

SENSOR ONLINE

THE OFFICIAL PUBLICATION OF THE AMERICAN SOCIETY OF ANESTHESIA TECHNOLOGISTS AND TECHNICIANS

VOLUME XXIII / FALL 2013

Sterile Operative Arena

page 6



***ASATT & AANA together
in Las Vegas***

2013 Award Winners

These awards were presented at the ASATT 2013 Annual Conference August 10, 2013 during our Business Meeting.

Congratulations to all our award recipients!

Regional Education Award — This award recognizes the continued dedication in sponsoring, promoting and furthering education programs, thus advancing professionalism among the Anesthesia Technicians and Technologists within each of the ASATT regions.

Region 1 Maria Lagade, MD

Region 2 Gwen Ocasio, CRNA

Region 3Kris Earle, CRNA

Region 4Cindy Zellner, Cer.A.T.

Region 5 William Peery, Cer.A.T.

Region 6Michael Boytim, CRNA

Region 7 Gary West, MIOT

Judy Tomlinson Memorial Award – *Sponsored by Sharn Anesthesia Inc.*
— This award honors and celebrates the life of Judy Tomlinson, a committed advocate for the advancement of the professions of Anesthesia Technician and Technologist. This award is presented to two students from an ASATT-approved program. The two award recipients will each receive a complimentary registration for the ASATT certification exam.

Brittyn Hanner

Milwaukee Area Technical College

Kimberly Munoz

Kaiser Permanente/PCC Anesthesia Technology Program

Science and Technology Award — This award recognizes clinical excellence in research and writing of a technical article on anesthesia technology which appeared in an issue of *The Sensor*.

Sue Christian, *Fall 2012 issue*

The Move to Electronic Health Records: Is Your Facility Ready?

The ASATT Board of Directors would like to thank all of the recipients for their hard work and dedication to the profession.

SENSOR

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SENSOR

provides its readers with information on
anesthesia-related topics, and with a forum
for learning and discussion. *The views
expressed herein are those of individual
authors, and do not necessarily reflect
the views or opinions of ASATT.*

All submissions pertinent to the objectives of
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Preferred media: CD or via email.

Photos in TIF or JPG formats preferred.

Photographic prints *can* be returned.

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Winter January 1st
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Summer July 1st
Fall November 1st

Display ad rates and size specifications

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Interim

PRESIDENT'S Message

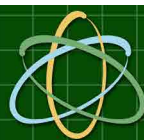
VICKI CARSE, CER.A.T.

HELLO, fellow ASATT members!
I remember as a child that
I thought time seemed to go
by so slowly — almost as if it was
suspended in time. Now as an adult,
I understand the true meaning of how
time flies! As is the case of my time
served as the Interim President of our
prestigious organization, ASATT. The
past six months serving in the lead-
ership position alongside my fellow
Board Directors has been extremely
gratifying and rewarding. As a team,
numerous obligations of our Society
were fulfilled; vital decisions for the
future of ASATT were accomplished
and historic events occurred during
the course of the six months. If over
the length of my time served, deci-
sions were made that may have “ruf-
fled a few members’ feathers,” please
remember that they were made on be-
half of ASATT, to follow requirements
and standards previously established
by ASATT and other accreditation
bodies. As our profession continues
to receive the recognition from other
healthcare providers in that the An-
esthesia Technician/Technologist
is an important, integral members
of the anesthesia patient care team,

consistency and
invariableness is
essential for the
confirmed suc-
cess of ASATT.
As I hand over
the gavel to the
incoming Presi-
dent Elect, a fel-
low colleague and
good friend, Vicki Reyes — I ask for
your abiding support for the exist-
ing Board of Directors as well as to
congratulate and welcome the newly
elected ASATT officers. Your voice
is the backbone of the Society and
the Board of Directors. Each and
every one of you plays an important
role in the success of our Society
... your dedication, achievements
and pride in your vocation is what
elevates ASATT as the professional
beacon for Anesthesia Technicians
and Technologists. **KEEP UP THE
STRONG TEAMWORK!!!** Thank you
for providing me the opportunity to
serve once again as an advocate for
our amazing Society!



Warm regards,
Vicki



SCIENCE & TECHNOLOGY

HAVE YOU GOT

THE WRITE STUFF?

Your *SENSOR* staff would be grateful — and your fellow techs
would benefit greatly — if you contributed articles to publish in
THE SENSOR — especially *Science & Technology* articles. Win the
respect of your peers (*and maybe more!*) Contact Sue Christian,
Cer.A.T.T., *SENSOR* editor, for details: suc598@msn.com.

SENSOR ONLINE



The 2013 Annual Meeting

THE 2013 ASATT ANNUAL MEETING was held at the Flamingo Hotel in Las Vegas, August 8th through the 10th. Deviating from a historical precedent of holding the Annual Meeting in October in conjunction with the ASA, ASATT opted to change the venue this year and follow the AANA. While the membership voiced concern in making this change, the meeting was very successful. Not only did we sell out of our room block, attendance to the meeting also increased. This move proved to be beneficial to the Society and membership for a variety of different reasons:

- Providing a means of a more affordable venue for anesthesia technologists and technicians while still offering quality lectures totaling 13 CEs.
- Centralized location that offered a variety of activities to meet all interests.
- Realization of meeting the Societies budget constraints.
- Proof that the profession is respected by other healthcare associations by the warm welcome offered by the AANA.
- Continued support from our vendors.

The meeting was also successful in providing lectures pertinent to our profession. The topics ranged from trauma and massive transfusion protocols to fluid management, anaphylaxis, ventricular assist devices and maximizing patient outcomes during major orthopedic procedures. The conference also focused on professional activities with the offering of Category II CEs relative to cultural diversity in the workplace. Technologists and Technicians in attendance also learned the importance of standardized education in the anesthesia technology field as well as being updated on the changes that were occurring with the accreditation process and the impact those changes would have on the future of the certification exams. The

ASATT Board of Directors would like to extend their appreciation to the following speakers:

Jeremy Heiner, EdD, CRNA	Sarah Goss, CRNA, MS
Dina Velocci, CRNA, MS, APN	Lisa Haas, CRNA, DNP, NE-BC
Garry Brydges, CRNA, DNP, ACNP-BC	Brian Galle, CRNA, MSN
Michael Boytim, CRNA / Vicki Reyes, Cer.A.T.T.	John Rivera
Sass Elisha, CRNA	Paul Myers, CRNA
John Shields, CRNA, MS, APN	Jennifer Thompson, CRNA
	John Frazier, RN

The annual ASATT business meeting was held during the lunch break on Saturday. Highlights of the business meeting included:

- Secretary Otoniel Castillo, Cer.A.T.T. , read last year's business meeting minutes and provided an explanation of the missing minutes.
- Open floor discussion held regarding ramifications for Board of Directors that did not fulfill the obligations of their positions.
- Acceptance of last year's business minutes and financial statements.
- Treasurer David Foster, Cer.A.T.T., provided membership with a detailed statement of ASATT's current financial status being back in the black and his plans for other cost savings opportunities that would be initiated.
- Presentation of awards for: Judy Tomlinson Memorial Awards, Regional Education Awards, S&T Award, and Board of Directors Service Awards.

ASATT would like to thank the speakers and vendors who supported and contributed to the success of this meeting. Most of all, ASATT would like to thank the membership for their loyalty through their continued support of ASATT and the profession of anesthesia technology!





American Society of Anesthesia Technologists and Technicians

Education Conference

August 8-10, 2013

Las Vegas, NV • Flamingo Hotel

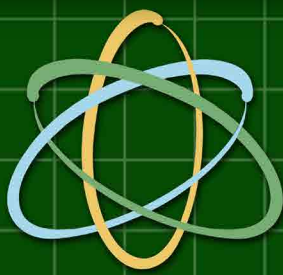
In Grateful Appreciation

Corporate Sponsors



Conference Exhibitors





Sterile Operative Arena

Original publication date: Winter 2004

Shannon Sayers-Rana, Cer.A.T.
Clinical Specialist at Philips Healthcare, Portland, OR, and
co-author, *The Anesthesia Technician and Technologist's Manual*

UPDATED BY Sue Christian, Cer.A.T.T.



THE ASSOCIATION OF Operating Room Nurses (AORN) publishes recommended standards to reduce the risk of surgical site infections (SSIs). The standards provide guidelines for preparing & maintaining the sterile field. This article will focus on the key concepts of how scrubbed personnel should function within a sterile field; the use of sterile drapes to establish the sterile field; ensuring that only sterile items are introduced to the sterile field; maintaining item integrity and sterility; continuous monitoring of the sterile field and movement around the sterile field.

Definitions

Asepsis — free of infectious organisms.

Aseptic technique — a procedure which renders and maintains an area or object free of pathogens which cause disease. (Asepsis and sterility are two different things!! Sterile field or item has been rendered free from all microorganisms.)

Antisepsis — a process that destroys *most* but *not all* pathogenic organisms on **animate** surfaces by swabbing the site with a liquid antimicrobial chemical.

Bacterial barrier — material used to reduce or inhibit transmission

of microorganisms in the environment. These include attire, drapes, packaging and filters.

Bactericidal — kills bacteria.

Bioburden — contamination of an item or instrument from debris or microorganisms. Examples are: blood, tissue, feces, etc.

Cleaning — the physical process that removes organic or inorganic debris (bioburden) from inanimate or animate objects. It is the first step in of the decontamination process.

Cross-contamination — transmission of microorganisms.

Decontamination — Process which removes or destroys microorganisms to render an object safe for handling.

Disinfection — a process that destroys *most* but *not all* pathogenic non-spore forming microorganisms on **inanimate** objects.

Event-related sterility — an event must occur to compromise package sterility such as loss of integrity, moisture penetration or seal breakage.

Fungicidal — kills fungi.

Germicidal — kills germs.

High-level disinfection — destroys many forms of microorganisms; excludes bacterial spores.

Inanimate objects — “having no life.” Examples are: cables, beds, mayo stands.

Normal flora — organisms with a short life span living on the skin surface of humans.

Pathogens — any disease producing microorganism.

Resident flora — microorganisms that live in the epidermis and deep folds of the skin.

Sporicidal — kills spores.

Sterilization — process by which all types of microorganisms, including spores are destroyed on an object.

Sterile field — the area around the site of incision into tissue or the introduction of an instrument into a body orifice that has been prepared for use of sterile supplies and instruments. This area includes all furniture covered with sterile drapes and personnel who are properly attired.

Strike through — Migration of microorganisms from the skin and scrub suit of the wearer to the sterile field and patient. It is the penetration of blood and bodily fluids from the patient to the scrub suit and the skin of the wearer.

Virucidal — kills viruses.

[MORE](#)

Principles of asepsis

Asepsis and aseptic technique are methods used to reduce the risk of infection to both the patient and the OR staff. The primary goal of asepsis is to confine, contain, reduce and eliminate microorganisms to prevent their contact with supplies and instruments used on the sterile field. Remember, microorganisms have the ability to transmit disease from objects, surfaces, air, skin, and dust to patients and the OR staff.

Members of the OR team

- **Surgeons** — sterile
- **Surgical residents/first assists** — sterile
- **Surgical Technologist** — sterile
- **Circulator** — non-sterile
- **Anesthesia personnel** — non-sterile

Other aseptic concerns include

- Ongoing infection control both pre- & post-operatively
- Transfer of carcinogens from one site to another
- Transfer of bacteria from one body part to another
- Transfer of infection from patient to staff and vice versa

Protective attire (PPE)

- Goggles/eye shield
- Cap (all hair must be covered)
- Gown
- Gloves

Sterility of the surgical field

- Scrubbed personnel gown and glove away from sterile tables to prevent contamination
- Top of table is draped with an impermeable drape
- Top of the draped mayo stand



- Underneath the draped mayo stand (mayo stand is positioned over sterile field)
- Top of all other draped surfaces (patient)
- Materials that hang over the edge of the draped table/mayo stand are not considered sterile and should be discarded.
- Items that fall below the level of the sterile field are not reintroduced to the sterile field

Checking and dispensing sterile supplies

- Check indicator tape
- Check package integrity
- Check internal indicator
- Check expiration dates

Opening a sterile item — The individual opens the first flap away from self; then turns the sides under. The ends of the flaps are secured in the hand so they do not dangle loosely. The last flap is pulled toward the person opening the package, thereby exposing the package contents away from the unsterile hand.

When pouring solutions onto the sterile field, the container should be placed near the edge of the table. The contents should be poured slowly to prevent splashing. Any remaining solution should be discarded, as the edge of the bottle is considered contaminated after the contents have been poured out.

Situations that should raise doubts about the sterility of an item

- A sterile-appearing package found in a non-sterile work area or with non-sterile articles
- Uncertainty concerning operation or exposure time of sterilizer
- A sterile package exposed to moisture
- An item wrapped in material that contains holes or tears
- Absence of expiration date on a sterile package
- A sterile article left unguarded on the sterile field

MORE

- Absence of filter liners in instrument trays

Movement around the sterile field

Sterile personnel:

- Do not turn back to field
- Do not leave the room
- Avoid reaching over unsterile areas

Un-sterile personnel:

- Maintain distance of 10–12" from sterile field
- Do not walk between two sterile fields
- Face and observe the sterile field when passing
- Never reach across a sterile field

Traffic in and out of the OR room should be limited.

Gowning & gloving

- Gowning and gloving is performed away from the sterile field/table to avoid contamination
- Front of gown is sterile from chest to the level of the sterile field
- Arms of gown are sterile from 2" above the elbow to the cuff, circumferentially

Once gowned:

- Back of the gown is considered unsterile because it cannot be continuously monitored
- The cuff, underarms, shoulder and neckline of gown is no longer an effective microbial barrier

Persons in sterile attire

- Touch only sterile items
- Always face the area being prepared
- Do not turn their backs to the sterile field
- Protect gloved hands while draping by making a cuff with the drape
- Do not lean or reach over unsterile (undraped) surfaces

OR staff not gowned/gloved

- Touch only non-sterile articles
- Avoid reaching over or touching the sterile field when delivering sterile supplies to the sterile field
- Maintain a safe margin when passing a sterile field/person
- Face sterile areas and sterile persons when passing them

What to Watch for

- Overt contamination
- Time a room is open (1 hour)
- Integrity of package

- Moisture
- Dropped on floor

It's either sterile or it's not! When in doubt, throw it out!

Prepping

Skin disinfection is an integral part of the surgical process. The aim is to produce a bacteria-free operating field.

Mechanical scrubbing and chemical cleaning reduces bacteria flora and removes fat and oils from the skin.

The most common used antiseptics used for patient skin preparation are iodophors (povidone-iodine), alcohol containing products and chlorhexidine gluconate. If povidone-iodine based preps are used; the patient history should be checked for sensitivity.

The prep should be done from clean to dirty areas. The incision site should be gone over for 30 seconds using back and forth strokes and then working outward. Discard after reaching the periphery. Never bring the sponge back toward the center area or incision site.

Prep in small circular motions (not back and forth dragging bacteria from the un-prepped edges back to the central incision site).

Key items

- Sterile items on sterile field
- Sterile persons gowned and gloved
- Tables are sterile at table level only
- Edges of tables and packages are not sterile (peel packs have glued edges — those edges are not sterile)
- Sterile field opened close to time of use
- Sterile field is kept in constant view
- Sterile persons stay in sterile area
- Un-sterile persons avoid sterile areas

Association of Operating Room Nurses (AORN) Standards of Practice definition for 'Sterile Conscience'

A "sterile conscience" is the inner voice for the conscientious practice of asepsis and sterile technique at all times.

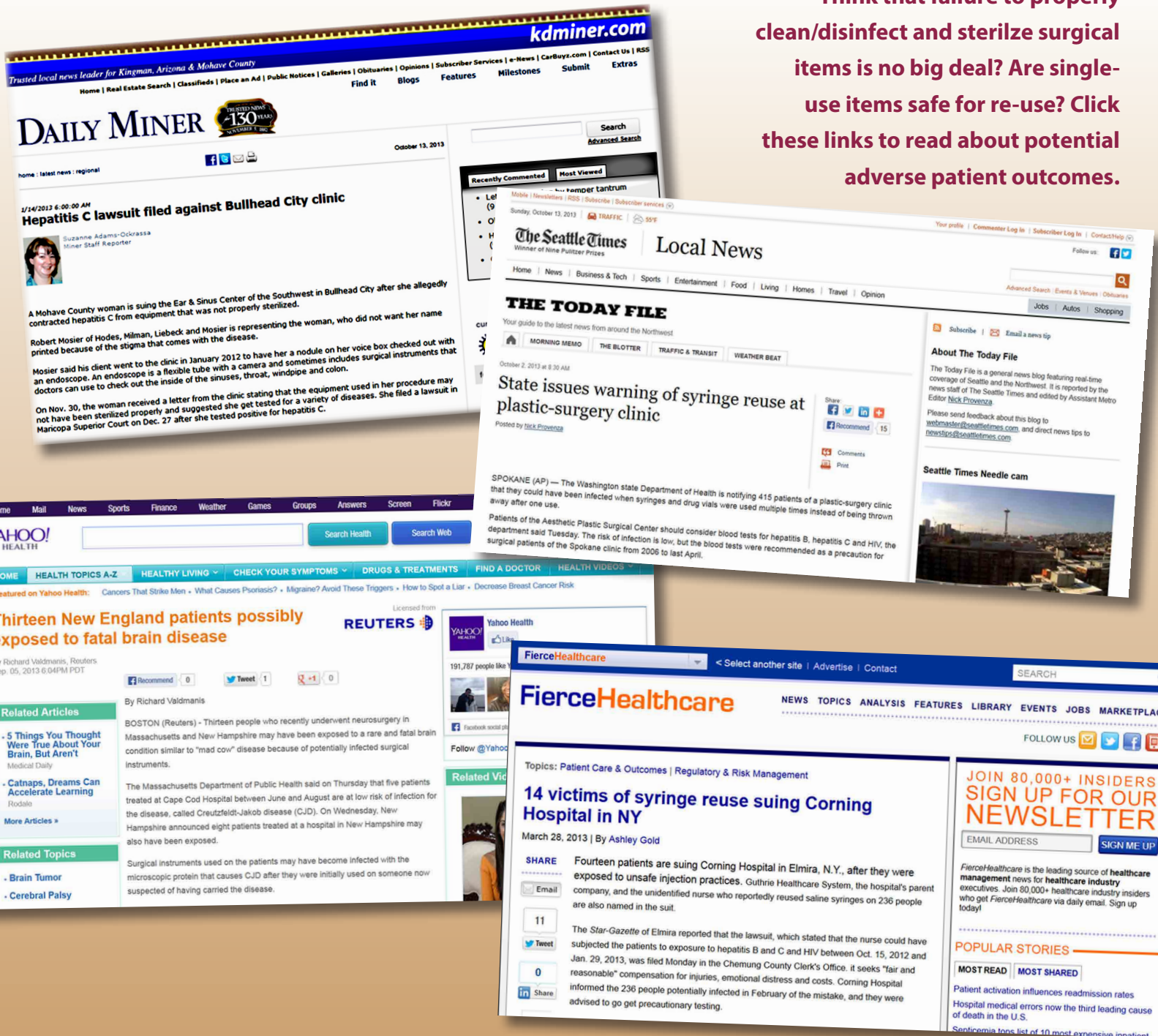
Surgical conscience is not just an individual, moral accountability; it is a group or collective goal. It begins with a thorough knowledge of the principles of asepsis and the ability to apply these principles in practice. Surgical conscience recognizes that some people have a tendency to cover up their own errors, ignore the risks or let faults go uncorrected. Conscience dictates that appropriate action be taken, whether the person is with others or alone and unobserved. As medical professionals we must be able to transcend personal discomfort in pointing out transgres-

sions in aseptic technique to others as well as being critiqued by others. The team with surgical conscience monitors the actions and activities of others and calls for corrective action when situations arise. The team, as a patient-focused unit, recognizes and accepts this as essential in achieving the best outcome. S

References

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- Recommended practices for sterile technique. In: Perioperative Standards and Recommended Practices. Denver, CO: AORN, Inc; 2013:91-120.
- Recommended practices for prevention of transmissible infections in the perioperative practice setting. In: Perioperative Standards and Recommended Practices. Denver, CO: AORN, Inc; 2013:331-364.

Think that failure to properly clean/disinfect and sterilize surgical items is no big deal? Are single-use items safe for re-use? Click these links to read about potential adverse patient outcomes.



2013 ANNUAL MEETING IN LAS VEGAS



Top left: The Jester statue outside nearby Harrah's Casino on the Las Vegas Strip. To its right, incoming President Vicki Reyes, Cer.A.T.T., presents the Presidents Plaque to outgoing President, Delbert Macanas, Sr., Cer.A.T. Next: Paul Castaneda, Cer.A.T. (right), with Region 6 Educational Award winner, Michael Boytim, CRNA. Above: Kaiser Permanente students with their instructors, Vicki Reyes, Cer.A.T.T. and Otoniel Castillo, Cer.A.T.T.

Center row: Left, Alex Llanas assisting with conference registration. Next, Sharn representatives receive a balloon bouquet from Elvis himself (left).

Bottom left: Sass Elisha, CRNA, ponders his response to a technician's question. Bottom center: Region 5 Educational Award winner William Peery, Cer.A.T., and Charlene Koch, Cer.A.T., Region 5 Director. And left, awards recognize excellence from ASATT's proud technicians and technologists.

GE Healthcare/Datex Ohmeda Initiates TEC 6/Tech 6 Plus Desflurane Vaporizer Recall



ON JULY 29, 2013, GE Healthcare notified users of a potential patient safety issue with the TEC 6/Tech 6 Plus Desflurane vaporizer. The recommended low pressure leak test of 1% may not accurately detect leaks from seal wear degradation. Should the leak go undetected, the result would be fresh gas flow entering into the OR and a reduction in fresh gas flow being delivered to the patient. The reduction of fresh gas flow to the patient may result in a hypoxic concentration being delivered to the patient **or** a reduction in the volume of Desflurane being delivered to the patient (requiring more anesthetic agent to keep the patient anesthetized). Additionally, if there is a fresh gas flow leak, OR personnel may be exposed to N₂O being released into room air. Tec 6/Tech 6 Plus vaporizers affected with this recall were manufactured between August 12th, 2005 and December 3, 2012.

GE Healthcare now recommends that the low pressure leak test be performed with a 12% setting to detect any potential leaks and seal degradation.

Should the Desflurane vaporizer fail the low pressure leak test at 12%, it should be removed from service immediately. Contact your service representative for a replacement.

GE states that if your desflurane vaporizer passes the 12% leak test, it is safe for use.

For more information, [CLICK HERE](#).

American Society of Anesthesia Technologists and Technicians

Educational Conference



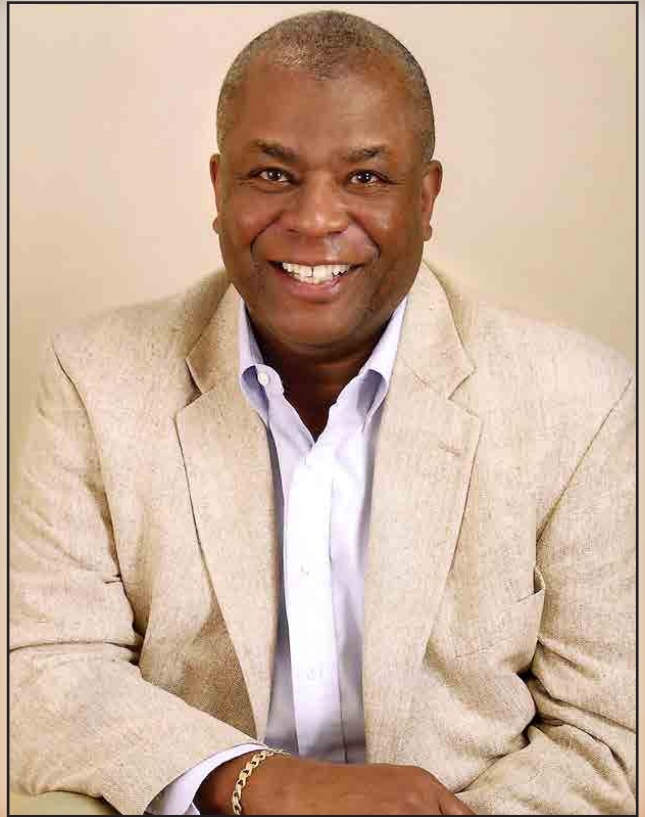
October 9-11, 2014

New Orleans, LA • Astor Crowne Plaza

Ernest Moyer

May 23, 1952 — September 10, 2013

A man, friend, husband, colleague that will be truly missed from people ranging from Pittsburgh, PA to Tucson, AZ. It was truly a honor to have worked beside Ernest over the last year or so. Ernest brought his vast knowledge of the field of anesthesia out west to be closer with his granddaughter. Before coming out west, Ernest could be seen around UPMC. Ernest worked for UPMC for 26 years starting out as a respiratory therapist then eventually finding his home in anesthesia. He was lead technician on the heart and transplant team for many years with UPMC. He then accepted a position with Biotronics managing their autologous blood recovery program. He headed out west to Phoenix, AZ to work with some local Phoenix hospitals but eventually found himself working down in Tucson, AZ. Ernest has touched the lives of so many patients, friends, and co-workers with his caring touch and words of wisdom. Ernest, as some of you may know, was involved in ASATT and really strived to see and seek change in the anesthesia profession. Being a member from the beginning, Ernest showed his tremendous support for ASATT. Ernest's passing was sudden and shocked everyone whom had known him. I would like to ask everyone who knew Ernest Moyer and those of you who did not to please take a moment of silence. Let us not mourn the passing of Ernest Moyer but instead celebrate the life in which Ernest lived. In closing, I would like to repeat something that his wife Sondra Moyer wrote me: "Don't let a day go by that we don't tell the people in our lives how much they are appreciated and loved. Remember the good times . . . stay close . . . you all will forever be in Ernest's heart."



Proud friend and colleague,
Paul Castaneda, Cer.A.T.

TECHNICIANS PASSING THEIR CERTIFICATION EXAMS

JULY

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Benita Brown, Cer.A.T.....	Region 2
Benjamin Flake, Cer.A.T.....	Region 2
Michael Friedman, Cer.A.T.....	Region 6
Ralph Gonzales, Cer.A.T.....	Region 6
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Jeffery Lafond, Cer.A.T.....	Region 4
Lynn Lau, Cer.A.T.....	Region 6
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AUGUST

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SEPTEMBER

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Wendy Housekeeper, Cer.A.T.....	Region 7
Afshan Khan, Cer.A.T.....	Region 2
Oscar Manzano, Cer.A.T.....	Region 3
Matthew McDonald, Cer.A.T.....	Region 7
Rashmita Patel, Cer.A.T.....	Region 5
Jacob Price, Cer.A.T.....	Region 2
Gilberto Richard, Cer.A.T.....	Region 6
Stephanie Richen, Cer.A.T.....	Region 7
Kindra Ross, Cer.A.T.....	Region 6
Willie Williams, Cer.A.T.....	Region 2
Antoinetta Hor, Cer.A.T.T.....	Region 6



IT IS WITH GREAT PRIDE and gratitude that I officially announce your newly elected Board members. The President Elect position will serve on the ASATT Board of Directors for the term of 2013-2016, and the Region Directors 2013-2015. I know that they will be a valuable asset to the Board of Directors, bringing to the table a great deal of energy, and new, exciting ideas for ASATT, and will serve our organization with integrity and professionalism.

President Elect: Jeremy Wyatt

Region 1: Joyce Freeman Region 3: Marc McGaffic

Region 5: Robert Lopez Region 7: Delbert Macanas, Sr.

Once again, I would like to congratulate your newly elected ASATT Board of Directors. I look forward to working with them in the upcoming years.

Sincerely,
Delbert Macanas, Sr., Cer.A.T.
Immediate Past-President
Election Chair

Recertification Issues

MISCONCEPTION I can submit my packet in increments or I don't understand why my packet is not being reviewed.

CLARIFICATION Your packet will not be reviewed unless it is complete when the committee members receive it. If the required documentation and fees are not submitted in one packet, your application will not be reviewed. It is not up to the Chair of the committee to contact you for additional information nor is it up to ASATT HQ to contact you for payment or missing documents. The individual is responsible for ensuring that they understand and meet the requirements. It is a mistake to rely on your employer or supervisor to complete and/or submit this information for you. A complete recertification packet consists of:

- Completed recertification application
- Proof of 20 or 30 CEs meeting ASATT requirements (appropriate late fees where applicable)
- Members of ASATT need to submit a copy of their certification database regardless of whether they have CEs listed or not.
- Appropriate fees
- Appropriate late fees
- Submission by the required dates

MISCONCEPTION Automatic renewal with no proof of continuing education credits or automatic renewal if I have the needed CEs on the ASATT database.

CLARIFICATION Certification is not automatic; as the guidelines state, you must earn 20 CEs of continuing education pertinent to anesthesia technology for a certified technician and 30 CEs for a certified technologist. Even if you have the required number of CEs on the ASATT database, an application for recertification must be submitted along with the appropriate fees.

FURTHER CLARIFICATION Recertification is a process that was designed to validate the technician's continued education in anesthesia technology through participation in a learning process that enhances and augments the individual's current knowledge in the field of anesthesia technology. Recertification of the anesthesia technician allows the individual to demonstrate their ongoing commitment to enhancing their knowledge in the field of anesthesia technology. It also demonstrates to the public and CAAHEP, that the nationally certified anesthesia technician or technologist is committed to ASATT's Standard of Practice and Code of Ethics.

Note: In-service education for activities that fulfill assigned general responsibilities specific to the expectations of employers *are not approved* for ASATT continuing

education hours. Examples of these activities include sessions covering general institutional policies and procedures, orientation to the facility, ACLS, PALS and annual competency verification.

MISCONCEPTION Any topic can be used towards recertification if it is an AORN, AANA, ASA or other accredited program.

CLARIFICATION While it is true that the ASATT recertification guidelines (page 4 of the recertification application) state that: "In general, programs that are approved by the following societies' educational guidelines will be accepted: ASA, AANA, AORN, American Red Cross, AAMI, EMT and other similar societies." **It also states: "Other programs offering certificates of attendance will be reviewed for relevancy to the Anesthesia Content Outline and that Prior approval of acceptance is recommended."**

FURTHER CLARIFICATION Topics accepted for recertification must be relevant to anesthesia technology and they must meet our guidelines. Other allied health organizations CEs and categories are not configured the same. Examples:

- The Royal College of Physicians and Surgeons award three CEs for every hour of continuing education credit — that contradicts the ASATT recertification guidelines of awarding one CE for every 50-60 minutes of lecture. CEs obtained from this website are not accepted.

Individuals holding a licensure and or dual certifications — organizations differ in the type of CEs they will accept. Example:

- Nursing organizations may accept ASATT CEs towards renewing licensures. However, ASATT will not accept many of the CEs nurses use towards renewing their licensure. Examples:
 - > Teaching tomorrow's nurses; what's happening in the classroom.
 - > RN's have what it takes to be effective leaders
 - > Update on Ohio state nursing licensure
 - > Breasts: advanced physical assessment
 - > Correct placement of a foley catheter

***Note that these topics are geared towards a specific profession. ASATT does not credential other allied health professions; they only credential anesthesia technicians.**

MISCONCEPTION Membership and Recertification are one and the same.

MORE

CLARIFICATION Membership and Recertification *are not* the same. Membership affords individuals:

- Reduced rates for the access to *The Sensor* and *Sensor* quizzes
- Reduced rates for ASATT sponsored events (regional meetings, annual meeting)
- Automatic tracking of CEs on the certification database for ASATT sponsored events only
- Reduced pricing for certification exams and
- Reduced pricing for recertification.

Recertification fees are applied to maintain the verification database for members and non-members alike; notifications of renewals, processing of applications and cost of printing and mailing of recertification cards.

MISCONCEPTION Proof of registration for a meeting is the same as a certificate of CEs earned or certificate of attendance is the same as a certificate of continuing education credits earned.

CLARIFICATION Submitting a receipt for registration to a meeting is not the same thing as submitting a certificate of proof for CEs earned. You can register for as many meetings as you like, but that is not proof that you attended **and** met the criteria to earn the continuing education credits. A certificate of attendance differs from a certificate of continuing education due to the fact that generally the course offered did not meet criteria to be used for continuing education credits. Many of these certificates of attendance will also use terminology such as: typical course length: one hour. Certificates of this nature will not be accepted for use towards recertification. ***The certificate must specifically state the number of CEs earned in order to be considered for use towards recertification.***

MISCONCEPTION Programs **approved** by ASATT are automatically credited to the individuals ASATT certification database.

CLARIFICATION Programs that are approved by ASATT for use of their CEs towards recertification must comply with the established ASATT's requirements for prior approval in order to be approved for use towards recertification. The program provider is charged with the responsibility of complying with ASATT's requirements. One of those requirements is that program offering the continuing education submits a sample copy of the certificate that each individual is awarded. All information must be typed: title of program; program provider; attendees name; date of course offering; number of CEs earned; the ASATT approval code, and signatures of representatives of the program provider who will be able to verify authenticity of certificate and attendance. Programs of-

fering cumulative continuing education programs may opt to provide a transcript rather than issue a separate certificate for each course offered. The program provider must be sure that the transcript has all of the aforementioned criteria as well as add the expiration date of the individual programs. **Additionally, it is up the technician/technologist to ensure that they receive the certificate after completion of the course.** Programs who do not comply with the established guidelines will not be considered for future prior approval.

MISCONCEPTION CEs can be accumulated using quarter- and half-hour increments.

CLARIFICATION ASATT requires that CEs earned are 50-60 minutes in length for programs in which the attendees will be physically present. Actual lecture should run 50 minutes and allow 10 minutes for questions and answers as well as require each attendee to submit an evaluation form. Online programs offering CEs must verify that the course runs 60 minutes and that a post test of 10 questions is administered to attest that the participant actually participated in the course. A post-test must be administered containing 10 questions and the participant must score 80% or greater in order to be awarded the CE. Taking a pre-test that allows the individual to bypass completion of the entire course will not be accepted.

FURTHER CLARIFICATION There are literally hundreds of CME sites currently available on the internet. In the past, ASATT did not dictate which sites could be used and felt that individuals would be on the "honor system" to be sure they were in compliance with the ASATT requirements. Due to the recent misuse of the honor system, it has been discovered that many of the sites are non-compliant and technicians/technologists are taking short cuts. To that end, unless the site specifically states they have ASATT approval, the individual must apply to the ASATT Continuing Education Committee for prior approval. The forms and associated fees for these programs are located on the ASATT Education web page. All required documentation that the site complies with the online programs must be submitted. Failure to submit all documentation will result in denial and the fees are non-refundable. **This process is effective 01/31/2013.**

MISCONCEPTION I was not notified by ASATT that I needed to renew my certification therefore I am exempt from any penalties incurred.

CLARIFICATION Each individual is responsible for knowing when they are due to recertify. The ASATT will notify the individual in November of their expiration year that their certification is about to expire via:

- A reminder sent to their email address on file at HQ
- A postcard mailed to their address on file

MORE

Other means of verifying expiration dates:

- Active members of ASATT may verify their expiration date by logging into their member profile. Directly underneath their contact information, a date pertaining to their certification/recertification renewal dates is listed, as well as the number of ASATT sponsored CEs earned.
- Active members and non-members alike may also access the certification/recertification renewal date via The Employer verification site.

*Note: It is the individual's responsibility to ensure that ASATT has the correct information on file: **ASATT is not responsible for incorrect information.** Members may update their information by logging into the member website: clicking on member profile, correct their information and then click save changes. Members are routinely sent emails requesting that their member profile is updated. Members that do not have computer access and non-members must contact HQ at 414-908-4942 extension 123 or extension 450.

**Note: ASATT is not responsible for ensuring that individuals who use their employers address will receive pertinent information.

MISCONCEPTION Taking the advice of a supervisor or colleague that the course will fulfill the recertification requirements and will exempt them from any penalties incurred for not meeting the ASATT recertification guidelines (meaning losing their certification designation).

CLARIFICATION Each individual is responsible for maintaining and fulfilling the requirements of their certification designation.

FURTHER CLARIFICATION ASATT HQ personnel have the ability to answer generic questions regarding recertification. Examples of those questions are: will credit cards be accepted towards recertification? Where do I find a copy of my ASATT transcript? I attended a regional meeting and my CEs are not displaying on my transcript, how can that be rectified? Where do I find the recertification forms? ASATT HQ personnel are limited to the type of questions that can be answered and are further restricted from offering guidance on what will and will not be accepted. The most advice they can give is:

- A copy of the CPR card is worth two CEs.
- ACLS & PALS are not accepted for use towards recertification.
- Additional CEs can be obtained by submitting **Sensor** quizzes in accordance with the expiration dates listed on the **Sensor** quizzes. Archived issues of the **Sensor** quizzes do not qualify.

Note: specific questions regarding recertification must be directed to the current Chair of the Certification/Recertification Committee. If an extension is needed for recertification, the Chair of the committee is the only individual authorized to grant the extension.

MISCONCEPTION BCLS, ACLS or PALS instructors claiming CEs for courses taught may be used towards recertification under Category III.

CLARIFICATION BCLS, ACLS and PALS instructors must follow the criteria established by the AHA or American Red Cross for teaching these classes. Instructors did not develop the course content, so therefore these courses do not qualify for use towards recertification. Additionally, instructors cannot claim CEs for courses taught; the AHA or American Red Cross establishes the requirements that instructors must meet in order to maintain their instructor status.

MISCONCEPTION You attended a BCLS class that lasted four hours. You submitted only a copy of the card yet claimed four CEs.

CLARIFICATION Submission of your BCLS card will be awarded two CEs. If you are claiming more than the two CEs, you must submit proof by means of one of three ways: a certificate showing that the amount you are claiming is indeed the amount earned; a copy of the instructors sign in sheet showing the begin and end times, instructors name and affiliated program, date of class and your signature or a letter from the instructor containing the previously mentioned criteria along with their contact information. Many employers are switching to a computer based simulation program for CPR renewal. Terminology that states: "typical course time for completion is xx hours" **will not** be accepted unless the individual is capable of printing out the exact time spent on completion of the online course.

Changes effective 01/01/2013

Past practice for many individuals throughout the year has been to ask the Recertification or Continuing Education committee(s) to "unofficially" review certain programs to determine if they could possibly be used towards recertification. Effective 1/1/2013, ASATT will no longer approve of this practice and requests of this nature must now apply for prior ASATT approval by submitting the appropriate paperwork and fees to the continuing education committee. The schedule of fees along with the required forms is listed on the ASATT education page.

Grand Rounds will no longer be accepted unless proper documentation is submitted and topics are relevant to anesthesia technology. Submission of a letter from the department containing the number of CEs earned is not accepted.

Hospital based programs must also apply for ASATT prior approval and documentation submitted must meet ASATT standards.

MORE

Category III of the Recertification Guidelines Clarifications

Serving on an official ASATT Committee or Board member of ASATT – this means that you have been an active participant on an official ASATT Committee. You responded to emails, participated in conference calls, etc. Chairs of the committee verify participation at time of recertification. You must be an active Board member in order to claim CEs. Individuals submitting CEs under this heading are allowed to submit a maximum of three each year. Societies that filed for “chapter status” qualify to use this category while individual state societies do not qualify. Individuals sitting on ASA or APSF committees may claim CEs for participation, as they are serving as representatives for the National Society.

Note: No CEs are awarded for participating on employer/hospital based committees nor are there any CEs awarded for community based services.

Presenting a lecture — the individual must submit proof; a generic letter inviting you to speak or a generic letter thanking you for speaking does not constitute proof. Proof is considered a copy of the program listing you as an official speaker. Other documentation accepted—a copy of the certificate of CEs issued to the participant listing you as a speaker. One CE **per topic** is awarded; not matter how many times it is presented.

Preparing a lecture – individuals need to submit a copy of their presentation (either a power point or a Word document of the entire lecture). Submitting an outline does not qualify nor does submitting photocopies of someone else’s work (in fact that’s plagia-

rism). Individuals who speak on the FDA machine check out- you will not receive any credit for preparing unless you create your own power point. Copying the recommendations as handouts does not qualify as “preparing”; the FDA guideline or manufacturer’s recommendations for a machine check out was established by the authority of the respective publisher.

Individuals who submit a poster presentation at the ASATT Annual meeting or wrote a Science and Technology article that **was published in *The Sensor*** may claim three CEs for each article published or each poster presented.

Individuals who participated as a contributing author for *The Anesthesia Technician & Technologists Manual* by Woodworth, Sayers-Rana & Kirsch may submit for three CEs for each chapter they contributed. Contributions will be verified from the actual printed contributors list in the book. CEs may be claimed for the 2012 and 2013 recertification cycle only. Reprinting of the book does not qualify, unless an updated version is released.

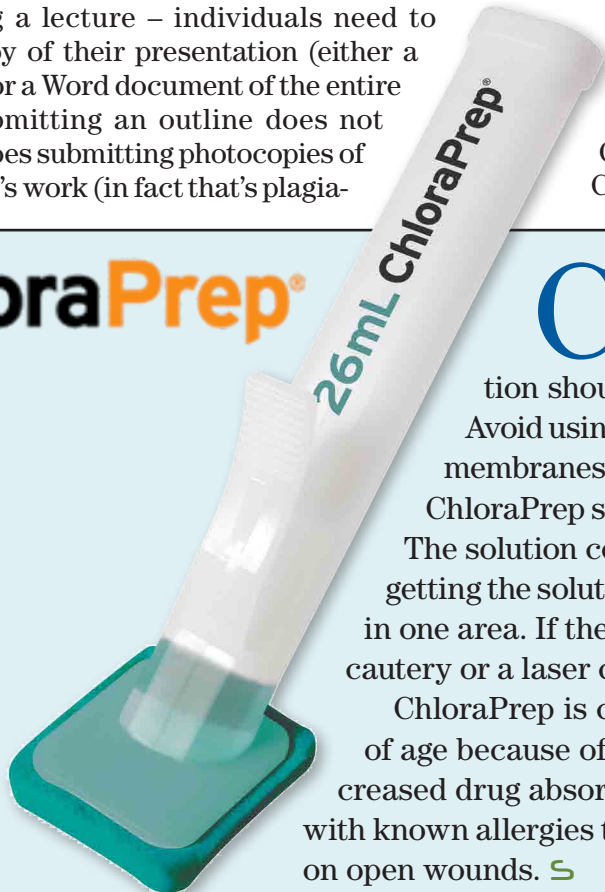
Precepting or participating in an internship program does not qualify for use for CEs under Category III.

Program Director’s teaching classes in anesthesia technology:

- May claim CEs for presenting a lecture but must show proof that they lectured. Program directors may also claim CEs for preparing a lecture, but they must submit a copy of their material. A total of five CEs may be claimed from this category, the remaining 15 or 25 CEs must be earned from Category I. Instructors must show that they are also continuing their education in the field of technology as well as remaining abreast of current practices.

With the exception of service to the ASATT, individuals may claim a maximum of five CEs per year from Category III. The remaining CEs must be submitted from Category I topics. S

ChloroPrep®

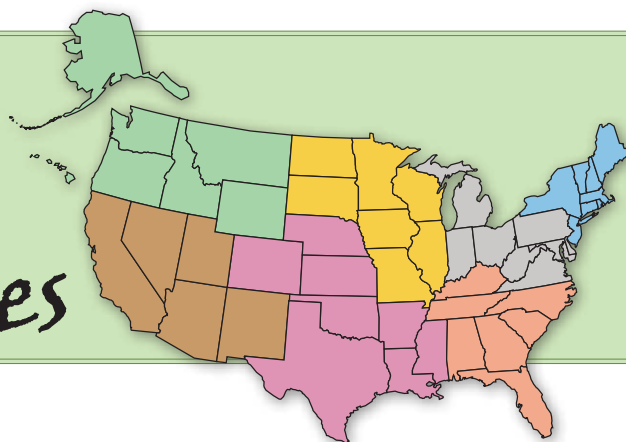


CHLORAPREP® has a formula that contains 2% Chlorhexidine Gluconate (CHG) and 70% alcohol. It is designed for topical skin application and caution should be used when prepping areas above the neck. Avoid using ChloroPrep around eyes, ears, vaginal or mucous membranes as well as nerves and meningeal tissues. Allow the ChloroPrep solution to air dry for three minutes before draping. The solution contains alcohol and therefore is flammable. Avoid getting the solution in the hair and do not allow the solution to pool in one area. If the solution gets trapped under the drape, the use of cautery or a laser could cause the solution to ignite.

ChloroPrep is contraindicated in children less than two months of age because of the potential for excessive skin irritation and increased drug absorption. ChloroPrep should not be used on patients with known allergies to chlorhexidine gluconate or isopropyl alcohol or on open wounds. S

ASATT

Regional Activities



REGION 1

CT-ME-MA-NH-NJ-NY-RI-VT

Director: Jonnalee Burgess, Cer.A.T.

Work: 603/650-6804 or 603/252-8963

Email: region1director@asatt.org



Region 1, it has been a pleasure serving as your Regional Director for years now. As you may or may not know, Joyce Freeman is your new Regional Director. I was very happy that Joyce was nominated this term for Regional Director. I have thoroughly enjoyed serving as your Regional Director. At this time in my life, I have other things that need my attention. I will help Joyce however I can and do not hesitate to email me or call me at any time that I can be of assistance to you.

Now for some information that was given at the National Meeting: Region 1 was well-represented with 22 people from our Region, especially where it was held in August, instead of October, which is not such an easy task to get the time off from our employers with scheduled vacations and all. At the breakout sessions for Regional Meetings, Quentin Letson from Atlantic City, NJ has once again offered to host a meeting at his hospital, Atlanticare Medical Center. If he changes his mind or Joyce has other plans for at least one of the Regional Meetings, Joyce will keep you updated on all of the events.

REGION 2

DE-IN-MD-MI-OH-PA-VA-WV

Interim Director: Randy Harris, Cer.A.T.

Work: 443/492-8928

Email: region2director@asatt.org



Greetings, Region 2 members,

I hope everyone made it home safely from Las Vegas. I want to thank our Education Committee on a job well done. The speakers were awesome; the information was very informative. It was nice to see my fellow Board Members again and working with them. I enjoyed seeing the strong showing of members at this year's National Meeting. Of course I enjoyed seeing Region 2 members, I was also happy to meet members from other regions. I want to welcome our new board members.

December will be here before you know it. This would be a good time to review your member profile on our web-

site — ASATT.org — to see how many CEs you have and need. I am looking for at least two hospitals to host our Regional Meetings next year.

Please do not hesitate to contact me with any question, concerns or request.

REGION 3

AL-FL-GA-KY-NC-SC-TN

Interim Director: Sue Christian, Cer.A.T.T.

Work: 615/343-7077 • **Fax:** 615/343-1966

Email: region3director@asatt.org



Hello Region 3 members,

The second Region 3 meeting of the year will take place on November 9th at Huntsville Hospital, Huntsville, Alabama. Doris Briggins and James Randolph have worked diligently to recruit speakers and broaden the range of topics. There has been a last-minute change to the program: Instead of offering seven Category 1 topics, we will have six CI & one CII topic. The brochure/registration form is posted on the website under the Region 3 web report. If you are short of CEs for this recertification period, this is the perfect opportunity to fill that void. This will be

[MORE](#)

Meet the new
Board Members
in the

Who's Who

section in the Winter edition!

my last official responsibility as your Regional Director.

Just as the seasons are changing, so is ASATT. The 2013/2014 Board of Directors will officially take their seats on Sunday, October 27th. At that time, Marc McGaffic will become your Regional Director and I hope that you will support him as he transitions into the role.

I would also like to take this opportunity to thank you, the members, for the opportunity to serve as your Regional Director. I have had the privilege of meeting and getting to know many of the technicians/technologists residing in our Region. Your support over the years has been invaluable!

REGION 4

IL-IA-MN-MO-ND-SD-WI

Director: Cindy Zellner, Cer.A.T.

Work: 715/387-7179 • Fax: 715/387-5890

Email: region4director@asatt.org



I'm sure that those of you who were fortunate enough to attend the Annual Conference had a great time in Las Vegas, and went home with a lot of useful information from the presentations from the two days. For those of you who did not make it, we missed you there and hope to see you next year in New Orleans, October 9–11. Information on that will be coming out as it is completed. And it's always an eye-opener to meet and talk with other Technicians/Technologist from across the United States and find out how THEY do things at their facilities. Much can be learned from just conversing with others. It's never too early to start planning for attending, and you can never get too much education in an ever-changing profession.

If you are scheduled to Recertify at the end of this year, start getting all your information in order. Even if you have gotten your CEs by attending ASATT meetings and they are posted on the website, you still need to follow the directions on the form when you receive it and send in the appropriate fees by the deadline to recertify. **DON'T WAIT UNTIL THE LAST WEEK!** Get that information to ASATT Headquarters as soon as you receive your packet to avoid any late fees and the chance you will not be recertified. It's not worth the hassle you will have after the deadline

has passed, or the chance you may have to test again to regain your Certification. If you need more CEs, there are the online quizzes from *The Sensor* you can take and send in the fees for those. Don't wait until the end of the Certification period.

Have you ever thought about becoming more involved with ASATT? It is your organization, you know. Think about it, and if you would like to become more active in ASATT's decisions, contact any of the Board of Director members and inquire about the many options. There are many committees in addition to the Board of Directors that are always looking for help and new, fresh ideas. It is very rewarding to be a part of the many changes taking place in our profession.

And lastly, July 2015 is coming up fast. That will be the final time to take the ASATT Certification exam without having to get further formal education. If you haven't taken the exam and have been considering it, you don't have a lot of time left. Check out the Certification Handbook on the ASATT website to get all the information you need to test, from testing sites, dates available to test, requirements, fees, and very useful information on test content so you know what areas you need to concentrate more on to study for the test. It's not as hard as you may think, and there are some useful resources listed on there as well to check out. Go for it! And good luck to you — *you can do it!*

REGION 5

AR-CO-KS-LA-MS-NE-OK-TX

Director: Charlene Koch, Cer.A.T.

Work: 720/777-6207

Email: region5director@asatt.org



Hello Region 5 members!

Wow! My two-year term as Regional Director is almost over! I am actually writing my last *Sensor* update. I just wanted to tell all of you it was an honor and privilege to represent you these last two years. Thanks for the support I have received.

The national conference in Las Vegas was a huge success. We had amazing speakers and topics. I think everyone walked away with new knowledge in their pockets. It

MORE



March 31st is Anesthesia Tech Day!

ASATT is looking for TECH DAY POSTER Ideas!

Help solve the mystery! How will the Society, the Profession and Anesthesia Techs be represented in this year's poster celebrating Anesthesia Tech Day? Send your ideas to Sue Christian: suec598@msn.com.

Deadline for submission is February 28, 2014. If your idea is chosen, you will receive a complimentary membership for the year! (August 2014 through July 2015).

was great seeing so many members present. Don't forget that knowledge is truly the strength that you have to grow as an anesthesia tech.

Bill Peery received the Region 5 Educational Award this year. He is truly an example of an Anesthesia Tech that wanted and wants to grow the anesthesia tech career. His dedication to the growth of anesthesia techs in his community has carried to him promoting and working toward creating a program which is in its second year. Not only does it take a huge professional commitment, but a personal one as well. I commend Bill and his family (families make sacrifices to those who promote career growth) for the dedication he has made to the future of Anesthesia Technology.

Finally, I would like to recognize those who I have had the honor of serving with on the Board of Directors. This fine group of individuals have dedicated a huge amount of time and effort to the growth of Anesthesia Technology. It is through them that ASATT is able to provide so many opportunities for techs to grow through education, accreditation and promotion of certification.

Every day is a new day toward the future of Anesthesia Technology. I ask each of you, what can you do to add to that future? You all have something to give.

REGION 6

AZ-CA-NM-NV-UT

Director: Paul Castaneda, Cer.A.T.

Work: 520/360-2055

Email: region6director@asatt.org



Greetings, Region Six!

The National Meeting was a success, and now that summer is over, I hope you all are preparing for winter to come before we know it. First off I'd like to touch base with everyone about the Regional Meeting in Pasadena, California, I asked what the members wanted and I put together a Regional Meeting that will be geared toward the technologist level. The meeting will be held October 19th at the Kaiser Permanente School of Anesthesia. I have six or seven speakers with a total of six to seven CEs for attendees. Over the last year or so I have learned a lot about our ever-growing profession and I hope we all help drive our profession forward. The Board of Directors also needs your help to

*2013 ASATT Education Award
presented to Gary West by Region 7
Director Joleen Bishop, Cer.A.T., at
Renton Technical College.*

help drive. Recertification is coming up for plenty of us; please check over your CEs. December 31st will approach very quickly and the Recertification Committee gets overwhelmed with applications as the deadline approaches, so please, Region 6, let's help them out and send in your packet early.

Thanks!

REGION 7

AK-HI-ID-MT-OR-WA-WY

Director: Joleen Bishop, Cer.A.T.

Work: 206/223-2391

Email: region7director@asatt.org



Greetings Region 7,

It seems we have turned the corner on another summer and October is firmly upon us. I would like to take this opportunity to reflect upon all of the exciting and momentous achievements over the past two years. The first for me was to be able to serve on the Board for the past two years. A time where we see our profession growing and a clear path has been set to make us more visible, not only on the Academic scene but also on the government legislation level. This is truly a momentous time where we stand together to be seen as the professionals we are.

Another huge undertaking of both time and effort has been by individual members stepping up to host Regional Meetings. Over the past two years we have had five Regional Meetings, the latest being especially educational and fun, on Oahu, October 6th. That's not all as we are still trying to put together a sixth meeting with more to come. This far exceeds the number of meetings we have had in the past and it exhibits the amount of engagement Region 7 members commit to ASATT and each other.

The final event I would like to reflect upon is this year's

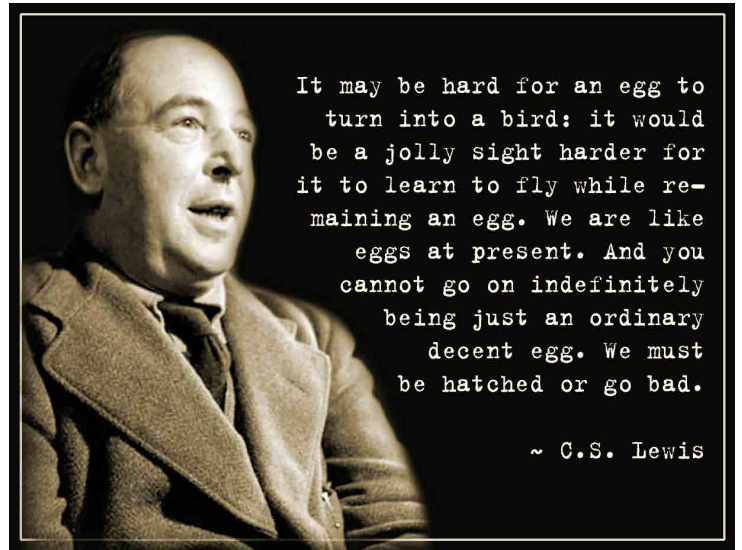
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extremely successful Annual Education Meeting in Las Vegas. This was our first meeting that we partnered with the AANA and the support was phenomenal. If you were unable to attend you missed some very exciting CRNA speakers and updates from the Board on the transition to Technologists in 2015. It was also my pleasure to present Region 7's Education Award to Gary West.

Gary received his award back in Seattle in his Renton Technical classroom with student and Deans looking on and celebrating his achievement. I believe this to be the best moment of the last two years. It feels good to know our profession in Region 7 is in good hands and under the same vision as ASATT.

Now on to new adventures, I would like to welcome Delbert Macanas back into the role of Region 7 Director. As many of you know he led our Region for many years and stepped down for a couple to fulfill his most recent roll on the Board of Directors as President Elect/



It may be hard for an egg to turn into a bird: it would be a jolly sight harder for it to learn to fly while remaining an egg. We are like eggs at present. And you cannot go on indefinitely being just an ordinary decent egg. We must be hatched or go bad.

~ C.S. Lewis

President. Delbert has been a generous mentor and great friend to Region 7 and me and I am happy to have him back. As for me, I am taking on a new roll that removes me from direct patient care and feel it is only appropriate for someone to hold this position if they are practicing the profession directly. My new role affords me the opportunity to work with anesthesia technicians closely and define our role in providing direct patient care in the best way possible. I will continue to bring our role in patient care to the attention of the entire patient care team.

So, with a few weeks to go before 2014, it's time to get your CEs in order for your certification renewal this year. If yours is due this year (as mine is) remember to send in all of your paperwork postmarked no later than December 31st. I am hopeful that everyone out there is practicing at their best and like any good professional you are well prepared and just waiting to submit your packet.

I wish you all a safe journey through all changes and thank you for your trust and support these last two years.

Peace. ☺

*Tami Rable (Assoc. Dean),
Joleen Bishop, Gary West,
Jodi Novotny (Dean).*



Renton Technical College Anesthesia Technician Class of 2013 was on hand to congratulate Gary for winning the Region 7 Education Award.



CONTINUING EDUCATION QUIZ



To test your knowledge on this issue's Science and Technology article on page 6, provide correct answers to the following questions on the form below; follow the instructions carefully. **Submissions for this issue's Quiz expire December 31, 2014. Achieve 80% in this quiz to earn one (1) Continuing Education credit.**

- | | | |
|---|--|---|
| <p>1. Bioburden consists of:
A. Blood B. Tissue
C. Feces D. All of the above</p> <p>2. A process that destroys most but not all pathogenic non-spore forming microorganisms on inanimate objects is the definition for:
A. Decontamination
B. Disinfection
C. Cleaning
D. Antisepsis</p> <p>3. The underside of the mayo stand is not sterile.
<input type="checkbox"/> True <input type="checkbox"/> False</p> <p>4. Sterile conscience is a collective effort.
<input type="checkbox"/> True <input type="checkbox"/> False</p> | <p>5. The process by which all types of microorganisms, including spores are destroyed on an object is the definition for:
A. Disinfection
B. Decontamination
C. Cleaning
D. Sterilization</p> <p>6. Prepping the patient should be performed by starting at the incision site and working outwards.
<input type="checkbox"/> True <input type="checkbox"/> False</p> <p>7. When pouring solutions onto the sterile field, it is okay to save and reuse any portion that is left over.
<input type="checkbox"/> True <input type="checkbox"/> False</p> | <p>8. Surgical scrub attire is not needed for which member of the OR team:
A. Surgeon
B. Scrub tech
C. First assist
D. Anesthesiologist</p> <p>9. Unsterile persons maintain a distance of _____ from the sterile field:
A. 6 inches
B. 8 inches
C. 12 inches
D. None of the above</p> <p>10. The circulator may walk between two sterile fields.
<input type="checkbox"/> True <input type="checkbox"/> False</p> |
|---|--|---|

To apply for Continuing Education/ Contact Hours:

- (1) Provide all the information requested on this form.
- (2) Provide correct answers to this issue's quiz in this box > > >
- (3) Mail this form along with \$10.00 (check or money order, payable to ASATT) to:

ASATT
7044 South 13th Street
Oak Creek, WI 53154-1429

The answers to the Fall 2013 Continuing Education Quiz are:
(circle correct answers)

- | | |
|------------|------------|
| 1: A B C D | 6: T F |
| 2: A B C D | 7: T F |
| 3: T F | 8: A B C D |
| 4: T F | 9: A B C D |
| 5: A B C D | 10: T F |

Name _____ ASATT Number _____

Street Address _____ Phone _____

City _____ State _____ ZIP Code _____

Signature _____ Date _____



ASATT Calendar

Membership Events

Recertification Packets for the cycle ending 12/31/2013 accepted..... November 15

Recertification cycle ends..... December 31

Grace period for recertification begins with late fee January 1, 2014

Recertification cycle closes..... January 31

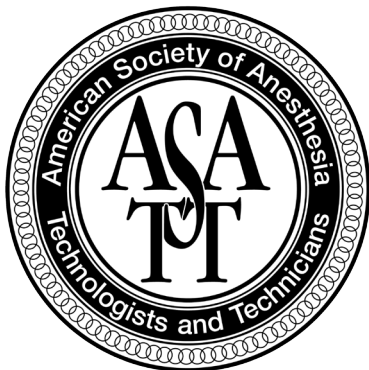
Deadline for submission of Anesthesia Tech Day Poster February 28

Anesthesia Tech Day March 31

Educational Meetings

Region 6 Meeting, Kaiser Permanente
School of Anesthesia, Pasadena, CA..... October 19

Region 3 Meeting, Huntsville Hospital, Huntsville, AL November 9



**American Society of Anesthesia
Technologists and Technicians**

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