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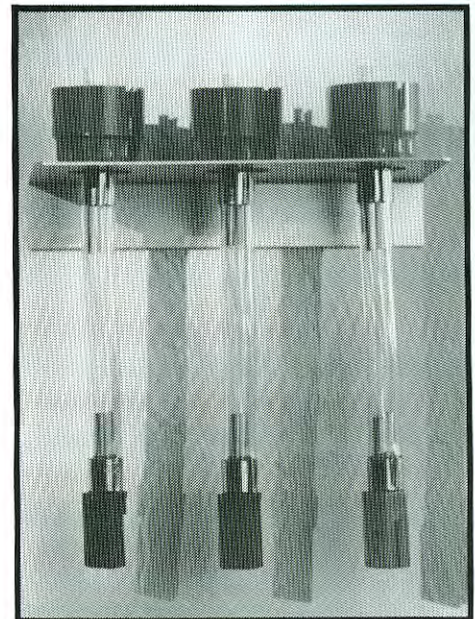
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OPEN FORUM...

by David G. Mastalski
 Chief Anesthesia Technician, VA Medical Center
 Portland, Oregon

Dear OPEN FORUM:

I remove and gas sterilize the absorber and bellows after every case of T.B., AIDS, etc. Could you please provide a list of cases which would warrant this procedure, and are bacterial filters effective on these patients?

J. Sue Cox
 Chief Anesthesia Tech
 Maryville, TN

The ASA recommends "the carbon dioxide absorber assembly should be autoclaved or gas sterilized following use for patients with pulmonary tuberculosis or other pulmonary infection." The CDC recommends that "placing a bacterial filter on the patient endotracheal tube (or at the expiratory side of the breathing circuit of a ventilator or anesthesia machine if these are used) when operating on a patient who has confirmed or suspected TB may help reduce the risk for contaminating anesthesia equipment..."¹ Some hospitals use disposable absorber systems, which are easily attached to your fixed absorber system, for confirmed T. B. patients and simply discard them as contaminated. Your Anesthesiology Department and Hospital Infection Control Department will have a policy on file for handling equipment specific to these patients. Keep in mind, that the HIV virus is not airborne and cannot be transmitted through the breathing circle, although most HIV patients have compromised immune systems and are susceptible to pulmonary tuberculosis.

Some anesthesiologists have experimented with "bacterial filters" on the expiratory limb of the breathing circuit, thus, in theory, protecting the absorber from airborne pathogens. Some disposable circuit manufacturers have included these filters on their product (raising the price accordingly). There are recent studies² which have concluded, however, that use of filters in the breathing system had no effect on the incidence of postoperative pulmonary infections. Similar studies³ also failed to show any benefit from the use of sterile breathing systems on the incidence of postoperative pulmonary infections. Other studies⁴ have shown that it is quite difficult to transfer bacteria from the patient through the breathing tubes to the absorber or from the absorber to the patient. Also, the soda lime and the anesthesia gases are inhospitable to bacteria. However, the use of bacterial filters on the machine is still controversial. A recent report⁵ found that even when filters were used on the expiratory and inspiratory sides of the machine, 25% of the anesthesia circle systems and 44% of the ventilators cultured were positive for bacterial pathogens. The role that these organisms play in surgical infections is unclear.

Since it is impossible to know the infection status of every patient, the Center for Disease Control recommends adopting universal precautions when handling all patients. Simply stated, this means you should treat all patients as if they are infected and take proper precautions; i.e.: gloves, goggles, handwashing, sterilizing reusable instruments and equipment, etc. Check with your Hospital Infection Control Department for a copy of their policy on universal precautions. References can be found on page 14.

Dear OPEN FORUM:

Our hospital will be visited by JCAHO in three months. Is there anything particular which anesthesia technicians need to do to prepare for this survey?

Boston, Mass.

There are many things you can be, and should be doing to prepare for your JCAHO visit. For the first time the investigators are actually "dressing down" and entering clinical areas such as the operating room suite. And they are not just looking at the physical layout such as clear corridors, storage areas, etc.

In the past, the JCAHO surveyors have addressed areas of quality management (Q.M.) and quality assurance (Q.A.). This survey cycle, however, the investigators are paying specific attention to non-licensed personnel working in patient care areas. Qualifications and proficiency are the areas they are scrutinizing. They want documentation of competency and training in many areas, particularly if you are responsible for operating, calibrating, cleaning, or maintaining medical devices. For example, if you operate the cell saver, there needs to be documentation of qualified training with yearly reviews. You may need to demonstrate that you are qualified and proficient at operating the cell saver, including basic operating techniques, quality control, etc. Another example: if you assist the Anesthesiologist with the placement of invasive monitoring lines, you must have documented, qualified training, demonstrating your proficiency in this area. In fact, if you even assist by placing the pulse oximeter probe, EKG leads, or NIBP cuff, there must be documentation of training and proficiency with yearly reviews.

Some of the other areas which you must have documentation of training and yearly review are: fire safety, universal precautions, hazardous materials, emergency preparedness, accident prevention, infection control, EEO, management of blood and body fluids, and equipment safety. This information and much more is available from JCAHO in a comprehensive guide to preparing for your survey. Contact your Department Administrator or Quality Management Department to request a copy.

All questions and pertinent comments or letters may be addressed to:

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Those chosen for publication in this column will receive a free ASATT T-shirt.

ANATOMY FOR ANESTHESIA: THE CIRCULATORY SYSTEM

by Wayne Griffith
 Chief Anesthesia Technician
 Ochsner Medical Institution
 New Orleans, LA

Basic knowledge of anatomy can increase one's value as an assistant to the anesthesia provider. Language in the OR directly relates to the patient's anatomy. When assisting with open heart surgery, one might hear, "We will be placing a right arterial line, along with a right IJ to place a PA catheter." Just that information alone has touched on three different areas of the body. This article will briefly describe the circulatory system. (Fig. 1)

THE HEART

Normally slightly bigger than a fist, the heart is located between the lungs, in the center and a bit to the left of the midline of the body. It is a muscular pump that drives the blood through the blood vessels. (Fig. 2) It averages 72

beats (contractions) per minute. These beats continue unceasingly for the entire lifetime. Circulation or the continuous one-way movement of blood is the manner in which the body sends food and oxygen to the cells and removes waste products from the cells.

The heart is a hollow organ with the walls formed of three different layers. The **endocardium** is a thin smooth layer of cells which lines the interior of the heart. Valves are formed by reinforced folds of the **endocardium**. The **Myocardium** is the thickest layer and is the muscle of the heart. The **Epicardium** forms the thin outermost layer of the heart wall and is continuous with the serous lining of the fibrous sac that encloses the heart. These outer membranes together make up the **Pericardium**.

The serous lining of the pericardial sac is separated from the epicardium on the heart surface by a thin fluid-filled space.

We often hear physicians talk about *right* or *left* heart failure. The heart is actually a double pump. Both sides are completely separated from each other by a partition called the **septum**. The septum, like the heart wall, consists largely of myocardium.

CHAMBERS OF THE HEART

On either side of the heart are two chambers, one a receiving chamber (*atrium*) and the other a pumping chamber (*ventricle*):

1. The **right atrium** is a thin-walled chamber that receives the blood returning from the body tissues. This blood, which is low in oxygen, is carried in the **veins**, the blood vessels leading *to* the heart from the body tissues.
2. The **right ventricle** pumps the venous blood received from the right atrium and sends it to the lungs.
3. The **left atrium** receives blood high in oxygen content as it returns from the lungs.
4. The **left ventricle**, which has the thickest walls of all, pumps oxygenated blood to all parts of the body.
5. Blood from the **left ventricle** goes through the **arteries**, the vessels that take blood *from* the heart to the tissues.

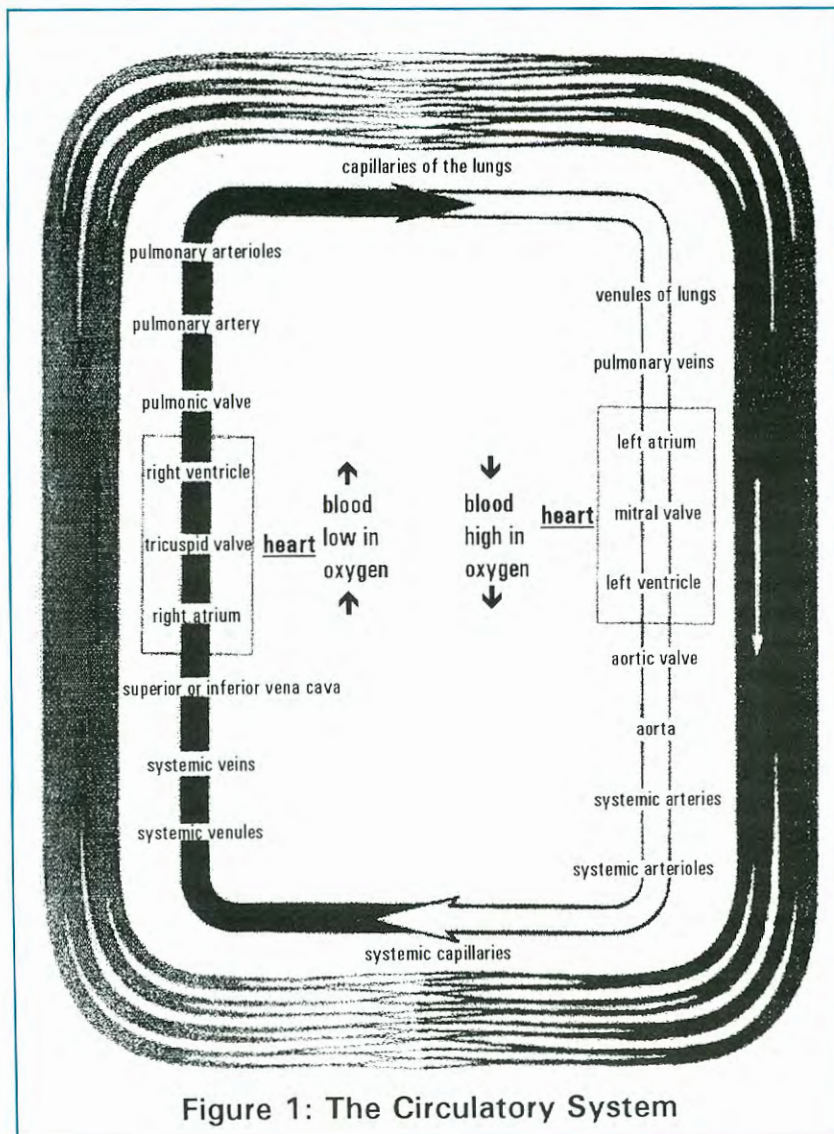


Figure 1: The Circulatory System

HEART VALVES

The heart has four valves, which are all one-way, located at the entrance and the exit of each ventricle. The entrance valves are the **atrioventricular valves**, while the exit valves are the **semilunar valves**. The right atrioventricular valve is also known as the **tricuspid valve**, since it has three cusps, or flaps, that open and close. Contraction of the right ventricle causes the valve to close so that blood cannot return to the right atrium; this ensures forward flow into the pulmonary artery. The left atrioventricular valve is the **bicuspid valve**, but it is usually referred to as the **mitral valve**. It has two rather heavy cusps that permit blood to flow freely from the left atrium into the left ventricle. Contraction of the left ventricle closes the cusps; this prevents blood from returning to the left atrium and ensures the forward flow of blood into the **aorta**. The right semilunar or **pulmonic valve** is located between the right ventricle and the pulmonary

artery that leads to the lungs. This valve closes after the right ventricle has emptied in order to prevent blood on its way to the lungs from returning to the ventricle. The left semilunar or **aortic valve** is located between the left ventricle and the aorta. Following contraction of the left ventricle, the aortic valve closes to prevent the flow of blood back from the aorta into the ventricle.

Although blood flows through the heart chambers, only the endocardium comes into contact with it. Therefore, the myocardium must have its own blood vessels to provide oxygen and nourishment and to remove waste products. These coronary arteries, which form the first branches of the aorta, arise just above the aortic semilunar valve. They receive blood when the heart relaxes. After passing through capillaries in the myocardium, blood drains into the cardiac veins and finally into the coronary (venous) sinus for return to the right atrium.

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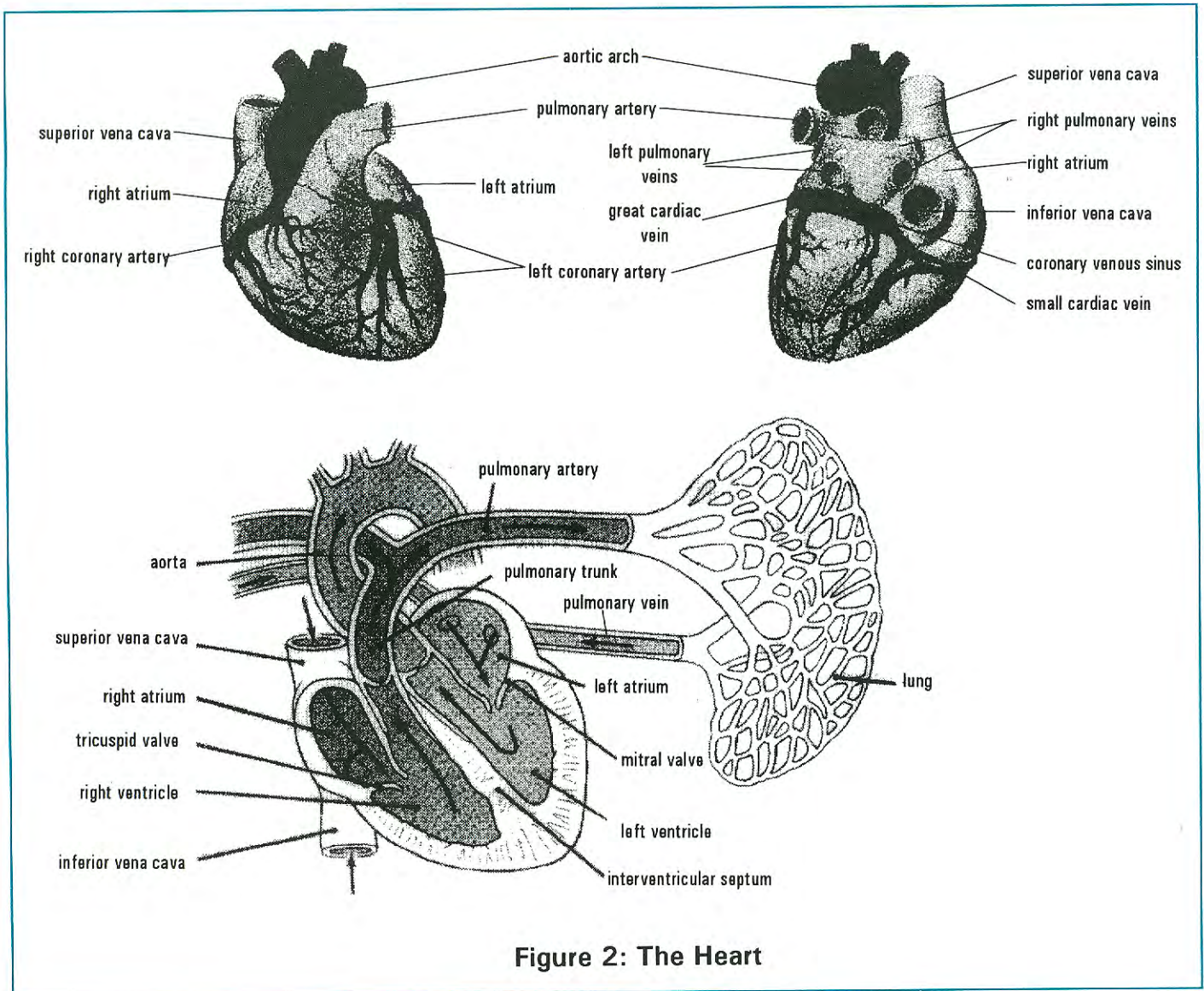


Figure 2: The Heart

THE AORTA AND ITS PARTS

The aorta extends upward and to the right from the left ventricle. (Fig. 3) Then it curves backward and to the left. It continues down behind the heart just in front of the vertebral column, through the diaphragm, and into the abdomen. The aorta is one continuous artery, but it may be divided into sections.

The **ascending aorta** is near the heart and inside the pericardial sac. The **aortic arch** curves from the right to the left and also extends backward. The **thoracic aorta** lies just in front of the vertebral column behind the heart and in

the space behind the pleura. The **abdominal aorta** is the longest section of aorta, spanning the abdominal cavity. The thoracic and abdominal aorta together make up the descending aorta.

The first, or ascending, part of the aorta has two branches near the heart, called the **left** and **right coronary arteries**, that supply the heart muscle. These form a crown around the base of the heart and give off branches to all parts of the myocardium.

The arch of the aorta, located immediately beyond the ascending aorta, gives off three large branches. The **brachiocephalic trunk** is a short artery formerly called the *innominate*. Its name means that it supplies the head and the arm. After extending upward somewhat less than 5cm, it divides into the **right subclavian artery**, which supplies the right upper extremity, and the **right common carotid artery**, which supplies the right side of the neck and the head. The **left common carotid artery** extends upward from the highest part of the aortic arch. It supplies the left side of the head and neck. The **left subclavian artery** extends under the left collar bone (clavicle) and supplies the left upper extremity. This is the last branch of the aortic arch.

The third part of the aorta supplies branches to the chest wall, to the esophagus, and to the bronchi and their treelike subdivisions in the lungs. There are usually nine to ten pairs of intercostal arteries that extend between the ribs, sending branches to the muscles and other structures of the chest wall.

The abdominal aorta has unpaired branches extending forward and paired arteries extending toward the side. The unpaired vessels are large arteries that supply the abdominal viscera. These viscera include: the celiac trunk—which includes the left gastric, splenic, and hepatic arteries; the superior mesenteric; and inferior mesenteric arteries. The lateral (paired) branches of the abdominal aorta include the following right and left divisions: the phrenic arteries supply the diaphragm; the suprarenal arteries supply the adrenal glands; the renal arteries, the largest in this group, carry blood to the kidneys; the ovarian and testicular arteries supply the sex glands; and the four pairs of lumbar arteries which extend into the musculature of the abdominal wall.

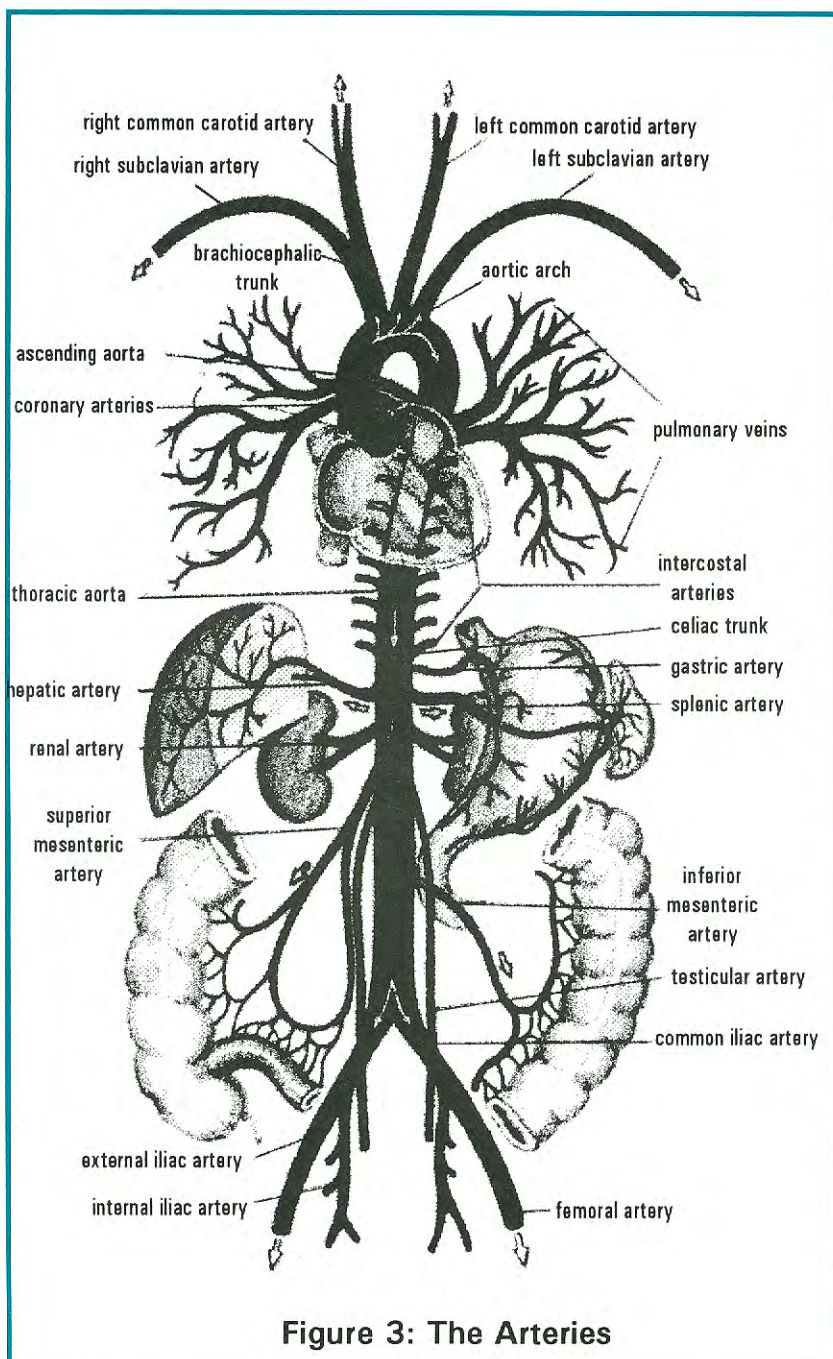


Figure 3: The Arteries

SYSTEMIC VEINS

Many veins are found near the surface of the body, whereas most arteries are located in protected and rather deep areas of the body. These superficial veins are in the extremities and include:

1. The **cephalic**, the **basilic**, and the **median cubital veins** are the largest group of veins and are located on the back of the hand and at the front of the elbow. Veins at the elbow are often used for removing blood samples, as well as for intravenous injections.
2. The **saphenous veins** of the lower extremities, are the longest veins of the body. These veins are often taken as grafts in open heart bypass cases. The **great saphenous vein** begins in the foot and extends up the medial side of the leg, the knee, and the thigh. It finally empties into the femoral vein near the groin.

The deep veins (Fig. 4) tend to parallel arteries and usually have the names as the corresponding arteries. Examples of these include the **femoral** and the **iliac** vessels of the lower part of the body and the **brachial**, **axillary**, and **subclavian** vessels of the upper extremities. Veins of the head and neck are exceptions to this. The **jugular veins** drain the areas supplied by the carotid arteries. Two **brachiocephalic** (innominate) veins are formed, one on each side, by the union of the subclavian and the jugular veins.

SUPERIOR VENA CAVA

The veins of the head, neck, upper extremities, and chest all drain into the **superior vena cava**, which goes to the heart. The **azygos vein** drains the veins of the chest wall and empties into the superior vena cava just before the latter empties into the heart.

INFERIOR VENA CAVA

The **inferior vena cava**, which is much longer than the superior vena cava, returns the blood from the parts of the body below the diaphragm. It begins in the lower abdomen with the union of the two common iliac veins. It then ascends along the back wall of the abdomen,

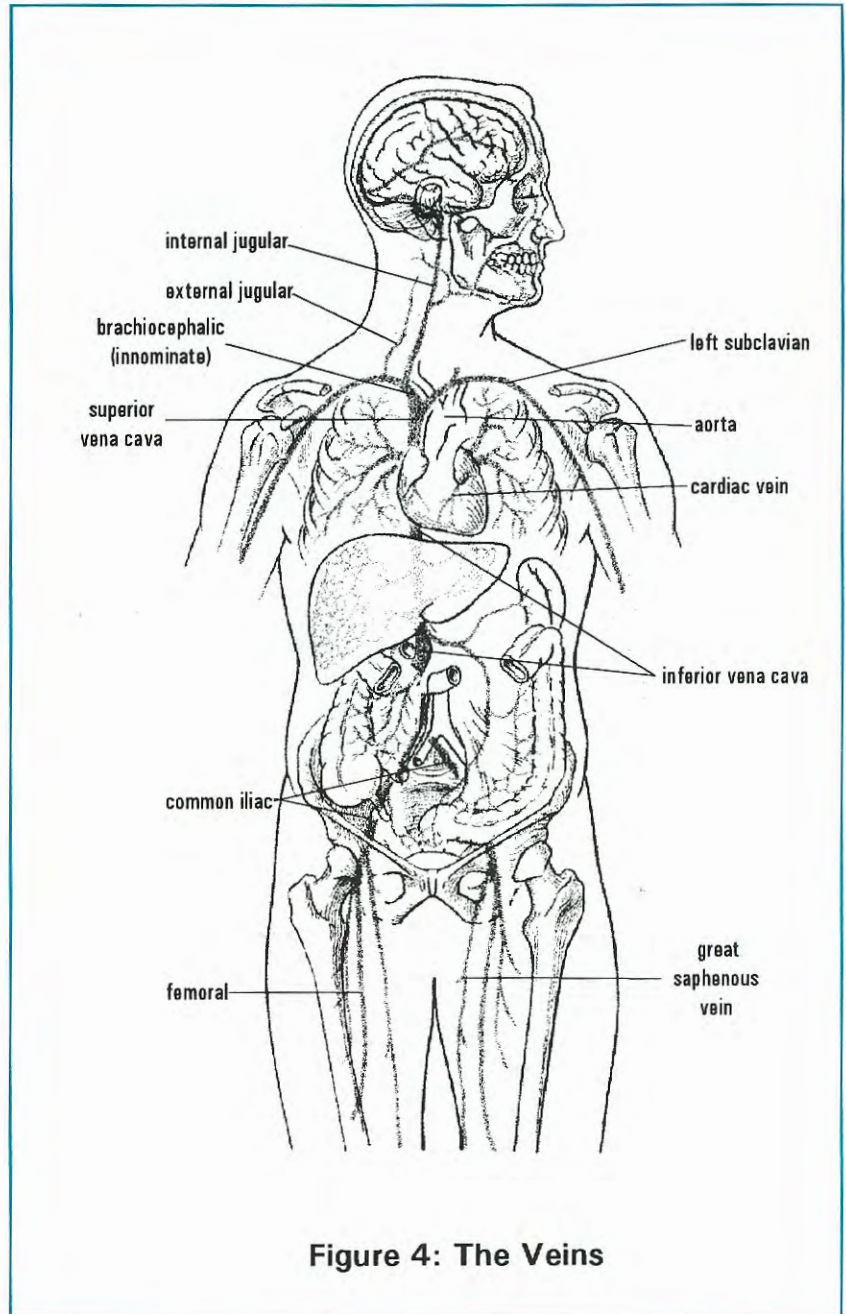
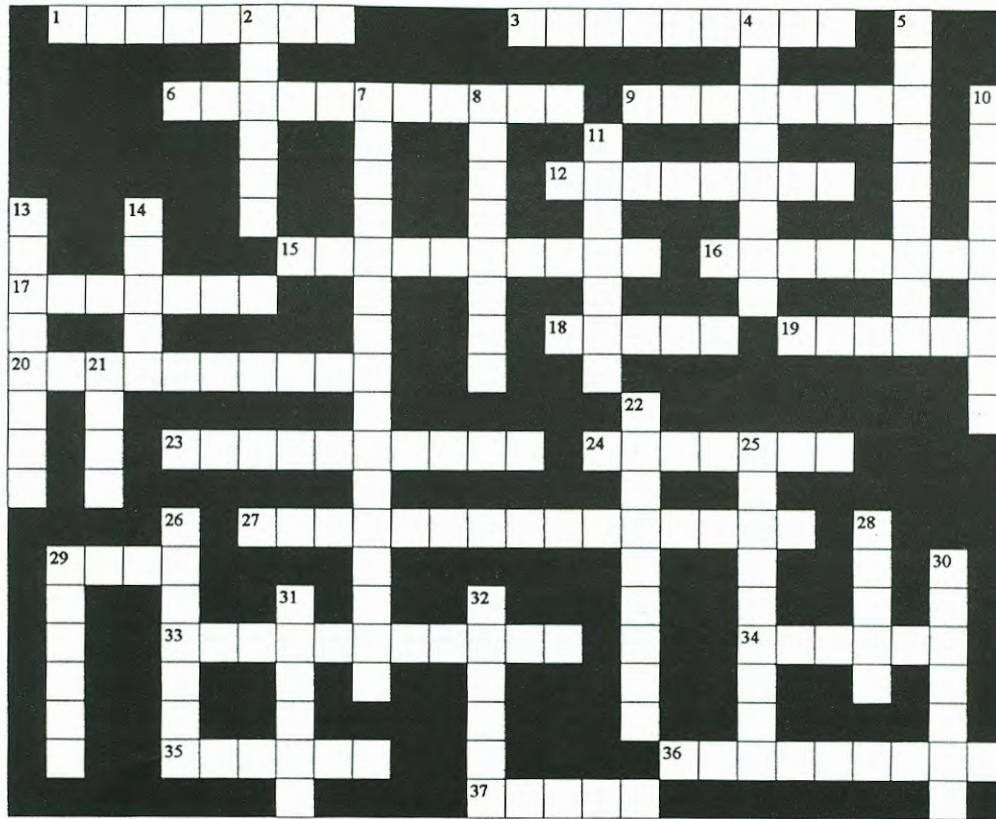


Figure 4: The Veins

through a groove in the posterior part of the liver, through the diaphragm, and finally through the lower thorax to empty into the right atrium of the heart.

Familiarity with human anatomy even at a beginning level will be beneficial. The amount of information to be learned about the structure and function of the human body can be staggering. It may be compared to learning a foreign language. Most scientific words are taken from Latin and Greek. Increasing your knowledge of medical terminology will help you to learn the meanings of the prefixes, roots, and suffixes used to build scientific words.



SCIENCE AND TECHNOLOGY POST-TEST: Anatomy of the Circulatory System

Use this crossword puzzle to test your knowledge on the "Science and Technology..." article on pages 6-9. Puzzle answers are on page 23 of *this issue*.

Across

Down

- | | |
|--|--|
| <p>1 The superior ___ drains the upper portions of the body into the heart.</p> <p>3 A pumping chamber of the heart.</p> <p>6 Membranes which surround the heart.</p> <p>9 The ___ aorta runs into the abdominal aorta.</p> <p>12 Valve between the right atrium and the pulmonary artery.</p> <p>15 Layer which forms the muscle of the heart.</p> <p>16 A vessel of the upper extremities.</p> <p>17 The median ___ is a large superficial vein in the elbow.</p> <p>18 Circulation aids removal of ___ products from the cells.</p> <p>19 The left atrium receives blood high in ___.</p> <p>20 ___ vessels extend under the collar bones.</p> <p>23 Thin outermost layer of the heart.</p> <p>24 Artery which supplies the head and neck.</p> <p>27 Artery branch which supplies the head and arms.</p> <p>29 The ___ of the aorta is located immediately beyond the ascending aorta.</p> <p>33 Membrane lining the interior of the heart.</p> <p>34 Partition separating the left and right sides of the heart.</p> <p>35 ___ trunk supplies the left gastric, splenic, and hepatic arteries.</p> <p>36 Longest section of the aorta.</p> <p>37 The right ventricle pumps blood into the ___.</p> | <p>2 Receiving chamber of the heart.</p> <p>4 ___ arteries supply the heart muscle.</p> <p>5 The first part of the aorta, near the heart.</p> <p>7 Entrance valves to the ventricles.</p> <p>8 The ___ venacava returns blood from the lower part of the body.</p> <p>10 ___ valves are the exit from the ventricles.</p> <p>11 The ___ veins drain the areas supplied by the carotids.</p> <p>13 Left atrioventricular valve.</p> <p>14 Large vessel of the leg.</p> <p>21 The right atrium receives blood from the ___ tissues.</p> <p>22 Longest veins of the body.</p> <p>25 Name of the right atrioventricular valve.</p> <p>26 Arteries which supply the diaphragm.</p> <p>28 Vessel extending from the left ventricle.</p> <p>29 Drains the veins of the chest wall.</p> <p>30 Large vessel of the leg.</p> <p>31 ___ arch gives rise to three large branches including the left subclavian artery.</p> <p>32 Common name for the bicuspid valve.</p> |
|--|--|



American Society of Anesthesia Technologists and Technicians

Sixth Annual Meeting and Seminar



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NIBP/Oximetry
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EKG Monitoring
Infection Control
Making It Count
Certification—What Is It? Who Can Take the Exam?
When Is the Exam? Where Will the Exam Be Given?

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PLUS: A chance to examine the Loral Human Patient Simulator, and just as importantly, to interact with your ASATT Officers and other Anesthesia Techs from around the world.

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DON'T LET CERTIFICATION
CATCH YOU UNPREPARED!

Registration includes admission to the ASA exhibit hall October 23-25.

REGIONAL SOCIETY ACTIVITIES...

Let us announce what's happening in your area. Send a brief report of recent or future activities for the next issue by August 15, 1995 to your ASATT Regional Director or to Dave Mastalski (address and numbers on page 2). Send newsletters, if available, a brief write-up, or call with your info. Photos (captioned) are also welcome, and will be returned.

ASATT Region 1:

The ASATT Region 1 fall meeting has been postponed until further notice. Stay tuned for a new location and date.

For further information:

Jacqueline Polak at (718) 283-7188 [W] or (718) 979-8644 [H].

New York

For information on future events:

George Mann at (315) 464-4640.

ASATT Region 2:

For information on future events:

Wilma Frisco at (216) 541-5710.

Ohio

The Ohio Society of Anesthesia Technologists and Technicians held a one-day workshop in Akron at the Children's Hospital. The seminar focused on latex allergy and anesthesia with children. July is vacation month for OSATT, but the monthly meetings continue in August and September with the topics being ventilators and vaporizers. A September 9th all-day workshop will explore anesthesia techs and certification. The Anesthesia Tech of the Year will be presented at October's meeting.

For further information:

Wilma Frisco at (216) 541-5710.

Pennsylvania

For information on future events:

Vicki Carse at (412) 232-5807.

Virginia

For information on future events:

Linda Ferris at (703) 985-8351.

ASATT Region 3:

For information on future events:

Marc Dickens at (404) 727-3580.

Florida

Florida techs are preparing for certification by holding a series of meetings in various locations. The next meetings are slated for August 26-27 in Fort Lauderdale, and December 2-3 in Gainesville. For information about the May meeting and future meetings, see the story and advertisement on pages 16-17.

For further information:

Linda Cotton at (904) 351-7343 or (904) 347-8118.

Georgia

The Georgia Society of Anesthesia Technologists and Technicians is concentrating on recruitment efforts. For nominations for vice president please contact Marc Dickens.

For information on future events:

Marc Dickens at (404) 727-3580.

North Carolina

For information on future events:

Kathline Leahan at (919) 681-5228.

Tennessee

For information on future events:

Sharon Baskette at (615) 322-4000[W] or (615) 646-1599[H].

ASATT Region 4:

ASATT Region 4 educational seminar will be held Saturday, July 22 in Dubuque, Iowa. It should be a very enjoyable and educational weekend. Plan a mini vacation and join them.

For further information:

Sheila White at (319) 589-8665.

Illinois

The Illinois State Fair and Education, all in one weekend! That's what the Illinois Society of Anesthesia Technicians has planned for August 19th. The 1/2-day seminar will focus on the technical aspects of anesthesia, including an overview of general physiology. IISAT plans another meeting in November, in conjunction with the anesthesiologists of that state.

For further information:

Pat Zueck (217) 788-3780.

Iowa

Mark your calendars! The next meeting of the Iowa Society of Anesthesia Technologists and Technicians is tentatively scheduled for November 17. Location and agenda will be announced at a later date.

For further information:

Sheila White at (319) 589-8665[W] or (319) 556-8234[H].

ASATT Region 5:

See "Region 5 Seminar" on page 14.

For further information:

Ann Martin at (303) 270-8275 [W] or (303) 987-3907 [H].

Colorado

See "Crash 95" on page 14.

For further information:

Teresa Chavez at (303) 320-2440.

Mississippi

For information on future events:

Earl Coleman at (601) 984-5951, or

Nancy Marret at (601) 973-1656.

ASATT Region 6:

For information on future events:

Dean Rux at (602) 821-3279[work] or (602) 497-9709 [home].

Arizona

A state gathering of anesthesia techs is planned in September to further discuss a state formulated organization and certification.

For further information:

Dean Rux at (602) 821-3279[work] or (602) 497-9709 [home].

California

See "CAATT..." on page 15.

For further information:

Ron Turner at (510) 674-2241.

Texas

The Texas Society of Anesthesia Technology will meet at Baylor Medical Center in Dallas on September 9 for a one-day business and educational seminar. An opportunity is being provided for meeting registrants to attend the TSA exhibit hall at the anesthesiologists meeting in Dallas that weekend.

For further information:

Dianne Holley at (512) 451-7457.

Utah

August 12 will be the date of the Utah Society of Anesthesia Technologists and Technicians Conference to be held at Park City, Utah. This is one of the sites for the 2002 Olympics. A dinner banquet will highlight that evening and rooms are available at the Silver King Lodge. USATT recently was formally

recognized by the Utah Society of Anesthesiology, and the two groups are working together to standardize job descriptions throughout the state.

For further information:

Jeff Mann at (801) 585-3619.

ASATT Region 7:

For information on future events:

Ruth Ochoa at (503) 370-5200 pgr 225[W], or (503) 390-0736[H].

Oregon

The First Annual Haemonetics Cell Saver Certification Seminar sponsored by the Oregon Association of Anesthesia Technologists and Technicians on May 20 at Salem Hospital was well attended. The next Meeting / Educational Lunch will be July 15 at St. Vincents Hospital in Portland and is free to all active OAATT members.

For further information:

Dave Mastalski at (503) 642-1537, or

Terry Olhauser at (503) 494-4996

Washington

The Northwest Society of Anesthesia Technology held its quarterly Luncheon Meeting on June 24 at Virginia Mason Medical Center in Seattle.

For further information:

Don Milbauer at (206) 228-3450.



PREPARATION FOR ANESTHESIA CERTIFICATION

Continuing Education for...

Anesthesia Technologists Anesthesia Assistants Licensed Practical Nurses

Biomed Techs Registered Nurses

All Other Healthcare Workers Interested In This Topic



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"Take The Stress Out Of Testing"

OBJECTIVE OF COURSE:

To develop a two-day didactic seminar for anesthesia technicians and technologists focusing on preparation for certification testing.

Participants are provided with a study guide divided into 10 sections covering all areas of responsibility.

Depending on class size, groups will be broken up and must attend each segment in order to complete the study guide and obtain **c.e.u.** credits of **14 hours**. Provider Number is 3-0035-7-97004 (Expiration 7-1-97).

Testing after the program in a non-threatening environment develops confidence of job knowledge, allowing time for study and research where needed.

REGISTRATION FEE: \$175.00 (1995 only). Includes breaks and lunch.

Payable To: AIME, INC.

The first 10 to register may choose to have \$25.00 of Registration Fee applied toward individual's national or state membership.

Please check one only.
 State Membership National Membership

NOTE: Registration and payment must be received 10 days prior to seminar.

BENEFITS OF COURSE COMPLETION:

Attendee should:

1. Realize strengths and weaknesses in job responsibility.
2. Reinforce his/her knowledge in the needs of the anesthesia care provider.
3. Troubleshoot anesthesia equipment.
4. Determine stocking requirements.
5. Disassemble equipment to manufacturers' recommendation.
6. Provide disinfection and sterilization procedures in the O.R.
7. Review Physiology/Airway Management.
8. Assess monitoring techniques and O.R. etiquette.

This seminar is considered to be a preliminary course to be taken prior to certification testing.

SEMINAR SCHEDULES

(Confirmed as of this printing)

- JULY 29 & 30**
Cleveland, Ohio
In coordination with Stouges Anesthesia, Inc.
- AUGUST 19 & 20**
Nashville, Tennessee
In coordination with Standard Oxygen Services Inc. & The Assoc. of Anesthesia Technicians & Technologists of Tennessee
- AUGUST 26 & 27**
Ft. Lauderdale, Florida
In coordination with F.S.A.T.T. & Mercury Medical
- SEPTEMBER 23 & 24**
Pinehurst, North Carolina
In coordination with the N.C.S.A., N.C.A.T.T. & Blue Ridge Anesthesia
- SEPTEMBER 29 & 30**
St. Louis, Missouri
In coordination with Bell Medical
- OCTOBER 14 & 15**
Chicago, Illinois
In coordination with Doctors Oxygen Service, Inc.
- DECEMBER 2 & 3**
Gainesville, Florida
In coordination with F.S.A.T.T. & Mercury Medical

Other Sites With Dates and Locations To Be Determined Are:

Albuquerque, NM — Life-Support Systems
Syracuse, NY — De-Tec, Inc.
Massachusetts — Bay State Anesthesia
San Diego, CA — Gary Hull Anesthesia, Inc.
Dallas, TX — Anesthesia Service, Inc.
Oklahoma City, OK — Anesthesia Service, Inc.
Seattle, WA — Anesthesia Equipment Supply, Inc.

MAXIMUM PARTICIPATION IS REQUIRED TO BRING THIS PROGRAM TO AN AREA CLOSEST TO YOU. CONTACT YOUR LOCAL REPRESENTATIVE FROM THE ABOVE LISTED ANESTHESIA DEALERS FOR MORE INFORMATION, OR CALL:

A.I.M.E. INC. — VILMA YOUNG, Seminar Coordinator
765 Culvers Lane, New Haven, Kentucky 40051 ■ Phone/Fax 502-549-7046

COLORADO HOSTS SEMINARS

by Ann Martin, ASATT Region 5 Director

REGION 5 ANNUAL SEMINAR...

The Region 5 Second Annual Seminar was held Saturday, May 20 at the University of Colorado Health Sciences Center. Seventeen anesthesia technologists and technicians registered from six hospitals in the Denver, suburban, and Colorado Springs area. The morning consisted of lectures given by anesthesiologist, Dr. Bob Ackerman on rapid infusion devices which included hands-on experience. Dr. Faherty delivered an outstanding lecture on the technology of the new SvO₂ catheter. Barbara Hummel, RN, Infection Control Practitioner, lectured on universal precautions with a display of several different masks and signs used for different cases. Breaks were spent talking with vendors, viewing exhibits, and learning about new techniques and supplies. The vendor exhibits were open to all hospital employees. A special thanks to Baxter, Ohmeda/Hewlett-Packard, Bio-Medical Resources, Tri-Anim Health Services, Organon, Abbott Laboratories, Haemonetics, and King Systems for their exhibits and support.

The afternoon session was spent disassembling Ohmeda and Drager anesthesia machines as presented by Dr. Robert Phelps. Everyone left with the knowledge of how and why the anesthesia machine really works.

The door prize winners were Beverly Bertram, Memorial Hospital, Colorado Springs, and Deborah Bell, University of Colorado Health Sciences Center.

I would like to extend my thanks to the individuals at the University Hospital for their help and support that make this continuing education possible.

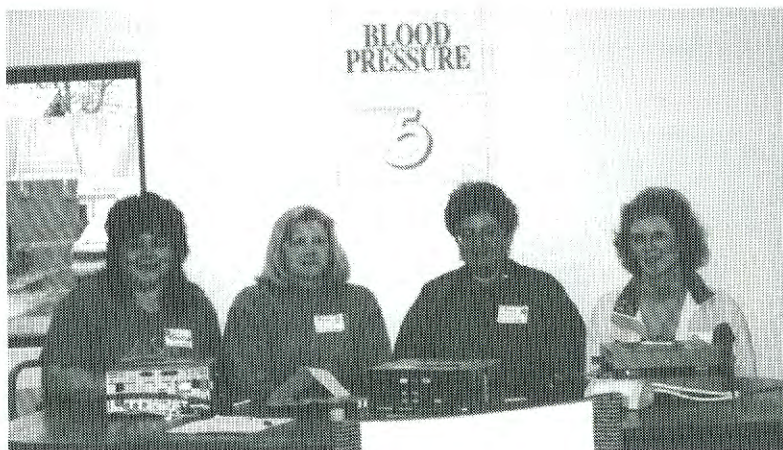
ASATT and CSATT members Teresa Chavez, CSATT President; Sue Falke, UCHSC; Mary Dameron, Fitzsimons Army M.C.; and Ann Martin, ASATT Region 5 Director help out their community by hosting a blood pressure booth at a Denver health fair sponsored by a local TV station.

...AND A SUCCESSFUL "CRASH 95"

The University of Colorado Department of Anesthesiology CRASH 95 for Anesthesia Technologists and Technicians featured four days of educational lectures, shared information, social functions, and great downhill and cross-country skiing. The session opened with a reception at the Radisson Hotel on Friday evening, March 3rd. There were 30 registrants representing 8 states: Colorado, Georgia, Kentucky, Missouri, North Carolina, Ohio, Washington, and Indiana.

This program was an educational tool to educate anesthesia technicians. The lectures were well received with questions and answers at the end of each session. The afternoon workshops and "hands-on" were a learning experience with the exchanging of information and improving of skills. The conference left us more knowledgeable and motivated to prepare ourselves in the next month for certification.

Thanks to Dr. Charles Gibbs, Professor and Chairman of the Department of Anesthesiology, his staff, Dr. Chris Mills, Dr. Mike Ochs, and all the staff for their support for allowing us to be part of this educational program.



ATTENTION ALL
YOU BUDDING
AUTHORS AND
PHOTOGRAPHERS

The Sensor would like to invite you to participate in our newsletter. We need writers of technical articles, regional society articles, and "View from..." articles. We also need photographs, especially in black and white. If you have an idea for an article, photograph, or any other journalistic talent you would like to share with your Society, please contact Dianne Holley at the address, phone, or fax listed on page 2.

REGIONAL ACTIVITIES...

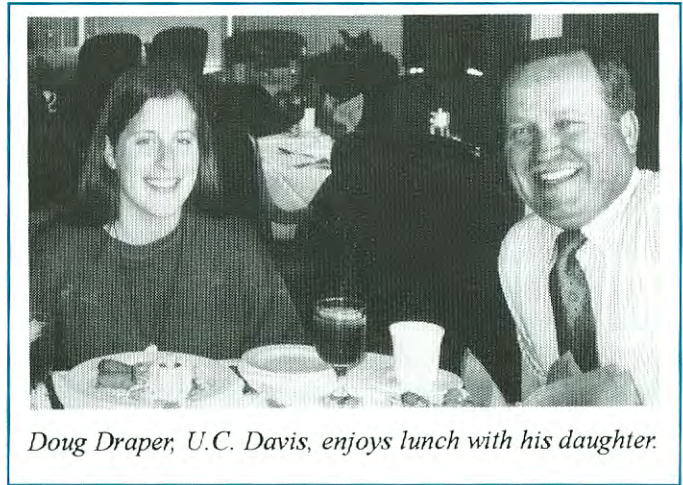
CAATT'S ANNUAL MEETING AT BEAUTIFUL MONTEREY CALIFORNIA...

by Mindy Bradley, CRTT, AT,
Stanford University Hospital

The California Association of Anesthesia Technologists and Technicians held its Eleventh Annual Meeting May 19-21, 1995 in beautiful Monterey, California. Ron Turner, CAATT President along with his officers deserve many "kudos" and credits for putting together an excellent program. The educational topics of discussion and training included "Perioperative Management of Intracranial Aneurysm," "Latex Allergies," "Transesophageal Echo Knobology," "You Show Me Yours (hospitals), I'll Show You Mine," "Breathing Circuits," "Endotracheal Tubes," "Anesthesia for Transplant Surgery," and "Trauma to the OR in 5 Minutes."

A delicious luncheon was provided by Ohmeda Pharmaceutical on the top floor of the Monterey Marriott Hotel. After listening to an interesting presentation on "Inhaled Anesthetics," and after having our "bellies filled," we all enjoyed a glorious view of Monterey Bay from atop the Marriott. In addition, Mr. Doug Draper of U.C. Davis Medical Center, Davis, California, treated us with an excellent overview on the history and development of The University of California Davis Medical Center.

Anesthesia technicians were seen spending their free time shopping in the many unique shops and stores on Cannery Row, or walking along the beautiful beaches of the Pacific Ocean, or driving to nearby Pebble Beach and Carmel and enjoying the

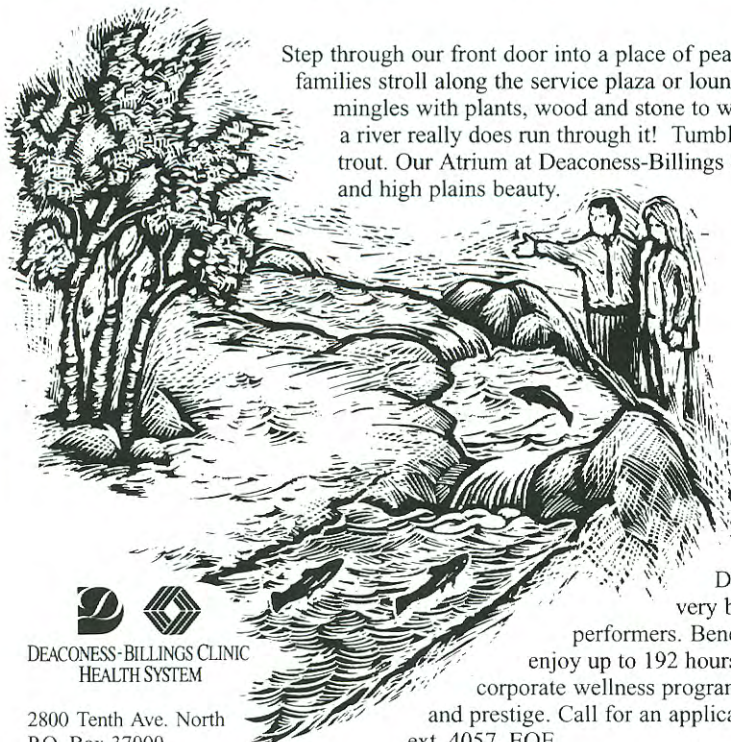


Doug Draper, U.C. Davis, enjoys lunch with his daughter.

antics of frisky seals along the shoreline. Naturally, we all enjoyed satisfying our hunger by visiting one of the many Italian or seafood restaurants in Monterey. After dinner, some of us went out to a club and danced all evening, and others took the quiet approach of just plain relaxing with friends.

Again, CAATT provided a most educational weekend with fun and friendship.

A RIVER RUNS THROUGH IT...



Step through our front door into a place of peace. As sunlight beams across the open lobby, patients and families stroll along the service plaza or lounge in comfortable sofas and chairs. Native Montana copper mingles with plants, wood and stone to wrap you in a calm, safe and healing environment. And yes . . . a river really does run through it! Tumbling water murmurs and splashes its way towards pools of live trout. Our Atrium at Deaconess-Billings Clinic Health System is a flawless blend of high technology and high plains beauty.

Anesthesia Tech Team Leader

We are currently recruiting for an Anesthesia Tech Team Leader to provide leadership and technical duties as well as vision and guidance for the future development of our Anesthesia Tech Program. This position is fulltime, day shifts, 5:30 AM - 2:00 PM and does not take call.

The Deaconess-Billings Clinic Health System includes a 279-bed regional acute care medical center with the only verified level 2 trauma center in Montana. Our OR performed its' 1st open heart surgery in 1972 and is currently doing everthing except transplants.

Deaconess-Billings Clinic Health System strives to hire the very best and offers a compensation package to satisfy the top performers. Benefits include medical, dental and vision insurance. You'll enjoy up to 192 hours of paid time off per year, educational assistance and a corporate wellness program. Reach for the ultimate combination of career, location and prestige. Call for an application package and free video today. Call 1-800-325-1774, ext. 4057. EOE



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A SPECIAL EVENT IN FLORIDA...

*by Vilma Young
Recipient of ASATT 1994 Jami Blue Award
New Haven, Kentucky*

The following is a report of a two-day Florida Seminar sponsored by FSATT and by Vilma Young, President, AIME, Inc., Alliance in Medical Education, New Haven, Kentucky.

"The South is Rising Again" . . . with that being the slogan for the 1995 programs of the Florida Society of Anesthesia Technicians and Technologists, we began with a state meeting and seminar on May 13, 14, in Orlando, Florida. What better place to meet, other than in Orlando? We were situated among happy vacationers experiencing the excitement of Disney World and of course, all of us were subject to the warm hospitality of "Southern Comfort."

Our seminar was held at the Travelodge, Lake Buena Vista, Orlando, with room-rates we could all afford. Given the luxurious and comfortable accommodations of the hotel, the next two days proved to be tremendously successful for Linda Cotton, FSATT President, and her entire staff who worked hard in organizing and conducting their first state meeting this year.

Twenty-two vendors were present at the seminar, including Drager, MicroSeptic, Ohmeda, Independent Med. Assoc., Abbott, Reganes, Organon, Zeneca, Innovative Med., Kings Systems, Burroughs-Wellcome, Mercury Medical, Braun, Vital Signs, Hudson RCI, Datex, and others. A wide range of excellent products and technical information in anesthesia technology was on display and available for our benefit. The participation of corporate sponsors and medical product suppliers was outstanding and greatly appreciated by all. In addition, a note of special thanks is in order for those vendors who jointly held a hospitality event for FSATT members Saturday evening, May 13. We thanked our hosts for a very special and enjoyable social event that evening.

At the start, one could review the list of speakers and topics and see that the seminar was going to be extremely interesting and successful because it offered education and training in many different areas of anesthesia technology. Ms. Judy Proctor, Director of Material Management, Monroe Regional Medical Center, spoke on "Where we are and where we are going" concerning the health care industry of today and the role of the anesthesia technician in evaluating and purchasing products and materials. It was an excellent presentation. Ms. B. J. "Britt" Schultz, CRNA, Fort Myers Health

Park, presented "Anesthesia Drug Groups" and "The Fundamentals and Physiology of Anesthesia Drugs." Her presentation came across extremely well because of her skill in conveying complicated subject matter logically and plainly. Mercury Medical put on a great in-house training program for Drager anesthesia machines, components, absorbers, ventilators, and required monitors, and it was followed by a question-answer



Vilma Young, President of Alliance in Medical Education., and one of the organizers of the Florida meeting, chats with one of the meeting's sponsors and exhibitors.

period of "What Do You Really Want to Know about Drager Machines?" Kurt Maltz and Carlo Broche of Ohmeda, presented a well-prepared and detailed program on A.S.T.M. standards. Mr. Jack Wagner, President, MicroAseptic International Corp., spoke on "Infection Control Practices in the O.R." Ms. Jeanne Coffey, CRNA, BSN, and President of the Kentucky Association of Nurse Anesthetists discussed "Intubation Techniques," "Airway Management," and "O.R. Protocol,"—a fine presentation given by a true professional.

I offer my thanks and appreciation to Linda Cotton and FSATT for the privilege to take part in the program and present "How We Came to be Here," "Defining Job Responsibilities," and "Preparation for Certification." Over the past years, I have been closely associated with anesthesia technicians and technologists and it was challenging and rewarding to be a part of their program.

From the opening address and formal introductions given by Linda Cotton and her staff, until the end of the two-day program, all went smooth as clockwork. At mealtimes, the food was superb. Luncheons were prepared and served by the hotel staff and it was not only pleasing to the eye, but also to one's palate.

Chris Patterson, ASATT President, fresh off the airplane from her trip to England as part of the ASATT contingent that attended the 50th Golden Anniversary of the British NATN and BAODA arrived in Florida with loads of photographs, Tee-shirts and other paraphernalia. She gave a special address to our group Sunday morning. Chris was as upbeat as usual while speaking on "Current Events Across the USA and Europe"

and "The Status on Certification for Technologists and Technicians." Chris also expressed her views on what we can expect as a Society in the future. Everyone appreciated Chris's presence, knowing that she was suffering from jet lag and could have just as easily continued on home instead of stopping over for the seminar.

Over the two-day program, approximately fifty-five anesthesia technicians stayed and attended both days of the seminar and of these, thirty registered for "Target 96" seminars to be held in Fort Lauderdale, August 26, 27, and in Gainesville, December 2, 3, 1995. This is a tremendous show of support by an enthusiastic audience that valued the true meaning of continued education in an ever-changing technological environment.

Alas, all good things must end and so it was with us. With a parting hug and a pat on the back for a job well done by all, we headed off into different directions leaving behind the fantasy of Disney World and began to prepare ourselves for the reality of another workweek ahead. I want to give a closing message of "Thank You Everyone" for your solid support of anesthesia technicians and technologists.

.....

THE SOUTH IS RISING AGAIN

Rising to meet the educational needs of Anesthesia Technicians, that is! The F.S.A.T.T. (Florida Society of Anesthesia Technicians and Technologists) has joined forces with Vilma Young, President of Alliance in Medical Education (AIME) to present to you a **TWO DAY WORKSHOP IN PREPARATION FOR ANESTHESIA CERTIFICATION**. Vilma is the latest recipient of the JAMI BLUE AWARD presented annually by the A.S.A.T.T. during the American Society of Anesthesia Technologists and Technicians national convention.

Currently the A.S.A.T.T. is in the process of working on testing procedures and requirements for anesthesia personnel. Vilma Young has designed an educational program especially for F.S.A.T.T. members in an effort to prepare them for testing. F.S.A.T.T. is taking an aggressive approach to becoming prepared. In doing so, we are offering this program to all Technicians (not just in Florida), Technologists, C.R.N.A.'s, Residents, LPN's, and anyone working in the anesthesia field.

DATES ARE: AUGUST 26 -27, 1995 - Fort Lauderdale, FL
DECEMBER 2 - 3, 1995 - Gainesville, FL

(The date for the third class to be held in North Florida will be announced.)

FOR MORE INFORMATION, CONTACT LINDA COTTON: President F.S.A.T.T., INC.
P.O. Box 142151
Gainesville, FL 32610
904-351-7343 or 904-347-8118

COME—TAKE PART IN A GREAT LEARNING EXPERIENCE, FLORIDA SUNSHINE, AND A WHOLE LOT OF SOUTHERN HOSPITALITY.

.....

ASATT ATTENDS THE 50TH GOLDEN ANNIVERSARY IN ENGLAND

by Ann Martin, ASATT Region 5 Director

The British Association of Operating Department Assistants, BAODA, held their 50th Golden Anniversary May 3, 4, 5, at Eastbourne, England. This was an extremely significant event for the physicians, anesthesia technicians, and operating department assistants of the United Kingdom. The British operating department support personnel first established their professional association in 1945 as the IOTT, the Institute of Operating Theatre Technicians.

Our Society was represented at this momentous occasion by Chris Patterson, ASATT President, Jerry Guttery, Vice President and his wife Joan, Ruth Ochoa, Treasurer and Region 7 Director, George Mann, Past President, and I. We started preparing for

of their 50th anniversary celebration at the Devere Cavendish Hotel. They assured us that the three-day conference and events to follow would be the biggest and grandest in the history of their profession. They were right. The jet lag began to take its toll on us as the evening passed by, so we didn't last too long but it was a wonderful, warm reception and we were impressed with the British hospitality and genuine friendship.

The following day, we made the necessary arrangements for the ASATT booth exhibit at the Devonshire Park Center. The Terumo Europe exhibit booth was directly behind ours and they were kind enough to allow us to use the back panels of their exhibit as a display board for our booth. It was an inconvenience for them, but they were generous and accommodating. We offer a special THANK YOU to Terumo Europe.

Some of the most inspiring exhibits were displayed at the Historical Exhibition from the Thackray Museum, the Science Museum, BOC, and Hospital Museum. The Exhibit consisted of historic slides, posters, anesthesia machines, OR equipment, vaporizers, BAODA memorabilia from 1945, and much more.

The unique and gala opening festivities began with Dr. John Ballance, BAODA President, and the Mayor of Eastbourne, Councillor Ron Parsons who offered warm greetings and welcome to all. The opening session traced the rich history of the BAODA from its origination to present day. In looking back over the past 50 years and viewing some struggles and accomplishments of our English counterparts, we couldn't help but see some similarities to our own Society's founding and progress over the past eight or so years. These wonderful lectures were given by Frank Pyke and Reg Elson, two of the BAODA's vice presidents. They were followed by Mr. John Butterworth, editor of

their medical journal, *The Technician*. He provided us with an update of the ODP and Day Surgery. The second session centered on the safe handling of medicine in the operating room and was most ably given by Geoff Sharman. Then a lecture on the safe custody of drugs was presented by Dr. John Ballance. A topic entitled, "Reward Strategies" was next by Stella Goddard and Bill Berry. They were very interesting lectures and we could see that their theories and procedures are similar in many ways to ours. We "soaked up" the information and learned from our British cousins.

At the end of the day, a cake-cutting ceremony was held in the exhibit hall. Mayor Parsons was the guest of honor and rightfully so. We all enjoyed his charming and pleasing personality and "down-to-earth" British wit. Later in the evening we listened to a great band and disco-danced at the Devere Cavendish Hotel.



Ruth Ochoa, Ann Martin, and Chris Patterson put ASATT's best foot forward at the BAODA exhibit hall, Eastbourne, England.

this trip last year by counting our pennies and setting aside extra money each month for the trip—it proved to be well worth every dollar spent. The BAODA helped to arrange excellent accommodations for us at reasonable cost.

After a ten and one-half hour flight on Monday morning, we found ourselves flying into Heathrow Airport and looking down upon the historical sights of London. A surge of adrenaline then hit and we were ready for a full day of adventure. Our first project was that of collecting our luggage and figuring out how we were going to get to Eastbourne situated some forty miles away. It was unanimous, by taxi! We eventually arrived in Eastbourne and checked into the quaint family-style Landdown Hotel, located right on the coast with beautiful, blooming flowers all around us and marvelous balmy, sunny weather.

That same Monday evening, the BAODA invited the U.S. delegation to a welcome reception and the "kickoff" for the start

We in the ASATT delegation were kept very busy promoting and advertising our Society. At our exhibit booth, we answered many questions about our roles in the U.S. as anesthesia technicians and technologists. Our British colleagues expressed keen interest in knowing about our workplace, our education and training, and the progress of our national certification program. It was a tremendous forum for exchanging information and ideas with the U.K. delegates.

We visited each of the exhibits sponsored by the many vendors present and compared the latest marketable equipment and supplies with those available in the U.S. Some of the newer equipment and supplies have not yet reached the U.S. although we have basically the same vendors in both countries. It was interesting to shop around and compare.

Thursday's educational sessions covered such subjects as, "Resuscitation for Pediatrics," "Equipment Needs for the 90's," "The History of Resuscitation," and "The Paramedic Experience." We weren't able to attend all classes but those that we did attend were very interesting and we engaged ourselves in giving and receiving "feedback" over a wide range of topics.

A superb luncheon by the BAODA was held for the U.S. delegation in the Devere Cavendish Hotel. It gave us an opportunity to not only socialize, but to learn more about the BAODA and gain valuable insight for the good of our own organization. Jenny Walker was present and we all enjoyed renewing our acquaintance with her and reminiscing over her visit to the ASATT Annual Meeting last October. After the luncheon, our company proceeded across the way toward the beautiful seashore where we held a picture-taking session. Then we were privileged to make the acquaintance of Dr. Joy Catlin.

She escorted us "up the hill" as the townspeople say, and we ended up at a fabulous viewpoint for the more than 4,000 acres of "downland," which lay before us. The scenery was beautiful. Upon our return, we attended classes on "Modern Trauma Management" and "Life Support at Sea." The day's evening events were composed of a swim party at the Sovereign Center, a calypso band, "Solid Steel," and great disco dance music.

Chairman Andy Burns presided at the Friday morning program. Dr. Gordon Jackson Rees, a former Resident Medical Officer and RAF Officer, now a Consultant at Alder Hey Children's Hospital, presented an excellent lecture entitled, "Then and Now." This was followed by another outstanding lecture on "Stress Management in the Operating Room Environment" by Ms. Vanessa Price and Carl Attwood, both celebrated members of the BAODA.

The final event was the 50th Anniversary Ball. Men dressed in tuxedos and women in formal ball gowns. It was a lovely sight. Each person at the Ball was announced by the "Town Crier" and proceeded through a reception line personally greeting the various dignitaries and Mayor Parsons. After a marvelous dinner, Dr. Ballance again introduced the dignitaries



Jenny Walker, BAODA delegate to the ASATT Seminar in San Francisco in October 1994, introduces Ann Martin, ASATT Director, to the British system of health care and anesthesia technology

and guests of honor and gave a brief background of each. Then special awards were given. Lorraine Sharpe won the "Sally Garner Award" sponsored by Ohmeda, because of her outstanding documented study of the Hartshell System for internal fixation of the spine. The winning candidate for the "Henley Award" was Lisa Cansdale. She submitted an excellent study and project on emergency care and initial responses. Later, we were entertained by The Hat Band, Andy Hamilton, and The Blue Note. It was a very enchanting evening thoroughly enjoyed by all. As the late hours came upon us, we said our good byes with the hope of seeing some of our friends from abroad at our next Annual Meeting in Atlanta, Georgia, October 21,22,23, 1995. Many reassured us that they would be there.

It was an outstanding conference by the BAODA and one not to be missed. The U.K. delegates continually showed us their friendship and made us feel completely welcome and at ease. A huge amount of interest was shown by them toward our Society.

Then we were off to explore London for two days!

A special greeting of thanks and appreciation to Dr. John Ballance and his colleagues of the BAODA for making our stay both memorable and educational.

support from our colleagues. Undoubtedly, several important state society projects were put on hold because the money destined to fund them was unselfishly diverted and donated to our national certification fund. These contributions are true sacrifices. For example, the Oregon State Society is relatively new, having been in existence for about eighteen-months. Obviously, a donation of \$500 from a newly-formed society exacts a toll on their treasury. The same holds true in other aspects for those contributions made from Florida and Washington. We offer our gratitude and sincere thanks to Presidents Linda Cotton, David Mastalski, Don Millbauer and the officers and members of FSATT, OAATT, and NSAT. THANK YOU FOR THE SUPPORT.

Besides previous acknowledgements, I take pleasure in honoring benefactors from the medical community:

Hudson Respiratory Care Inc., Temecula, California
Ms. Jeri E. Eiserman, Anesthesia Business Center Manager
\$500 Contribution

Datex Medical Instrumentation, Inc., Tewksbury, Mass.
Ms. Lori J. Cross, Vice President, Marketing and Product Development
\$1,000 Contribution

To Ms. Eiserman and Ms. Cross, we in the ASATT give you our sincerest regard and appreciation for your generosity and backing. All of us realize that funding is not always easily obtainable, no matter how worthy a cause may be. THANK YOU HUDSON RCI AND THANK YOU DATEX.

ASATT's 6th Annual Meeting in October: Mr. Jerry Guttery, ASATT's Vice President/President Elect, has put the final touches to the program he prepared for our 6th Annual Meeting and Seminar to be held at the Radisson Hotel, in Atlanta, Georgia on October 21, 22, 23. As a reminder, the ASA and ASATT exhibition booths will be on display October 23, 24, 25. Jerry has put forth many long, exhausting hours of work in scheduling and coordinating an excellent program for us. He has selected splendid educational topics and engaged a distinguished faculty. THANK YOU JERRY.

If you haven't already made preparations to attend, please start making them now. We need all of you there. The more who attend, the better we learn and grow. The invitation is open to members and nonmembers alike. As we stated earlier this year, an old adage cites "strength in numbers." We are now close to concluding our certification process. Your participation is needed at all events sponsored by either your state society or the ASATT. It is vital to our profession as anesthesia technicians and technologists.

A keynote speaker at our Annual Meeting is Dr. Andrew Falcone, our Project Director for Certification. He is scheduled to speak to the membership Monday, October 20. Should you desire to know exactly where we are and just how close we are to national certification, join us in Atlanta.

The ASATT Annual Board of Directors Meeting will be held Friday, October 20, at the Radisson, starting at 7:00AM. After the Board meeting, all state society presidents and their officers are invited to attend a 3:00PM business meeting with our Board to discuss business issues and other topics of mutual interest. From our perspective, this annual business meeting is extremely important. The Board of Directors and I are dedicated to a policy of unity and strong ties with all state societies. We need ideas, suggestions, and an exchange with officers from all societies. Our individual membership meetings are equally important. As in the past, we will continue to plan together as a united team of professionals with the best interests of our membership being our primary concern.

U.S. Delegation Visits England: The last two editions of our newsletter contained articles about the 50th Golden Anniversary of the British Association of Operating Department Assistants (BAODA). Several members of our Board, a Past-president, and I attended this wonderful celebration and excellent seminar. Our attendance generated a great deal of interest over the role of the anesthesia technician in the U.S. We were questioned about our responsibilities, our hospitals and workplaces, our OR facilities, our certification process, and many other areas of our work. Ms. Ann Martin, ASATT Region 5 Director, prepared a news article covering our trip and the momentous anniversary celebration by our British colleagues. Ann's article is in this edition of our newsletter and I am sure you will find it interesting.

On behalf of the ASATT Board of Directors and membership we offer our gratitude and appreciation to:

John H. W. Ballance, MD, President BAODA

The Honorable Mayor of Eastbourne, Councillor Ron Parsons
Mr. John Butterworth, Theatre Manager and Editor of the British Medical Journal, *Technic*

We were afforded extraordinary hospitality and made to feel at home in every conceivable manner. It was a wonderful, memorable experience. THANK YOU DR. BALLANCE, MAYOR PARSONS, AND MR. BUTTERWORTH, AND THANKS TO ALL OUR FRIENDS IN THE BAODA. As a footnote, Dr. Ballance and his colleagues will be meeting with us again at our Annual Meeting in Atlanta this October.

Another ASAT Society "Down Under": The Australasian Society of Anaesthesia Technicians (ASAT) has given us an open invitation to attend their Inaugural Conference and Trade Display on September 7-9, 1995, in Sydney, Australia. Region 5 Director, Ms. Ann Martin and I are setting aside money each week in our travel accounts and hope to make this trip in September. We thank the following officers of the ASAT for their kind invitation:

Mr. David Byatte, Chairman, Editor
Brisbane, Queensland

Ms. Julie Logan, Conference Coordinator
Brisbane, Queensland

If any of you are interested in attending this event, please contact me through our business management company, Accurate Management and Transcription Service, at 800-352-3575. Hope to see you there.

State Societies and Education: FSATT: It was my good fortune to have been in Florida two months ago. On May 13, 14, The Florida Society of Anesthesia Technicians and Technologists held their 6th Annual State Meeting at the Travelodge Disney Village, Orlando, Florida. President Linda Cotton and her officers deserve a commendation for organizing and directing a highly-professional educational seminar. The participation by members of the FSATT was exceptional. THANK YOU LINDA AND THANKS TO ALL FSATT MEMBERS. We hope to see our good Florida friends in Atlanta. It was a privilege to attend this fine seminar. A news article about this event is in this edition of our newsletter.

CAATT: The California Association of Anesthesia Technologists and Technicians held their 11th Annual Educational Meeting May 19, 20, 21 at Monterey, California. Again, I was privileged to be in attendance at an impressive seminar. As stated by CAATT President, Mr. Ron Turner, the California Society of Anesthesiologists deserves a special thank you and appreciation for their continued support and participation in CAATT's educational programs each year. It was a great seminar with excellent lectures and interesting topics. THANK YOU RON AND THANKS TO ALL CAATT MEMBERS. Ms. Mindy Bradley, CAATT Treasurer, submitted a fine article covering this seminar. It is in this edition of *The Sensor*.

USATT: The newly formed Utah Society of Anesthesia Technologists and Technicians will be holding their first statewide conference Saturday, August 12, at Park City, Utah. Mr. Jeff Mann, USATT President, and his officers have put together an excellent program. All are invited to attend. I appreciate my invitation and I will be there. A major part of their program is a training course entitled, "From Pre-Op through Post-Op." Jeff stated that this course will "walk" one through from start to finish. We urge all ASATT members and nonmembers in Region 6 to participate. A banquet will be held at the end of the day. Come join us and enjoy a fine program organized through the combined efforts of Jeff and his staff. Additional news of this event can be found in another section of this newsletter. THANK YOU JEFF AND THANKS TO OTHERS IN USATT FOR SACRIFICING TIME AND WORK FOR THE GOOD OF OUR COLLEAGUES.

PSATT: The Pennsylvania Society of Anesthesia of Anesthesia Technologists and Technicians conducted a state and regional all-day meeting in Pittsburgh May 20. We commend Ms. Vicki Carse and the officers and members of PSATT for putting on an excellent meeting. ASATT's Region 2 Director and Secretary, Ms. Wilma Frisco participated in the program and offered high praise for a well organized and profitable day of education. THANK YOU VICKI AND WILMA AND ALL PSATT PARTICIPANTS.

ISATT and ASATT: Ms. Sheila White, President of the Iowa Society of Anesthesia Technologists and Technicians and ASATT Interim Region 4 Director, is host to ASATT's Region 4 Annual Educational Seminar Saturday, July 22, at Mercy West Educational Center, Dubuque, Iowa. As is customary with Sheila, she has planned an excellent program with a faculty comprised of physicians, nurse anesthetists, and perfusionists. We urge those of you in Region 4 (WI, IL, MO, MN, ND, SD, and IA) to attend and support this program. These seminars take on even greater importance when one considers that national certification testing is drawing near. We urge you to continue to prepare yourselves with ongoing training and education. THANK YOU SHEILA AND THANKS TO OTHERS FOR HELPING YOU WITHOUT COMPENSATION.

The previous are only a small sampling of the many great educational programs currently going on around the country in various state societies. I am very proud to be associated with them and we offer our full support.

Appreciation for the Reading Material: Against the strong objections of our editor, we are expressing our appreciation to her in this newsletter by a short note of recognition and thanks for her tireless, uncompensated labor in our behalf. We appreciate having Ms. L. Dianne Holley, as the Editor of our newsletter. Dianne is also the President of the Texas Society of Anesthesia Technology (TSAT). As you can see, she is a very busy lady. She has donated countless hours of hard work in scouring over many news articles while doing the tedious job of editing. She does an excellent job in producing a quality product for us.

I would be remiss should I fail to mention our fine Associate Editor and President of the Oregon Association of Anesthesia Technologists and Technicians (OAATT), Mr. David Mastalski. Dave too, works long hours on *The Sensor* and authors an excellent article called "Open Forum." THANK YOU DIANNE AND DAVE.

Maretta Grandona, another fine writer and regular contributor to *The Sensor* has recently been honored by having her article reprinted in the *Journal* of the Respiratory Therapy Society of Ontario. Mike Vidic, Editor of the *Journal*, contacted *The Sensor* last spring and received permission to reprint Maretta's article "Anesthetic Procedure: Epidural and Spinal Block" and the corresponding "Technology Post-test" crossword puzzle that both of which appeared in *The Sensor* in January 1995.

A Final Remark: The Board of Directors and I thank each and every one of you for your membership and support. Many of you have consistently participated in our annual seminars and other related functions. You have prepared and submitted job analyses and reports both recently and a few years ago. You have offered ideas and suggestions of merit which have helped Our Society. We appreciate your efforts, your contributions, and your backing and I close by saying, "THANK YOU ALL VERY MUCH."

NEW MEMBERS...

ASATT would like to extend a warm welcome to the following new members who have joined ASATT from 3/7/95 to 6/15/95:

ACTIVE MEMBERS

Kimberly D. Anderson
Muscatine, IA

Dennis R. Arce
Lutz, FL

James D. Balint
Highland, NY

David N. Barger
Hudson, NC

Debbie T. Bates
Gastonia, NC

Andy Benko
Strongsville, OH

Donna A. Bolen
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Lori Ann Bova
East Haven, CT

Peggy H. Bulado
Asan, Guam

Shirley Cardwell
Hephzibah, GA

Ronald Chapman
Augusta, GA

Robert Cobianchi
Holiday, FL

Ruby Collins
Birmingham, AL

Irene M. DeLorenzo
Cicero, NY

Lucy R. Dickens
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Elaine Dunning
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Serena Gundy
Augusta, GA

Mark S. Hurley
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Kathleen Jackson
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Ted Karam
Massillon, OH

Kathleen A. Keiper
Stroudsburg, PA

Magdy A. Mahmoud
Katonah, NY

Diane L. Matla
Center Valley, PA

Julie Renee Menzel
Naperville, IL

Peggy J. Mills
Gloversville, SC

Joanne Mink
Menands, NY

Luzviminda Munoz
Chicago, IL

Mamie Murphy
Akron, OH

Mark A. Reynolds
Merritt Island, FL

Gail D. Robbins
Scotrun, PA

Barbara A. Schineller
Clearwater, FL

Brandy J. Sprowl
Rochester, NH

Tammy S. Strippel
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Pike Road, AL

Chris Urso
Edgewood, NM

James F. Walter
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Thomas P. Keon, M.D.
Philadelphia, PA

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Susan Frenz
Milwaukee, WI

Keith A. Payton
San Diego, CA

Vilma Young
New Haven, KY

INSTITUTIONAL

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Lebanon, NH

Greenville Memorial M. C.
Greenville, SC

Univ. of New Mexico
Albuquerque, NM

Western School of Health Careers
Pittsburgh, PA

IN REMEMBRANCE...

William (Bill) Johnson Died December 29, 1994

A friend, a coworker, a member of ASATT. William was employed at St. Vincent Hospital and Medical Center in Portland, Oregon. At the time of his death, he was Lead Anesthesia Tech for Cardiac Surgery. He was a person that you could always call on for help, and he was only 31. Bill will be missed by all.



Don't Forget!
Cast your vote in the
ASATT General Elections
and make yourself
HEARD!

Membership Application



(Please print clearly or type)

NAME: Last _____, First _____, M.I. _____

Home Address _____

City _____, State (Province) _____, zip (mail code) _____

Home phone () _____, May ASATT release your name to other members? Yes _____, No _____

Employer _____, Dept. _____, Job title _____

Address _____, e-mail address _____

City _____, State (Province) _____, zip (mail code) _____

Phone () _____, ext. _____, pager _____, fax () _____

Applicants signature here to be valid _____, Date _____

Please check your membership category listed below and send the correct amount of membership dues in U.S. currency.

- *Active: \$50. This category shall extend to anyone who works in a health care facility under the supervision of an anesthetist and functions in the capacity of technologist, technician, assistant, or aide. (U.S. members only.)
- *To authenticate that Active membership is the proper category, you are required to have your supervisor verify that you belong in this category by having his/her signature placed in the space provided below.

(Print your Supervisor's name and title here.) _____ (Supervisor's signature here for application to be valid.)

- **Individual: \$60. This category is open to anyone who has an interest in the anesthesia field.
- **Associate: \$60. This category shall extend to Anesthesiologists, C.R.N.A.'s, and Anesthetists.
- **Institutional: \$100. This category is open to academic, medical, hospital, philanthropic, scientific, governmental, or other nonprofit organizations with an interest in anesthesia technology.
- **Corporate: \$100. This category is open to businesses and other profit oriented organizations that manufacture, distribute, and provide services that otherwise have an interest in anesthesia technology.
- **Change of Address _____

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Date rec'd _____, Region _____, Mem# _____, Check# _____, Amt _____

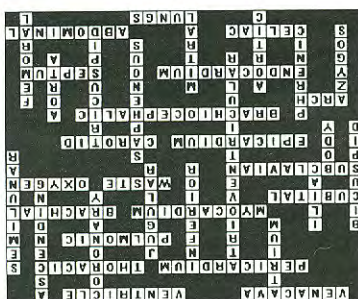
Comments:

REFERENCES for OPEN FORUM on page 4

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ANSWERS TO
PUZZLE:

(From page 9)



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Sizes: M, Lg, XLg, 2X, 3X

To order, send your name, address, shirt style, color, and size, plus a check in the total amount to ASATT, 9805 N.E. 116th St. #A183, Kirkland, WA 98034-4248. Allow 4-6 weeks for delivery.

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