



ISSUE #108 / SUMMER 2017

# sensor

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



***Regulatory Organizations,  
Standards & Compliance***

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## Consider Yourself a WRITER?

### How about submitting a SCIENCE & TECHNOLOGY ARTICLE?!

Interested in being published?  
Wish to enhance your  
professional portfolio?  
Want to help your fellow  
Cer.A.T.T. and Cer.A.T. colleagues  
with Continuing Education credits?  
How would you like to possibly  
WIN an AWARD (and \$1,500 cash!)  
while you do this?



## SCIENCE TECHNOLOGY

### DID YOU KNOW?

ASATT has a Science and Technology Award which is awarded to a selected individual annually. Individuals who are considered must submit a technical article to the editor of **THE SENSOR** and/or to ASATT HQ. The article must first be selected for publication in **THE SENSOR**. The author of the technical article must be either an anesthesia technicians or technologists.

The articles considered for the award will be selected from the winter through fall issues of the quarterly published **SENSOR** during that fiscal year. (e.g., Winter 2017 to Fall 2017.)

All published articles will be judged by a panel of medical professionals in anesthesiology and evaluated on the subject matter, relevancy and its written presentation.

All submitted articles must be composed of 2,500 to 3,000 words, be formatted following American Psychological Association (APA) guidelines and have properly annotated bibliographical references. A detailed guide is available at:

<http://owl.english.purdue.edu/owl/resource/560/01/>

All Science and Technology articles submitted for publication will be scanned with plagiarism detection software by ASATT.

### PLEASE DO NOT PLAGIARIZE!

If plagiarism is suspected, **THE SENSOR** editor will notify the Board of Directors prior to submitting the information to the ASATT Code of Conduct and Ethics Committee for further investigation.

The technical articles must include a 10-question quiz; answers should either be multiple-choice or true/false. The questions are used for Continuing Education, and should be written by the author of the article.

If you are the recipient of the Science and Technology Award, you will be notified first by mail, and then your name will be announced at the ASATT Annual Educational Conference. If the awardee is in attendance at the conference, a plaque/award and a check in the amount of \$1,500 shall be presented. If the awardee is NOT in attendance, the plaque/award and check will be mailed to the winner at the address on record with ASATT HQ.

### So ... what are you waiting for??

Call or email ASATT HQ if you have an article to submit.

Note: Please do not call or email ASATT HQ to ask for help in writing the article. However, you can ask what deadlines exist for article submission. You may submit your article multiple times if it is not selected for publication upon first submission.

# 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  
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the views or opinions of ASATT.

All submissions pertinent to the objectives of  
ASATT will be considered for publication.

Preferred media: CD or via email.

Photos in TIF, JPG or PNG formats preferred.

Photographic prints *can* be returned.

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Fall ..... November 1st  
Winter..... January 1st  
Spring ..... April 1st  
Summer..... July 1st

Display ad rates and size specifications  
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# PRESIDENT'S MESSAGE



**Victoria Reyes, Cer.A.T.T.**



**S**UMMER IS IN FULL SWING and the National Education Meeting is upon us. As we continue to gain strength, independence and numbers, for the first time we will have a stand-alone meeting. That, in and of itself, is a commentary on how the organization is moving forward.

This is the message where the president begins to reflect on the last two years of their three-year term, and the process of transferring the details of the organization's goals and activities to the incoming president. I appreciate those who continue to have enough faith in my ability to want me as your president again, but I declined the nomination. For me this is the third consecutive term in the presidential role. We don't often think of it, but being elected as President-Elect is a three-year term, which for me equals nine years of presidential service. I firmly believe that as an organization we need to mentor our replacements, preferably someone who has not held this position before. I am somewhat sad to say that this year's nominations yielded only one nominee for all but one position on the ballot, and unfortunately there was no nomination for Region 7. ASATT's By-Laws are prepared for such an event and a person will be assigned the directorship of the Region. For an organization of such importance to the future of the anesthesia technology profession, this is a great concern and one that is frequently discussed among our Board of Directors and liaisons. So, as I begin the process of leaving the Board, I am sincerely tasking all of you to look within. What does being a member of ASATT mean to you? The easiest thing is to identify what isn't perfect, but does complaining really help effect change? I have mentioned

before that this is your organization and that your involvement is crucial; you are the conduit of change! We are commonly asked at national meetings what someone can do to help, but when we all get back to work the moment is gone and so is the interest. This must come from within. Only you know your ability to follow through or your personal level of dedication to your chosen profession; no one can tell you what committee to join or office to run for. That must come from within, and you will only know what is a good fit for you if you ask questions. Bring forth thoughtful ideas or get involved at the entry level, and then work your way up to a future President! You will never know how you fit into the grand scheme, unless you try!

The Annual Education Meeting in Pasadena was a new benchmark for our organization, it was the first ever independent meeting. It was well attended with approximately 230 members present. We had two workshops, one for program directors and the other for cell salvaging sponsored by Medtronic, including the services of John Rivera. This was very well attended but due to the size of the room we could only accommodate 50 people.

We also had vendor support to our full capacity. The comments in the hallways were all very positive (I appreciate hearing all the kind words.) A suggestion during the meeting was to include more workshops or additional days for the meeting, we have now offered extra opportunities twice so after successfully offering these, our hope is to duplicate this success in the future.

**continued on page 17**

*This Transcript will be used effective January 2017 for all program graduates. This will be submitted with their Certificate/Degree to qualify for the national certification examination.*

## Transcript of Student Record for the National Certification Examination

Anesthesia Technologist Program Code #  ASATT ID #

First Name  Middle Name

Last Name  Maiden Name

Current Street Address  City  State  Zip Code

Telephone  Date of Birth (MM/DD/YYYY)  Social Security Number (last 4 digits)

**Degree Awarded:** AS  BS

### Anesthesia Technologist Educational Program Information

Anesthesia Technologist Educational Program Name:

Program City:  State  Length in Months  Date Completed (MM/DD/YYYY)

Certificate Awarded  Major **Anesthesia Technology**

| <b>Academic Record</b><br>The minimum required hours appear in parentheses. No field can contain a zero. | Hours |
|--|-------|
| 1. Professional Aspects of Anesthesia Technology Practice (30)   |       |
| 2. Anatomy *may be integrated into lectures  |       |
| Physiology   |       |
| Pathophysiology  |       |
| <b>(60)</b>  |       |
| 3. Anesthesia Pharmacology (18)  |       |
| IV Therapy (6)   |       |
| Emergency Medications (6)  |       |
| <b>(30)</b>  |       |
| 4. Basic & Advanced Principles of Anesthesia Technology Practice   |       |
| Anesthesia Machine (24)  |       |
| Hemodynamic Monitoring Equipment (40)  |       |
| Intubation & Adjunct Airway Equipment (16)   |       |
| Asepsis & Sterile Techniques (8)   |       |
| <b>(88)</b>  |       |
| 5. Quality Assurance (8)   |       |
| 6. Capstone Projects (40)  |       |
| <b>Total (256)</b>   |       |

As of the date of my signature below, I affirm that this transcript contains a complete and accurate record of the above-named student's academic coursework and clinical experience in the above-named approved/accredited anesthesia technologist educational program. I further affirm that the student has completed all of the academic and clinical requirements necessary for completion of an approved/accredited anesthesia technologist educational program, including attainment of identified competencies as specified by the Commission on Accreditation of Allied Health Education Programs.

\_\_\_\_\_  
Program Administrator Signature  
Date

As of the date of my signature below, I have read this transcript and it is a complete and accurate record of my academic coursework and clinical experience in the above-named approved/accredited anesthesia technologist educational program, including attainment of identified competencies as specified by the Commission on Accreditation of Allied Health Education Programs.

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



## Record of Clinical Experience

Codes: ( )=Minimum Required Cases [ ]=Preferred Number of Cases

First Name

Last Name

ASATT ID #

Program Code #

|  |      | Number       |
|--|------|--------------|
| <b>I. Total Number of Anesthesia Cases</b> |      | <b>(300)</b> |
| <b>II. Total Hours of Anesthesia Time</b>  |      | <b>(560)</b> |
| <b>III. Total Clinical Hours</b>           |      | <b>(540)</b> |
| <b>IV. Lab/Simulation Time</b>             |      | <b>(40)</b>  |
| <b>V. Patient Physical Status</b>          |      |              |
| A. Class I                                 |      |              |
| B. Class II                                |      |              |
| C. Classes III & IV                        | [15] | (10)         |
| D. Class V                                 | [2]  |              |
| <b>VI. Special Cases</b>                   |      |              |
| A. Geriatric (65+ years)                   | [10] | (5)          |
| B. Pediatric                               |      |              |
| a. 2-12 years                              | [10] | (5)          |
| b. under 2 years                           | [5]  | (1)          |
| c. Neonate (under 4 weeks)                 | [1]  |              |
| C. Trauma/Emergency                        | [5]  | (3)          |
| D. Ambulatory/Outpatient                   |      | (10)         |
| E. Obstetrical management                  | [4]  | (3)          |
| 1. Caesarean delivery                      | [2]  | (1)          |
| 2. Analgesia for labor                     | [2]  | (1)          |
| a. Epidural                                | [3]  | (1)          |
| b. Spinal                                  | [3]  | (1)          |
| <b>VII. Position Categories</b>            |      |              |
| A. Prone                                   | [5]  | (2)          |
| B. Lithotomy                               | [5]  | (3)          |
| C. Lateral                                 | [5]  | (3)          |
| D. Sitting                                 | [5]  | (2)          |
| <b>VIII. Anatomical Categories</b>         |      |              |
| A. Intra-abdominal                         | [10] | (5)          |
| B. Extrathoracic                           | [2]  | (1)          |
| C. Extremities                             |      | (5)          |
| D. Perineal                                | [3]  | (1)          |
| E. Head                                    |      | (1)          |
| 1. Extracranial                            |      | (1)          |
| 2. Intracranial                            | [2]  | (1)          |
| 3. Oropharyngeal                           | [5]  | (3)          |
| 4. Other                                   | [4]  | (2)          |
| F. Intrathoracic                           |      | (2)          |
| 1. Heart                                   | [5]  | (2)          |
| 2. Lung                                    | [3]  | (2)          |
| 3. Other                                   | [4]  | (2)          |
| G. Neck                                    |      | (1)          |
| H. Neuroskeletal                           | [2]  | (1)          |
| I. Vascular                                | [2]  | (1)          |
| J. Other                                   |      |              |

|  |       | Number         |
|--|-------|----------------|
| <b>IX. Pharmacological Agents-Observe &amp; Assist for Induction</b> |       |                |
| A. Inhalation agents   | [200] | (100)          |
| B. Intravenous induction agents                                      | [200] | (100)          |
| C. Intravenous agents – muscle relaxants                             | [200] | (100)          |
| D. Intravenous agents – opioids                                      | [200] | (100)          |
| A. General anesthesia  | [200] | (100)          |
| B. Induction, maintenance, emergence                                 |       |                |
| 1. Inhalation induction  | [10]  | (5)            |
| 2. Mask management   |       | (1)            |
| 3. Laryngeal mask airways (or similar devices)                       | [15]  | (10)           |
| 4. Tracheal intubation   |       |                |
| a. Oral  | [200] | (100)          |
| b. Nasal   | [1]   |                |
| 5. Total intravenous anesthesia                                      | [2]   | (1)            |
| 6. Emergence from anesthesia   | [200] | (100)          |
| C. Monitored anesthesia care   | [10]  | (5)            |
| D. Regional techniques: setup & assist                               | [10]  | (5)            |
| a. Spinal  | [5]   | (1)            |
| b. Epidural  | [5]   | (1)            |
| c. Peripheral  | [5]   | (1)            |
| <b>XI. Arterial Technique: Setup &amp; Assist</b>                    |       | <b>(10)</b>    |
| A. Arterial puncture/catheter insertion                              |       | (5)            |
| B. Intra-arterial blood pressure monitoring                          |       | (3)            |
| <b>XII. Central Venous Pressure Catheter: Setup &amp; Assist</b>     |       | <b>[5] (2)</b> |
| 1. Actual  | [2]   | (1)            |
| 2. Simulated   | [2]   | (1)            |
| <b>XIII. Pulmonary Artery Catheter: Setup &amp; Assist</b>           |       |                |
| A. Placement   | [5]   | (1)            |
| B. Monitoring  | [5]   | (1)            |
| <b>XIV. Other</b>  |       |                |
| A. Intravenous catheter placement                                    | [10]  | (5)            |
| B. ACLS – Expiration date (mm/yy):                                   |       |                |
| C. Pain Management (acute/chronic)                                   | [1]   |                |
| D. Alternative airway management techniques                          | [40]  | (10)           |
| 1. Fiberoptic techniques: setup & assist                             | [5]   | (3)            |
| a. Actual placement  | [2]   | (1)            |
| b. Simulated placement   | [2]   | (1)            |
| c. Airway assessment   | [3]   | (1)            |
| 2. Other techniques  | [2]   | (1)            |

**All areas must be completed**

*\*Students must have experience in each category*


*\*\* Including lab simulation hours (283)*




## REGULATORY ORGANIZATIONS, STANDARDS & COMPLIANCE


**T**HE SPRING 2017 SCIENCE & TECHNOLOGY article discussed how to survive a Joint Commission survey. As we compiled the information for that article, it allowed me to reflect on just how many organizations are involved with ensuring that we, as healthcare professionals, are implementing best practices and abiding by industry regulations to ensure the safety and quality of the delivery of healthcare to our patients. If you think about it, not only are our patients at their most vulnerable during their hospital stay, they are also placing their trust in us to “fix them” and “do no harm” in that process. Given the nature of our industry, healthcare professionals and patients alike are exposed to electrical and fire hazards, toxins and poisons and exposure to potentially infected blood and body fluids. Because our actions (or failure to react) can profoundly impact human life, the healthcare industry is heavily regulated. There are many organizations that dictate how we deliver healthcare and often times it is referred to by many in the healthcare field as the “alphabet soup”. This article will discuss many of the organizations that are involved in guiding our practice and protecting both the consumer and the healthcare provider. Please keep in mind that the list is not all inclusive; rather it is meant to focus on those organizations and agencies that either have had an impact on administering safe anesthesia and/or overall quality healthcare. It should also be noted that somewhere in each of these organizations purpose or mission statement include key words such as “safety; protecting and quality”.

### Agencies that fall under the U.S Health & Human Services Department


 The **Centers for Medicare & Medicaid Services (CMS)** was established in 1965. Its oversight includes the Medicare and Medicaid programs as well as other federally funded health services. Given the increasing number of individuals seeking assistance, the CMS has must seek ways to reduce the cost of healthcare while at the same time increasing the quality of services being provided (Home, 2017). A good example of a mandate implemented by CMS is the payment policy initiated that now requires medical facilities to bear the financial burden for treating hospital acquired infections (HAIs) or surgical site infections (SSIs).

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

 Created in 1906, it was known by several different names up until 1930 when it officially became known as the **Food & Drug Administration** (History, 2015). The FDA’s oversight includes “protecting the public’s health as it relates to food, drugs and medical devices sold in the United States” (History, 2015). While it does not set standards, it does regulate the process that determines how medical equipment is brought to market, ensures proper labeling and initiates recalls, among other things. You may associate the anesthesia machine checkout with the FDA; they worked with key stakeholders to establish a consistent daily anesthesia machine check.

 The **Centers for Disease Control & Prevention (CDC)** was originally established in 1946 and its purpose is to prevent the transmission of all infectious diseases. Other areas of focus include workplace and environmental safety; emergency preparedness; infection prevention; hand hygiene, immunizations and vaccinations (Mission, Role and Pledge, 2014).

 The **National Institute for Occupational Safety & Health (NIOSH)** was established in 1970 and rolls up under the CDC. For the most part, “NIOSH sets standards pertaining to workplace safety; infection prevention control measures and occupational exposure to chemical and physical hazards” (The National Institute for Occupational Safety and Health (NIOSH)). One standard set by NIOSH is the recommended exposure limit (REL) for N<sub>2</sub>O as “25 ppm as a time-weighted average (TWA) during the period of anesthetic administration” (NIOSH 1977b).

 The **Agency for Healthcare Research & Quality (AHRQ)** was created in 1989. It uses evidence obtained from research projects to implement best practice that will lead to the “improvement in the quality, safety and effectiveness of the healthcare delivery system” (About AHRQ, 2014).

**MORE** 





National Institutes of Health

**National Institutes of Health (NIH)** was founded in late 1870s and is composed of 27 different institutes and/or centers that cover the different health sciences disciplines". The NIH provides federal funding for research projects that would improve healthcare administration (What We Do).

### Other Federal Government Agencies



**The Occupational Health & Safety Administration (OSHA)** was established in 1971 and rolls up under the

Department of Labor. The OSHA is responsible for setting standards to create a safe working environment and tracks workplace injuries, such as needle sticks (United States Department of Labor).



**The Environmental Protection Agency (EPA)** was established in 1970. The

EPA is tasked with "protecting human health through environmental regulations". In 1997, the "EPA initiated regulations surrounding emission standards for medical waste incinerators due to concerns relating to our air quality. In 2015, legislation referred to as the *Resource Conservation & Recovery Act* prohibited the disposal of certain pharmaceutical drugs by retailers and healthcare facilities by means of flushing down the toilet or discarding through a sink or hopper drain in an attempt to prevent them from entering our water systems or being disposed of in our landfills. Instead, these hazardous drugs are to be collected in EPA approved containers and disposed of according to the approved legislation" (Medical Waste, 2017).

### Other Organizations/Agencies



**World Health Organization**

**The World Health Organization (WHO)** functions similarly to that of the CDC, except on a

global level. Not only does The WHO focus on communicable diseases, infection control and emergency preparedness, they also "monitor the sales of international pharmaceuticals in an attempt to reduce the sale and distribution of "watered down" drugs sold to third world countries. The WHO also ensures the efficacy of vaccinations distributed across the globe" (Who we are, what we do, 2017).



**The Joint Commission**

**The Joint Commission (TJC or JC)** was established in 1951 and is

responsible for evaluating the performance of healthcare entities in the United States to ensure they are meeting the standards

for administering safe, effective and quality healthcare (The Joint Commission). During an accreditation survey, the JC also checks that healthcare facilities are following regulations mandated by the local and state governments; CMS, FDA and other affiliated organizations. TJC also releases "national patient safety goals" in an attempt to assist healthcare facilities identify solutions to common problems each facility encounters (The Joint Commission, 2017).



**Compressed Gas Association**  
The Standard For Safety Since 1913

**The Compressed Gas Association (CGA)** "was established in 1913 and

encompasses all phases of medical compressed gas from the initial manufacturing, to filling, transportation, storage and disposal. It also sets standards for cylinders, regulators, gauges, valves as well as the diameter index safety system (DISS) and pin index safety system (PISS)" (About Us).



**The Department of Transportation (DOT)** was

established in 1967 and is responsible for regulations that pertain to disposing of medical devices that contain radioactive material, infectious medical waste and recycling or disposing of medical compressed gas cylinders (About Us, 2012).



**NFPA**

**The National Fire Protection Association (NFPA)**

was established in 1896 and is responsible for codes and standards that are designed to "minimize the risks of fire". In the hospital setting, the NFPA sets the codes for fire rated doors, fire walls, emergency power supplies, high frequency electricity, etc. (NFPA Overview).



The Discipline of Science. The Integrity of Independence.

**The Emergency Care Research Institute (ECRI)** is the "consumer

reports" for the healthcare industry. The ECRI lab tests medical products and compiles information that is made available to hospital purchasing/sourcing departments so that may make an informed decision prior to purchase. If you were contemplating purchasing a new anesthesia machine, ECRI has the capability to provide you an unbiased comparison report of several different anesthesia machines (About ECRI Institute).



American National Standards Institute

**American National Standards Institute (ANSI)** oversees numerous

standards that relate to the safety and health of consumers that is not limited to just the healthcare field. Perhaps the most famous standard as it relates directly to anesthesia is standard "Z-79.9" issued in 1979. The standard set requirements that any anesthesia machine manufactured after publication of this standard must have certain safety mechanisms in place. A few of those requirements were pin indexed yokes for E cylinders; pipeline and cylinder pressure

**MORE** ▶



regulators; fail safe mechanism and an oxygen flush valve to name a few (About ANSI).



**American Society for Testing & Materials (ASTM)** is similar in nature to that of ANSI in that it too, publishes numerous standards across many sectors and not just healthcare. One standard that relates to anesthesia is F1161-88. “The standard sets the minimum safety requirements for components and systems of anesthesia gas machines to include a preoperational checklist; concentration-calibrated vaporizers; oxygen analyzer; alarms; breathing system pressure monitoring and capnometry” (About ASTM International).



**Association for Advancement of Medical Instrumentation (AAMI)** sets the standards for medical devices and sterilization. A standard that pertains to anesthesia is ISO 5366-1. “The standard describes requirements needed for manufacturers of ET tubes so that a suitable tube is chosen to conform to the patient’s anatomy. Both the interior and exterior diameter is to be printed on each tube” (Welcome to AAMI).



**Institute of Electrical and Electronics Engineers (IEEE)** is touted as being the “world’s largest technical professional organization for the advancement in technology”. They set standards for electric power and energy; biomedical technology; healthcare informatics and telecommunications (About IEEE).



**Malignant Hyperthermia Association of the United States (MHAUS)** was established in 1981. Their goal is to educate and support patients with MH as well as advise and educate healthcare providers on malignant hyperthermia and associated disorders. They have a 24/7 hotline available for emergency support for patients who may be displaying symptoms or experiencing a true MH crisis (About MHAUS).

### Professional Organizations



**Anesthesia Patient Safety Foundation (APSF)** was established in 1985 to “assure no patient shall be harmed from anesthesia” in response to the report issued in 2002 by the Institute of Medicine, “Too Err is Human”. The report made it appear that not only healthcare but anesthesia providers were often times negligent in their care of the patient. The goal of the foundation is to promote safe administration of anesthesia through education and research (About APSF).



**National Patient Safety Foundation (NPSF)** was established — following in the footsteps of the APSF — to promote a culture of safety and reduce medical errors for the medical community (About IHI/NPSF).



**The Association of periOperative Registered Nurses (AORN)**. While the AORN focuses primarily on the nursing aspect of the periOp patient experience they are included for two reasons. First and foremost are the guidelines they have established for sterilization and high level disinfection of not only surgical instrumentation, but also TEE probes, fiberoptics, etc. The second reason is for the position statement on Allied Health Care Providers and Support Personnel in the Perioperative Practice Setting. In this position statement, they have recognized the anesthesia technician and technologist (Position Statements).

*The following organizations each define their respective practice, publish guidelines for best practices and provide continuing education for their specialty.*

**American Academy of Anesthesiologist Assistants (AAAA)**

**American Association of Nurse Anesthesia (AANA)**

**American Society of Anesthesiologists (ASA)**

**American Society of Anesthesia Technologists & Technicians (ASATT)**



### Blood management/Point of Care Testing/ Medical Laboratory



**AABB** – The American Association of Blood Banks was “established in 1947 as the national association for hospital and community blood banks and deals with all aspects of blood ranging from administration to storage. The AABB sets standards to meet compliance with federal regulations initiated by the FDA and CDC” (About AABB). If you operate autotransfusion devic-

**MORE** ▶

es, you may be familiar with the guidelines and standards published by the AABB for perioperative autologous blood collection.



CAP

The **College of American Pathologists (CAP)** emphasizes education of medical laboratory personnel as a means to meeting compliance standards. The U.S. Department of Health and Human Services grants CAP “deemed status” to inspect medical labs. A CAP accredited lab will hold a CAP Certificate of Accreditation and a CLIA Certificate of Accreditation (About the CAP).



Clinical  
Laboratory  
Improvement  
Amendments

The **Clinical Laboratory Improvement Amendment (CLIA)** falls under the purview of CMS. “CLIA is the certifying and accrediting agency for all laboratories in the United States and focuses on quality assurance”. CLIA issues two types of lab certificates: A Certificate of Compliance means that the lab is inspected by CLIA surveyors. A certificate of accreditation is granted when a lab is inspected by surveyors from CAP or JCAHO. Similar to JC accreditation, “if medical labs do not meet CLIA compliance they run the risk of exclusion from federally funded reimbursement programs such as Medicare and Medicaid”. Interesting enough, there are 3 agencies that are responsible for CLIA oversight: FDA, CMS and CDC. “The FDA categorizes the complexity of the test;

CDC monitors the proficiency of testing procedures and CMS enforces regulatory compliance” (IVD Regulatory Compliance).



**American Society of ExtraCorporeal Technology (AmSect)** is composed primarily of Perfusionists; they deserve to be mentioned for their contributions to perioperative blood management.

**International Board of Blood Management (IBBM)** and AmSect



teamed up to offer a formal process for certification in perioperative blood management. According to the website, the IBBM offers two certifications; the first being the Perioperative Blood Management Technologist (PBMT) Certification Exam. The requirements to sit for the PBMT requires the individual to have a year of experience operating an auto-transfusion device or a platelet gel device and have completed a minimum of 50 procedures (proof is required). The second certification offered is the Perioperative Patient Blood Management Specialist (PBMS). The PBMS certification is an advanced certification in perioperative blood management; it is open to anyone with any interest in blood management (do not have to operate an autotransfusion or platelet gel device) and the PBMT certification is not a pre-requisite (About).

*In addition to these organizations, state and local laws also have to be incorporated into developing policies and procedures. As was previously stated, this list is just the tip of the iceberg! ■*

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“Changing Workforce: Learning to Work Multi-Generationally” appeared in the Fall 2016 / Winter 2017 issue of *THE SENSOR*. In it, we learned that our workplace is changing. We need to understand other generations of workers to reap the benefits of five generations of workers.

# CHANGING WORKFORCE: PART II

## OPTIMIZING THE CROSS-GENERATIONAL WORKPLACE

**T**O REFRESH YOUR MEMORY: There are currently five generations working together in the workplace: the Baby Boomer Generation; Generation X; and Generation Y, also known as the Millennials. Some of the Silent Generation or Veterans are still working but nearing retirement. A fifth generation of students are now completing programs and being hired as entry-level certified anesthesia technologists. This new generation will mainly consist of Generation Z.

### Strategies for Cross-Generational Leadership

As these four generations continue to interact, companies can no longer assume that high pay, basic medical benefits, and a 401(k) will secure the top talent. As more Silents retire, Baby Boomers seek “postretirement careers,” Gen Xers demand challenging but balanced work assignments, and Millennials expect high perks in exchange for loyalty and technological savvy, leaders must find creative ways to recruit and retain talent.

**Reenergize compensation and benefits.** Companies must approach compensation, benefits, and incentives to satisfy the needs of each generation’s unique perspectives, attitudes, and values about work.

For example, as more people retire later in life, many will want more time off as opposed to increased compensation. Younger people may value more flexibility in their careers, like assignments that foster new skill sets they can apply later in their careers. Older workers may want research assignments and

paid sabbaticals during which they can engage in learning programs.

Don’t assume that everyone loves the current health plan. Many facilities offer on-site health facilities, exercise and nutritionists as part of their benefits packages as well as flexible hours, alternate work schedules, and telecommuting.

Giving full medical benefits to older workers who decide to move to part-time status, experts say, can be an effective way to hang on to skilled employees, and can be cheaper than bringing in new workers who must be trained. According to surveys by Watson Wyatt and others, many older workers, particularly those who opt for part-time work, look for companies that provide “bridge” medical coverage until Medicare kicks in.

Generation X is the first generation to prepare for retirement without Social Security. They believe they can’t depend on the old pension system, so expect them to look for companies that offer 401 (k) plans and provide matching dollar amounts.

**Expand communication strategies.** Most companies rely too heavily on one strategy for corporate communication. By making the same message available in multiple formats (thus increasing the number of times you communicate a message), you’ll ensure that you reach all workers. Silents and Baby Boomers may appreciate verbal communication about changes in policy or procedures, while Generation Xers and Millennials may prefer the use of e-mail, instant messages, or corporate broadcasts.

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

Conduct generational information awareness/sharing sessions. A great way to get people to work together across the generations is to provide them with an opportunity to educate each other about each generation’s own history, characteristics, milestone events, culture, language, and norms. Rather than talking at your people, have representatives from each age-based generation put together programming to educate people and facilitate dialogue.

**Make mentoring a constant.** As more established and experienced workers head toward retirement, develop strategies to ensure knowledge transfer and capture organizational memory.

The more structure a mentoring program has, to create knowledge transfer, the better. First determine younger employees’ goals and developmental needs, and then pair them with older, more experienced employees to create cross-organizational dialogue among generations.

Consider various mentoring models — one-on-one sessions, group programs, senior leadership discussion panels, and a “speed mentoring” program where employees sit across from the experts to ask questions. No matter what method you choose, making mentoring a part of the employment life cycle will ensure that the company’s history and knowledge continues from one generation to the next.

Train yourself and your managers

**MORE** ▶

to develop strong interpersonal skills to foster relationships with employees and each other. A leader's primary responsibility is to ensure that everyone in the organization understands that "working together" is not negotiable. Create a respectful, open and inclusive environment where workers of all ages and cultural backgrounds can share who they are without fear of being judged, "fixed," or changed. Individual Baby Boomers, Gen Xers, Millennials and now Gen Z's need to consider the path they are on and identify persons that emulate what they would like to become. Looking ahead, anticipating your future is essential for everyone in this competitive job market, it is incumbent

upon each of us to learn all we can from the perspective of the generations that have gone before us.

Leaders must remain open to new ideas and provide constant feedback, working with managers and staff to shape the company's strategic vision. They must avoid projecting their own expectations about work and remain open to different perspectives based on generational attitudes.

With the variety of multigenerational employees in today's workplace, companies can no longer abide by traditional rules of leadership and management. Organizations can achieve real strategic advantage by embracing the diversity among generations to create a flexible work environment that values all people and keeps them productive, regardless of age. ■

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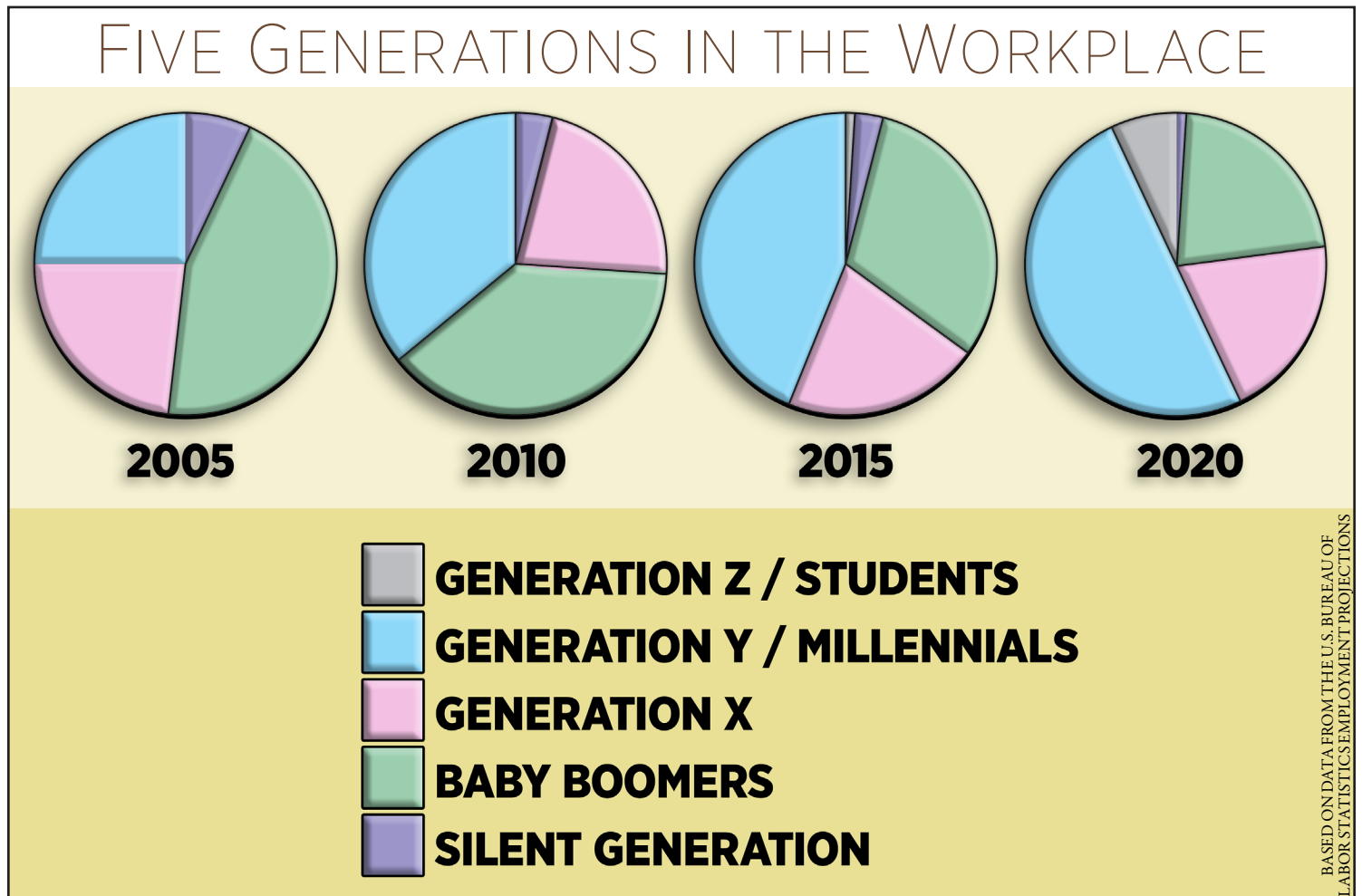
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Debra Hampton, PhD, MSN, RN, FACHE, NEA-BC, and Yolanda Keys, DHA, MSN, RN, NEA-BC





# ASATT Membership and Certification Cards Printable Off ASATT Website

In an effort to reduce cost and time, ASATT membership and certification cards can now be printed off the ASATT website — [www.ASATT.org](http://www.ASATT.org).

To print a membership card, log in to the ASATT website, then go to the **Membership** tab and select **Profile**. Once in your profile you will see a button, **Printable Membership Card**, in the right top corner. Click on that to display your membership card.

To print your certification card you do not need to be logged into the ASATT website. Just go to the **Certification** tab and select **Printable Certification Card**. Enter in the requested information. Keep in mind it must be the information we have in the database, and then click on **View Certification Card**.

*If you encounter any issues, please contact  
ASATT Customer Care — [customercare@asatt.org](mailto:customercare@asatt.org).*

## PROVISIONAL RECERTIFICATION

If you failed to submit your recertification application on time or if your application for recertification was not accepted, the only course of action available to you is to apply for provisional recertification. To apply for provisional recertification, you will need to contact ASATT HQ and request the application form. Follow the instructions and make sure that all required documentation is submitted with the application. Once received, your application will be reviewed to determine if you qualify for provisional certification. Do not begin to earn CEs until you receive approval from ASATT. Above all, make sure you understand the instructions. If you have questions, please contact the Chair of the Certification/Recertification Committee.

### REQUIREMENTS

Before provisional recertification can be granted, the anesthesia technologist/ technician must submit a completed application for **Provisional Recertification** along with a Remediation for Expired Certification Application including all applicable fees. In addition to current recertification fees for the appropriate certification level ([www.ASATT.org](http://www.ASATT.org)), there will be a Provision fee of \$200 required. The requirements are as follows:

1. 30 CE credits will be required at the technician level in order to regain Certified Anesthesia Technician status.  
*The applicant must follow the same requirements listed for the technician on the ASATT website, at the Certification tab under Recertification.*
2. 40 CE credits will be required at the technologist level in order to regain Certified Anesthesia Technologist status.  
*The applicant must follow the same requirements listed for the technologist on the ASATT website, at the Certification tab under Recertification.*

Accrual of required CEs begins after ASATT approval of the application for Provisional Recertification. Previously earned CEs will not be accepted for remediation purposes.

All applications, documentation and fees must be completed and **approved** within the 12-month deadline (effective December 31st through December 31st, one year following) without exception or the individual must complete the Refresher Program to take the Technologist NCE regardless of current certification level.

# CERTIFICATION

**T**HERE ARE TWO CERTIFICATIONS that ASATT recognizes: the Certified Anesthesia Technician and Certified Anesthesia Technologist:

- The **Technician** certification is still valid for those who successfully complete the recertification renewal requirements. *The Certified Anesthesia Technician exam was officially retired on July 15, 2015.*
- The **Technologist** certification is earned by completing an ASATT accredited/approved program and successful completion of The National Certification Exam. Certified Anesthesia Technicians in good standing have the opportunity to complete the National Certification Exam by following the **Advancement Program** requirements — refer to the ASATT Refresher/Advancement/Provisional Recertification Program Standards available at:

[https://www.asatt.org/files/Certification/ASATTRefresherProgram\\_ProvRecertIIIfinal.pdf](https://www.asatt.org/files/Certification/ASATTRefresherProgram_ProvRecertIIIfinal.pdf).

## Continuing Education

Continuing education is essential to enable Anesthesia Technologists and Technicians to ensure personal and professional development in the rapidly changing field of anesthesia technology. Therefore, to retain the Certified Anesthesia Technician or Technologist designation, Anesthesia Technicians and Technologists must document continuing education pertinent to the field of anesthesia technology.

## CE Credit Requirements

After an individual has become certified or successfully completed the renewal process, they must begin to earn continuing education credits according to their two-year certification period. For newly certified individuals, they must wait for their designated two-year certification period to begin. Example: if you received your Technologist certification July 18, 2016, your certification expires December 31, 2018. The two-year designated certification period would officially begin January 1, 2017 and end December 31, 2018 (CEs must be earned during that specific timeframe).

- Certified Anesthesia Technician, Cer.A.T. – Individuals holding the Cer.A.T. certification must earn 20 CEs during their two-year certification period.
- Certified Anesthesia Technologist, Cer.A.T.T. – Indi-

viduals holding the Cer.A.T.T. certification must earn 30 CEs during their two-year certification period.

## Recommended Programs and Credits

It is the responsibility of the individual to ensure appropriate courses are taken and complete records are maintained.

**Credit Calculation:** One continuing education/contact hour (CE/CH) may be requested for each 50- to 60-minute lecture attended. Hours will not be given for introductory remarks, breaks, business meetings, meals, or non-anesthesia-related topics that do not fall under Category II.

The content of the lectures must be relevant to the Anesthesia Content Outline listed below. During each two-year recertification period, you may submit only five CE/CH from Category II that do not relate to the Anesthesia Technician Content Outline.

### Category I:

Operating Room tasks  
Infection Control Techniques  
Basic Anatomy and Physiology  
Types of Anesthesia  
Airway Management Equipment  
Anesthesia Gas Machine and Gas Delivery  
Monitors and Ancillary Devices  
Pharmacy  
Intravenous Therapy

### Category II:

Stress Management  
Interpersonal Disciplines  
Computer Programming  
Data Record Keeping  
Materials Management  
Marketing  
Quality Assurance Training

## Other Educational Programs

Activity relevant to the profession of Anesthesia Technology CE/CHs may be earned by active participation in the field of anesthesia technology such as presenting lectures or serving the national organization as an official member of any committee or board. CE/CHs are awarded as follows:

### Activity

- Presenting a 50- to 60-minute lecture on a topic relevant to the Anesthesia Technician Content. **Outline:** 1 for each different topic presented (proof must be submitted with renewal application).
- Preparing a 50- to 60-minute lecture on a topic relevant to the Anesthesia Technician Content. **Outline:** 2 for each different topic presented (proof must be submitted with renewal application).

**MORE** 



- Serving on a official ASATT committee or board: 1 for each separate official ASATT committee or board served with a maximum of 3 each year (must actively participate and will be confirmed with the Chair of the respective ASATT committee).

### Carry Forward of Excess CEs

CEs earned over the required amounts needed for Technician and Technologist recertification may not be carried over to the next certification period.

### Continuing Education CEs accepted by ASATT

- Attendance at an ASATT National meeting
- Attendance at an ASATT Regional meeting
- ASATT Sensor Quizzes. (Only quizzes from your certification period can be used)
- Active participation on an ASATT Board or committee (confirmed with Chair of Committee)
- Preparing and or presenting a lecture relevant to Anesthesia Technology (proof required)
- CEs from [www.anesthesiatechpearls.com](http://www.anesthesiatechpearls.com) website
- BLS – copy front and back (2 CEs), documentation that the course was 4 hours in length (4 CEs);
- ACLS – New (maximum of 8 CEs), Renewal (maximum of 4 CEs); PALS – New (maximum of 8 CEs), Renewal (maximum of 4 CEs).

### Other Programs and Credits

Refer to the State and Local Meetings link from the dropdown menu of the Events tab on the ASATT website. These programs have been reviewed by the ASATT Continuing Education Committee for relevancy to the field of anesthesia technology. The number of ASATT approved CEs will be listed with each program. These programs (not ASATT) are responsible for providing the anesthesia technician/technologist with the required continuing education documentation needed for recertification. Documentation is to be submitted at time of renewal.

### CE Approval

It is the responsibility of the individual to determine if a seminar or meeting meets the requirements for ASATT approval. If the CE comes from an unapproved organization, the individual risks not receiving approval or full credit. The individual is responsible to maintain evidence that the CE(s) meet the ASATT requirements.

Individuals may request approval for CEs not already approved by ASATT, by completing and submitting the

**Pre-Approval Continuing Education Forms.** These forms are reviewed and approved by the Continuing Education Committee.

If you have any questions or need additional information, contact **ASATT HQ** for assistance. Issues that cannot be readily answered are referred to the Continuing Education Committee Chair for review and response.

### CE Reporting (Recertification)

Certification expires December 31st every two years. individuals who are due to recertify this year will *receive a postcard indicating that it is time to renew-these will be mailed out the middle of November. There will also be an email reminder as well.* These will include a short list of instructions for the applicants to complete. **Applications mailed or postmarked after December 31 must include a \$75 late fee. Your application will not be processed unless the correct fees are submitted. Members and non-members alike, who are contacted because of incomplete documentation, will incur an additional \$50 fee to complete the processing of their packet. ASATT grants a renewal extension until January 31st, which means we must receive your packet on or before the 31st. If the 31st falls on a Saturday, your packet is due by the end of business on Friday. If the 31st falls on a Sunday, then your packet is due by the end of business on Monday. There will be no exceptions made for packets received after January 31st, unless prior arrangements were made with the recertification committee.**

### Request for an Extension

A request for extension must be made in writing to the Chair of the Recertification Committee. Keep in mind that even though an extension may have been granted the CEs submitted must have been completed during your two years certification period.

### Late Submissions

If you submit your packet after the grace period of January 31st, you're subject to loss of certification. Remediation will be required by following the Provisional Certification process within a year of the loss of certification. Further information is available at:

[https://www.asatt.org/files/Certification/ASATTRefresherProgram\\_ProvRecertIIIfinal.pdf](https://www.asatt.org/files/Certification/ASATTRefresherProgram_ProvRecertIIIfinal.pdf)



**CERTIFIED**

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**General information for ASATT recertification**



**Record Keeping**

It is the responsibility of the individual to ensure complete records are maintained. For ASATT members, ASATT sponsored CEs (National and Regional meetings, Sensor Quizzes) will be logged in the ASATT database, and can be viewed under your member profile on the ASATT website. All other CEs earned even if they have an ASATT approval code, will need to be submitted at the time of your renewal.

**Requirements for Certification to be Re-established or Advanced**

**ASATT REFRESHER/ADVANCEMENT/PROVISIONAL RECERTIFICATION PROGRAM STANDARDS**

There are three methods by which certification can be re-established or advanced:

- The **Refresher Program** is offered to certified anesthesia technologists who have not been substantially

engaged in the practice of anesthesia technology for more than 2 years and must update their skills and knowledge of current clinical and theoretical practice in anesthesia technology in order to meet the established standards of practice and to apply for recertification through examination.

- The **Advancement Program** is designed for the certified anesthesia technician who requires additional knowledge and skills in clinical practice in order to meet the established standards of practice of a certified anesthesia technologist.
- **Provisional Recertification** may be granted for the previously certified anesthesia technologist/technician whose certification was allowed to lapse due to late or insufficient CE credits beyond the December 31st recertification deadline. ■

**CLICK HERE for REFRESHER/ADVANCEMENT/PROVISIONAL RECERTIFICATION PROGRAM STANDARDS**



# Looking Ahead...



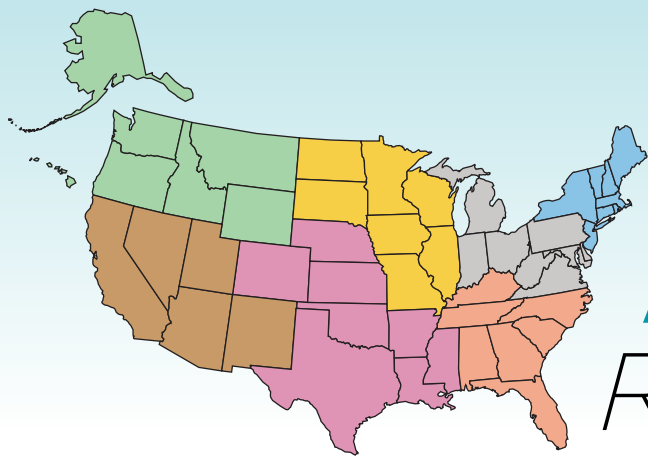
AS PART OF THE BOARD OF DIRECTOR'S commitment to educational opportunities while at the same time meeting the membership's request to keep educational meetings cost-effective, we are giving you advanced notice for meeting sites for the next two years. By doing so, you will have the opportunity to decide when and where you would like to attend annual meetings and make plans ahead of time, while keeping it interesting for you!

As this profession and ASATT continues to grow, we will consider what works best for you; this may include going to sites coinciding with the ASA and AANA or as a stand-alone meeting. We are also exploring ideas for future meetings in new areas such as Cleveland, San Antonio/Dallas, and Charlotte, N.C.

## **Annual Education Meetings:**

- 2018: .....Las Vegas, NV *Bally's*
- 2019: .....Orlando, FL *venue tbd*





# ASATT

## Regional Activities



### REGION 1

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

**Director:** Jonnalee Burgess, Cer.A.T.

**Work:** 802/296-6314

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

Summer is here and I am sure the last thing you want to do is sit and read the *SENSOR*; however, it is full of information about our Regions and the events in the next few months — another opportunity to extending your knowledge about our profession and how we can grow. Do not forget to check if it is your year to recertify.

Thank you to Efrain Martinez, an Anesthesia Tech from Montefiore Medical Center. He is also the recipient of the Regional Educational Award for Region 1 for hosting such an amazing meeting and assisting his fellow Anesthesia Techs to get the CEUs needed to recertify. He looks forward to holding more meeting in the future. He also has an amazing outlook at our profession. His outlook is that if we do not go the extra mile to help other Anesthesia Techs to learn and help them get the CEUs that they need who will and there are not many meetings in our Region to do just that for the members in Region 1. Our Regional Meeting was in Bronx at the Montefiore Medical Center was on Saturday, April 8th. Numerous people who were extremely impressed with this meeting as we had over 100 registrants!! Thank you to our vendors whom support us in so many ways! Nova Med, Hilyard and Codan were the only vendors present; however, there were others that supported us in other ways. Nova Med and Codan contributed to our breakfast and breaks. It was a success in so many ways. Thank you to Carole Schuler from Nova Med and Tom Witts from Codan; both are extremely supportive to ASATT. I also want to thank the speakers we had, who had lectures that provided a wealth of information.

If you are interested in a future Region 1 meeting, please send me an email and we can discuss the specifics on hosting a meeting. My goal for Region 1 was to have at least three meetings this year; however, we only have one on the calendar. It is not too late to help us all in getting the CEUs we all need to recertify. It is all about teamwork and together we can accomplish this goal with no doubts.

Registration is open for the Annual Meeting in Pasadena, California. It is not too late to register and join a whole new adventure for ASATT as we go on to our venue. This meeting is going to be great and close to so many things to do in that area. Come help us celebrate this outstanding mile stone for ASATT.

For those of you that do not know. I am your Regional Director for another 2 years. If you would like to learn more on becoming a part of the Board of Directors, do not hesitate to reach out and I would be more than happy to help any of you. It is very rewarding. Thank you and I look forward to the next 2 years as your Regional Director.



### REGION 2

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

**Director:** Karen Patrick, Cer.A.T.

**Work:** 410/605-7000 ext 5631

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

Hello Region 2,

I hope everyone is enjoying their summer. I'm looking forward to the next couple of months and I hope many of you are getting ready to relax and enjoy a vacation with your families.

I will be holding another Region 2 meeting in October/November 2017 ... more details on this meeting coming soon. If you are interested in holding a Regional meeting please contact me. I would love to hold a conference in your area.

I hope many of you are planning to join us at the educational conference being held in Pasadena, CA this year, which will be August 24–26. This is a great way to see old friends and meet new ones. It's also a great way to earn your CEs and to take back all of the educational opportunities that you will learn. I have always enjoyed attending these meetings. The speakers are always great and the things you learn are very useful to our work environment.

Remember if you are up for recertification don't wait till the last minute. One of the many things that ASATT offers us is if you attend any of the Regional meetings or national

**MORE** ▶

meetings they get credited to you very quickly and when you log in you can see exactly how many CEs you have and it's a lot easier when doing your recertification.



### REGION 3

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

**Director:** Gail Walker, Cer.A.T.

**Work:** n/a

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

Greetings Region 3!!

It doesn't seem possible that our national meeting is in a few short weeks, but it's a fact. August 24–26 in Pasadena is where techs from across the globe will gather together to hear excellent speakers, meet, eat and play with friends and colleagues we haven't seen since last year.

I wrote about this last time but it certainly bears repeating. 2017 is going to be a first for us as an association. This year we will be stepping away from the ASA and holding our meeting alone. The ASA is committed to seeing that we do well as an organization but understands our desire to take this giant leap. Part of the reason ASATT has done this is to hold our annual meeting in cities that are more affordable for our membership.

Finally, please take a minute to look at the ASATT website. [www.asatt.org](http://www.asatt.org). There is so much information there concerning certification/recertification, technical articles, *THE SENSOR* quiz which counts for one CE, and so much more. So many of us will need to recertify by the end of the year so please take a second to make sure you're on track.

As always, please let me know what I can do to help.



### REGION 4

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

**Director:** Jeffery Blakney, Cer.A.T.

**Work:** 708/202-8387 ext 29126

**Email:** [region4director@asatt.org](mailto:region4director@asatt.org)

Hello Region 4,

I hope all is well as summer is in full effect which means our national conference is right around the corner this year in Pasadena.

I also have to let Region 4 and all who are reading the *SENSOR* know about the good things the College of Dupage (Illinois) is doing. They offer what is called The Bridge program. This program is an acceleration of designed courses that will allow you to sit for the technologist test once completed. You must be qualified through ASATT to take this course. That means you must be a Cer.A.T. and have at least five years of experience. For more information about what COD offers, please give the program director Kathy Cabai a call, 630.942.8328.

We were even able to get everyone to squeeze together for a picture to mark this historic event!

All members are welcome to attend the ASA meeting in Boston, October 21–25. Significant discounts are available if you also attended the AANA meeting in Seattle, September 8–12. Please go to the ASA website for registration information.

I thank you for the trust that you placed in me to help move this profession forward. It has been an honor to serve as your president.

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

Every technician/technologist needs to know that there are several different outstanding opportunities to obtain CEUs. One resource for CEUs is the great website, [www.anesthesiatechpearls.com](http://www.anesthesiatechpearls.com). Region 4 will also present a Spring meeting, along with a hopeful 2017 late fall meeting, worth up to seven CEUs per meeting. The national meeting scheduled for August 2017, in Pasadena, will offer a minimum of 13 CEUs. Another resource for your CEUs is the quiz you can submit from this quarterly magazine, the *SENSOR*. In addition to the mentioned meetings, I would like to support and suggest that conferences be held in every state within Region 4, which could help ASATT members meet their CEU requirements. If any member is willing to organize a meeting in your state, I would support your efforts and help in any way I can.

The *SENSOR* is always looking for articles to publish. If there is anyone out there who has ever thought about writing a science/technology article, ASATT awards one annual amount worth \$1,500 for the chosen published article in *SENSOR*. The authors of the technical articles must be either an anesthesia technician or technologist. For more information go to ASATT website.

Enjoy summer Region 4!



### REGION 5

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

**Director:** Greg Farmer, Cer.A.T.

**Work:** 817/250-2650

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

Greetings Region 5!!


So here we are. Spring has sprung and moved right along into summer. It's hot outside and we're all very busy. Work, families, kids out of school and driving you crazy. It's easy to get overwhelmed and give up. Get back into our routines. Or worse, get back into a rut. Sometimes, you don't see it as a rut. You may see it as the "same ol' same ol'." Don't kid yourself, it's a rut.

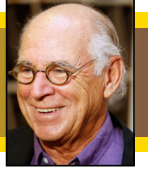
How do we get out of a rut?

**MORE** ►



Well we must challenge ourselves. Not a huge challenge. Something manageable, yet moderately difficult. Every day when we go to work, there are challenges. Look to see where you can go “above and beyond”. You’re not looking for the adoration of your peers, or a pat on the back from your boss. That will never happen. Do it for yourself. The sweet taste of victory that only you can savor. Build upon that victory, and continue. Soon you will see more victories coming your way. Don’t be afraid to fail. You learn more from a failure than from a win.

 **“I can accept failure. Everyone fails at something. I can’t accept not trying.”**  
~ Michael Jordan

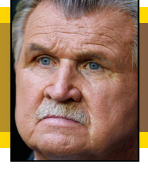
**“If life gives you limes, make margaritas.”**  
~ Jimmy Buffett 

Take your failures and use them to create a victory. Learn from your mistakes. Move on toward the next challenge. You can do it. Believe in yourself. You’ve gotten this far in life!

**Challenges**

As we move on through this year, focus on self-improvement. One way is through education. Challenge yourself to become a Certified Anesthesia Technologist! Our field is in a state of evolution. Think about it. It used to be that “anesthesia technician” was ALL you would see in the job postings. Non-certified and not really involved in patient care. Just cleaning and stocking. Then many places began requiring “Certified Anesthesia Technicians”. Some places still utilized you in the same capacity, others utilized you in patient care. The “fun stuff”! Now more and more hospitals are utilizing us as a member of the healthcare team. This is going to increase folks! Hospitals will be looking for cost effective methods to provide safe patient care, at a lower price point. It is more cost-efficient for a hospital to utilize more certified techs and technologists than CRNAs. We will be an ever expanding set of “skilled hands”, specialized in the team of anesthesia providers. Begin to think of yourself not

 **“Continuous improvement is better than delayed perfection.”**  
~ Mark Twain

**“You are never a loser until you quit trying.”**  
~ Mike Ditka 

as “an extra set of hands”. But begin to think of yourselves as “an extra set of skilled hands”. Knowing what the next step is, anticipating their needs, execution of duties in a safe manner.

**Education**

Everybody knows that you have to have your CEs to keep your certification. The best way is to attend Official ASATT Meetings. Guaranteed to be accepted; entered into the database for ASATT members for ease of recertification.

ASATT National Educational Conference is August 24-26,2017 in Pasadena, California!!!!

There will be 13 CEs awarded for full participation! This is a great way to network, meet fellow techs from across the world, and learn new information! I hope to see y’all there!!

Now some people can’t attend for any number of reasons. But they would like to have a meeting nearer to them. How would you like to be able to obtain... **FREE CEs?!?!?**

I thought that might get your attention. Email me to start coordinating a meeting at your hospital. All it takes is a commitment from you to find speakers and vendors. Your regional director will handles the rest. We will work with you to provide a great educational opportunity. And as a coordinator, you will receive free CEs. The more speakers you come up with, the more CEs you will get!!

**Upcoming meetings**

This is what I’m working on with some coordinators. These are still in “the works”, but when definite details are known, they will be posted.

**September**

- Denver, Colorado – Date and location TBD
- Oklahoma City, Oklahoma – Date and location TBD

**October**

- Houston, Texas – Date and location TBD

**December**

- San Antonio, Texas – Date and location TBD

Do you live in these areas? Help us get a meeting going!! We are looking for speaker and vendors to share their knowledge with us! Please talk to your providers and recruit them to speak!

**Future Goals this Year**

**1. More regional meetings**

If you want to host an ASATT regional meeting at your facility, don’t hesitate, contact me ASAP! I would hate to have to decline a meeting because a date has been taken. And please don’t hesitate to plan to attend a meeting. Contact me! If you don’t think that your location would be a possible site, don’t think that way. You would be surprised how many people would come out. Interested? Contact me, let’s do it!



**2. ASATT State Societies**

When talking to attendees about forming ASATT State Societies, there has been very positive response. This would be a great way to network with other techs in your state! These ASATT State Societies could help with coordinating regional meetings, getting speaker support and vendor support. Some states would only have 1 or 2 zones, while larger states could have many zones. But all zones will have input to further improve our region and profession. Interested? Contact me, let's get it going.

**3. Online Meetings**

I am going to need a lot of help with this one! The idea is to be able to "attend" an ASATT Regional Meeting or National Conference via the ASATT website. This would allow ASATT members to log-in, pay the fee and "attend" the meeting from the comfort of your home. Do you have the knowledge to help me get this off the ground? Email me and let's get rolling.

**4. State recognition**

I emailed all of my local, state and federal representatives and senators. I explained our job, how we are a valued part of the anesthesia care team and the future of our profession. I explained how ASATT is looking to be recognized by a state as a member of the anesthesia care team. I brought up the fact that a cosmetologist has a license, but we do not. We are involved, many times, in life or death situations. We deserve to be recognized as a part of the anesthesia care team. When, not if, when we are recognized by a state. State licensure is soon to follow. That means a higher profile and all the benefits that come with it.

I encourage all of you to do the same.

Email, email, email! Together we can make great things happen!! Email me and let's get the ball rolling!!

ASATT is working tirelessly to get Certified Anesthesia Technicians and Technologists to be recognized in every state as a valued member of the Allied health team.

Once we are recognized, we have a clearer path to licensure.

ASATT is always working to raise the profile, raise the respect and raise the number of educational institutions offering technologist programs.

But we can't do it alone ... get involved with your profession! Together I know we can make Region 5 the very best!! Thanks and God Bless!



**REGION 6  
AZ-CA-NM-NV-UT**

**Director:** Johnny Walker, Cer.A.T.T.  
**Work:** 707/576-4892  
**Email:** [region6director@asatt.org](mailto:region6director@asatt.org)

It's hard to believe 10 months have flown since taking the position as director for region 6. Little did I know back

in October that my co-worker of 14 years would go on a 7-month medical leave and ultimately resigning from the hospital in the end of May. But besides all the work drama/bs what really has been amazing is to be on these conference calls and email strings with the entire board and there 50+ years of experience of dedication/hard work it really is a privilege and incredibly inspiring to be apart of. I've made countless mistakes (and I'll keep making them :-))and I imagined we would have had a meeting or two in the books by the time our Annual Education Conference rolled around in August. Easier said than done I found out but that's just all part of the process. My job is to serve the region the best I can and insure the future of ASATT and the profession of anesthesia tech/technologist. I'm really looking to meeting all of you attending the Pasadena conference, it will be great!

*You can't always get what you want  
But if you try sometimes well you might find...  
You get what you need!*

— JAGGER/RICHARDS 1969

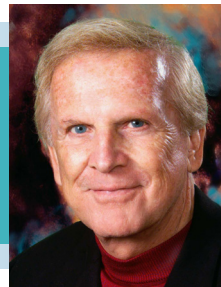


**REGION 7  
AK-HI-ID-MT-OR-WA-WY**

**Director:** Delbert Macanas, Cer.A.T.T.  
**Work:** 808/547-9872 (0930-1830 pt M-F)  
**Email:** [region7director@asatt.org](mailto:region7director@asatt.org)

Howzit Everyone!!!

It's summer!!! Summer is fun when you have children and for the kids. As I have said before enjoy your summers with your kids. Your kids give you a really different perspective on life...



**You must look within for value,  
but you must look beyond for  
perspective.**

*Denis Waitley*

Region 7 has already had two successful meetings. The first one was held on Saturday, May 13th, at Overlake Hospital coordinated by John Gonzalez and his crew. Then on Saturday, June 17th, Kellie Hines and her team from Kaiser Sunnyside put together a meeting at Oregon Health Sciences University Hospital with some help from the OHSU team. The two meetings combined had an attendance of 96 with 18 vendors. It looks like we are headed for another fantastic year.

We are still looking at two more meetings this year:

**MORE** ▶



- Evergreen Health in Kirkland, WA on Saturday, September 23rd, coordinated by Joe Fitzgerald and friends.
- OHSU in Portland, OR in October, coordinated by Mario Saldana and team.

There are still a number of Region 7 State CRNA meeting coming up too. Please watch the website for approved CEs.

I want to share with you some comments from our last Regional Meeting. The comments are from the question, "What has being a member of ASATT done for you?"

- More Informed, More educated
- Allows me to keep on top of new information & stay current with certification
- ASATT has guided & supported me as I grow in my profession
- Being thankful to have a secure job and benefits that I want and prefer
- Has given me pride! Enjoy the discounts. I need the contact with other people in my profession
- More knowledge
- Provided me a good foundation to adhere to and to serve Anesthesia Care team at a higher standard
- Thanks more CEs
- Great opportunity to learn new things we are not able to due to work. Having knowledgeable speakers is great.

Then we get these:

- Cost me \$85.00
- Drain my pockets. Membership fee is too expensive for just a year. Conference fees increases without notification. Please give a heads up when fee increases
- Please provide more CEs for us

Are you aware that we are a professional organization? Being a member of ASATT will give you discounts while attending ASATT sponsored meetings. It will also give you discounts when attending some of the state CRNA meeting.

Do you realize, the \$10.00 increase registration fee is the first increase since I became the Region 7 Director?

Did you know??? Over the years, Region 7 has provided more CE opportunities than any other ASATT region. In 2016, you had a chance to earn 30 CEs in Seattle, WA & Portland, OR. Not counting the two state CRNA meetings.

For years many of our members have asked to have additional CE opportunities and the Board of Directors have heard you. So, your Regional Directors have worked diligently with many of you to organize/coordinate these meetings. It is so energizing to see many new people willing to help our peers. Greg Foster in Region 5 already has six meetings scheduled in 2017. Region 7 will have five meetings plus access to earn CEs at every state CRNA Annual Educational Meeting. When I became a Regional Director a few years ago, the expectation was to have ONE meeting a year in your region. I believe we have raised the bar a little. But, we could not have done it without everyone's help. Please continue to help educate our peers across the country.

We need more people to get a taste of what it takes to coordinate meetings. The more people with the experience, the better it is. Then over the years people from different states or cities can alternate hosting meetings. Host a meeting every other year. If you are interested in coordinating a meeting in your area please contact your Regional Director. Like I have said before... "It's not easy, but it's not hard."



**We are all here on earth to help others. What on earth the others are here for, I don't know.**

*W. H. Auden*

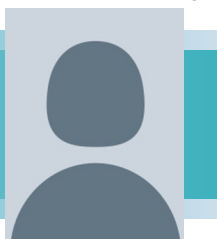
Don't forget this year's ASATT Annual Meeting will be our first "independent" meeting without the ASA or AANA. Please make plans to attend this historic meeting and make it a success. The meeting will be held at the Pasadena Hilton on August 24th to 27th. You don't have much time...

The agenda is complete and we haven't had a meeting in California in a while. There are so many things to do and see in the Golden State. There is a bus that will take you from Pasadena to Universal Studios for \$2-3.00 and will take you an hour. A train/tram can get you to Disneyland for \$11-15.00 in a couple of hours. Or you can visit the historic Rose Bowl, Old Pasadena, or Pasadena City Hall (silhouette on the ASATT logo).

The Annual meeting is where you make friends, network, have fun, and the bonus learn. I want to make new friends at this historic meeting. But, I also want to see my veteran friends too. I have been attending the Annual Meeting for many years and have been seeing friends once a year. But, as time goes on many of my friends have come and gone... When they do not attend the meeting, I ask others what happened to them. Hopefully you too will have an opportunity to make some lifelong friends. I have so many great memories of the annual meeting.

**It's NOT the job you DO;  
it's HOW you DO the job.**

*Anonymous*



**MORE**

It's fine to have social media that connects us with old friends, but we need tools that help us discover new people as well.

Ethan Zuckerman



**\* \* \* Reminder \* \* \***

If you attend an ASATT-sponsored meeting, ASATT members don't need to track these CEs as they will go straight to the CE database. In the other hand, an ASATT "approved" meeting will require you to submit your certificate of attendance. This simplifies the recertification process. Please do not wait until the last minute to get your required CEs. Every year ASATT Headquarters will get calls from frantic people looking for ways to get CEs. As I have said before... Poor planning on your part does not constitute an emergency on ASATT's part.

Further, as the meetings end, please allow time for the CEs to be posted to the database and certificates of attendance to go out. There are so many times when, a meeting will be held on Saturday and by Monday I get an email asking when the items will be posted. Also, the fastest way to get your certificate is by email so make sure your email address is correct on the database.

We have come a long way and we want to continue our positive progress, laying the groundwork for future generations on Anesthesia Technologists. Many of us were part of the first wave who took the first exam in 1996. You **MUST** realize how valuable your "Certification" is. Judging from the feedback, phone calls, and the review of qualifications on job websites, more employers are looking for "Certified" applicants. Therefore, remember that if you are certified, you are not "grandfathered" in. You earned your certification and what you hold is important and will become increasingly valuable in the years to come. Don't mess around with CEs for recertification.

Last... The Board of Directors and ASATT Headquarters frequently fields emails and calls from people inquiring about getting "Certified". Unfortunately, they have, as they say, missed the boat... Please value that "Certification" that you have earned and remember, **IT IS OUR PROFESSION.** Be proud... Hold your head up high...

Success is no accident. It is hard work, perseverance, learning, studying, sacrifice, and most of all, love of what you are doing or learning to do.

Pelé

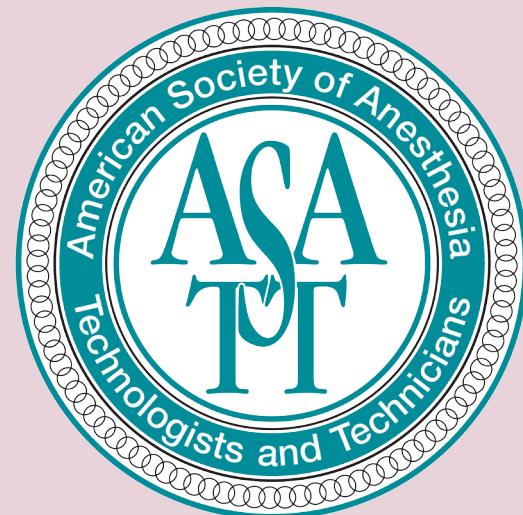


Aloha! ■

COMING IN THE FALL 2017 ISSUE —

**Annual Report,  
Fond Memories, and  
PHOTOS from . . .**

**Educational  
Conference**



**Pasadena Hilton / Pasadena, CA  
August 24-26, 2017**

# CONTINUING EDUCATION QUIZ



**SCIENCE +  
TECHNOLOGY**

To test your knowledge on this issue's **Science + Technology** article on page 6, provide correct answers to the following questions on the form below. Follow the instructions carefully.

- |   |  |   |
|---|--|---|
| <p>1. The NFPA is responsible for all phases of medical compressed gas.<br/><input type="checkbox"/> True   <input type="checkbox"/> False</p> <p>2. The organization responsible for publishing the standard that dictates any anesthesia machine manufactured after 1979 is to have certain safety mechanisms in place is:<br/>A. ASTM      C. AAMI<br/>B. ANSI      D. AmSect</p> <p>3. The Association responsible for setting guidelines for sterilization and high level disinfection is:<br/>A. ASTM      C. AORN<br/>B. ANSI      D. APSP</p> <p>4. This Association deals with all aspects of blood:<br/>A. AABB      C. ANSI<br/>B. AAAA      D. AAMI</p> | <p>5. The certification designation for autotransfusion operators is:<br/>A. PBMS<br/>B. PBMT<br/>C. Both A &amp; B<br/>D. None of the above</p> <p>6. The organization that tracks work place injuries and needle sticks is:<br/>A. NIOSH<br/>B. OSHA<br/>C. ASTM<br/>D. None of the above</p> <p>7. This standard requires that both the inner and outer diameter is to be printed on all ET tubes:<br/>A. F1161-88<br/>B. ISO 5366-1<br/>C. Z-79.9<br/>D. NIOSH 1977b</p> | <p>8. The standard that requires anesthesia machines to undergo a preoperational checklist is:<br/>A. FDA      C. ASTM<br/>B. CGA      D. AAMI</p> <p>9. This organization requires that medical facilities bear the financial burden for treating HAIs is:<br/>A. CMS      C. CGA<br/>B. CDC      D. WHO</p> <p>10. This organization recommended that the exposure limit for N<sub>2</sub>O is 25ppm:<br/>A. OSHA      C. ARHQ<br/>B. NIOSH      D. EPA</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 Summer 2017  
Continuing Education Quiz are:  
(circle correct answers)

- |            |             |
|------------|-------------|
| 1: T F     | 6: A B C D  |
| 2: A B C D | 7: A B C D  |
| 3: A B C D | 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

2017

Recertification Period .....mid-November

*Individuals who are due to recertify this year will be notified via email, and will also receive a postcard to their home address on file, indicating that it is time to renew.*

## Regional Educational Meetings

### Region 2:

University of Maryland..... November 4

### Region 5:

Oklahoma City Community College, Oklahoma City, OK.....September 30

### Region 7:

Evergreen Hospital Medical Center, Kirkland, WA ..... September 23

Oregon Health Sciences University, Portland, OR ..... October



## AMERICAN SOCIETY OF ANESTHESIA TECHNOLOGISTS AND TECHNICIANS

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