

# THE **ACA** **M** **SENSOR**

October 1997

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

## PRESIDENT'S MESSAGE...



### WHAT A YEAR IT HAS BEEN....

by Ruth A. Ochoa, CerAT

It's hard to believe that it is October already. My year as your President is almost over. I hope that I have been able to accomplish some things that have benefited you, the members of ASATT. I would like to take this time to thank the Board of Directors for all their support. Without them I would not have been able to accomplish anything. Also, I would like to thank you, the members of ASATT for your support. I hope that I was able to live up to your expectations of me.

ASATT has come a long way since our beginning in 1989, but we still have a long way to go. Remember that this is your society, not the Board of Directors'. Your participation is needed to help the society grow. You can participate by volunteering to be on committees, running for Regional

Directorship (Regions 2, 4, and 6 will be up for election next summer), and voting in the elections— participation in the last election was very low. Remember it is not what ASATT can do for you, but what you can do for ASATT.

Sheila White, Ann Martin, and myself had the privilege to attend the AANA Conference in San Francisco on August 9 - 13. What a difference a year can make. Last year, we received many negative comments at the conference. This year, we had only a couple with most of the comments being in support of ASATT and its members.

Last month, Wilma Frisco and I toured the corporate offices of our new management company, Team Management, a division of SLACK, Inc. I can report that we were very impressed with the positive attitude of

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**ADVERTISING RATES:**

**Display Ads:** Announcements of products, services, employment opportunities, or educational programs relevant to the theory, maintenance, or application of anesthesia technology.

**Rates:**

Half-Page: \$200 per insertion  
Horizontal: 7 1/4" wide x 5" deep  
Vertical: 3 1/2" wide x 10" deep  
Quarter-Page: \$100 per insertion  
3 1/2" wide x 5" deep

[Camera-ready, mechanicals, one-color process.]

**Classified Ads:** Individuals seeking employment, or employers seeking candidates in anesthesia technical support.

**Rate:** \$8/line, 5-line minimum  
3 1/2" wide

[Times-Roman type, 12-pt, typeset by editors.]

**For further information, contact:**

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**Discount for current members: 25%**

**All funds derived from advertising support the ongoing education of anesthesia technicians and technologists.**

*(ASATT reserves the right to refuse advertising copy for any reason at any time.)*

**THE SENSOR: Quarterly Newsletter of the ASATT**

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*The opinions expressed herein are those of individual authors, and do not necessarily reflect the views or opinions of the ASATT.*

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All submissions pertinent to the objectives of the ASATT will be considered for publication. Preferred format: micro diskette, (PC or Mac), or email text file. Photographs, preferably black-&-white are also welcome and will be returned.

**Deadline for the next issue is November 15, 1997**

Printed on recycled paper



## 1996-97 ASATT OFFICERS:

*Sheila K. White, CerAT, Vice President/President-Elect*

*Wilma F. Frisco, CerAT, Secretary, Region 2 Director*

*Jerry S. Guttery, CerAT, Immediate Past President*



**Sheila K. White, Cer.A.T.  
Vice-President/President Elect**

Sheila became a member of ASATT in July, 1994. She attended her first ASATT Annual meeting in San Francisco, CA, that October. There was a vacant position for Region 4 Director available at that time, and she apprehensively inquired about it. That was the beginning of her involvement with ASATT. In these past few years, Sheila has constantly strived to fulfill the responsibilities and duties to which she was appointed. It has been an incredible experience and she looks forward to continuing her service as President-Elect.



Sheila has also worked to build the Iowa chapter of anesthesia technicians (ISATT) along with the help of several Iowa anesthesia technicians. She currently is serving as President of the ISATT and would like to find a way to energize the anesthesia technicians in Iowa to move this society forward. It has remained at a standstill for several years. She feels Iowa has a lot of potential and would like to see anesthesia technicians from across the state join forces and get involved.

Sheila has been employed at Mercy Health Center in Dubuque, Iowa for 12 years—ten of those years as an Anesthesia Technician. It is the most exciting, challenging job she has ever held. The opportunity for knowledge is unending, and she thinks highly of her Anesthesia care providers. They are very generous, willing to share their wisdom and offer financial support. They are very supportive of Sheila's involvement in ASATT.

Sheila is married to Steve, and has two wonderful children, Jessica, 19, and Stephen, 17.



**Wilma F. Frisco, Cer.A.T.  
Region 2 Director, Secretary**

Ms. Frisco has many years of training as an anesthesia technician and has been involved with the formal training of colleagues in the field since 1969 when she was employed as an anesthesia technician at Fort Sam Houston. She has a B.S. in Biology and was a school teacher for the State of

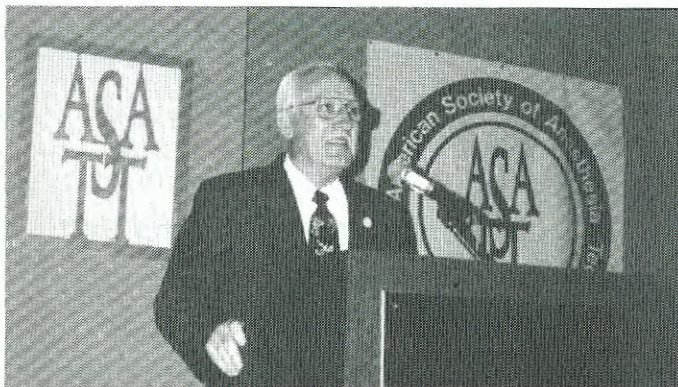
Washington. From 1979 - 1990 she worked for the Veterans Administration as the Chief Anesthesia Technician. Wilma was the founding president of the Ohio Society of Anesthesia Technicians and Technologists, where she continues to play an active role as State Director. Wilma was appointed Interim Region 2 Director of ASATT in 1993, and in 1996 was elected to that position. Wilma has been an extremely active Director and Board member, being appointed as ASATT Secretary in September, 1994. She continues to serve on many ASATT committees including: Executive, Election, Certification Testing, Nomination, Budget, and Continuing Education. Frankly, we wonder where she finds the time for activities outside of ASATT.

Wilma is also on the educational staff at her church school and is the founding president of Touches of Grace Ministry. Along with her husband, Johnny and son, Darius, Wilma also enjoys traveling. She also plays the organ and clarinet and enjoys photography and ceramics.

**Jerry S. Guttery, Cer.A.T.  
Immediate Past-President**

Mr. Guttery served as ASATT President from 1995-96, the initial year of ASATT National Certification. Previous to his presidency, Mr. Guttery served as ASATT Region 3 Director and was the President of the Florida state society. Jerry served on many committees with ASATT, including: Chair, Certification Testing, Budget, and Executive. He was also the Program Director for the ASATT 6th Annual Meeting in New Orleans in 1995. Jerry continues to take an active role in many facets of ASATT and acts as an advisor to the Board of Directors.

Having recently retired from many years of service as the Chief Anesthesia Technician and Executive Officer of Anesthesia Service with the VA Medical Center in Gainesville, Florida, Jerry is looking forward to spending time with his family at their cabin in the mountains of South Carolina.



# CRASH 98 TECHNICIAN PROGRAM

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CRASH 98 Technician Course Director

### Cindy Ackerman, C.C.P.

Clinical Profusionist

### Richard Allen, M.D.

Assistant Professor of Anesthesiology

### Michael Ochs, D.O.

Assistant Professor of Anesthesiology

### John Sedgeley

Marketing Representative, Olympus

### Ann Martin, Cer.A.T.

CRASH 98 Technician Course  
Assistant Director

### Robert Ackerman, M.D.

Assistant Professor of Anesthesiology

### Paul Baumgart

Marketing Manager, Ohmeda

### W. Clayton Petty, M.D.

Professor & Chief, Madigan Army Med. Ctr.

### Kenneth Swank, M.D.

Senior Instructor of Anesthesiology

## PROGRAM

### SATURDAY - FEBRUARY 28, 1998

- 6:30-7:00 Registration  
6:30-7:00 View Exhibits; Continental Breakfast  
7:00-7:50 Induction of Anesthesia  
Michael Ochs, D.O.  
7:50-8:40 Principles of Operations and Preventive  
Maintenance of Vaporizers  
W. Clayton Petty, M.D.  
8:40-9:30 Anesthesia Equipment: Troubleshooting  
W. Clayton Petty, M.D.  
Paul Baumgart  
9:30 View Exhibits; Recess  
3:30-4:30 View Exhibits; Refreshments  
4:30-5:45 WORKSHOPS  
A: Autotransfusion: Methods and  
Operation  
Robert Ackerman, M.D.  
Cindy Ackerman, C.C.P.  
B: Hemodynamic Monitoring  
Howard Miller, M.D.  
Kenneth Swank, M.D.  
5:45-7:00 Repeat Workshops A and B

### SUNDAY - MARCH 1, 1998

- 6:30-7:00 View Exhibits; Continental Breakfast  
7:00-7:50 Preventing Hypothermia  
Howard Miller, M.D.

- 7:50-8:40 Intravenous Fluids I: Crystalloids and  
Colloids  
Kenneth Swank, M.D.  
8:40-9:30 Intravenous Fluids II: Blood Products  
Robert Ackerman, M.D.  
9:30-10:00 ASATT Update  
Ann Martin, Cer.A.T.  
10:00 View Exhibits; Recess  
3:30-4:30 View Exhibits; Refreshments  
4:30-5:45 WORKSHOPS  
A: Fiberoptic Intubation  
Michael Ochs, D.O.  
Howard Miller, M.D.  
John Sedgeley  
B: Positioning for Surgery  
Richard Allen, M.D.  
Ann Martin, Cer.A.T.  
5:45-7:00 Repeat Workshops A and B

### MONDAY - MARCH 2, 1998

- 6:30-7:00 View Exhibits; Continental Breakfast  
7:00-7:50 Basic Cardiovascular Physiology  
Richard Allen, M.D.  
7:50-8:40 Carbon Dioxide Absorption  
W. Clayton Petty, M.D.  
8:40-9:30 Sample Questions and Answers  
Howard Miller, M.D.  
Richard Allen, M.D.  
9:30 Adjourn until February 27, 1999

Vail, Colorado

February 28 - March 2

Contact Phyllis Tuller - Course Coordinator - 303-372-6301

## OPEN FORUM...

by David G. Mastalski, CerAT  
ASATT Region 7 Director, SENSOR Associate Editor  
Chief Technician, VA Medical Center, Portland, Oregon

The intent of this page is to provide an "Open Forum" for ASATT members or anyone with an interest in anesthesia technology to exchange information and ideas.

Dear OPEN FORUM:

Can you please provide me with some guidelines / information on disinfecting and or cleaning our anesthesia equipment. I am especially concerned about our anesthesia machines regarding patients infected with TB, Hepatitis and HIV. I would appreciate any information you can provide.

J. Sellers, Cer.A.T.  
Cincinnati, OH

The general thoughts regarding taking precautions for potentially infected patients and anesthesia equipment is that you should consider all patients potentially infected and practice universal precautions at all times. Most anesthesia equipment is exposed to potentially infectious material during ordinary use. Equipment may become contaminated through direct contact with the patient's skin, mucous membranes, secretions and blood. The interior of the breathing circuit may become contaminated through contact with respiratory secretions. Contamination may also occur through contact with health care workers, splashes/spillage from the surgical field, improper handling of used equipment or breaks in infection control techniques. Although documented transmission of infection through anesthesia equipment is rare, if proper procedures are not followed, it is possible for contaminated anesthesia equipment to transmit infection to patients.

The American Society of Anesthesiology (ASA) recommends equipment that does not ordinarily touch the patient or touches only intact skin should be cleaned with a detergent or disinfectant at the end of the day and whenever visibly contaminated. This equipment includes cables, stethoscopes, ECG electrode wires, skin temperature sensors, head straps, fluid warmers, the exteriors of the anesthesia machine, monitoring equipment and equipment carts. This should be a minimum requirement at your facility. Some facilities perform equipment cleaning/disinfection between each anesthetic case.

Further, the ASA states that "routine sterilization/disinfection of the interior of the anesthesia machine is not necessary or reasonably feasible." Unidirectional valves and carbon dioxide absorber chambers should be cleaned and disinfected during routine changing of absorbent. Manufacturers' recommendations should always be followed in cleaning and disinfecting anesthesia machines. Routine bacterial culture monitoring of the interior of the anesthesia machine is not indicated. The ASA continues "there is insufficient outcome data to support the rou-

tine use of bacterial filters for breathing circuits or anesthesia ventilators at this time."

Finally, anesthesia ventilator tubing and bellows should be cleaned and disinfected at regular intervals. In contrast to respiratory therapy equipment, anesthesia ventilators are thought to represent a low risk for infection transmission and need not undergo cleaning and disinfection following each use.

References:

1. Favaro MS. Principals of sterilization and disinfection. Anesthesiology Clinics of North America 1989; 7:941
2. Garner JS, Favaro MS. CDC guideline for the prevention and control of nosocomial infections: Guidelines for handwashing and hospital environmental control. Am J Infect Control 1986; 14:110
3. American Society of Anesthesiologists: Recommendations for infection control for the practice of anesthesiology. 1994; 2-3

DID YOU KNOW....?

Web Sites of Interest:

The new ASATT web site is under construction and will be up and running soon.

It promises to be state-of-the-art with interactive links, and much more....

Also new, is the Anesthesia Employment Resource, GasWork: <http://www.gaswork.com>

The American Association of Nurse Anesthetists: <http://www.aana.com>

The American Society of Anesthesiologists: <http://www.asahq.org/>

Tech Talk Discussion Board: [TechTalk@anaes.sickkids.on.ca](mailto:TechTalk@anaes.sickkids.on.ca)

All questions and "Did You Know..." ideas may be addressed to:

ASATT SENSOR OPEN FORUM  
Attn: Dave Mastalski, Cer.A.T., Associate Editor  
2000 L Street NW Suite 200  
Washington, DC 20036

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

## LATEX ALLERGY

by Linda Bewley, CerAT

President, Oregon Association of Anesthesia Technologists and Technicians  
Providence St. Vincent Medical Center

*(Editor's note: Most anesthesia techs are aware of the lengths to which we go to prevent a latex reaction in the OR. Few, however, have ever have witnessed an actual case of anaphylaxis brought on by latex sensitivity. If latex-induced anaphylaxis occurs in the OR, a patient's life is in immediate danger, and (s)he may require invasive pressure lines (Art and CVP), epinephrine or other cardiac resuscitative drugs, emergency intubation, and/or the OR "crash" cart. Obviously, prevention of anaphylaxis is of utmost importance.)*

Every year, a large number of patients with Latex Allergy present for surgery. The increase is especially prominent among health-care professionals. This may be attributed to the increased use of latex gloves associated with mandated universal precautions for blood/body fluid exposure. Prevention of allergic/anaphylactic reactions that are associated with latex will reduce morbidity and mortality. It is felt that a reduction in the exposure to latex allergens, not prophylaxis is the cornerstone for success when caring for these patients. There are numerous reports in the literature of patients experiencing anaphylaxis despite regimens of prophylactic treatment. In these studies, and in practice, it is impossible to entirely eliminate latex exposure. Thus, the goal is to create a latex-safe environment, one in which the presence of latex antigens is minimized.

### DEFINITION

The incidence of latex allergy has become recognized as a significant problem for the general community and some health-care workers. One of the reasons for the increase of allergy to this product is increased contact or airborne exposure of the population to natural rubber latex products. Reactions range from sensitivity demonstrated by contact dermatitis, to life-threatening anaphylaxis.

### SYMPTOMS ARE CHARACTERIZED

1. Non-allergic or irritant contact dermatitis: red, burning, itching skin that stops at the boundary of product exposure. Skin may be dry, cracked, or thickened.
2. Allergic contact dermatitis or delayed-type hypersensitivity: small clustered bumps, vesicles, itching, redness, or pain that may extend beyond boundary of product exposure. Skin may be dry, cracked, or thickened.
3. Urticaria or immediate-type of hypersensitivity: hives, swelling, watery eyes, runny nose, difficulty breathing, abdominal cramps, dizziness, low blood pressure, rapid heart rate, anaphylactic shock. This is life-threatening. Persons with these symptoms should be prepared for a possible anaphylactic emergency.

### FOLLOWING POPULATIONS HAVE INCREASED RISK FOR LATEX SENSITIVITY

1. Healthcare providers who use gloves as personal protective equipment.
2. Persons with spinal cord injuries or myelodysplasia (e.g. spina bifida).
3. Persons who require frequent use of latex catheters.
4. Persons who have had multiple surgical procedures.
5. Persons with multiple allergies (especially to fruits such as bananas and avocados) and asthma.
6. Persons with a history of any local reaction (urticaria) or a contact dermatitis to latex.

### GUIDELINES FOR THE CARE OF THE LATEX-SENSITIVE PATIENT:

1. Ask patient about latex, elastics, rubber, gloves, and tape allergies with the first clinical interaction.
2. Notify appropriate personnel of patient's stated hypersensitivity or allergy to latex.
3. Schedule patients with "Latex Allergy" as the first case of the day.
4. All doors to the patient's room should have "Latex Sensitive" signs posted.
5. The patient stretcher should be labeled with a "latex sensitive" sign.
6. Caregivers should wear non-latex gloves.
7. Department caregivers should avoid the use of any product containing latex.

### AVOID PATIENT CONTACT WITH LATEX-CONTAINING PRODUCTS

1. Caregivers should wear non-latex gloves.
2. IV related items should be non-latex.
  - a. Avoid puncturing the latex port of the IV fluid bag.
  - b. Cover IV tubing and bag ports with tape so they are not used.
  - c. Use stopcocks or other non-latex needless access systems as IV access ports.
3. Use "latex-free" tourniquets.

4. Provide "reduced-latex" medication administration by removing the stopper from NEW multi- and single dose vials to withdraw medication.
5. Avoid using premixed medication.
6. Use "Latex-free" syringes.
7. Protect the patient's skin with a non-latex wrap (e.g. webril) when applying blood pressure cuffs or other items containing latex.
8. Avoid using powdered gloves since glove powder is aerosolized when gloves are removed.
9. Maintain and make use of a "latex status" masterlist of common items used in direct contact with patients. This list should include whether each item contains latex, and offer possible substitutions when the item does contain latex.

## SUMMARY

Latex Allergy is a significant, life-threatening condition, which is increasing in incidence. It is imperative that latex be recognized as a possible cause of anaphylaxis, and that those of us in the medical community be aware of the potential for serious allergy-related events and how to prevent them. Efforts should be directed toward decreasing the exposure of those individuals known to be at risk to the sensitization potential of latex.

## NCSAT JOB "HOTLINE"

The North Carolina Society of Anesthesia Technicians has started a nationwide job referral service for anesthesia technicians looking for employment and hospitals with positions to fill.

A technician seeking a change of employment should send his/her name, address, phone numbers, fax number, and the city or state in which one desires employment. Hospitals should send job opening information and the name of a contact person. NCSAT is asking that technicians send in a one-time-only fee of \$5 to help defray costs. Hospitals can register at no charge.

Hospitals can fax their job listings to (919) 966-4873, ATTN Gail Walker.

Technicians can mail their applications and a check made out to NCSAT to:

Gail Walker, NCSAT President  
2156 E. Greensboro Chapel Hill Rd  
Graham, NC 27253  
Phone: (919) 966-5136[W] or  
(910) 376-0327[H].

## THE TECHNICIAN AND SAFETY PRECAUTIONS

by Klaus O. Becker, RRT, President  
BME Service, Inc

*The following was presented at the 7th Annual Meeting of ASATT in New Orleans, LA, October 20, 1996. It is being reprinted upon request.*

Safety awareness should be a constant companion to all of us. This is particularly true for individuals who are serving the public. It is even more important, when those we serve are sick and depend on the skill, experience, compassion and thoughtfulness of others. This does include every one of us who is directly or indirectly involved in healthcare.

Safety is not only important relative to the patient, but also to our co-workers and ourselves. The concern for safety must never be just a momentary occurrence, which one should remember when a specific procedure is performed, it should be a state of mind and must never be limited to only one area or subject.

There are 3 major safety aspects concerning especially the anesthesia equipment:

1. product identification
2. aseptic practice
3. equipment performance

Of course, there are many other important tasks which require utmost caution, but the 3 points mentioned above are probably taking up most of the technician's time, as well as requiring the greatest attention.

RULE: Whatever you do, use common sense.

### So what is meant by product identification?

Very easy. Always read the label or labels. Never identify a product only by its color, (e.g. cylinder color of medical gases). When filling a vaporizer, make certain that vaporizer, filling device, and anesthetic agent are of the same type. Extreme caution must be taken, when draining a vaporizer. If the vaporizer does not have a key index fill and drain system, it is possible to drain the anesthetic agent into the wrong bottle. That also means, that extreme caution must be used, when filling a vaporizer from an open bottle.

The same caution must be exercised when changing cylinders, mixing drugs, setting up I.V.'s, etc.

RULE: Whatever you do, always complete the job, before you start something else.

**The second point is Infection Control.** This cannot be explained in a few words. Many books have been written about this subject. But a few important points should be mentioned:

Always wear protective gear, (gloves, mask, gown), when cleaning equipment. Bacteria can survive in a dormant state. Dry blood or secretions will contain bacteria, which become alive when moisturized.

Wash and thoroughly dry hoses, bags, ventilator bellows, valves, etc. Any area which contains moisture, is a breeding ground for microorganisms. Nosocomial infection is one of the greatest dangers to the postsurgical patient.

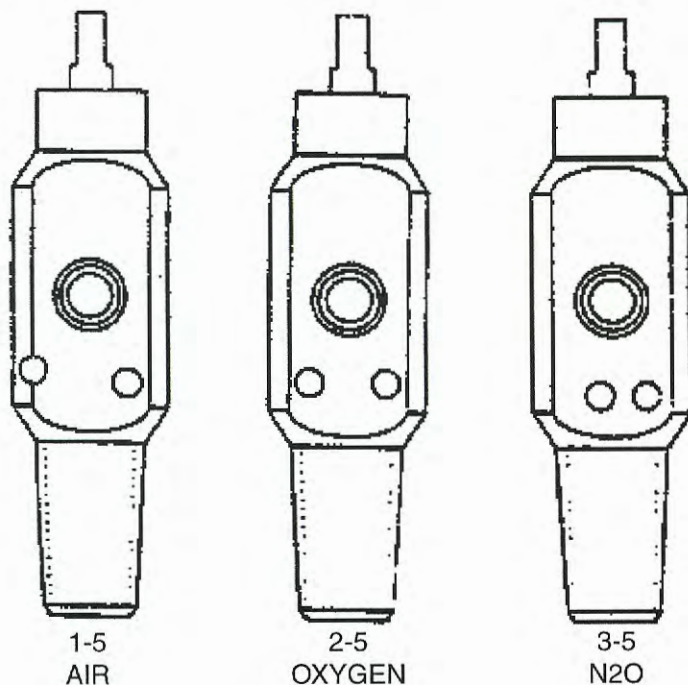
Cross-contamination is often the result of poor aseptic practice and could be avoided in most instances. Think of yourself as a carrier of organisms. Don't take bacteria from the hospital home to your family. Thoroughly wash your hands, shower and change clothes before you leave the hospital.

**RULE:** Thoroughly clean equipment and always wash your hands.

**The most important point is the proper and safe performance of the equipment.**

The anesthesia workstation is probably the most complex piece of equipment in the entire hospital. It combines mechanical, pneumatic, electric, and electronic devices. The pneumatic system allows for the administration of medical gases, of which oxygen is the only one which supports life. If the oxygen system fails, the patient's life is in jeopardy.

Check the oxygen supply. Is the central piping system functional? Are the E-cylinders on the anesthesia machine full? When



**FIGURE 1:** Position of tank pins in the Pin Index Safety System.

were the nitrous oxide cylinders weighed? Was the Pin Index Safety System checked recently? (See Figure 1) It will be possible to connect an N<sub>2</sub>O or air cylinder to an oxygen yoke with a missing No 2 pin.

Also check the vaporizer exclusion system. It should operate smoothly and allow for only one vaporizer to be turned on. Check all 3 vapor exclusions, but do not make any adjustments to the system unless you are trained to do so.

Check the proper function of the unidirectional valves (inspiratory and expiratory valves). If a disk is broken or missing, replace it with an original disk from the manufacturer. **UNDER NO CIRCUMSTANCES TRY TO CUT A DISK OUT OF X-RAY FILM OR OTHER PLASTIC MATERIAL.**

An improperly functioning unidirectional valve can be detrimental to the patient.

Adjust the waste gas system. Open reservoir scavengers are easy to adjust, by simply regulating the vacuum so the float in the flowmeter floats between the 2 indicator lines.

Scavenger interfaces for central vacuum systems are more difficult to adjust. The vacuum should be set in such manner, that the reservoir bag never collapses during inspiration or overinflates completely during exhalation. Although, relief valves will compensate for overinflation and underinflation, the system should be checked periodically. Requirements for vacuum usage in the hospital change during the day and will effect the adjustments of the scavenger vacuum system.

**IMPROPERLY ADJUSTED WASTE GAS SCAVENGE SYSTEMS WILL INCREASE THE TRACE GAS LEVELS IN THE OPERATING ROOM.**

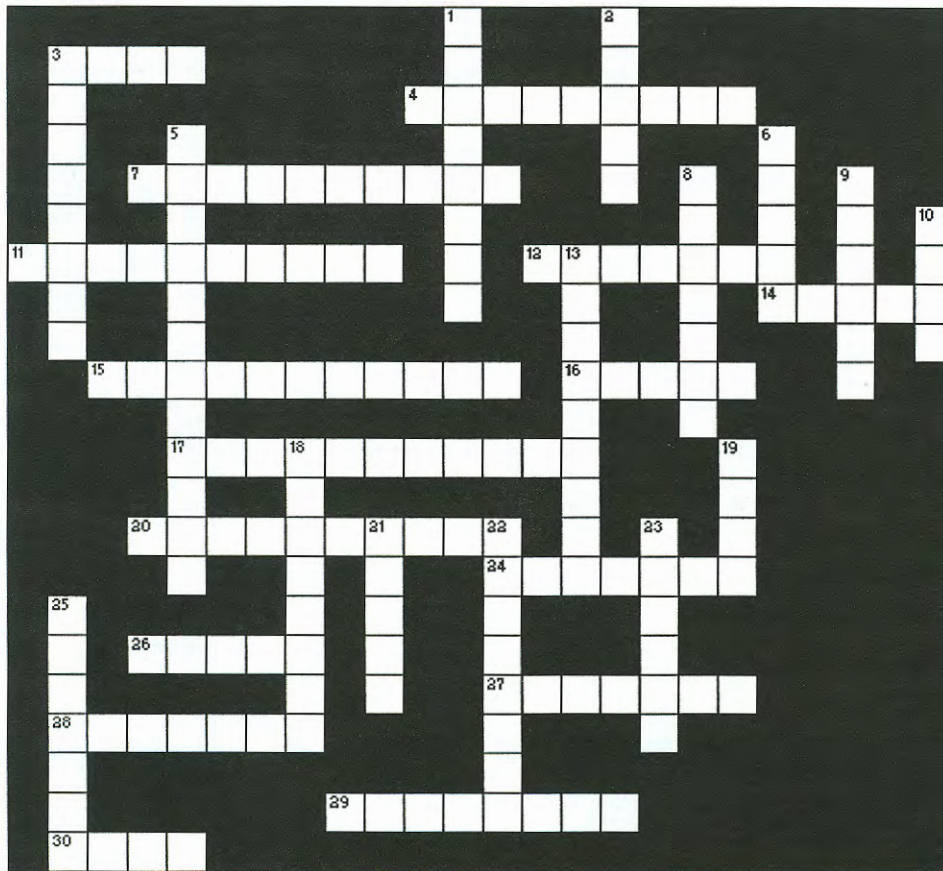
Check all sensors and batteries to avoid their failure or depletion during anesthesia. Follow the pre-use test procedure as recommended by the manufacturer or which is common practice in your hospital. Indicate which procedure you use.

After all adjustments are made and the anesthesia workstation is ready for use, **ALWAYS** push the flush button for a couple of seconds. This will remove all gases and anesthetic agents from the patient's breathing system, which inadvertently entered they system while adjustments were made and the equipment was checked. There should **NEVER** be any traces of gases or agents from testing or the previous procedure left in the breathing system. By flushing the system, not only impurities are removed, but the next patient will receive pure oxygen with his first breath.

**RULE:** Before leaving the anesthesia workstation, activate the oxygen flush.

There are many more safety precautions to be taken, which cannot be mentioned here. However, if common sense is being used, most problems can and will be avoided.





## SCIENCE AND TECHNOLOGY POST TEST: Infection Control, Latex Allergy, Safety Precautions

Use this crossword puzzle to test your knowledge on the "Science and Technology ..." articles on pages 5-8. Puzzle answers can be found on page 19 of [this](#) issue.

### Across

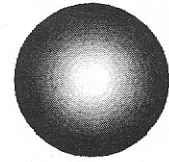
- 3 Persons with spinal \_\_\_ injuries are at increased risk for latex sensitivity.
- 4 \_\_\_ precautions means treating all patients as if they have potentially infectious blood and body fluids.
- 7 \_\_\_ infection is one of the greatest dangers to the postsurgical patient.
- 11 \_\_\_ professionals are at increased risk of developing latex allergy.
- 12 The anesthesia ventilator tubing and \_\_\_ should be disinfected regularly.
- 14 An immediate type of hypersensitivity.
- 15 \_\_\_ or other cardiac drugs may be required during anaphylaxis.
- 16 Identify a product by its \_\_\_, not its color.
- 17 Life-threatening allergic reaction.
- 20 Respiratory \_\_\_ can contaminate the interior of a breathing circuit.
- 24 A symptom of latex sensitivity can be \_\_\_ dermatitis.
- 26 Persons who require frequent \_\_\_ catheters are at increased risk for developing latex allergy.
- 27 Cross-contamination is often the result of poor \_\_\_ practice.
- 28 \_\_\_ hypersensitivity is a moderate symptom of latex allergy.
- 29 Avoid using \_\_\_ gloves with latex allergy patients.
- 30 Cover IV tubing ports with \_\_\_ so they are not used with a latex allergy patient.

### Down

- 1 Caregivers should use \_\_\_ gloves with latex allergy patients.
- 2 A latex allergy patient should be the \_\_\_ scheduled case of the day.
- 3 Always \_\_\_ the job, before you start something else.
- 5 Equipment that only touches intact skin should be cleaned at the end of the day or whenever visibly \_\_\_.
- 6 Before leaving the anesthesia machine, always push the oxygen \_\_\_.
- 8 Before drawing up medications for a latex allergy patient, remove the \_\_\_ from new vials.
- 9 Use of latex \_\_\_ in hospitals has increased the incidence of latex allergy.
- 10 Always \_\_\_ your hands to avoid cross-contamination.
- 13 The vaporizer \_\_\_ system allows only one vaporizer at a time to turn on.
- 18 Avoid using \_\_\_ medications with latex allergy patients.
- 19 Avoid puncturing the latex \_\_\_ of a IV for a latex allergy patient.
- 21 A key \_\_\_ fill and drain system on a vaporizer helps prevent accidentally mixing agents.
- 22 Improperly adjusted waste gas \_\_\_ systems will increase the trace gas levels in the operating room.
- 23 The Pin Index \_\_\_ System can be accidentally negated if a pin is broken.
- 25 \_\_\_ identification is a major safety concern of the anesthesia technician.



American Society of Anesthesia Technologists and Technicians



# The Education Horizon is Yours

*The Education Horizon is Yours*

**1997**

**8th Annual Meeting  
and  
Educational Seminar**

**October 17-19, 1997  
Friday-Sunday**

**Radisson Hotel  
1433 Camino del Rio South  
San Diego, CA 92108**



*Free admission to the ASA Exhibit Hall for all ASATT Meeting Registrants.*

**ASA Exhibit Hall dates: October 19-21, 1997  
(opens at noon 10/19)**

## COURSE OBJECTIVES

At the conclusion of this 2<sup>o</sup> day educational seminar, the participants should have acquired an enhanced knowledge of:

- essentials and fundamentals of pharmacology and drug calculations.
- minimally invasive cardiopulmonary bypass techniques and the subsequent monitoring implications and complications associated with this procedure.
- right heart functions and understanding techniques and complications of right heart catheterization.
- intraoperative transesophageal echo (TEE) techniques and applications in the surgical patient.
- gas pressure diffusion, oxygen and carbon dioxide transport and acid-base balance essential for the interpretation of blood gases.
- identifying potential positioning problems to ensure the safety of adult and pediatric patients from positioning injuries.
- an overview of VRE and its effect on the patient.
- identifying issues involved in quality control and quality assurance of blood recovery (cell saving) during surgical procedures.
- dermal response signs and symptoms associated with latex sensitivity/allergy and how it affects patients and health care providers.
- the Anesthesia Technicians' role in identifying and solving potential anesthesia gas machine problems.
- understanding how recall/awareness can remain intact in the anesthetized patient and the importance of appropriate conversation/behavior in the OR.
- pediatric anesthesia and special preparation for: airway management, vascular and fluid administration, monitoring, and regional anesthesia.
- improving your professional life through continuing education opportunities, involvement in your state and/or national societies, and various other topics.

This seminar will offer a maximum of 13 CE/CH approved by ASATT.

ASATT is a member of  
NOCA

National Organization for Competency Assurance.

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Chandler Medical Center, Chandler, Arizona  
ASATT Region 6 Director

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### **Andrea M. Williams, Cer.A.T.**

Director, Anesthesia Technologists Program  
Western School of Health and Business Careers  
Pittsburgh, PA

**REGISTRATION**  
**8th Annual Educational Program**  
**Radisson Hotel-San Diego, California**  
**October 17-19, 1997**

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer/Affiliate \_\_\_\_\_  
Title \_\_\_\_\_ Department \_\_\_\_\_  
Business Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ FAX \_\_\_\_\_

**FEES**

**Registration fee deadline is September 12, 1997: After September 12, 1997:**

- A.  \$200.00 for ASATT Members  
B.  \$250.00 for Non-Members  
C.  \$250.00 for ASATT Members  
D.  \$300.00 for Non-Members

**Membership No.** \_\_\_\_\_ **Total Amount Enclosed \$** \_\_\_\_\_

Make check payable to: ASATT. (Check drawn on a U.S. bank in U.S. funds only.)

*Registration fee includes tuition, course materials, coffee breaks, lunches, receptions, ASATT Certificate of Attendance and exhibits.*

**ID BADGE**

*Please complete as you would like your name tags to read.*

*(Please print)*

Name _____	Title _____	Spouse/Guest <sup>†</sup>	Name _____
Employer/Affiliate _____		Spouse/Guest of: _____	
City _____	State _____	City _____	State _____

<sup>†</sup> Guest registration fee \$8.00. (This name tag will not admit the spouse/guest to lunches.)

**HOTEL INFORMATION**

A block of rooms has been reserved for ASATT registrants: **\$95.00 single/double occupancy.** Accommodations should be made directly with the Radisson Hotel in San Diego. Reservations may be made by calling **(619) 260-0111**. Rooms are on a first come basis. **Deadline to reserve rooms at the group rate is September 15, 1997.** A round trip shuttle bus will be provided by the Radisson Hotel to the ASATT exhibit hall on Sunday afternoon (times TBA). There are several other inexpensive modes of transportation.

**MAIL REGISTRATION FEE\* TO:**

ASATT  
Registration Manager  
P.O. Box 510  
Thorofare, NJ 08086-0510  
Phone (609) 853-9382  
FAX (609) 251-0278

**HOTEL RESERVATIONS**

Radisson Hotel  
1433 Camino del Rio South  
San Diego, CA 92108  
Phone (619) 260-0111  
FAX (619) 497-0813

\* A \$20.00 fee will be assessed for all returned checks.

Refund requests must be in writing and received before September 12, 1997 and a service fee of \$20.00 will be retained.

**For more information, call the ASATT office at (609) 853-9382**

Reminder: Make a copy for future reference.

**1997 ASATT Election Results:** The following are the final election results for the ASATT 1997 Election:

Vice President/President-Elect

Chris Patterson: 78 votes  
John Spaulding: 50 votes

Region 3 Director (ran unopposed)

Gail Walker: 18 votes

Region 7 Director

Dave Mastalski: 17 votes  
Linda Bewley: 3 votes

Region 1 and 5 Directors will be appointed by the President.

**Associate Editor Resigns:** Dave Mastalski, Region 7 Director, and Associate Editor of The Sensor is resigning his position with the newsletter effective January 1998. Dave has selflessly donated countless hours to the educational and professional advancement of anesthesia technicians through his work with The Sensor. The Sensor would like to thank Dave for all the dedication and expertise he has given over the past few years, and we wish him luck in his new position as Chairperson for the Technologist Level Test Development Committee.

**Advertising Rates:** New advertising rates will go into effect for ads placed in the January 1998 issue of *The ASATT Sensor*. The new rates are per insertion and are as follows: 1/4 page: \$125, 1/2 page: \$250. Current members will receive a 20% discount.

**The American Society of Anesthesia Technologists and Technicians**

proudly announces partnership with our new business management company:

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(609) 853-9382

**The 1998 ASATT National Certification Examination for Anesthesia Technicians:** The 4th National Certification Examination will be given in May, 1998, in various major cities throughout the United States.

If it is your intent to sit for this examination, copy this article, submit the information requested, and return it to the ASATT office no later than November 15, 1997 (Postmark date).

**COMPLETE THE FOLLOWING:**

I intend to take the ASATT National Certification Examination in May, 1998:    yes    no    (please circle one)

My test site preferences are:

**1st:** (city): \_\_\_\_\_ (state): \_\_\_\_\_

**2nd:** (city): \_\_\_\_\_ (state): \_\_\_\_\_

**3rd:** (city): \_\_\_\_\_ (state): \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (MI)

Title: \_\_\_\_\_

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

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

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Email \_\_\_\_\_ ASATT Membership# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Anesthesia Technician Study Recommendations with References** is available upon request. Send a \$25 check or money order to the ASATT business office with the preceding information completed. (Allow 4-6 weeks for delivery.)

The \$25 fee will be credited toward the total cost of the Certification Examination. For additional information and Certification Examination applications, please contact the ASATT business office or any ASATT officer.

## 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, 1997 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 can be returned.*

### ASATT Region 1:

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) 471-6077.

### ASATT Region 2:

See Ohio (below) and PSATT/Region 2 article on page 16.

For more information:

Wilma Frisco at (216) 261-0649.

### Ohio

Please make plans to attend the following meetings:

- 10/25 - Blood Recovery/ Electromedics, Inc.-VAMC, Cleveland
- November and December are vacation months for OSATT
- 1/24 and 2/28, 1998 - Calculations and Formulas in Anesthesia - Mt. Sinai Medical Center
- A statewide meeting is being planned for late March or April, 1998 in Dayton, OH

The OSATT welcomes Lese Cooper, Cer.A.T., from Children's Hospital in Dayton, OH as OSATT Western Division Director.

For further information:

Barbara Powell at (614) 454-4224 or

Charlene Smith (303) 677-3292 or

Wilma Frisco at (216) 261-0649.

### Pennsylvania

See PSATT/Region 2 article on page 16.

For further information:

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:

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

### Florida

For further information:

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

### Georgia

For information on future events:

Marc Dickens at (404) 712-7710.

### North Carolina

For information on future events:

Gail Walker at (919) 966-5136[W] or (910) 376-0327[H].

### Tennessee

For information on future events:

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

### ASATT Region 4:

For further information:

Sam Ortiz at (312) 772-7830(H) or (312) 567-2190(W)

### Illinois

For information about future events:

Pat Zueck (217) 788-3780.

### Iowa

See article on page 16.

For further information:

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

### ASATT Region 5:

See "Crash '98" ad on page 4.

For information about future events:

Ann Martin at (303) 372-6300 [W] or (303) 987-3907 [H].

### Colorado

For information on future events:

Teresa Chavez at (303) 320-2440.

### Mississippi

For information on future events:

Earl Coleman at (601) 984-5951.

### ASATT Region 6:

For information:

Dean Rux at (602) 821-3279[W] or (602) 497-9709 [H].

### Arizona

Anyone interested in starting a state society call Tom Maggs in Phoenix at (602) 267-5011(W) or (602) 939-3554(H) or Jane Fry in Tucson (numbers below).

For further information:

Jane Fry at (602) 885-5756(H) or (602) 721-3836(W).

### California

For further information:

Grainne Senier at (408) 735-1346.

### New Mexico

For information on future events:

Chris Urso at (505) 286-1168[H] or (505) 272-0383[W]

### Texas

(See article on page 15.) TSAT's slate of new officers for 1997-98 is: President: Gerardo Trejo, Vice President: Greg Swaim [214-324-0667], Secretary/Treasurer: Emily Jones [713-738-2811], and Directors: BobReno (Dallas/Fort Worth)[214-327-2066] and Essie Davis (Houston) [713-738-2811]. For events in Austin, Dianne Holley [512-451-7457] and San Antonio, Raul Sanchez [210-675-1564].

For further information:

Gerardo Trejo at (713) 793-2898.

### Utah

For further information:  
Kirk Hanson (801) 625-2700

### ASATT Region 7:

Plans are being made for Regional re-certification educational workshops/ meetings in Seattle and/or Portland in February and April, 1998

For further information:  
Dave Mastalski at (503) 642-1537 or (503) 273-5389

### Hawaii

For further information:  
Delbert Macanas(808) 547-9872

### Oregon

The Oregon Association of Anesthesia Technologists and Technicians presents a Saturday, October 11, 9:00am - 1:00pm meeting at Providence St. Vincents Hospital in Portland.

For further information:  
Linda Bewley at (503) 291-2151  
Richard White at (503) 273-5389

### Washington

For information about future events:  
Nora Tiffany at (360) 427-9562.

## TEXANS MEET IN DALLAS AREA

The TSAT Annual Fall Meeting was held Sept. 6 at Irving Healthcare. 23 technicians from across the state attended the all-day educational seminar and business meeting. TSA, who was meeting nearby, graciously made their exhibit hall available for TSAT members to visit during a late morning break. The business meeting culminated with an election of officers (see page 14).

The educational agenda included four 1-hour lectures: "Anesthesia Breathing System-How to Control Costs"-Jim Holmes, Account Manager, King System, Inc.; "Monitoring Patient Awareness During Surgery"-Scott Smith, MD, Medical City at Dallas, and Jennifer Asbury, RN, Aspect Medical System; "Intraoperative and Postoperative Autotransfusion"-Bob Reno, CerAT, Baylor University Medical Center, Dallas; and "Non-invasive, Continuous Cardiac Function Monitoring"-Jim Carey, Regional Manager, Deltex Medical.

TSAT would like to thank the distinguished educational staff; all the technicians who attended; Baylor Medical Center and Irving Healthcare for providing the coffee breaks and the facilities; and Robin Tang, CerAT, of Baylor and Alex Panay, CerAT, of Irving Healthcare for skillfully coordinating the event. TSAT would also like to thank TSA and especially Kathy Gross, MD, James McMichael, MD, and William King, MD.

## Finally, a Keyed Agent Adapter that really works, first drop to last.

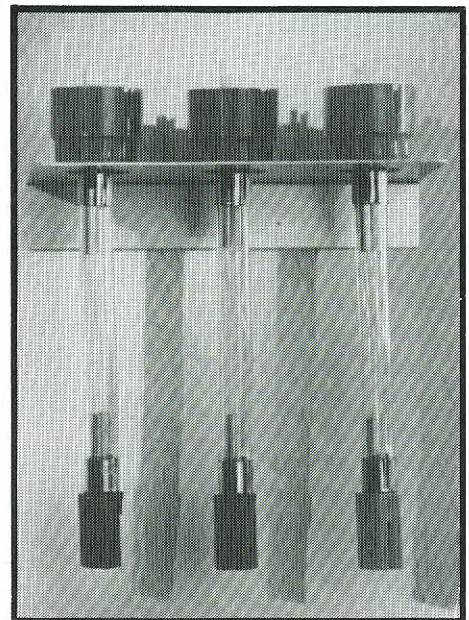
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## **IOWA MEETINGS**

*by Sheila White, CerAT  
ASATT Vice President/President-Elect*

Once again, the Iowa Society of Nurse Anesthetists (IANA) has invited us to attend their annual fall educational meeting—  
When: October 17-19, 1997, Friday 1:00p.m - Sunday 12 noon.  
Where: Des Moines IA Marriott. Contact: Bill Miller, CRNA 712-799-4760 or Sheila White, Cer.A.T. 319-556-8234 (H).  
Fee: Student Fee, Approx. \$45.00 (includes syllabus, meals).  
This is always an exceptional meeting, so plan on attending if your schedule allows.

The Iowa Society of Anesthesiologists is holding its fall meeting Saturday, October 4, 1997 in Cedar Rapids, Iowa. I do not have a contact person's name yet, so if you are interested in attending, give me a call for the information. (319) 556-8234 (H) or (319) 589-8664 (Work 0530-1400 M-F) Sheila White.

## **ASATT AT AANA ANNUAL MEETING**

*by Ann Martin, CerAT  
Director Region 5*

On August 8, 1997, three American Society of Anesthesia Technicians and Technologists (ASATT) members met in San Francisco for the American Association of Nurse Anesthetists 64th Annual Meeting. Those attending were Ruth Ochoa, President; Sheila White, Vice President/President-Elect; and Ann Martin, Region 5 Director. The theme was "Power Through Vision." CRNA's traveled from all parts of the United States and abroad to achieve the primary objective of making available the highest standards of anesthesia.

ASATT President, Ruth Ochoa, participated in the spectacular opening ceremony. The presentation of colors, the United States Air Force 50th anniversary, was just the beginning of an exciting and memorable event. Sheila White, Vice President/President-Elect, represented ASATT at the closing banquet. From all reports, it sounded terrific!

As we were setting up our ASATT exhibit for the opening day, I couldn't help but think back five years ago at my first AANA exhibit. The question we were asked then was, "who are you and what do you do?" Each year I have watched ASATT grow—seeing more happen and communication speed faster than ever. AANA has played an important role in our growth.

Being an exhibitor at the AANA Annual Meeting has been extremely important for ASATT. Our organization is now recognized for its continuing support to the anesthesia provider. AANA has enabled us to make new friends, contacts, and keep in touch with the standard patient care that the anesthetists are involved in.

On behalf of the ASATT Board of Directors and membership, our thanks is given to the AANA for their support, recognition, and invitation to participate in the 64th Annual AANA Meeting. ASATT is looking forward to the 1998 AANA Annual Meeting in Nashville, Tennessee.

We are no longer, "who are you?" We are now, "how do we find you?"

## **PSATT/REGION 2 SEMINAR**

*by Vicki Carse, CerAT  
President, PSATT*

On Saturday, June 14, the PSATT and ASATT Region #2 sponsored an anesthesia technician seminar at Mercy Hospital of Pittsburgh, PA. The seminar was entitled, "Patient Safety in the Operating Room: The Role of the Anesthesia Technician."

Keynote Speaker, E.S. Siker, MD, Executive Director, Anesthesia Patient Safety Foundation, presented a very informative lecture on Human Error in Anesthesia. Dr. Siker is a well renowned lecturer in the field of Anesthesiology and his precise presentation certainly confirmed his undisputed reputation.

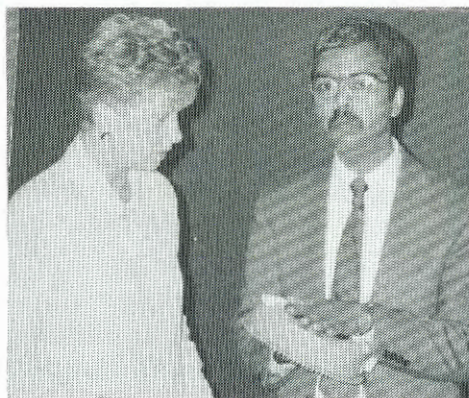
The issues of latex allergy were discussed by Rama Joshi, MD, Staff Anesthesiologist at Mercy Hospital of Pittsburgh. Richard W. Stypula, MD, Vice Chairman for Administration, Department of Anesthesiology, Mercy Hospital, Pittsburgh, made a superb presentation entitled, "In the Lion's Den: Expected and Unexpected Hazards in the Workplace."

Other topics discussed were: "Safety of the Anesthesia Gas Machine," Ken Oppenheim, Ohmeda; "Safety Issues of IV Equipment," Pat McCarty and Associates, Abbott Labs; and "Regulations Affecting Anesthesia Monitoring," Brian Gross and John Robinson, Hewlett Packard. Wilma Frisco, Director, Region 2, closed the meeting by reviewing the importance of continuing education and contact hours.

Forty-five Anesthesia Technicians participated and were awarded six (6) contact hours toward continuing education accreditation. I hope that all participants enjoyed themselves and returned to their jobs with a positive perspective regarding the significant role that they play in patient safety in the operating room.

Finally, thank you to all of the vendors who generously donated their time and money. Without their support, this seminar, as well as our future educational endeavors would not be possible.

See all of you in May at the 1998 2nd Annual PSATT/Region 2 Seminar.



*Vicki Carse, CerAT, President, PSATT,  
and Rama Joshi, MD, Staff  
Anesthesiologist, both of Mercy Hospital  
of Pittsburgh*

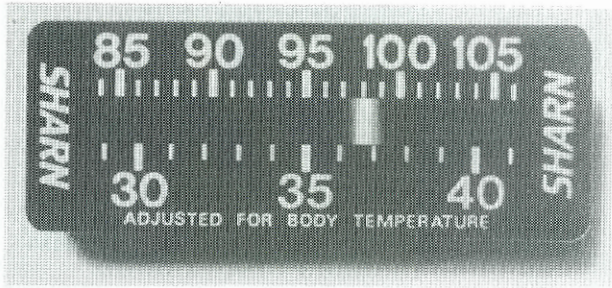


## NEW MEMBERS....

ASATT would like to extend a warm welcome to the following new members who joined from 3/1/97 to 8/15/97.

<b>ACTIVE MEMBERS</b>	Janet L. Dorsey Nashport, OH	Calvin R. Jackson, III Macon, GA	Roberta S. Mendoza Mentone, CA
David E. Akina Melbourne, FL	Jaymin Dumlao Pearl City, HI	Janice M. Jackson Dallas, TX	Jennifer L. Miller Sherwood, AR
Welsey Allan Cincinnati, OH	Joann P. Edwards Dallas, TX	Kelly L. Jett Palm Bay, FL	Scott Mitchell Puyallup, WA
Cory T. Arume Kapolei, HI	Dianna D. Enbody Portland, OR	Jacob Jhingree Richmond Hill, NY	Evans Monroe Dallas, TX
Avery S. Baldwin Pamona, CA	Maria Z. Fuentes Houston, TX	Donna J. Johnican Chicago, IL	Susan R. Nelms Blountville, TN
Carlene E. Benjamin Bronx, NY	George G. George Dallas, TX	Valerie M. Johnson Hampden, MA	Sharon M. Nelson Houston, TX
Kevin Bichler Spokane, WA	Robert A. Getsy Morgantown, WV	Earl G. Jones Arlington, TX	Janie E. Nidiffer Bristol, TN
Robert E. Black Irving, TX	Karl M. Gilmore Pearl, MS	Reginald Kendall Chicago, IL	Darin J. O'Brien Eagle, ID
Richard Bluett Ashland, OR	Burhedita Gonzalez-Bass Philadelphia, PA	Rafi Khayum Worcester, MA	Matthew T. Oman Shelton, WA
Bradley M. Bollinger Glenside, PA	Tammy Sue Graffen Scott AFB, IL	Derek B. Kipe Austin, TX	Pat Overton Carlisle, IA
Linda F. Brooks Loma Linda, CA	Fay B. Granciosa Honolulu, HI	Edna B. Krambeck Hudson, NY	Joseph V. Pascale East Haven, CT
Dave Bruck Seattle, WA	Lisa M. Green Harvey, IL	Michael P. Kraushaar Richardson, TX	Lisa A. Petterson Wahiawa, HI
Evelyn R. Buggs Hortense, GA	Michael A. Hall Macon, GA	Rhonda G. Learn Cedar Lake, IN	Eddie W. Perez Portland, OR
Carla G. Cassino-Bate Dilliner, PA	Samuel M. Hampton Garland, TX	Arthur P. Lindstrom Palm Bay, FL	Martha M. Perez Houston, TX
Edgar B. Christe Antelope, CA	Margo M. Harper Alameda, CA	Patricia S. Link Bucksport, ME	Kathleen Phillips Allen Park, MI
Thaddeus Clark Macon, GA	Tim E. Hartley Dallas TX	Brian K. Livingston Tacoma, WA	Dusanka Puhar Berwyn, IL
Felicia Y. Clinton New Haven, CT	Patty A. Hilsberg Austin, TX	Christine L. Lobato Tucson, AZ	Janet C. Punyko Ft. Lewis, WA
Lawrence R. Cook Fayetteville, NC	Leonard F. Hobbs Marysville, WA	Verline Love Jackson, Tn	Delores Randrup North Bend, WA
Debbie C. Crites Morgantown, WV	Andy L. Hogan Macon, GA	Sarah Magee-Perry Federal Way, WA	Nancy J. Red Rowlett, TX
Gamaliel M. Cruz Richardson, TX	Rodney Howard Roberta, GA	Tony J. Matyi Bremerton, WA	Adam s. Rhyne Gatonia, NC
Dianna L. Cunningham Garden City, SC	Rick Howell Columbus, OH	Crystal E. McGee Bolivia, NC	Juan R. Rivera Montclair, NJ
Godfred A. Darkwa Bronx, NY	Carla J. Humphreys Bristol, TN	Janice E. McGinnis Austin, TX	

*continued on page 18...*



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| Kevin W. Rusk<br>Lemon Grove, CA              | Annie Waller<br>Macon, GA                    |
| Jon Shimabukuro<br>Honolulu, HI               | Randy Wasson<br>Arlington, TX                |
| Carl W. Siommons<br>Glenn Heights, TX         | Diana S. Williams<br>Mesquite, TX            |
| Sherre L. Smith<br>Melbourne, FL              | Travis W. Williams<br>Bremerton, WA          |
| Monico Solomon<br>Dallas, TX                  | David Willis<br>Macon, GA                    |
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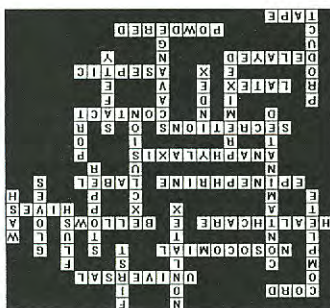
**PRESIDENT'S MESSAGE....(cont. from pg 1)**

the staff assisting ASATT in its business management, and the automation and office technology available to ASATT in order to help serve the membership. There have been many compliments from members regarding the professionalism of the corporate staff in Washington, DC.

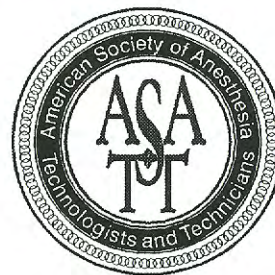
Finally, please give Sheila White all of your support as she takes over the presidency at the Annual Meeting in San Diego. Thank you, again for a wonderful and successful year for ASATT members. See you in San Diego!

**ANSWERS TO  
PUZZLE:**

(From page 9)



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