

# SENSOR ONLINE

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

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## ***Preventing and Controlling Fires in the OR*** page 6

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# American Society of Anesthesia Technologists and Technicians

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EXECUTIVE DIRECTOR: Mike McManus  
414/908-4942 ext. 119 Fax: 414/768-8001  
Email: [customercare@asatt.org](mailto:customercare@asatt.org)  
Web: [www.asatt.org](http://www.asatt.org)

## PRESIDENT

**Vicki Reyes, Cer.A.T.T.**

Work: 626/564-3018 Fax: 626/851-7204  
Email: [president@asatt.org](mailto:president@asatt.org)

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**Jeremy Wyatt, Cer.A.T.**

Cell: 206/715-5108  
Work: 425/228-3440, ext 4457  
Email: [president-elect@upmc.edu](mailto:president-elect@upmc.edu)

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Work: 858/657-6534  
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## SECRETARY

**Tony Castillo, Cer.A.T.T.**

Work: 626/564-5737  
Email: [secretary@asatt.org](mailto:secretary@asatt.org)

## SENSOR STAFF

**Sue Christian, Cer.A.T.T.**

**Editor**

Work: 615/343-7077 Fax: 615/343-1966  
Email: [region3director@asatt.org](mailto:region3director@asatt.org)

**Bill Glass, SFB**

**Layout and Design**

Email: [Sensor@AlphaBaseInc.com](mailto:Sensor@AlphaBaseInc.com)

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VICKI REYES, CER.A.T.T.

# PRESIDENT'S Message

**F**IRST I WOULD LIKE to thank you for your show of faith, that the course we have embarked upon is one that the membership believes in, by re-electing me as your president.

Sometimes, history and fate meet at a single time to shape a turning point in a profession. So it was in 2010 when the Committee on Accreditation/Education and the ASATT Board of Directors drew the line that will raise the standard of this profession and open doors in the future we can hardly imagine. A group of forward-thinking individuals saw the potential for our profession and embraced it. While they all were aware there was an almost insurmountable amount of work to be done to achieve this goal, they took this information to the assembled membership, which resulted in a standing ovation.

Our mission is one of the oldest and most basic of healthcare: to deliver competent care in a safe and effective method to the communities we serve. In our time, we have seen many changes in healthcare. In order for us to thrive in this environment we must seek standardization and professionalism through education. We must be considered an essential part of the anesthesia care team, as a member contributing to the care of the patient.

Rarely are we met with such a challenge, not to our growth or abundance, but rather to the values, purposes and future of our profession. I am in this with my whole heart and soul. I will not shrink from my

responsibilities and I encourage you to participate as well. The energy and devotion which we bring to this endeavor will light our profession and all who serve it and the glow from that fire will inspire others to follow.

With malice toward none, assistance for all, and firmness in the conviction that this is truly the right path, we strive to finish the work we have begun. We may not have all of the answers now; we are embarking on a path that is complex and involves close scrutiny. We are all working to be diligent and have partnered with groups that have experience beyond ours. We choose to go forward now, not because it is easy, but because it is the right thing to do in order to solidify our profession.

In this day and age it's hard to dazzle us. But for 25 years ASATT has been doing just that. We've grown used to the idea of certification, and so perhaps we forget that we've only just begun. We're still pioneers, still evolving and trying to establish ourselves in the healthcare community. This goal serves to organize and measure the best of our energies and skills.

The future doesn't belong to the fainthearted; it belongs to the brave. The past few years were only the beginning, pulling us toward a bright future, and we are committed to continue in that direction.

**Vicki Reyes, Cer.A.T.T.**  
**ASATT President**



Please keep your address and other personal information up-to-date by going to the ASATT home page — [www.asatt.org](http://www.asatt.org) — and clicking on the **MEMBER SITE** link. From there, you'll be able to make changes that will keep you current, and allow you to continue receiving Society news and information without delay! Lose or forget your password or User ID? Contact [customercare@asatt.org](mailto:customercare@asatt.org).

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## WHAT'S RIGHT IS RIGHT AND WHAT'S WRONG IS WRONG.

Correct? Not necessarily. There are times when ethics and morals are used interchangeably; however, they are very different. Ethics are a set of laws or regulations that mandate how we conduct ourselves in public. These laws were designed to resolve conflict and protect society. Without laws, society would be in a constant state of chaos. Ethics can also be a code of conduct adopted by professional organizations that provide guidelines and expectations of how one should act when representing their respective profession.

Morals refer to an individual's own principals or beliefs as they pertain to right and wrong. We begin to develop our own morals at a young age with interactions from both internal and external sources. Internal sources usually consist of our parents, siblings and/or other family members. External sources include friends, teachers, neighbors, coaches and members of society at large. Other external influences also include our religious, ethnic and cultural beliefs. Keep in mind that while our ethnicity allows us to identify with individuals of the same culture to which we are related, we may not share those same cultural values. For example, the pope heads the Catholic Church which is stationed in Rome. As we all know, Rome is located in Italy. We might then, make the assumption that all Italians are Catholics, but that assumption would be incorrect.

It would also be incorrect to assume that the subject of ethics and morals is straightforward and thus removes any and all conflicting issues. On the contrary, numerous professionals battle with the ethics of their profession against their own moral beliefs. Law enforcement, lawyers and healthcare workers often have to set aside their own personal beliefs to uphold the oath they took to perform their job. Example: A lawyer may have a client on trial for murder. The client disclosed to that lawyer that he actually committed the crime. The lawyer's own beliefs are that murderers should be given the death penalty; however, he has taken an oath that he will defend these individuals regardless. Another example as it relates to healthcare: A 59-year-old is scheduled for a liver transplant (actually it's his second one). The patient's "problem list" shows that he has abused drugs and alcohol. Some healthcare providers may believe that these types of individuals didn't deserve the opportunity to have one transplant let alone qualify for a second liver transplant. These providers must set aside their own personal feelings and treat this patient because they took the Hippocratic Oath.

ASATT cannot stress strongly enough that this profession is becoming just that — a profession — and with that comes all of the responsibilities of a recognized healthcare profession. One of those responsibilities is that anesthesia technicians and technologists must be aware that we do have a Code of Ethics for our profession (established in 2009).







# CODE OF ETHICS

## INTRODUCTION

THE PURPOSE OF THE **Code of Ethics** of the American Society of Anesthesia Technologists and Technicians (ASATT) is to serve as a standard of conduct for our Society members. It contains standards of ethical behavior for anesthesia technicians/technologists in their professional relationships. These relationships include colleagues, patients or others served, members of other organizations, and society as a whole. The Code of Ethics also incorporates standards of ethical behavior governing individual behavior, particularly when that conduct directly relates to the role and identity of the Anesthesia Technician/Technologist (AT/ATT).

It should be noted that ASATT will not act as a policing organization. ASATT will accept and act on reports of unethical behavior only after an individual has pleaded guilty to or been convicted of a crime directly related to public health or the provision of safe, competent medical care. Felony convictions considered for this standard include, but are not limited to, fraud, violence, rape, sexual abuse, or misuse of controlled substances.

## PREAMBLE

The Certified Anesthesia Technician & Technologist...

**ASSISTS IN PROVIDING  
SAFE ANESTHESIA  
TODAY AND TOMORROW.**

ASATT has adopted this **Code of Ethics** to establish parameters and guide members in fulfilling their commitment to ensure that safe, efficient, cost-effective, competent and ethical practices are provided in the health-care setting. Each member of ASATT has a personal responsibility to uphold and adhere to these ethical standards and maintain professional standards of practice.

### Responsibility to patients

1. The AT/ATT demonstrates awareness of legal issues in all aspects of patient care, documentation and unit functions in accordance with employer policy.
2. The AT/ATT takes appropriate safety precautions and reports unsafe conditions in accordance with employer policy.
3. The AT/ATT preserves confidentiality of patient and other sensitive information according to employer policy.
4. The AT/ATT demonstrates ability to present ideas for patient safety.
5. The AT/ATT promotes team effort for effective outcome of safe patient care.

### Quality

1. The AT/ATT organizes and contributes to patient work assignments.
2. The AT/ATT practices the principles of behavior and incorporates the values of the health organization in all working relationships.
3. The AT/ATT supports the mission and strategic plan of the organization of employment.
4. The AT/ATT demonstrates awareness and sensitivity for patient/visitor rights in accordance to employer policy.
5. The AT/ATT behaves in a manner that brings credit to the individual's profession.
6. The AT/ATT demonstrates an awareness of own personal strengths and limitations.
7. The AT/ATT demonstrates working knowledge and understanding of legislation and healthcare worker job responsibility in accordance with employer policy.
8. The AT/ATT takes appropriate safety precautions and reports unsafe conditions in accordance with the employer's procedure.
9. The AT/ATT originates constructive ideas, accepts responsibility and uses good judgment.
10. The AT/ATT follows safety regulations and guidelines per employer policy.
11. The AT/ATT performs with a high degree of accuracy for patient safety.
12. The AT/ATT performs within their scope of practice as established by their employer's position description.

### Service

1. The AT/ATT demonstrates a positive, compassionate, courteous, professional demeanor to patients, physicians, CRNAs and peers without personal bias to interfere.
2. The AT/ATT supports an environment of trust between caregivers and those served.
3. The AT/ATT demonstrates ability to accept change and shows adaptability.
4. The AT/ATT participates in development of organizational goals.
5. The AT/ATT preserves confidentiality of patient and other sensitive information according to employer policy and procedure.
6. The AT/ATT reports potential violations of laws, regulations, procedures and policies in accordance to the employer's policy and procedure.

### People

1. The AT/ATT demonstrates ability to present ideas for patient safety.
2. The AT/ATT promotes and builds effective interpersonal and interdepartmental relationships within employed organization.
3. The AT/ATT promotes team effort for effective outcome of safe patient care.

### Finance

1. The AT/ATT demonstrates proper use and maintenance of equipment, instruments and facility.
2. The AT/ATT demonstrates fiscal responsibility.

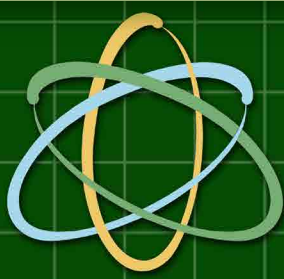
### Competence

The scope of practice that an AT/ATT engages in is within the individual competencies of the AT/ATT in accordance with their employer's job description. Each AT/ATT has the responsibility to maintain competency in their field of practice.

1. The AT/ATT engages in continuing educational activities.
2. The AT/ATT participates in continuous quality improvement activities.
3. The practicing certified AT/ATT maintains his/her certification as mandated by the ASATT or other governing agencies.
4. The AT/ATT fulfills compliance education requirements, competencies and professional certification as defined by the employer's position requirements.
5. The AT/ATT supports associated professional health organizations.
6. The AT/ATT encourages and supports opportunities for professional growth and development among peers and subordinates so that all who work in the field can gain and demonstrate competence in the profession.

### Integrity

1. The AT/ATT will not knowingly engage in deception of any form.
2. The AT/ATT is expected to act in an ethical manner at all times.
3. The AT/ATT is expected to avoid harassment, dishonesty or theft.
4. The AT/ATT is expected to avoid any situations that would cause conflict of interest.



## Preventing and Controlling Fires in the OR

**Sue Christian, Cer.A.T.T.  
Vanderbilt University Medical Center  
Nashville, TN**



**“ROCKY”** WAS SCHEDULED at an ambulatory surgery center (ASC) to have a polyp removed from his vocal cords, a minor procedure he had performed twice before. Instead of using scissors to remove the polyp as they had in the past, the surgeon opted to perform the surgery with a laser. Rocky was intubated with an ET tube designed to be used with lasers. He was supported on 100% oxygen. Midway into the procedure, the surgeon noticed methylene blue in his surgical field, indicating that the laser had ruptured the cuff.

The surgery was stopped momentarily, but because they were almost finished, the decision was made to continue without exchanging the ET tube. A few minutes later, the laser hit the cuff a second time and it caught on fire. Rocky’s airway was severely damaged. Two years and 18 surgeries later, Rocky depends on a T-tube to breathe and his vocal cords were so severely damaged that he can barely whisper (Surgicalfires.org).

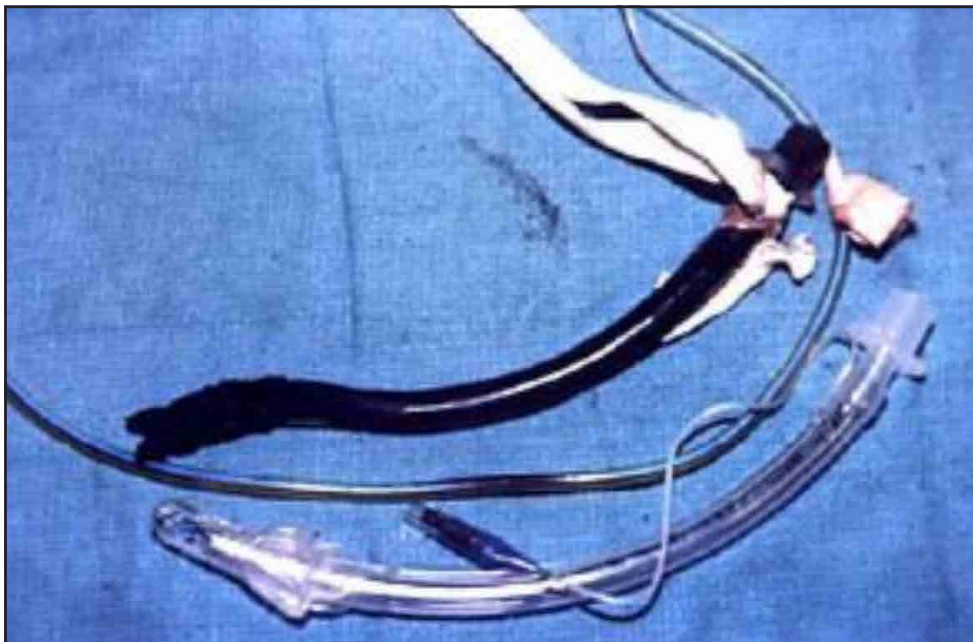
A 25-year-old female was scheduled to have a cyst removed from her face. The procedure would be per-

formed at an ASC under monitored anesthesia care (MAC). The patient was sedated and 100% oxygen was administered via nasal cannula. The patient was prepped and draped in the usual fashion. When the surgeon used the electrocautery, a massive fire broke out. The patient sustained burns to her nose and face that required numerous surgeries and skin grafting. She was left with permanent disfigurement (Mehta, 2012).

A 59-year-old female presents to the OR for thyroid surgery. A week later, she woke up in the ICU. “Her chin was gone, her nose deformed and her mouth melted away. An electro-surgical tool had ignited oxygen inside a mask under the surgery drapes during the operation, sparking flames that left second- and third-degree burns from Talbert’s chest to the top of her head (Aleccia, 2008)”.

A 68-year-old male suffered second-degree burns to his shoulder, chest and neck, and his hair was singed after he underwent surgery to insert a pacemaker. “Depositions of the surgical team stated that they believed the cause of the fire could be blamed on the alcohol-based antiseptic, DuraPrep, not drying completely before the surgeon used an electrical cautery device (Swift, 2012)”.

An 11-year-old cancer patient suffered burns over 12% of her body when olive oil was used to remove



*The top tracheal tube (blackened color) was ignited during electro-surgical use to enter the trachea during a tracheostomy. The bottom tube is an exemplar tube for comparison.*

IMAGE PROVIDED COURTESY OF ECRI INSTITUTE.

**MORE**



medical tape adhesive. “Investigators said that olive oil used to remove medical tape adhesive likely combined with hand sanitizer and sparks from static electricity created by bedding and clothing to start the blaze (Aleccia, 2013)”.

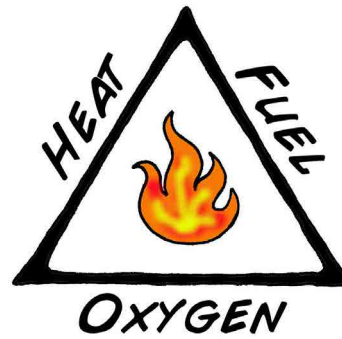
A woman having a cesarean section delivery receives third degree burns on her lower abdomen (baby was not injured). The conclusion as to the cause of the fire was that an alcohol-based antiseptic was not given time to adequately dry before incision was made with an electrocautery device.

And the list goes on...

No one can argue that the advancements made in healthcare technology over the course of the last twenty years were designed to increase patient safety. Organizations such as the Federal Drug Administration (FDA), Anesthesia Patient Safety Foundation (APSF), The Joint Commission (TJC), The Association of periOperative Registered Nurses (AORN) and the National Fire Protection Association (NFPA) create safety committees and roll out educational tools designed to assist healthcare workers from preventing injury to patients. Healthcare facilities require their employees to complete annual mandatory educational competencies

that incorporate those educational tools. Yet each year, hundreds of patients are injured from preventable surgical fires. That’s correct; each year, *hundreds* of patients are injured from **preventable** surgical fires.

If surgical fires are preventable, then why have they increased? Some contribute the increase to a lack of fire safety training. Others feel that with the elimination of flammable anesthetics, many clinicians have become complacent. More than 23 million inpatient and 50 million outpatient surgeries are performed each year and the fact that up to 650 operating room fires occur on an annual basis, they are still considered a “rare event” (Durso, 2012).



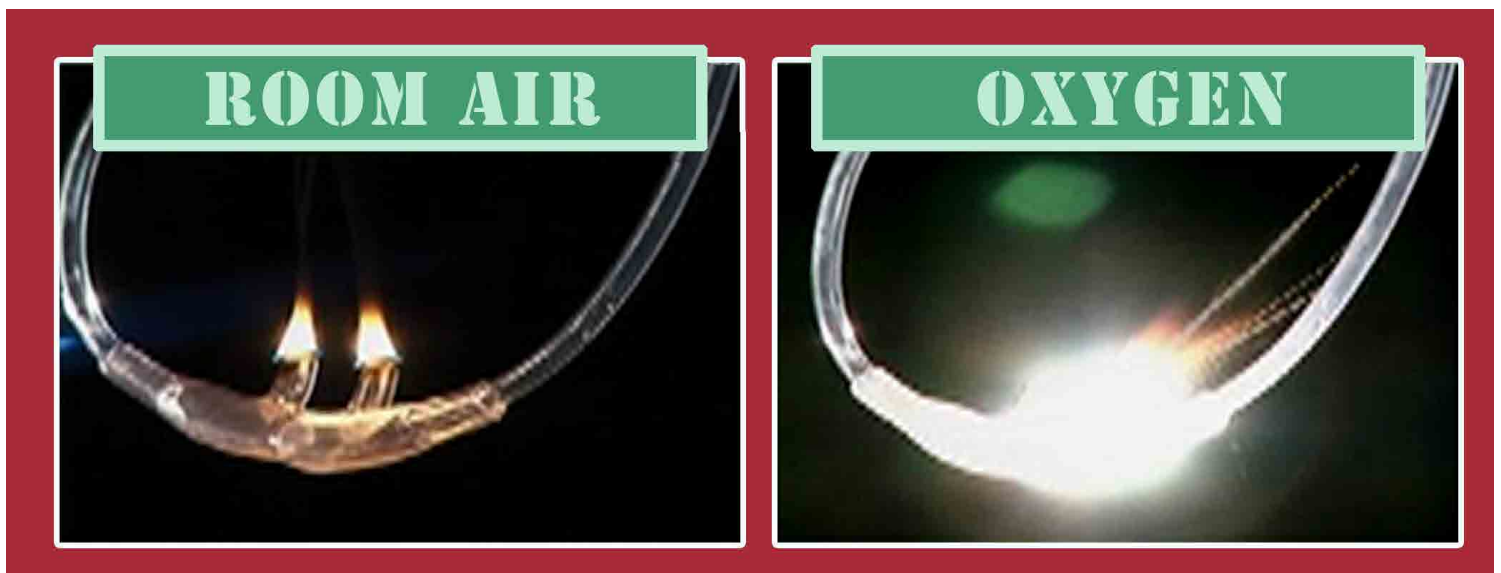
annually (Roane, 2003). At the close of 2013, the NFPA, APSF, FDA and a host of other organizations estimated that the numbers of surgical fires that occur annually range from 550 to 650. Of those 650 surgical fires, 20 to 30 cases result in serious disfigurement and 1 to

5 deaths per year. Why the disparity? The main reason is that there is no national database for injuries related to hospital fires and/or burns and few states require mandatory reporting of such incidents. According to Dr. John Clarke, clinical director of the Pennsylvania Patient Safety Reporting System, “Data from studies conducted in Pennsylvania indicate there are 650 surgical fires in hospitals annually in the U.S. — and there may be three to four times as many “near miss” incidents, such as a surgical drape that begins smoldering and was extinguished quickly (Landor, 2009)”. The reason these fires may not be reported are that some fires are small and extinguished quickly by the surgical team before the flames spread and cause serious injury to the patient, staff members or surgical suite. Even with the release of

Estimated number of surgical fires per year in the U.S.	
1977	20–30
2003	50–100
2013	550–650

Consider this: In 1997 it was estimated that 20–30 fires occurred in the OR each year. By the year 2003, ECRI estimated that the number had increased to 50–100 surgical fires

**MORE**



*Cannula on left burning on room air.*

*Note the difference when oxygen is introduced into the cannula on the right (fire intensifies).*

The Joint Commission Sentinel Event Alert in 2003 to healthcare organizations that strongly recommended reporting any instance of a surgical fire to TJC, ECRI, the FDA or other state organizations many individuals failed to do so for fear of reprisal or legal ramifications for reporting these occurrences.

The fire “triad” is made up of three elements: fuel, oxygen and an ignition source. A fire can only exist when all three of these elements are present. Many organizations have adopted the shape of a triangle in their educational material to correspond with roles that provide each element. Typically, anesthesia is responsible for the oxidizer (oxygen); the surgeon is responsible for the ignition source (heat) and the registered nurse or surgical technician is responsible for the fuel source.

**Oxidizers** include medical air, oxygen, nitrous oxide and let’s not forget room air. Anesthesia administers these gases to the patient via nasal cannula, face mask, endotracheal tubes or laryngeal mask airway devices. The risk of fire is significantly increased when the concentration of the oxygen flow rate is increased around the head and neck area. It is important to remember that room air consists of 21% oxygen. Under normal circumstances, many items will not burn, but in an oxygen enriched environment, everything will burn and with a much greater intensity. While oxygen is the most obvious oxidizer, many individuals do not realize that

a combination of nitrous oxide and bowel gas (hydrogen and methane) can be lethal in the presence of an electrosurgical device.

**Fuel** sources are abundant in the operating room and really include anything that has the potential to burn. Fuel sources include but are in

- Use in the presence of alcohol-based prep solutions that have not been given adequate time to dry
- Alcohol-based prepped solutions that have been allowed to pool in areas around the patient

Lasers are the second most common ignition source. While complex in nature, a laser is simply a tube that concentrates light over and over again, until it emerges as a powerful beam. Because the light waves have the same wavelength and operate in unison, they create intense heat that burns through anything that is caught in their beam of light. Unlike electrocautery devices, lasers do not have to come in direct contact with a fuel source to cause ignition. When a laser is employed in procedures involving the airway, specially manufactured laser ET tubes should be employed. The tube is wrapped in laser-resistant foil (it’s *not* laser-proof!) and has a specially designed cuff that allows for the injection of methylene blue (dye). A 10cc syringe is then filled with saline and used to inflate the cuff. If the laser damages the cuff, the blue saline leaks into the surgical field, alerting the surgeon that something is wrong and surgery should be halted (as was the case with Rocky). If the decision is made to continue with the procedure, the laser tube needs to be exchanged.

We should stop here and note that many times manufacturers will claim their items are fire-retardant (especially surgical gloves and drapes). Don’t be fooled by the terminology — fire-retardant means only that the rate of the spread of the flame should

### FIRE LOCATIONS



no way limited to: surgical drapes, alcohol-based prepping agents, hair spray, body hair, blood pressure cuffs, breathing circuits, bandages, positioning devices and intestinal gases.

**Ignition** sources include electrosurgical devices, electrocautery pencils, lasers, fiberoptic light cables and other medical devices (drills, etc.) Electrosurgical devices are used in over 80% of all surgical procedures and data shows that they are the most common documented source of ignition in surgical fires due to:

- Activation in an oxygen-enriched environment
- Inadvertent activation
- Failure to secure the pencil tip in a holster
- Failure to keep the pencil tip clean of tissue debris

*65% of all surgical fires involve the head, face, neck, airway or upper chest.*



[MORE](#)



be reduced. Again, in an oxygen-enriched environment, items that normally will not burn are going to burn with a much greater intensity!

### Responding to a Fire

If the fire is small: Remove the burning items from the patient, or at the very least, smother it out or douse it out with saline or water. The surgical procedure should be halted and the patient assessed for injuries. Discussion should be held between the anesthesia provider and the surgeon as to whether or not the procedure should continue.

If the fire is large: Discontinue the oxygen and remove the burning items from the patient in a horizontal direction (if you lift them upward the fire has the potential of spreading). Extinguish the burning items with water or saline or use a fire extin-

guisher if it is close by (as when lasers are employed).

If the fire gets out of hand and evacuation of the OR is necessary, understand your role:

- Location of the nearest fire extinguisher
- Location of the nearest fire pull alarm
- Location of the gas shut-off valves (and who is authorized to turn them off) and
- Your facility's evacuation plan

### Fire extinguishers

There are a variety of fire extinguishers available throughout the hospital, yet many individuals do not understand that they are not appropriate for use in the operating room. Currently, carbon dioxide extinguishers are the only approved extinguishers for use in the OR. Carbon dioxide extinguishers expel a fog of cold CO<sub>2</sub> gas and snow that leaves no residue as it smothers and cools the fire. Class ABC extinguishers are not recommended because they emit a dry powder that cannot mix with water and is therefore very difficult to remove from a surgical wound. It

can also irritate mucous membranes in the mouth and airway. Halon is effective at putting out fires, but has been banned from manufacture by an international agreement because of its environmental effect on the ozone. To operate a fire extinguisher, remember:

#### PASS:

- Pull the pin
- Aim nozzle at the base of the fire, not at the flames
- Slowly squeeze the trigger
- Sweeping motions (side-to-side)

Always operate the extinguisher from a safe distance and once it diminishes you can then move closer. It is also important to remember that a fully operational extinguisher (one that has never been discharged) is usually operational for 10 to 30 seconds (that's not a whole lot of time!)

#### RACE:

- Rescue the patient
- Activate the alarm
- Confine the fire —compartmentalization by closing doors and shut off oxygen.
- Extinguish (water, saline fire extinguisher) and evacuate (if necessary)

**Lest we forget: Fire prevention begins and ends with the surgical team. S**



**Patient's face a victim of an airway fire; 35% of surgical fires occur elsewhere on or in the patient.**

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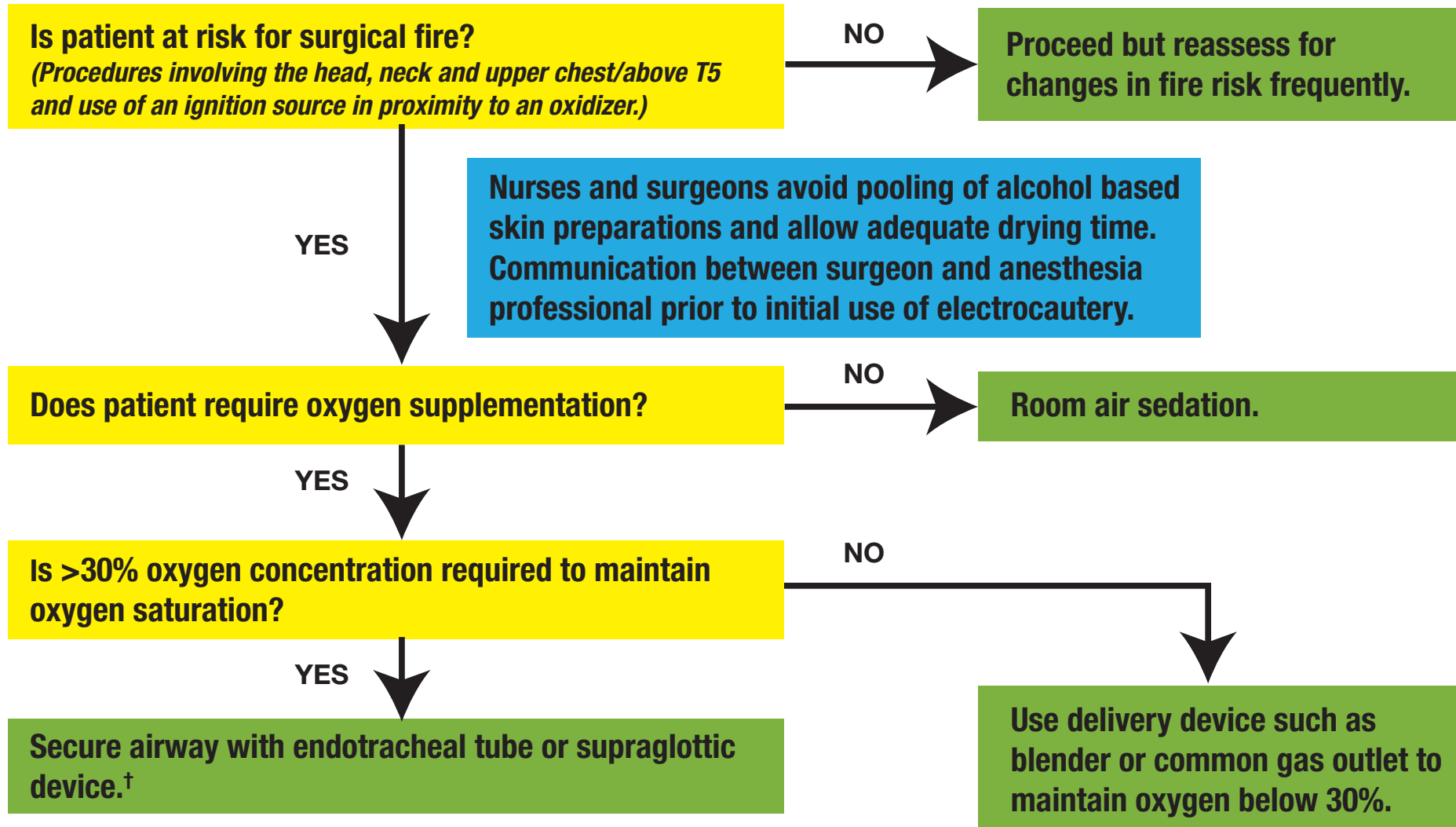
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- APSF VIDEO: [www.apsf.org/resources/video\\_watch.php](http://www.apsf.org/resources/video_watch.php)

# Fire Prevention Algorithm\*



† Although securing the airway is preferred, for cases where using a device is undesirable or not feasible, oxygen accumulation may be minimized by air insufflation over the face and open draping to provide wide exposure of the surgical site to the atmosphere.

\*The following organizations have indicated their support for APSF's efforts to increase awareness of the potential for surgical fires in at-risk patients: American Society of Anesthesiologists, American Association of Nurse Anesthetists, American Academy of Anesthesiologist Assistants, American College of Surgeons, American Society of Anesthesia Technologists and Technicians, American Society of PeriAnesthesia Nurses, Association of periOperative Registered Nurses, ECRI Institute, Food and Drug Administration Safe Use Initiative, National Patient Safety Foundation, The Joint Commission



# ONLY YOU CAN PREVENT SURGICAL FIRES

## Surgical Team Communication Is Essential

The applicability of these recommendations must be considered individually for each patient.

### At the Start of Each Surgery:

- Enriched O<sub>2</sub> and N<sub>2</sub>O atmospheres can vastly increase flammability of drapes, plastics, and hair. Be aware of possible O<sub>2</sub> enrichment under the drapes near the surgical site and in the fenestration, especially during head/face/neck/upper-chest surgery.
- Do not apply drapes until all flammable preps have fully dried; soak up spilled or pooled agent.
- Fiberoptic light sources can start fires: Complete all cable connections before activating the source. Place the source in standby mode when disconnecting cables.
- Moisten sponges to make them ignition resistant in oropharyngeal and pulmonary surgery.

### During Head, Face, Neck, and Upper-Chest Surgery:

- Use only air for open delivery to the face if the patient can maintain a safe blood O<sub>2</sub> saturation without supplemental O<sub>2</sub>.
- If the patient cannot maintain a safe blood O<sub>2</sub> saturation without extra O<sub>2</sub>, secure the airway with a laryngeal mask airway or tracheal tube.

**Exceptions:** Where patient verbal responses may be required during surgery (e.g., carotid artery surgery, neurosurgery, pacemaker insertion) and where open O<sub>2</sub> delivery is required to keep the patient safe:

- At all times, deliver the minimum O<sub>2</sub> concentration necessary for adequate oxygenation.
- Begin with a 30% delivered O<sub>2</sub> concentration and increase as necessary.
- For unavoidable open O<sub>2</sub> delivery above 30%, deliver 5 to 10 L/min of air under drapes to wash out excess O<sub>2</sub>.
- Stop supplemental O<sub>2</sub> at least one minute before and during use of electrocautery, electrocautery, or laser, if possible. Surgical team communication is essential for this recommendation.
- Use an adherent incise drape, if possible, to help isolate the incision from possible O<sub>2</sub>-enriched atmospheres beneath the drapes.
- Keep fenestration towel edges as far from the incision as possible.
- Arrange drapes to minimize O<sub>2</sub> buildup underneath.

- Coat head hair and facial hair (e.g., eyebrows, beard, moustache) within the fenestration with water-soluble surgical lubricating jelly to make it nonflammable.
- For coagulation, use bipolar electrocautery, not monopolar electrocautery.

### During Oropharyngeal Surgery (e.g., tonsillectomy):

- Scavenge deep within the oropharynx with a metal suction cannula to catch leaking O<sub>2</sub> and N<sub>2</sub>O.
- Moisten gauze or sponges and keep them moist, including those used with uncuffed tracheal tubes.

### During Tracheostomy:

- Do not use electrocautery to cut into the trachea.

### During Bronchoscopic Surgery:

- If the patient requires supplemental O<sub>2</sub>, keep the delivered O<sub>2</sub> below 30%. Use inhalation/exhalation gas monitoring (e.g., with an O<sub>2</sub> analyzer) to confirm the proper concentration.

### When Using Electrocautery, Electrocautery, or Laser:

- The surgeon should be made aware of open O<sub>2</sub> use. Surgical team discussion about preventive measures before use of electrocautery, electrocautery, and laser is indicated.
- Activate the unit only when the active tip is in view (especially if looking through a microscope or endoscope).
- Deactivate the unit before the tip leaves the surgical site.
- Place electrocautery electrodes in a holster or another location off the patient when not in active use (i.e., when not needed within the next few moments).
- Place lasers in standby mode when not in active use.
- Do not place rubber catheter sleeves over electrocautery electrodes.



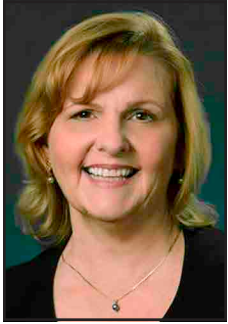
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More information on surgical fire prevention, including a downloadable copy of this poster, is available at [www.ecri.org/surgical\\_fires](http://www.ecri.org/surgical_fires)

# Who's Who



**Vicki Reyes, Cer.A.T.T.  
President**

***What is your current position?***

Asst. Director Kaiser Permanente Anesthesia Technology Program.

***How many years have you been in the anesthesia field?***

27.

***What do you find the most challenging about your job?***

Balancing the time commitment between volunteer responsibilities (ASATT, CAAHEP, Committee Chairs), work and home.

***What secret vice can you confess?***

I love ice cream!

***What has been your proudest accomplishment so far in life?***

Raising intelligent, caring and giving children. Professionally: playing an active role in the advancement of the Anesthesia Technology profession as a part of the ACT. Worked for the same company for over 40 years.

***What is your favorite food?***

Don't have a favorite, depends on my mood.

***People would be very surprised to know that:***

I belly danced professionally to earn extra money while attending college.

***What is your favorite type of music?***

Blues/Jazz and classic rock.

***What is your favorite movie?***

*Random Harvest, Midnight in the Garden of Good & Evil.*

***What goals, expectations or changes do you foresee being accomplished by ASATT?***

1) Standardization of Educational Programs 2) Advancement of the AT role as a well recognized profession 3) Advancing the capabilities of the professional organization.

***What is your favorite genre of movies?***

Comedy, Suspense and Action, depending on my mood.

***What is the best vacation you've ever taken?***

Driving the entire Baja Peninsula

***What is the craziest thing you have ever done?***

Belly danced professionally to earn extra money while attending college.

***If given a choice, which animal would you want to be? Why?***

A dolphin, they just seem to enjoy life.



**Jeremy Wyatt, Cer.A.T.  
President-Elect**

***What is your current position?***

Supervisor Perioperative Services, UW Medicine - Valley Medical Center.

***How many years have you been in the anesthesia field?***

About 13 years.

***What do you find the most challenging about your job?***

Stay viable and present to all the staff.

***What secret vice can you confess?***

BMW motorcycles, chinchillas and a good red wine.

***What has been your proudest accomplishment so far in life?***

Going on multiple Medical Missions to third world countries.

***What is your favorite food?***

Italian.

***People would be very surprised to know that:***

I was a bartender back during school.

***What is your favorite type of music?***

Modern Pop.

***What is your favorite movie?***

Can you really have one favorite movie??? I really enjoyed *Gravity*.

***What goals, expectations or changes do you foresee being accomplished by ASATT?***

Paving the way for an Anesthesia Technology License.

***Your favorite book?***

Anything by Anne Rice.

***Favorite television/movie character?***

Can we call the History Channel a character? If so...there we go.

***What is your favorite genre of movies?***

Action and Suspense.

**MORE**



# Who's Who

**What is the best vacation you've ever taken?**

Three weeks in Europe, France, England, Germany, Austria and Amsterdam.

**If you could have a luncheon with any three people (real or fictitious, from any time period, dead or alive), which three people would you choose and why?**

Any three presidents.

**What is your idea of fun?**

Riding our motorcycles... anywhere!!!

**What is the craziest thing you have ever done?**

Take my K1200S to extreme speeds.

**If given a choice, which animal would you want to be? Why?**

Wow, this is a hard one. I would guess a chinchilla at my house. They are very spoiled and well cared for.

**What is your most favorite place in this earth?**

Back on top of the Alps, skiing all day long. If you ever have the opportunity make it happen.



**Vicki Carse, Cer.A.T.  
Immediate Past-President**

**What is your current position?**

Immediate Past-President.

**How many years have you been in the anesthesia field?**

35.

**What do you find the most challenging about your job?**

Employees not being positive.

**What secret vice can you confess?**

I have several secret vices that will remain secret!

**What has been your proudest accomplishment so far in life?**

Watching my family grow...

**What is your favorite food?**

Shrimp fettucine.

**People would be very surprised to know that:**

I studied sociology in college.

**What is your favorite type of music?**

Current top songs.

**What is your favorite movie?**

*The Ten Commandments.*

**What goals, expectations or changes do you foresee being accomplished by ASATT?**

The primary goal for ASATT is to see continued growth with established training programs for our profession.

**Your favorite book?**

I enjoy reading too much to have one favorite book.

**Favorite television/movie character?**

Cinderella.

**What is your favorite genre of movies?**

Romance and suspense.

**What is the best vacation you've ever taken?**

My husband and I took our granddaughter Alexis to DisneyWorld last year.

**If you could have a luncheon with any three people (real or fictitious/ from any time period, dead or alive), which three people would you choose and why?**

Gandhi, Nelson Mandela, Mother Teresa ~ why? So that I may continue to improve being the person that I am.

**What is your idea of fun?**

Spending time with my family.

**What is the craziest thing you have ever done?**

I had better not confess to this...

**If given a choice, which animal would you want to be? Why?**

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## 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: [suec598@msn.com](mailto:suec598@msn.com).

# Who's Who

I hope a bird qualifies for an answer because I would be a flamingo ~ they are graceful and poised and I love the color pink!

**What is your most favorite place in this earth?**

Home!!!



## Joyce Freeman, Cer.A.T. Region 1 Director

**What is your current position?**

Director Anesthesia Technical Services.

**How many years have you been in the anesthesia field?**

25 years.

**What do you find the most challenging about your job?**

Hiring new anesthesia technical staff is difficult. We perform blood gases for anesthesia patients in the OR. We are required to have a clinical lab license in New York State. Very difficult to find qualified anesthesia technicians/technologists to work in this role. Not all other medical professions qualify for this position either. Right now I am hiring Respiratory Therapists.

**What secret vice can you confess?**

I don't have one. I try not to over indulge in anything. I like to maintain balance.

**What has been your proudest accomplishment so far in life?**

My children and how they have grown to be wonderful people in their private and professional lives.

**What is your favorite food?**

Italian and Seafood.

**People would be very surprised to know that:**

I have a little bit of the daredevil in me. I love adventure and will try most anything once, except sky diving. I also love the arts. I have a few ceramic pieces from my early college days that I still display in my home.

**What is your favorite type of music?**

I like gospel, R&B and Jazz.

**What is your favorite movie?**

*Christmas Story, The Story of Esther.* I have a biblical version of this in a movie. This is a great story of love and faithfulness in God. *J'Dango*, is a great movie about a man

determined to free his woman from slavery. Also *12 Years a Slave*. Great movie!!!

**What goals, expectations or changes do you foresee being accomplished by ASATT?**

I would like to see at least one formal associate degree program for anesthesia technology in the state of New York. I think this would be a tremendous accomplishment for ASATT and the members that live in this state. I would love to see more schools across the country. Then hopefully move to the next level of BS degree in Anesthesia Technology. This would allow us to teach our own profession.

**Your favorite book?**

I read this book a long time ago. Don't remember the title. This young girl's family helped her escape from Africa so she would not have to be a part of an arranged marriage which required her to participate in female genital cutting. She escaped to America to finish school and continue on to college and let the world know of her harrowing experience. Very strong person of courage.

**Favorite television/movie character?**

*Scandal.* Kerry Washington is great!!! This comes on late, but I will stay up with one eye open to watch this show!

**What is your favorite genre of movies?**

I like action movies and comedy. Go figure!

**What is the best vacation you've ever taken?**

One of my closest friends invited me to the country of Panama after my mother passed away. I had a personal view of the country from people who grew up in this country. They also took me to see the locks where the ships travel from the Atlantic Ocean to the Pacific Ocean or vice-versa. Great experience!!

**If you could have a luncheon with any three people (real or fictitious/from any time period, dead or alive), which three people would you choose and why?**

President Obama, Nelson Mandela (now he is gone), Mrs. Obama. I think all three of these people have contributed to our society to make it better than it was. Some may not agree with me, but years from now people will realize the impact of President Obama and what positive things he is doing for this country. Not every president is perfect and neither is he, but that is a part of the process. I grew up in a time that has had some wonderful people who have contributed to our society, our culture and even to the world. Too many to mention. I really admire the three I

MORE



# Who's Who

mentioned, especially Mrs. Obama. She is a lady of beauty, grace and intelligence. I love being around people who are intelligent. You can learn so much from them.

## ***What is your idea of fun?***

Sitting around my friends, glass of wine, wonderful food, great music, and just talking and laughing. Laughter is a great way to relieve stress.

## ***What is the craziest thing you have ever done?***

Parasailing. I did it, but what was I thinking?

## ***If given a choice, which animal would you want to be? Why?***

Medium-size cute little dog. They have a big bark (high pitched) and will take on anything that threatens them. They have no fear.

## ***What is your most favorite place in this earth?***

My home. I love being able to go home and relax. I love to travel, but being back home is just a wonderful thing.



**Marc McGaffic, Cer.A.T.  
Region 3 Director**

## ***What is your current position?***

Program Chair – Anesthesia Technology – City College, Florida.

## ***How many years have you been in the anesthesia field?***

11 years.

## ***What do you find the most challenging about your job?***

The ever-changing atmosphere of the technology we use today for patient care.

## ***What secret vice can you confess?***

I enjoy tattoos and have 10 of them.

## ***What has been your proudest accomplishment so far in life?***

Having two beautiful and healthy children to my beautiful wife, Jocelyn.

## ***What is your favorite food?***

Curry chicken.

## ***People would be very surprised to know that:***

I played hockey growing up.

## ***What is your favorite type of music?***

Hard Rock.

## ***What is your favorite movie?***

*Star Wars* – original series – we will see what the new movies bring to the table.

## ***What goals, expectations or changes do you foresee being accomplished by ASATT?***

The goal would have to be to help as many OJT techs become certified before the July 15, 2015 deadline. Time is running out fast!!

## ***Your favorite book?***

Currently, I am reading *Any Given Day*.

## ***Favorite television/movie character?***

Sheldon from *The Big Bang Theory*.

## ***What is your favorite genre of movies?***

Comedy and Action.

## ***What is the best vacation you've ever taken?***

I live in Florida...every day is a vacation. The family and I visit Mickey often through having annual passes.

## ***If you could have a luncheon with any three people (real or fictitious/from any time period, dead or alive), which three people would you choose and why?***

George W. Bush – would say thank you for his dedication to our nation.

Dr. Ben Cason – A world renowned Neurosurgeon who faced so many struggles and adversity through life and still shined in the end.

Sidney Crosby – The best player in the NHL. Pick his brain about all his superstitions.

## ***What is your idea of fun?***

Family fun either going to the beach or Disney.

## ***What is the craziest thing you have ever done?***

I don't think ASATT would appreciate me list that....so a moderate "crazy" thing would have to be Challenging Aaron Asham (Hockey player and fighter) to a hockey fight at the Casino in Pittsburgh. I'm glad he thought I was joking.

## ***If given a choice, which animal would you want to be? Why?***

Eagle. It would be amazing to soar through the sky and see the world from above.

## ***What is your most favorite place in this earth?***

Home!! When I say home I mean Pittsburgh, the City of Champions!! Although Florida is my home now, Pittsburgh will always be my favorite place!!

# 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

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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 plagiarism). 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**

## CLEVELAND CLINIC MOURNS THE LOSS OF FRIEND AND COLLEAGUE

Cleveland Clinic is grieving the loss of our colleague and friend, **Stephen Halton, Jr., Cer.A.T.**, who was shot and killed the morning of January 11, 2014 on his way into the Cleveland Clinic to support a liver transplant case. It is believed that robbery was the motive.



Stephen worked in anesthesiology at Cleveland Clinic for five years and became certified in 2012. Stephen was an enthusiastic and bright young man and an extremely skilled Anesthesia Technician. Stephen used his considerable computer technology talents to create an

online learning tool for his department and many other projects.

Stephen is survived by his wife Shaneese and two children, Skyler and Sarina. A memorial fund has been established to assist Stephen’s family and The Cleveland Clinic will honor Halton’s memory by

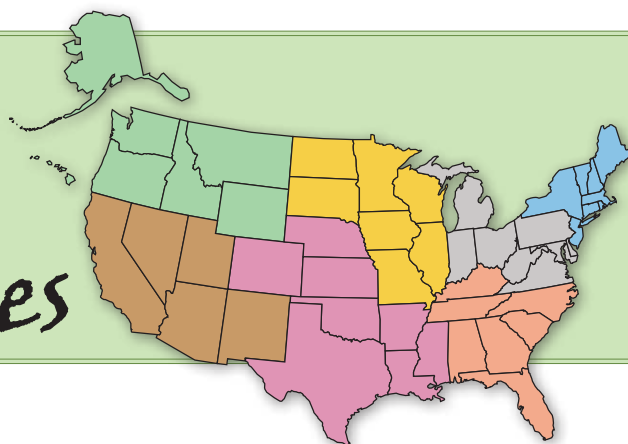
starting a trust fund for his children’s college education.

**CLICK HERE** to see the Memorial Fund established to assist Stephen’s family.

**CLICK HERE** to visit Stephen Halton’s Facebook Memorial page.

# ASATT

## Regional Activities



### REGION 1

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

**Director:** Joyce Freeman, Cer.A.T.

**Work:** 315/464-2825

**Email:** [region1director@asatt.org](mailto:region1director@asatt.org)



Hello Region 1.

The NOVAMED 1 day Seminar (1/15/2013) in NYC that was held at the NYSSA/PGA was a great success!!! Peter Derrico, President of NOVAMED USA and Carol Schuler, Vice President of Sales and Marketing working with Elizabeth A.M. Frost, MD, Program Coordinator worked diligently to make this program happen for anesthesia technicians. There were 100 anesthesia technologists/technicians registered for the seminar, but due to inclement weather only 65 technologists/technicians were able to attend. Techs traveled from as far away as Washington DC, Philadelphia, PA, and Syracuse, NY. Each anesthesia tech obtained four CEs for attending the seminar. I want to thank NOVAMED and the NYSSA/PGA speakers for providing this wonderful seminar at no charge to the anesthesia technologists and technicians. The speakers and their topics were as follows:

**Steven Boggs, MD**, Director of OR, VA Medical Center, Bronx, NY...We're a Team

**Irene Osborn, MD**, Mt. Sinai Medical Center, New York, NY... Airway Mang. & Vital Signs Monitoring

**Francis Stellaccio, MD**, Stonybrook University Hospital, Stonybrook, NY...What is the Meaning of Standard ASA Monitors?

**Ram Roth, MD**, Mt. Sinai Medical Center, New York, NY... Temperature Control

**Amanda Rhee, MD**, Mt. Sinai Medical Center, New York, NY...Infection Control

**Elizabeth Frost, MD**, Mt Sinai Medical Center, New York, NY...Drug Safety

**Robert Williams, RRT, MBA**, Mt. Sinai Medical Center, New York, NY...The Anesthesia Machine. A Check List

**Clifford Gevirtz, MD**, Somnia, Inc., New Rochelle, NY... Out of the OR...What do they need now?

**Daniel Katz, MD.**, Mt. Sinai Medical Center, New York, NY., MRI... Watch that Magent

It is still in the early stages, but NOVAMED USA would like to provide additional seminars across the country to anesthesia technologists and technicians. Kudos to NOVAMED USA on behalf of ASATT.

Stonybrook University held their annual anesthesia educational seminar on the Manhattan Campus on December 14, 2013. This program had a lot of great topics and a great turn out as well. Thank you Maria Lagade MD, for all the work you put into education for anesthesia technology.

Upcoming Regional Meetings: **Please make note of the changes in the dates.**

The first regional meeting will be held in Iselin, New Jersey on April 12, 2014. We will be planning on seven CEUs for the educational conference. There will be a short ASATT meeting to follow. The lectures will be present at the Sanford Brown Institute campus in Iselin, New Jersey. If you need overnight accommodations the following hotels are close by:

Renaissance Woodbridge Hotel	Woodbridge Hilton Hotel	Days Inn
515 Rt 1 South Gill Lane, NJ 08830 732-634-3600	120 Wood Ave South Iselin, NJ 08830 732-494-6200	893 Rt1 South Iselin, NJ 08830 732-634-4200

**MORE**



## March 31st is Anesthesia Tech Day!

*ASATT is looking for TECH DAY POSTER ideas!*

**ASATT NEEDS YOU!** 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](mailto:suec598@msn.com).

Deadline for submission is February 28, 2014. If your idea is chosen, you will receive a complimentary membership — August 2014 through July 2015.



Flyers will come out soon with additional information listing program speakers and topics including time and cost of registration.

The second Region 1 Meeting will be held in Syracuse NY on Saturday May 3, 2014. More details to come.

It was great seeing so many technicians come out to the NYSSA seminar. I would love to see you at the ASATT meetings in Iselin and Syracuse. It is a great opportunity for anesthesia techs when we can get together for education and to discuss topics surrounding ASATT. This helps to make our association stronger.

Please contact me with any concerns. Thank you!

## REGION 2

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

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

**Work:** 443/492-8928

**Email:** [region2director@asatt.org](mailto:region2director@asatt.org)



Greetings Region 2!

Happy New Year, I hope everyone had a safe and wonderful start to the new year.

Please be patient with the recertification committee as they process all the packets which can be a challenge. Also, it would be very helpful if I had your input as I start the work on the regional meeting topics. If you have any suggestions for topics email me your ideas. In addition, email me any photos for this year's Anesthesia Tech Day so we can support all techs. Next, the upcoming national meeting will be October 9-11, 2014. I encourage you to start planning for this event which is being held in New Orleans. Finally, please be mindful this is the last year that the anesthesia technician exam will be offered and best of luck to the members that are taking this exam. Use your resources like the doctors, CRNAs, and the certified techs to help you prepare for the exam.

Please don't hesitate to contact me about any concerns.

## REGION 3

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

**Director:** Marc McGaffie, Cer.A.T.

**Work:** 407/831-9816, ext. 1534

**Email:** [region3director@asatt.org](mailto:region3director@asatt.org)



This year is going by fast already, Region 3, and I look forward to working with each of you and meeting as many of my members as possible throughout the year. Please remember to continue gaining CEs throughout the year to maintain certification. Please pay close attention to the requirements of CEs based on Category I and Category II. If you have any questions you can always email our certification review committee. Please, don't wait until the last minute to obtain CEs needed for recertification.

I hope to see an increase of certified Anesthesia Technicians within my region this year. Please remember the

important date of July 15, 2015 which states, in order to challenge the certification exam on or after July 15, 2015 one must successfully graduate from an approved ASATT program. I am really hoping that many OJT techs within my region will attempt the exam and successfully pass it before the deadline. Our profession is rapidly growing and the sky is the limit when you become certified.

April 26, 2014 will be my first ever region meeting at City College located at 177 Montgomery Road, Altamonte Springs, FL 32773. I am already getting speakers lined up as well as vendors from various equipment companies that we all work with on a daily basis. Just remember, join my region meeting and visit Mickey Mouse either the day before or the day after. The weather in Florida is amazing in April with low humidity and temps usually in the middle to upper 80s. The beach is generally not packed during that time and the attractions will have moderate number of guests at them. I hope that we have many people attend this meeting. The school is amazing and the surround area is just beautifully laid out with everything Florida has to offer. The school is located just 45 minutes from Orlando International Airport and directly off of Interstate 4.

Please keep an eye on the ASATT webpage, Regional Activities, for any updates to the April meeting. As more and more speakers and vendors commit to the meeting I will update the website. Here's to a great 2014 to each of you and I truly am looking forward to everything this position has to offer as well as fully looking forward to assisting each and everyone in this region to the best of my ability. Thank you!

## 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](mailto:region4director@asatt.org)



Hello Region 4 Members.

It's hard to believe that it is 2014 already. The start of a whole new year. We are still looking for a facility to host our Region 4 Annual Meeting in the spring. If anyone is interested, PLEASE contact me so we can discuss what needs to be done. This would be a great opportunity to showcase your facility, and not have to travel to get to a meeting.

Our National Conference will be held this year from October 9th through the 11th in New Orleans, LA at the Astor Crowne Plaza. It's never too early to make plans to attend.

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,

MORE

from testing sites, dates available to test, requirements, fees, and very useful information on test content. There are some useful resources listed in the handbook as well.

## REGION 5

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

**Director:** Robert Lopez, Cer.A.T.

**Work:** 713/441-1736

**Email:** [region5director@asatt.org](mailto:region5director@asatt.org)



Hi everyone,

This is my very first *Sensor* update, I've read these updates before but it's different when you yourself has to write them, so bear with me, and here we go...

First of all, I hope everyone is doing well and you got through the recertification process, I know that it can be stressful and hard especially if it's your first time.

Secondly, I have received several e-mails from several people concerning Region 5 meetings, I don't know how it was done before but it would be nice if we could have one in every state in the region 5 area. I will work on that, I would love to meet all of you and try to provide you with the CEs that you need plus the information that you require to better your performance in your professions.

As it stands now I know I can tell you all in Texas, we are trying to set up a Regional meeting in late April in Houston.

I am fortunate to have active members who also will hold meetings in Houston; so far I know a total of three meetings in 2014.

I know Kansas has offered to have a Regional meeting there; also Denver has made some noise. I will see what I can do with that.

I'm going to try to do something, that might work for everyone but I have to check if it will work first, stay tuned to monthly updates.

## REGION 6

AZ-CA-NM-NV-UT

**Director:** Paul Castaneda, Cer.A.T.

**Work:** 520/360-2055

**Email:** [region6director@asatt.org](mailto:region6director@asatt.org)



Greetings to all of Region 6 the year 2014 is upon us.

I would like to reflect on the last year, I held my first regional conference in Pasadena, CA. October 19, 2013. It was well attended with 44 members and one non-member. At the request of the Region 6 members in attendance at the National Meeting, it was primarily lectures that contained information to prepare for the technologist level exam. Kaiser School of Anesthesia offered the use of their facilities and provided a delicious lunch, as well. The meeting went well, so my plans for this year are to attempt two regional conferences.

While on the topic of conferences I would like to extend an invitation to the national conference this year in New Orleans. It will be held at the Astor Crowne Plaza October 9-11, 2014. We are working hard to make this a great event and encouraging Technicians & Technologists to speak at the conference. As our profession evolves it is incumbent upon us to be the experts of our profession. I am asking for every member to carefully consider their role in pushing our organization forward by the means of education; what interests you; what subject would you like to know more about; could you investigate that subject then present it to the membership? Our society is powered by our members. This year please help me make our society excel. Bring ideas for me to bring forth to our board of directors.

## REGION 7

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

**Director:** Delbert Macanas, Cer.A.T.

**Work:** 808/547-9872 (0930-1830 PST M-F)

**Email:** [region7director@asatt.org](mailto:region7director@asatt.org)



Howzit Region 7!!!

I hope all of you enjoyed the holidays with family and friends. But, I also hope that everyone got through the period of extreme cold weather in good shape. Remember all of the good things and times from 2013 and flush away the bad ones. Personally, I enjoyed the holidays with my family ... the boys came home to visit ... such a blessing. We spent our first New Year celebration together in five years. It is now time to turn the page and start moving on.

*"Although no one can go back and make a brand new start, anyone can start from now and make a brand new ending."*

~ Carl Bard

Region 7 will be having three meetings in 2014. Kellie Hines is coordinating a meeting scheduled for Saturday, June 28th, at Kaiser Sunnyside Medical Center in Clackamas, Oregon. I am still looking for someone to coordinate a meeting in Washington. If you are interested, please contact me at your earliest convenience. The last meeting is tentatively scheduled for Sunday, August 10th, in Honolulu, Hawaii. Please start marking your calendars to attend one of the meetings and help fulfill your CE requirements. Don't forget, ASATT members do not need to track these

MORE

**Monday, March 31st is Anesthesia Tech Day!**  
*We want to hear from you!*

**How will the 2014 Anesthesia Tech Day be celebrated at your facility? Send us your photos (highest resolution possible) and a brief summary so that we may share them with all ASATT members. Email your stories and photos to Sue Christian at [suec598@msn.com](mailto:suec598@msn.com).**

ASATT sponsored meeting CEs.

Did you complete your recertification? Did you submit your respective amount of CEs by the end of December? Were your CEs legitimate, so the recertification committee did not have to authenticate them? The committee is not trying to be the bad guy, trying to cost you your job. Look inward and ask yourself, "Were the CEs I submitted valid or justifiable?" Also remember, just because ASATT cashed your check, it does not mean you will be certified. That is the fee for recertification.

***"Integrity is telling myself the truth.  
And honesty is telling the truth to other people."  
~ Spencer Johnson***

Another big reminder!!! For those who are not certified as an Anesthesia Technician, you have a limited period

of time to get it done. Time is short; before you know it the deadline will be here. All you Certified Anesthesia Technicians ... your chance to become a Technologist will end at the same time.

***"How often do you find yourself saying,  
'In a minute,' 'I'll get to it' or 'Tomorrow's good  
enough' and every other possible excuse in the  
book? Compare it with how often you decide  
it's got to be done, so let's get on and do it!  
That should tell you just how serious  
your procrastinating problem really is."  
~ Stephen Richards***

The Annual Meeting will be held on October 9–11, 2014 at the Astor Crowne Plaza in New Orleans, LA. Start planning to attend the meeting, do not wait.  
Aloha, Delbert.

## TECHNICIANS PASSING THEIR CERTIFICATION EXAMS

### OCTOBER 2013

Douglas Bwamu, Cer.A.T.....Region 2  
Melissa Contini, Cer.A.T.....Region 1  
Hrant Danakian, Cer.A.T.....Region 6  
Dodson Felton III, Cer.A.T. ....Region 3  
Patrick Goncalo, Cer.A.T. ....Region 1  
Diana Herrera, Cer.A.T. ....Region 5  
Gregory Kjono, Cer.A.T.....Region 1  
Stephanie Petsche, Cer.A.T. ....Region 6  
Satinder Pal Rihal, Cer.A.T. ....Region 7  
Seth Robledo, Cer.A.T. ....Region 1  
Jose Russell Rosales, Cer.A.T. .... Dhahran KSD  
Gregory Smith, Cer.A.T.....Region 4  
Terry Smith, Cer.A.T. ....Region 2  
Tracey Stakem, Cer.A.T. ....Region 2  
Amanda Stephens, Cer.A.T. ....Region 6  
Phillip Velasquez, Cer.A.T.....Region 6  
John Walker, Cer.A.T.....Region 6

### NOVEMBER 2013

Ronald Carr, Cer.A.T.....Region 2  
John Carter, Cer.A.T. ....Region 6  
Gail Cheng-Benbow, Cer.A.T. ....Region 6  
Adriana Espinoza, Cer.A.T. ....Region 6  
Anna Flick, Cer.A.T.....Region 2  
Amilcar Garcia, Cer.A.T.....Region 1  
Teresa Jawson, Cer.A.T.....Region 4  
Michael Legaspi, Cer.A.T. ....Region 6  
Metra Liggins-Peters, Cer.A.T.....Region 5  
Harvey Matias, Cer.A.T. ....Region 6  
Linda Miller, Cer.A.T.....Region 5  
Hervey Monfiston, Cer.A.T. ....Region 1  
Hau Nguyen, Cer.A.T. ....Region 5  
Suzanne Perez, Cer.A.T.....Region 1

Miguel Rodriguez, Cer.A.T.....Region 7  
Eduardo Salinas, Cer.A.T. ....Region 5  
Justin Shore, Cer.A.T. ....Region 3  
Tracey-Ann Sparrow, Cer.A.T.....Region 2  
Paula Tribbett, Cer.A.T.....Region 6  
Jonathan Vandale, Cer.A.T. ....Region 1  
Rochelle Williams, Cer.A.T.....Region 2

### DECEMBER 2013

Kevin Acevedo, Cer.A.T.....Region 1  
Joshua Arrington, Cer.A.T. ....Region 3  
Awanna Ferguson, Cer.A.T. ....Region 3  
Caitlin Garrido, Cer.A.T. ....Region 1  
Yafa Gavriellova, Cer.A.T.....Region 1  
Lance Granger, Cer.A.T.....Region 3  
Lauren Grzanke, Cer.A.T. ....Region 2  
Craig Hartford, Cer.A.T. ....Region 6  
Candida Hayden, Cer.A.T.....Region 7  
Monique Henning, Cer.A.T.....Region 5  
David Hopkins, Cer.A.T.....Region 4  
Michael Irwin, Cer.A.T. ....Region 6  
Mercedes Jaramillo, Cer.A.T. ....Region 6  
Marjan Jojic, Cer.A.T. ....Region 2  
Sigita Kadzius, Cer.A.T.....Region 7  
Arthur Lindstrom, Cer.A.T. ....Region 3  
Edgar Maravillas, Cer.A.T. ....Region 4  
Nancy Martin, Cer.A.T. ....Region 4  
Evans Ojunta, Cer.A.T.....Region 2  
Steven Perry, Cer.A.T. ....Region 6  
Ashley Saloga, Cer.A.T.....Region 5  
David Usrey, Cer.A.T. ....Region 3  
Drew Walton, Cer.A.T.....Region 6  
Christopher Duff, Cer.A.T.T. ....Region 3  
Pedro Garcia, Cer.A.T.T. ....Region 6  
Nickolaus Sellen, Cer.A.T.T. ....Region 6



# 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, 2015. Achieve 80% in this quiz to earn one (1) Continuing Education credit.**

- |   |  |   |
|---|--|---|
| <p><b>1. Fuel sources in the OR include:</b><br/>         A. Breathing circuits<br/>         B. Bandages<br/>         C. Alcohol based prep solutions<br/>         D. All of the above</p> <p><b>2. Removing one side of the fire triangle will diminish the chances of a surgical fire from occurring.</b><br/> <input type="checkbox"/> True   <input type="checkbox"/> False</p> <p><b>3. Anesthesia controls the ignition source.</b>   <input type="checkbox"/> True   <input type="checkbox"/> False</p> <p><b>4. The type of fire extinguisher that should be employed in the OR is:</b><br/>         A. Halon<br/>         B. A, B or C<br/>         C. Carbon Dioxide<br/>         D. All of the above are appropriate</p> | <p><b>5. The most common areas for surgical fires are:</b><br/>         A. Intestines   B. Head<br/>         C. Airway   D. Both B &amp; C</p> <p><b>6. When using the laser in procedures involving the airway, the recommended practice is:</b><br/>         A. Polyvinyl ET Tube<br/>         B. Nasal Rae tube<br/>         C. Armored tube<br/>         D. Laser ET tube</p> <p><b>7. To prevent a fire:</b><br/>         A. Use fire retardant drapes and surgical gloves<br/>         B. Control the oxygen source<br/>         C. Always use the laser for pinpoint accuracy<br/>         D. None of the above</p> | <p><b>8. When using a fire extinguisher, it is best to aim the nozzle at:</b><br/>         A. The base of the fire<br/>         B. The flames<br/>         C. The surgeon<br/>         D. All of the above</p> <p><b>9. A likely cause to the increase in surgical fires is:</b><br/>         A. Complacency<br/>         B. Inadequate training<br/>         C. Use of electrocautery devices<br/>         D. All of the above</p> <p><b>10. The organization responsible for the release of the Sentinel Event Warning is:</b><br/>         A. APSF   B. NFPA<br/>         C. TJC   D. State laws</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 Winter 2014 Continuing Education Quiz are:  
*(circle correct answers)*

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

Name \_\_\_\_\_ ASATT Number \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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



# ASATT Calendar

## Membership Events

Recertification cycle closes ..... January 31

Deadline for submission of Anesthesia Tech Day Poster ..... February 28

Anesthesia Tech Day ..... March 31

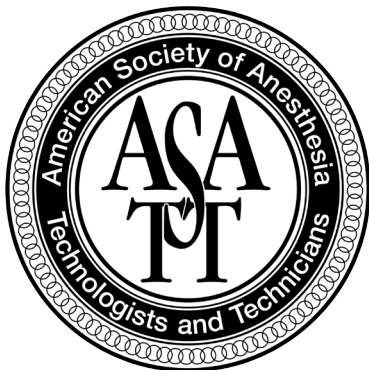
## Educational Meetings

Region 1 Meeting, Iselin, New Jersey ..... April 12

Region 1 Meeting, Syracuse, New York ..... May 3

Region 7 Meeting, Clackamas, Oregon ..... June 28

Region 7 Meeting, Honolulu, Hawaii ..... August 10



**American Society of Anesthesia  
Technologists and Technicians**

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

414/908-4942 Fax: 414/768-8001

[info@asatt.org](mailto:info@asatt.org) [www.ASATT.org](http://www.ASATT.org)