

# The Sensor



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### Novel Coronavirus

What we currently know (and don't know) about Novel Coronavirus and how the healthcare community is responding to the challenge.

### Member Highlight

Meet Tonia Rozell, Cer.A.T.T., Lead Anesthesia Technologist at Vanderbilt University Medical Center.

### Education Director Article

Looking to establish an Anesthesia Technology program at your institution? Learn how the The University of North Carolina at Chapel Hill did it.

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Better understanding of the nociceptive process and the mechanisms of action of pain management modalities key to developing patient regimens.



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ANESTHESIA TECHNOLOGISTS  
AND TECHNICIANS

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[k.feuling@asatt.org](mailto:k.feuling@asatt.org)

# Perspective

## PRESIDENT'S LETTER



### Greetings Everyone!

Happy Anesthesia Technologist/Technician Week!!!!

I hope everyone is safe and healthy during this pandemic. You are all in my thoughts and prayers during this time. Please take care of yourselves and your loved ones. Be safe, take your vitamins, keep hydrated and get rest.

### Hear Ye! Hear Ye! Read all about it!

ASATT has been hard at work to compile accurate information and post it on the new website. We have done this in response to there being information out there that is simply not true.

What was needed was a place where members could ask colleagues from across the nation or the world what is happening in their area; questions that you could ask without getting a bunch of sarcasm, negativity and misinformation in return.

So we heard you and we now have an ASATT Discussion Forum. This is another perk of being a member. When you login, you will have access to the

Discussion Forum to answer questions, ask questions and get ideas in a professional, supportive environment. Welcome! Come on in!

### A New Dawn...a New Website

Some other things we have been working on is our rebranding. We now have a beautiful new logo that encapsulates what we do. A beautiful new website that works extremely well, full of fantastic info! The *Sensor* is back, new and improved!

### The future of education is here, well has been.

We have been working on alternative methods to provide you with opportunities to obtain your CE's. We are developing our very first virtual meeting. We are looking for a date in May! It will offer approximately 6 CE's. Then if we are able to work out the kinks on a smaller meeting, we can have more!! This is the future and what better way to get your CE's?

We feel that a virtual platform will allow ASATT to bring approved education to techs who have not had the opportunity before. This initiative would work in conjunction with regional meetings. But with the current COVID-19 pandemic, this is the best time to try this out. It may work so well we could do many of these a year!

### New frontiers, new challenges, new opportunities

As we are in the midst of a worldwide pandemic, our Regional Directors will be reaching out to members. As part of our awareness campaign, ASATT will be reaching out to areas where there may not be support for our profession. We need your help. Let us know where you are. Help us bring the information to hospitals that may not know what we can do, what we can offer...that we make a huge difference! Help us, help you. Let's work together. Let's expand our brand.

### Expand the Brand.... catchy isn't it?

"Expand the Brand" isn't just some clever thing I just made up. Although it is, really. It is something that I have been telling techs for years. You are your own company. Your reputation is your brand. Your work ethic is your brand. You are your brand. Represent yourself as the very best that you can be. Follow up on that impression, that

image. Nobody wants to be referred to as "all hat, no cattle."

And that, my friends, ain't you. It ain't me. And it certainly ain't ASATT. I am ASATT. You are ASATT. We are ASATT. We should work together to move our

profession forward, to move each other forward, and to propel each other to greater heights, to greater successes, to a greater future!


So let's all work together to "Expand the Brand." Let's

show them all that we ain't "all hat and no cattle."

### Speaking of cattle

There have been questions asking if the Ft. Worth annual meeting is still going to happen. Currently, yes it will happen September 10 - 12 at the Ft. Worth Hilton. But we are watching what is going on in the world.

Well that's all I got for now...

God Bless,  
**Greg Farmer, Cer.A.T.**  
ASATT President 

Let's show them all that we ain't "all hat and no cattle."

## Happy Anesthesia Tech Week!

With what is going on in our nation, we hope that all of you take a minute to thank each other for the hard work being done by each of you.

As a quick reminder that even in a pandemic we can still find time to show appreciation to each other.

Stay safe, stay well.

- ASATT Board of Directors

# Highlights

## SOCIETY NEWS

Over the past several months, ASATT leadership, committees and HQ staff have been engaged in a number of exciting initiatives and projects.

### ASATT has a new look!

After several months of hard work, ASATT is proud to announce the launch of our new branding, logo and website. The rebranding includes a top-to-bottom redesign of ASATT's website, logo, graphics, key messaging, and all of our corporate documents and publications.

If you've visited the ASATT website recently, you will have noticed a few changes. In early March, ASATT launched the society's new brand and redesigned logo, and new website. Rebranding the society's look and messaging has been part of ASATT's

Our goal was to visually capture and communicate what our profession does and the values our society espouses. The new ASATT logo and website embodies our commitment to the profession and our members, as well as opening the door to organizational growth.

Our new look is innovative, modern and professional. The new site delivers rich content in a clean and organized way and provides members and other visitors with easy access to learn about ASATT and the programs, products and services that ASATT provides. The newly redesigned ASATT website reflects current standards and offers a more robust platform and interactive user experience.

### Among the many features on the website, we've included...

- [The Members Center](#) – a members-only area that includes a [Discussion Forum](#) and Board, Committee and Society libraries housing key organizational publications and other documents.
- [Society news](#), including the online home of the quarterly *Sensor* and monthly *ASATT Update*.
- The new [ASATT Academy](#) (see [page 32](#) for more information about the ASATT Academy).
- [The 2020 Annual Educational Conference](#) and [other meetings and events](#).
- A compendium of [Career & Professional Development resources](#).
- And SO MUCH MORE!

### The *Sensor* is back!

ASATT is pleased to bring back the quarterly *Sensor*. Sporting a new look and layout, the *Sensor* continues its role as a vital source of news, views and education for members and other professionals in the field of anesthesia technology. Published quarterly, the *Sensor* e-magazine will feature coverage of the latest topics in Anesthesia Technology, society, member and affiliated organization news, ASATT Academy news, and more!

The *Sensor's* look has been updated to feature the new ASATT brand identity and logo, while maintaining a clean, simple format that highlights content and features. Our primary goals for the refresh of the *Sensor* have been to achieve a modern look to match the society's new branding strategy and to provide a consistent layout and flow of information through structured columns and topics.

Section headings reflect the theme of the information provided in each issue. In addition to two features - articles that spotlight science and technology and equipment and other industry news - and the inclusion of one or more *Sensor Quizzes* in each issue, there will be regular updates from ASATT (see Perspectives, Highlights, Happenings, Academy, and Notes), our constituents and partners (see Spotlight, Outlook, Learnings, and Partners), and updates about the profession and industry ([see Vitals](#)).

Visit the *Sensor* on the ASATT website where you can enjoy both the [current issue](#) as well as look back at the society's activities over the years by reviewing past issues in the [Sensor Archive](#).

### ASATT Update

Now published monthly, the *ASATT Update* e-newsletter provides timely

Monthly e-blasts are the perfect complement to the quarterly *Sensor* e-magazine.

updates of society initiatives and events, as well as happenings more generally in the field. This monthly e-blast is the perfect complement to the quarterly *Sensor* e-magazine.

Miss the latest issue in your inbox? [Read the current ASATT Update and review past issues on the ASATT website.](#)

### Collaborating in Challenging Times


Coronavirus (COVID-19) has confronted all of us with unprecedented challenges both personally and professionally. ASATT understands that confusion abounds and the quality and accuracy of the information available can vary enormously. That is why ASATT has pulled together a number

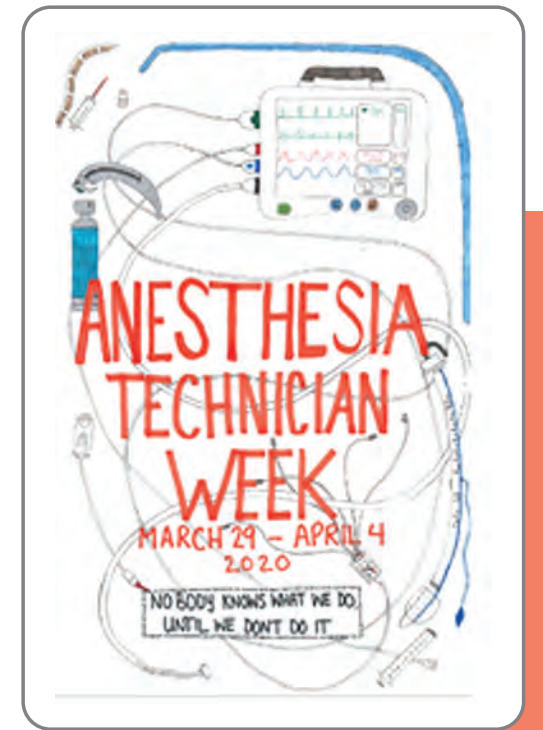
of resources to help our members and others in the field navigate and respond to this public health crisis. To access these resources and those of our affiliated organizations and governmental agencies, visit our [dedicated COVID-19 page](#) on the ASATT website.

ASATT also understands that through collaboration and sharing of knowledge and resources we can help each other confront and overcome the COVID-19 public health crisis. With the launch of the online [ASATT Discussion Forum](#), ASATT members now have a platform where they can reach out to one another to ask questions and share resources and solutions. We encourage you to use this powerful tool for networking with your peers and colleagues through these troubling times.

### Celebrating YOU

ASATT would like to thank each and every one of you for participating in Anesthesia Tech Week, March 29-April 4, 2020.

As part of this year's celebration, ASATT held its annual [Anesthesia Tech Week Poster Contest](#). Thank you to everyone who submitted a poster and to all who voted. This year's winner was Seth Simon from AHN Jefferson Hospital. Congratulations, Seth! 



## Let us know how you celebrated the 2020 Anesthesia Tech Week.

Share your stories and photos with us, so that we can highlight your activities to the ASATT Membership. Email Alex Llanas at [a.llanas@asatt.org](mailto:a.llanas@asatt.org) with the details of your event.

## For more Society News...

For up-to-date society news and other happenings in anesthesia technology we encourage you to regularly visit the [ASATT website](#)! The ASATT website is a rich source of current information. It is also the perfect complement to the monthly *ASATT Update*, the quarterly *Sensor*, and other intermittent hot-topic notifications we endeavor to share with members via email.

Do you have something to share with your fellow members and colleagues? Let us know at [customercare@asatt.org](mailto:customercare@asatt.org)

The new website offers a more robust platform and interactive experience.

programmatic offerings and outreach to those engaged in the anesthesia technology profession.


# Happenings

## ASATT AND RELATED EVENTS

### Regional Meetings

As a result of continuous monitoring of the evolving situation with the coronavirus, ASATT made the decision to cancel the meeting that was going to be held on March 29th, 2020, in Bellevue, Washington. We are currently looking into options for rescheduling it in the near future. At this time, ASATT has no plans to cancel or postpone any other posted upcoming activity. However, the ASATT leadership will continue to closely monitor and assess the situation based on what new

developments occur and make decisions regarding future events based on all information available. In all instances, ASATT is committed to taking the necessary steps to the extent possible to provide a safe experience for participants of our events.

We know our members have relied on regional meetings to provide continuing education credits, so ASATT is also looking into online resources to provide those credits to our members as we work through the current situation. 

Sept  
10-12



### 31<sup>ST</sup> Annual Educational Conference

Save the date! ASATT's Annual Educational Conference is heading to Fort Worth Texas. It will be taking place at the historic Hilton Fort Worth. The Conference Planning Committee is working on a program filled with educational presentation, multi-credited workshops, Program Directors workshops, and something for the students. You'll also have ample opportunities to visit with ASATT's sponsors and vendors. After a day filled with educational opportunities, hanging out with colleagues and friends, enjoy all that Fort Worth has to offer. Get your [sneak peak here](#).

Registration is now open, take advantage of the early bird registration rates and save. When booking your hotel room at the Hilton Fort Worth, make sure to mention you're with the ASATT group.

Mark your calendars to join your colleagues from around the country as Anesthesia Technologists and Technicians gather for the 31st annual Educational Conference.

[Register Now](#) for the 2020 Educational Conference at the Early Bird rate.

- Member rate \$350. (Must be logged in to receive this discounted price.)
- Non-Member rate \$550
- Single day Member rate Fri/Sat \$325
- Single day Non-Member rate Fri/Sat \$425
- Student rate\* \$175
- Spouse/Guest rate\*\* \$250

\*Student registration must have valid School ID and Receives No CE Credits.

\*\*Spouse/Guest rate includes Welcome Reception, meals, and exhibits only.

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# Spotlight

## MEMBER HIGHLIGHT



### Tonia Rozell, Cer.A.T.T.

**What is your current job title?**

Lead Anesthesia Technologist

**How many years have you been in the anesthesia technology profession?**

I've been employed as an anesthesia tech in one capacity or another for 27 years at Vanderbilt University Medical Center.

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

There are so many that come to mind, such as the challenges of managing a

five-generational workforce, dealing with supply back orders, increased surgical volume and the deployment of specialized equipment, such as ultrasound and conscious sedation monitors. And lastly, the importance of taking care of the equipment.

**How many years have you been an ASATT member?**

I've been a member of ASATT for 24 years.

**What is your fondest memory of ASATT, if you have one?**

I would have to say that my fondest memories are the educational events hosted by ASATT -- especially the trips to Las Vegas!

**What has been your proudest accomplishment? (Personal life or Professional life, or both)**

My proudest personal accomplishment has been building my own home. As for the proudest professional accomplishment, that would be passing the ASATT certified anesthesia technologist exam.

**What is your favorite food?**

Crab legs.

**You have just won your dream vacation. Where would you go?**

If I won a dream vacation, hands-down I would go to Greece.

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

People would be surprised to know that I like big 4-wheel drive vehicles.

**What do you enjoy doing with your time?**

I like to travel, spend time with my friends and family and watching TV (I love TV!)


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

I'm an old school 80's fan of music!

**What is your favorite movie?**

I must admit that I have three favorite movies, which are the original Willy Wonka and the Chocolate Factory with Gene Wilder, The Wedding Singer and Bridesmaids.

**What would you like to get around to doing one of these days?**

I would love to take a cruise to Alaska. 



# The Pain Pathway

JOSEPH F. ANSWINE MD, FASA  
ASA LIAISON TO THE ASATT

## Transduction:

**How a mechanical stimulus in the tissues becomes an electrical signal in the nerves.**

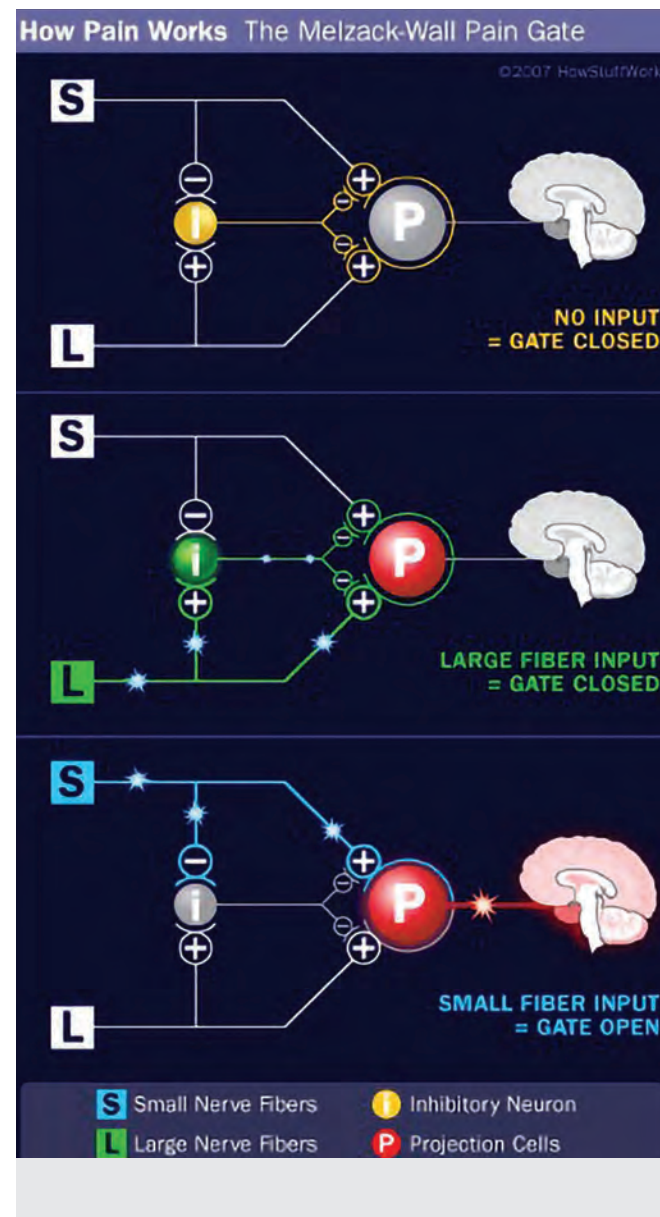
Transduction occurs when an insult to our tissues, such as a nail in the foot, a surgeon's scalpel, or an infectious process, is converted into an action potential in a primary afferent neuron. When there is potential or actual tissue damage, substances are produced such as prostaglandins. These inflammatory mediators either directly stimulate the nociceptors (pain receptors) or sensitize them to more readily accept a noxious stimulus. Furthermore, when actual tissue damage occurs; potassium, ATP and hydrogen ions from the cells directly stimulate the nociceptors. Nociceptors can be external, found in the skin with varying density based on location (higher concentrations in the fingertips, hands and face for example, and lower concentrations over the torso). They can also be internal within muscles, joints, bones and internal organs. There are specific receptors for different stimuli, such as Piezo receptors for mechanical stimuli, Transient Receptor Potential (TRP) receptors

for extremes in temperature, P2X purinergic receptors for ATP, and Acid Sensing Ion Channels (ASICs) for hydrogen ions; or polymodal nociceptors that can be activated by multiple types of stimuli. The primary afferent nerves that contain these nociceptors are either A delta fibers, which are larger and myelinated and responsible for acute sharp pain; or C fibers which are small and unmyelinated and responsible for the slower in onset, dull, lingering, achy pain. Stimulation of the nociceptors open voltage gated ion channels allowing calcium and sodium ions to pass into the cytoplasm raising the resting membrane potential (around -65 mV) downstream within the cytoplasm until the threshold potential (around -40 mV) is achieved leading to action potential formation.

**Transmission:**

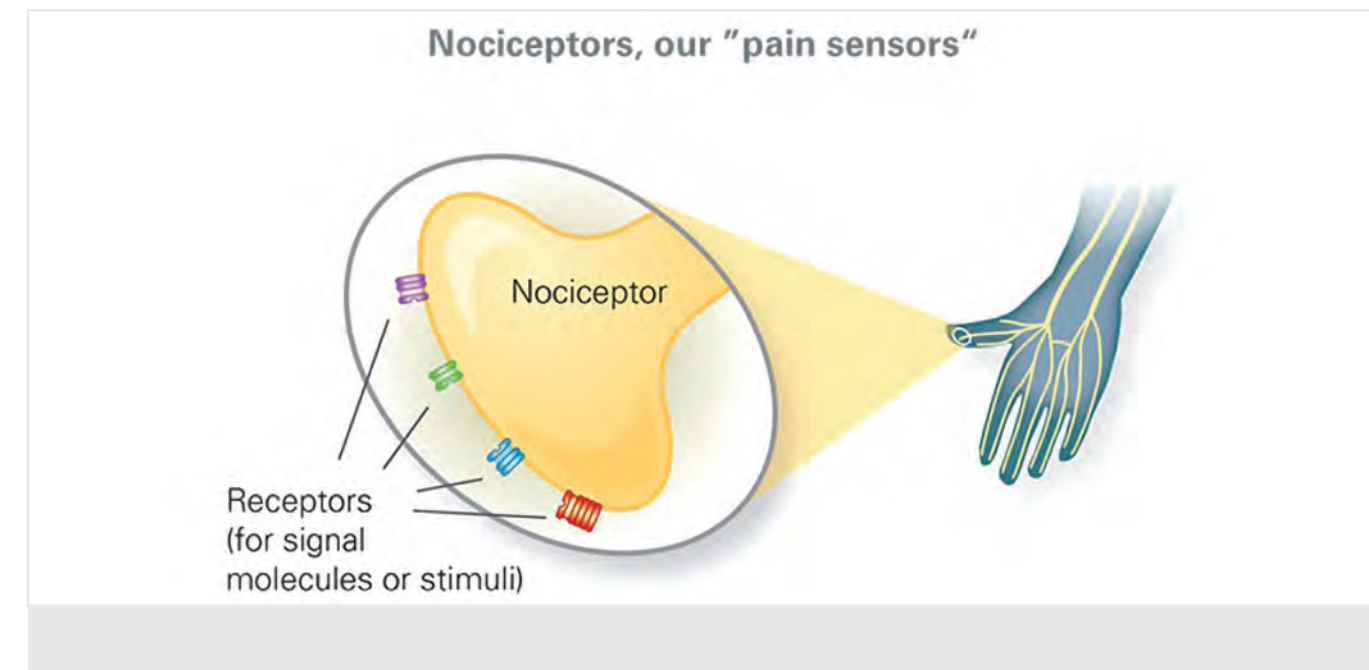
**The propagation of the electrical signal from the nerves to the brain.**

The signal as an action potential travels up the primary afferent axon as it is propagated by the continued reaching of threshold potential due to the opening of voltage gated Na<sup>+</sup> channels upstream (saltatory conduction). The primary afferent neurons have their cell bodies in the dorsal root ganglion. The primary afferent neurons synapse with secondary efferent neurons in the dorsal horn of the spinal cord (Rexed Laminae I, II, or V). The action potential generated in the secondary afferent neuron then crosses over to the other side of the spinal cord (decussation) within a few levels of the stimulus and ascends within the spinothalamic tract primarily. The secondary afferent neurons synapse with tertiary afferent neurons in the thalamus (the relay station between the brain and the rest of the nervous system), and the action potential generated in the tertiary afferent neuron then travels to the somatosensory cortex primarily. Other cortical areas receiving input include the anterior cingulate cortex, the insular cortex, the ventrolateral orbital cortex and the motor cortex. Together, they localize the pain; and orchestrate an emotional, autonomic and motor response. The neurotransmitters commonly involved with the ascending pathway are glutamate (primary) and substance P (secondary) within the spinal cord and others including GABA,



norepinephrine, serotonin, dopamine and endogenous opioids within the cortexes. Within the dorsal horn, primary afferent neurons from the viscera (heart, etc.) synapse with the secondary afferent neurons as well. Since the visceral primary afferents are usually "silent," their action potentials are frequently interpreted by the cortexes as signals coming from other "commonly" active primary afferent neurons within the same part of the body. This leads to "referred pain."

**Visceral primary afferents'... action potentials are frequently interpreted ... as signals from other active primary afferent neurons within the same part of the body, leading to "referred pain."**



**Modulation:**

**Altering or blocking the pain signal as it travels through the spinal cord, medulla, pons and midbrain to the cerebral cortex.**

Modulation is the way the brain (descending pathway) alters the intensity of the signal traveling up the ascending pathway depending on the circumstance surrounding the initiation of the nociceptive signal. For example, if you sprain your ankle while running from a lion, it would be best to be able to ignore the pain and keep running. How does this occur? Signals originating in the cerebral cortex as well as the spinothalamic tract pass through the periaqueductal grey matter in the midbrain. A signal as an action potential is generated there which then travels to the pons (locus coeruleus) and medulla (locus raphe magnus). From there, another action potential is generated that travels down the spinal cord through the dorsolateral tract and terminates upon an interneuron near the synapse between the primary and secondary afferent neurons. At that level, inhibitory signals are sent by the interneuron which alter or inhibit (modulate) the pain signals traveling to the brain by decreasing the release of glutamate and substance P from the presynaptic terminals of the primary afferent axons and reducing the postsynaptic excitatory signals originating in the postsynaptic terminal of the secondary afferent axons. Many neurotransmitters are involved here as well such as norepinephrine, serotonin, and primarily endogenous opioids (enkephalins).

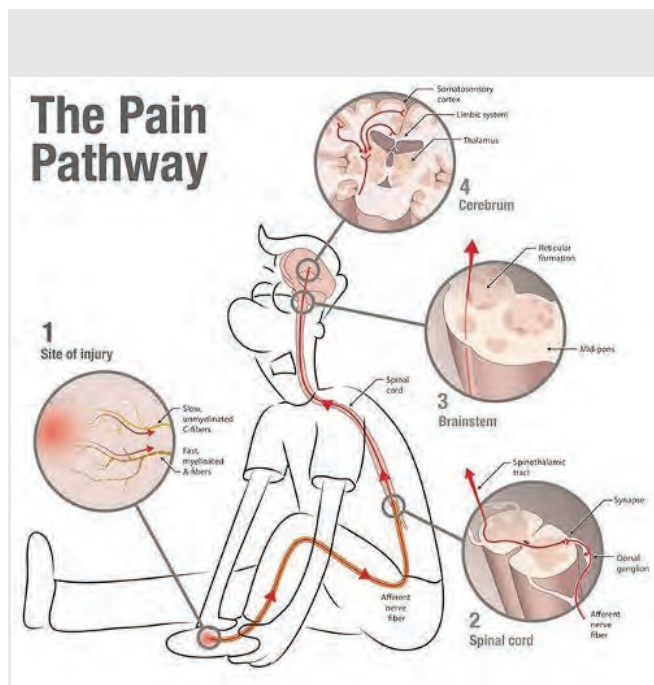
This is part of the "Gate Theory of Melzack and Wall". This theory also helps to explain why TENS units work, or rubbing the painful area soothes the pain. By providing other non-painful signals via non-nociceptive afferent neurons (the much larger, myelinated A beta fibers), the site of the synapse between the primary and secondary afferent neurons become "busy" with incoming signals which create a "traffic jam," slowing or blocking the action potential triggered by the activation of the nociceptors at the site of injury.

**Perception:**

**How the brain interprets the signal and produces "pain"** Perception occurs when the nociceptive signal is received by the involved cortexes within the brain. The individual becomes aware of the insult, and an emotional and motor response is initiated. It has reached consciousness and now moves from nociception to pain.

**Inflammation / Inflammatory Pain**

When tissues are damaged, inflammatory mediators are released causing arteriole dilation which then causes the area to become red and hot (rubor and calor). Furthermore, the endothelium of capillaries and venuoles contract opening spaces for fluid and cells to escape into the "inflamed" area causing swelling (tumor). These same mediators then cause pain (dolor). The nociceptors can eventually become "sensitized" to the signals they receive causing allodynia (pain from non-painful stimuli), and hyperalgesia (exaggerated pain from a painful stimulus).



Arachidonic acid is freed from intracellular phospholipids when tissues are damaged or there is a threat of tissue damage. Other substances are then formed from arachidonic acid, most notably, prostaglandins which are produced from its breakdown by cyclooxygenase 2 (COX 2), which is produced in high concentrations during inflammation. The prostaglandins are important to perpetuate the inflammatory process (PGI2 or prostacyclin), and trigger and sensitize nociceptors (PGE2).

**How do the inflammatory mediators sensitize the nociceptors?**

By mediators such as PGE2 binding to the nociceptors on A delta and C fibers (creating cyclic AMP from ATP), and by altering voltage gated sodium channels, the depolarization threshold is lowered, therefore, non-painful stimuli cause a nociceptive action potential to be produced (allodynia) and painful stimuli trigger more action potentials (hyperalgesia). Furthermore, other receptors such as TRPV1 which is sensitive to high temperatures, will be altered to fire at lower temperature levels, therefore, creating temperature dependent allodynia. The C fiber nociceptors can be altered to the point that the threshold potential is at resting potential, therefore, action potentials are continuously produced creating ongoing unrelenting pain during inflammation (tonic firing).

**How is bradykinin formed during inflammation?**

Hageman factor (factor XII), high molecular weight (HMW) kininogen and prekallikrein are produced in the liver and


released into the bloodstream. When they pass into the inflammatory exudate, factor XII is converted to activated factor XII (factor XII A) when it interacts with substances such as collagen. Factor XII A converts prekallikrein to kallikrein. Kallikrein in turn converts HMW (high molecular weight) kininogen to bradykinin. Bradykinin, like PGE2, is important in the inflammatory process because it too directly stimulates and sensitizes peripheral nociceptors. Furthermore, as with PGE2, it sensitizes the TRPV1 receptor creating thermal allodynia and hyperalgesia.

**Neuropathic Pain Mechanism**

Neuropathic pain is distinguished from nociceptive pain where the pain begins with signaling from nonneural tissues. Neuropathic pain originates from a lesion within the nervous system. The nerve injury leading to the pain directly involves the nociceptive pathways and alters the way pain is processed. This usually causes increased pain signal transmission, to the extent that innocuous stimuli may cause a sensation of pain. The mechanisms that lead to the development of neuropathic pain are more complex than nociceptive pain. Psychological processes are also commonly involved with neuropathic pain. Factors including stress, fear and anxiety commonly play a large part in neuropathic pain.

**Conclusion**

As we strive to utilize a diverse group of pharmacologic and non-pharmacologic pain management modalities with multiple mechanisms of action, a better understanding of the nociceptive process and the actual mechanisms of action of the modalities employed is warranted to tailor a regimen for each patient and situation, therefore maximizing effect and minimizing complications.

Joseph F. Answine MD, FASA  
ASA Liaison to the ASATT 

**Take the**  
**QUIZ**

[Click here](#) for a copy of the quiz.

TID BITS

**Provisional Recertification**

**Provisional Recertification may be granted to previously Certified Anesthesia Technologists/ Technicians whose certification was allowed to lapse because of late or insufficient CE credits beyond the December 31<sup>ST</sup> recertification deadline.**

See if you qualify for Provisional Recertification today! [Review the requirements for certification to be re-established or advanced available on the ASATT website.](#)

Be sure to also check out the [Refresher/Advancement/Provisional Recertification Standards](#) for more information. (Provisional Recertification is addressed starting on page 9)

Looking for more answers? Visit the ASATT website for FAQs on [Certification](#) and [Recertification](#).

Still have questions? Contact ASATT HQ at [certification@asatt.org](mailto:certification@asatt.org).

# Learnings

## STUDENT CORNER



**BASO PAW**  
ANESTHESIA TECHNOLOGY STUDENT

DURHAM TECHNICAL COMMUNITY COLLEGE/  
ORANGE COUNTY CAMPUS


In the past, I didn't know that the ASATT program existed. I had been attending colleges for quite a while and have changed my major many times in the past few years. Going into the medical field was quite challenging for me since I'm not a native born in America. However, I never used my background as an excuse to not try things when there are many great opportunities in front of me.

My parents sacrificed everything that they have in order for me to

have a better tomorrow. As parents and refugees coming from Myanmar without any knowledge or any education, they took the risk and came to this country so their children can have a better future.

In the past, many people had told me to quit my education since I'd been at school many times, but how could I do that? It was then that I first heard about the anesthesia program from an advisor, Anna Banks. She said this is a new and great program and asked me to give it a try. I barely stopped to consider the decision before applying to the program.

I couldn't believe I was so excited and eager to learn again, even after all of the negativity that I had received from my peers, telling me to give up on my dreams and education. I had never felt so confident in my studies until this program. Even now when I make a mistake in class, I stay positive by knowing that I'm still trying my best.

Currently, I'm doing well and I love getting opportunities from the anesthesia technology program, such as hands-on experience. I'm excited and nervous for clinical, but it's okay because I always love to learn new things. I'd like to thank my instructor and my classmates for making this program such a fun and wonderful experience, and I can't wait to make more memories together as one of the anesthesia family. 





# Novel Coronavirus

SUE CHRISTIAN, CER.A.T.T.

## Novel Coronavirus or COVID-19

No matter what term is used to describe this deadly virus, it creates high anxiety in all of us. There are so many questions, yet so few answers about this mysterious virus. As we go to print with this issue, I struggled with which angle to take when discussing the virus and considered what information would be most beneficial to our members. I hope that the information provided in this article is both informative as well as useful to your practice.

### Background and timeline

The outbreak of this virus occurred in Wuhan, China, in December, 2019. The World Health Organization (WHO) released a statement declaring that China was dealing with a mysterious pneumonia in individuals that had visited a live animal market in Wuhan on December 31st. At that time, it was thought that the virus was not capable of spreading from person-to-person. In early January, China reported the first death of an individual who had visited the live animal market, with cause of death being credited to novel coronavirus. The virus was first considered an epidemic (outbreak of a disease in a community), as it was for the moment, contained in Wuhan. To prevent the spread of the virus, China issued travel restrictions by shutting down their mass transit system. Monitoring the situation, the WHO and the Centers for Disease Control and Prevention (CDC) were quick to issue warnings that this could quickly become a pandemic (outbreak of a disease on a global level). Although every effort is made on China's behalf to contain the virus within its own borders, by the end of January the US, Thailand, South Korea and Japan were also reporting citizens being diagnosed with the virus. In early February, the WHO released a statement that the novel coronavirus will now be formally recognized as COVID-19. The "CO" stands for coronavirus, the "VI" for virus and the "D" for disease. [Click here](#) for a news article on how the virus got started.

## COVID-19 and hand washing

What we know about COVID-19 is that the virus is not a living organism. Its structure is that of a protein molecule (DNA) that is protected by a layer of lipid (fat). When the molecule is absorbed by the cells in our nose, mouth or eyes, the molecule's genetic code is rewritten, and is considered an aggressor because the cells multiply. Since it is not a living organism, the virus cannot be killed; it has to disintegrate on its own. The length of time to reach disintegration is dependent on the temperature, humidity and the type of metal, fabric or material on which the virus has adhered. The virus's protection is a thin layer of fat and therefore it is very fragile. Because of this composition, the best defense is to scrub your hands with soap and apply steady friction for 20 seconds (kill time). The foam from the soap penetrates the fat layer, thereby breaking down the protein molecule. There has been discussion in the news and articles surfacing on the internet stating that the temperature

of the water for handwashing (or any other item for that matter) doesn't matter. However, a point to consider is that heat melts fat, and obviously hot water would appear to be more effective than lukewarm or cold water. Hand washing is one of the two best defenses against this virus, social distancing being the other.

virus are bleach and hydrogen peroxide. When using bleach, it is important to know the type of bleach you have, as not all products are effective in treating this virus (see call out box). I called the Clorox Company to find out what percentage of sodium hypochlorite is in the bleach in order to mix the proper amount with water for disinfecting purposes. Turns out Clorox Splashless and Clorox Scented bleach are not registered as disinfectants with the EPA and will not kill the coronavirus. Hydrogen peroxide will also dissolve the protein molecule, as long as you use it in the pure form. Pure hydrogen peroxide is not recommended for use on skin as it can result in significant damage with long term use.

### Kill time

There are many cleaning agents available, both for hospital and home and it is wise to understand the kill time for each product as well as knowing that not every cleaning agent will kill this virus. To be effective against COVID-19, most of your bleach formulas used in the hospital setting require a

four-minute kill time, yet household bleach products require a 10+ minute kill time to be effective. If you are wondering what is meant by kill time - it is the amount of time that a cleaning agent must stay wet to be effective at eradicating bacteria, viruses or other microorganisms.

Various news agencies have reported that COVID-19 may

survive on fabric and porous surfaces for up to three hours, copper and wood up to four hours and cardboard or paper up to 24 hours. It has also been reported that the virus will survive on metal for up to 42 hours and plastic for 72 hours.

### Single use, to multiple use items

We all have been taught that single-use items are just that-single use and attempting to reprocess could alter the functionality of that item. The COVID-19 pandemic has resulted in high demand of PPE thereby resulting in the supply chain struggling to keep up with the demand. Healthcare workers are trying to grapple with the simple fact that there may not be enough N-95 masks to go around. As employers struggle to obtain PPE to protect their employees, we find ourselves in situations which require single use items to be re-used.



**Isopropyl alcohol can be used as a disinfectant because it is capable of dissolving lipids.**

**A concentration of 70% is effective at dissolving the external lipid layer of COVID-19.**

Other household items that are effective in combating the

### Other cleaning products

Isopropyl alcohol can be used as a disinfectant because it is capable of dissolving lipids, which makes it effective against lipid-wrapped viral cells. Isopropyl alcohol contains ethanol and ethanol is safe to use around food. Another advantage is that it does not leave behind a residue like other cleaning products. A concentration of 70% is effective at dissolving the external lipid layer of COVID-19.

Other household items that are effective in combating the

### New technology

The University of Nebraska has published a process that they have employed to extend the useful life of the N-95 mask by exposing masks to UV light. Science has shown that objects exposed to UV light that may contain the virus breaks down the virus protein and renders it safe for reuse. To reference exact specifics, please refer to the documents posted on the [ASATT website](#).

In using UV light methods, a designated space is required to perform this decontamination process, the room must be painted with a special paint and you have to have the right equipment. My understanding is that the FDA will soon be releasing a statement on the use of this technology.

### Elective surgery

Elective surgeries, for the most part, have been canceled, thereby decreasing the surgical volume. Just understand that there are some electives that will continue to be performed if the patient meets certain criteria. One reason an elective procedure may take place is if the patient is at risk of losing their insurance in the next 90 days. Another reason is if the patient's disease process would worsen by not having the surgical procedure performed.

### Safety best practices

If the patient is asymptomatic or even pre-symptomatic, what precautions have to be taken to prepare the anesthesia machine? Is there a need to take precautions? What is the risk of cross contamination when an asymptomatic but infected patient precedes uninfected patients? Obviously, no HEPA filter inline for the asymptomatic patient. Is COVID-19 small enough to cross contaminate? What happens if the patient does not exhibit any signs when presenting to the OR but tests positive for the virus five, seven or even 10 days out? Is there a possibility of cross-contamination from machine to patient?

Let's face it, there is no chapter in any medical book dedicated to providing best practices for combatting this virus. We are learning as we go and there are long hours, sleepless nights and high anxiety for many of us. I am not an expert and the information contained herein is not gospel. I am only sharing with you what steps our department has taken to combat this virus. Whether it was right or wrong will be determined at a later date.

First piece of advice I have to offer is to determine if the manufacturer of your anesthesia machine has provided a

statement on precautions that should be taken and then refer to the APSF website page titled ["FAQ ON ANESTHESIA MACHINE USE, PROTECTION, AND DECONTAMINATION DURING THE COVID-19 PANDEMIC"](#)

If we apply the universal precaution or standard precaution rationale and if there ever was time that we should be doing this, we need to consider that any patient coming into the OR has the potential to have the virus or at the very least, been exposed to someone who has tested positive.

Because our circuits have filters on both inspiratory and expiratory limbs and are by the manufacturer's definition a bacterial/viral filter and we are trying to conserve the PALL HEPA filter for confirmed positive patients, we have reconfigured our breathing circuit. The inspiratory limb filter has been removed and placed between the HME and elbow. The gas sampling line is connected at the wye. The reason that it is imperative to place the gas sampling line on the machine side is that the newer models will return the sampled gas back through the breathing circuit (inhalation agent cost savings measure). If the gas sampling line is connected at the elbow and an asymptomatic but infected patient precedes uninfected patients, then the machine has become contaminated and will have to be removed from service. Should this happen, check with your manufacturer to determine the length of time the machine would have to be quarantined before it would once again become safe for use.

If we have a confirmed positive patient in the OR, we will place the bacterial/viral filter back on the inspiratory limb and replace it with a Pall filter. Again, we keep the gas sampling line on the machine side. Be sure to double check your connections. We use a flex connector to connect the Pall filter to the ETT tube (remember your numbers 22mm/15mm OD/ID).

Regardless of which filter we employ, one benefit that we have for swapping the filter location is that in the event that the circuit has to be disconnected, the bacterial/viral filter



or the PALL filter will prevent the patients aerosolized breath from escaping into the room, thereby exposing the entire team in the room. If nothing else, it decreases everyone's anxiety level.

For our COVID-19 positive patients, we have a dedicated airway team that is responsible for the intubation and extubation of these patients. They wear full PPE, including a PAPR unit and use video laryngoscopy to place the ETT tube. We also follow this same procedure for any ENT procedure, regardless if the patient tests positive or negative for the virus.

To increase safety of the staff, ENT procedures, patients suspected as potential candidates for the virus and especially for the positive patients, only the anesthesia provider will be present in the room for intubation. We also use a closed suction system in the event that it is needed.

Another process we have initiated is that all equipment, including any and all support carts are removed from the



room. The provider will draw up the needed drugs and take a kit into the room. The kit contains the bare essentials needed for the case so as not to accidentally cross contaminate. This can be a bit risky, especially if you have an unstable patient, and to reduce the risk we station a provider outside the door who would pass in any needed items.

In the event that your facility has the possibility of using anesthesia ventilators to supplement the respiratory fleet, special precautions need to be taken as well. A surplus of disposables will be required, above and beyond what is considered "normal" (extra CO2 absorbent, water traps, etc.). Previous reports show that patients needing ventilatory support will be vent dependent somewhere between 10-20 days. Remember that our machines weren't designed for this use, and to keep them operational, there are published recommendations by the ASA as to how frequently the absorbent, HME's and other disposables should be changed. For those of you who have called and asked for help with connections for converting the anesthesia machine over for use with two-to-four patients, I hope that it didn't come to that, but if it did, I would be curious to know how it worked and if there were any machine issues.

Follow this link to view an article on ["APSF/ASA Guidance on Purposing Anesthesia Machines as ICU Ventilators"](#).


We have purchased a Tru-D UV robot, with installation being completed earlier this week. Our first "run" of decontamination of the masks has been completed. It is a time-consuming project, handing out masks and bags, providing instructions, collecting used masks and having the secure space to separate both. There is some controversy over the writing of the name, location and date on the front of the mask with a Sharpie, as it is felt it might compromise

### Products registered with the EPA and will kill the virus:

- Clorox Disinfecting Bleach (has a red stripe across the top of the label that states "kills 99.9% of germs")
- Clorox Chloromax Technology Disinfecting Bleach
- Clorox Performance Bleach (for HE washers)
- Clorox Germicidal Bleach

If the bleach is concentrated, mix 1/3 cup/gallon of water. If the bleach is not concentrated, add 1/2 cup/gallon of water.

the filter. Another concern is the integrity of the seal after several uses and undergoing numerous decontamination processes. Wearers must ensure that they have a good seal.

Colleagues, I could continue with other processes that we have implemented and would be happy to share, but duty calls. Please refer to the ASATT website for a list of important documents that might help to address your questions. I will close by saying, "stay safe, follow social distancing guidelines and use common sense as we rise together to combat this virus." 



# Take the QUIZ

[Click here](#) for a copy of the quiz.

# Outlook

## PROGRAM DIRECTOR INSIGHTS



I firmly believe we have come to the point in our profession where on-the-job training should be a thing of the past. Like many of us that have been in the profession for twenty or thirty years, I was hired as a cleaner, stocker, and ordering person who quickly advanced when anesthesia providers discovered how much value we brought to the team. And, as our profession matured, so did the technology.

I believe one reason older techs have been so successful is that we grew up with the current technology. The patients today are more challenging and complex than ever before. Nowadays, it seems as if we do as many cases out of the operating room as we do in the OR. These advances, obviously, affect not only techs, but also the anesthesia providers. In order to keep our patients safe, keep up with the newest trends and provide quality

care, it is essential to formally educate the next generation of anesthesia technologists.

Having said that, although I was trained on the job, as were the vast majority of technologists, the old saying goes, "when you know better, you do better," and today we know better. We realize it is time to guide the profession in the direction of formal education for our colleagues. This is not only personal opinion, it is also shared by the Department of Anesthesiology at the University of Chapel Hill in North Carolina.

In the summer of 2017, the Chairman of the Department of Anesthesiology at Chapel Hill tasked one of the anesthesia attendees, Dr. Chris Howard, to approach Durham Technical Community College in Durham, NC about partnering with the hospital in an attempt to formally educate technicians. The inability to find qualified, trained anesthesia techs had been a problem for years, but seemed to have reached a tipping point that summer. Dr. Howard and Melissa Ockert, Dean of Health and Wellness at Durham Tech, worked for over a year to develop a program that met the high

standards set by ASATT, while adhering to the requirements of the college system in North Carolina. Looking back, that seemed to be the easy part of the process.

The next step was to find a program director, and that is when I entered the picture. I believe my experience may have been different than many of the other directors in the country because they were involved with the creation of their programs, but that was not the case for me. I left UNC after 26 years and walked into, literally, nothing in regard to supplies, equipment, lab space, or anything else that could be used for hands-on teaching. Like so many that have been in the field for years, sales reps were incredibly generous with their time to update outdated supplies and equipment that were a generation or two removed from what was currently in area operating

rooms. Duke had been very generous with providing speakers and an anesthesia machine. When the program was just getting up and running, UNC donated three anesthesia machines and other necessary

items. Vicki Reyes flooded my inbox with PowerPoints, advice and whatever else I needed to take on my new role as a college educator. Just after the second cohort started, the college

converted a classroom into a dedicated lab space with four headwalls with working suction and air. Converting the anesthesia machines to run solely on air was an easy process.

I also must mention the preceptors at our current clinical sites. We, as techs, have all probably trained new hires at one time or another, but this was completely different situation for the techs at UNC, Duke and Rex. After getting past the initial "what the heck am I supposed to do with a student" shock, the preceptors stepped right up and made sure the students had a great experience.

I've spoken with so many of you that want to start programs and the only

words of advice I have is to find a champion within your department that will "go to bat" with you when approaching the community colleges in your area. This is a huge undertaking, so put your ego aside, reach out to anyone and everyone you think might be able to help, and go for it. You may be surprised how much support you'll have if you only ask.

**Gail Walker, MA, Cer.A.T.**  
Director Anesthesia Technology

Durham Technical Community College/  
Orange County Campus

Phone (919) 536-7238 ext. 4222  
mail to: [walkerg@durhamtech.edu](mailto:walkerg@durhamtech.edu) 



### TID BITS

# Share. Inquire. Learn.

**ASATT has launched an online Discussion Forum for members to connect and share!**

**You do not have to confront the COVID-19 crisis alone. ASATT has established the online Discussion Forum so that members can support each other through the sharing of vital resources, knowledge and experiences, and to seek answers to questions and concerns.**

[Join the Conversation!](#)

# Partners

## AANA

The following statement from the AANA shows the collaborative effort between the AANA, ASA, and AAAA to ensure the safety of ALL anesthesia providers amidst this COVID-19 pandemic.

The American Association of Nurse Anesthetists (AANA), American Society of Anesthesiologists (ASA), Anesthesia Patient Safety Foundation (APSF), and American Academy of Anesthesiologist Assistants (AAAA) believe that the safety of anesthesia professionals is of utmost importance in developing policies related to personal protective equipment (PPE). Due to close patient contact and the need for airway instrumentation, anesthesia professionals are at increased risk of exposure and infection for all diagnostic, therapeutic, and surgical procedures during this rapidly escalating COVID pandemic in the U.S.

Growing experience has shown that there can be a five-day or longer incubation time between exposure to the COVID virus and development of symptoms and that there are individuals who are COVID-positive who are either asymptomatic or who have minimal symptoms. Laboratory testing for coronavirus is not universally and promptly available. As a result, identification of who is COVID positive or negative with certainty is not possible in the

setting of clinical care. Therefore, we recommend, as optimal practice, that all anesthesia professionals should utilize PPE appropriate for aerosol-generating procedures for all patients when working near the airway.

Ideally, anesthesia professionals should use properly fitted N95 masks or powered air purifying respirators (PAPRs). For those who are not N95 fit-tested, have facial hair, or fail N95 fit-testing, PAPRs should be used if possible. Surgical face masks protect against COVID-19 droplet transmission but do not protect against aerosolized small particles. The CDC has developed a detailed table that describes surgical facemask, N95 mask, and PAPR use, based upon distance from a patient with suspected or known COVID-19 and the use of source control (i.e., masking of symptomatic patients).

Issuance of N95 masks or availability of PAPRs for all clinical anesthesia personnel should be a priority. If a facility has existing or projected shortages of N95 masks or PAPRs, however, temporary mitigation plans based on current CDC recommendations should be enacted. These plans should include facility and case-by-case reviews of the potential of patients and procedures to generate aerosolized particles, as well as assessments of respiratory pathogen characteristics (e.g., routes of transmission, community spread,

prevalence of disease in the region, infection attack rate, and severity of illness) and local conditions (e.g., number of disposable N95 mask available, current respirator usage rate, and success of other PPE conservation strategies). Healthcare facilities may wish to implement extended use and/or limited reuse practices before shortages are observed so that adequate supplies are available during times of peak need and demand. Extended use and/or limited reuse of N95 masks should follow CDC (reference 4) and institutional guidelines.

All components of appropriate PPE should be carefully addressed. For aerosol-generating procedures this includes eye protection (goggles or a disposable face shield that covers the front and sides of the face), a gown, and gloves, in addition to airway protection with N95 masks or PAPRs (reference 1). Effective hand hygiene before putting on and after removing PPE, including gloves, is very important. Procedures for proper donning and doffing, disposal of contaminated PPE, and cleaning of contaminated reusable PPE and anesthesia equipment should be established following CDC and institutional recommendations.

**Michael Boytim, CRNA, EDD**  
Liaison to ASATT

## ASA

I am proud to continue as the ASA liaison to the ASATT. The American Society of Anesthesiologists (ASA) is the voice for anesthesiologists, not only throughout the United States, but the world as it is commonly looked at as the premier organization representing the practice of anesthesiology. Therefore, the asks for the organization's time and efforts are large and far-reaching.

The ASA is very active in Washington D.C. as well as every state capital, addressing advocacy issues such as the current concern with surprise patient billing. There are multiple

committees within the ASA that are larger and more active than most society boards. I am on the Committee of the Anesthesia Care Team, the Committee on Patient Safety and Education, as well as the Committee on Equipment and Facilities. Each of these committees has frequent meetings by webinar or phone, plus a face-to-face meeting at the ASA annual meeting. The organization has liaison members throughout medicine, including other medical specialty societies as well as the AMA and the government, including committees within CMS and the CDC.

We provide representation to most of

the international society meetings including conducting numerous scientific lectures. Additionally, the ASA puts out multiple publications including the journal Anesthesiology. Most importantly, however, we eagerly support organizations representing other important members of the anesthesia care team such as ASATT. This "machine" therefore requires many moving parts, and those moving parts are thousands of anesthesiologists and non-physician contributors.

**Joseph F. Answine MD, FASA**  
Liaison to ASATT



**asatt**  
**EDUCATIONAL CONFERENCE**  
SEPTEMBER 10-12, 2020  
FORT WORTH, TX

**REGISTER NOW** for the  
**2020 Educational Conference**  
at the **Early Bird rate.**

See page 6 for more information.

# Notes

## REGIONAL UPDATE

### REGION 1



**Here ye, Here ye!!! Well you all asked for it so here it is!!!  
The *SENSOR* IS BACK!!!!**

Happy ANESTHESIA  
TECH WEEK!!!  
MARCH 29th- APRIL 4th

One huge step for us now we can celebrate with our heads

held high as we should for a full week of success and pride for helping all of our doctor's, CRNA's, AA's, RN's and anyone else's lives that we may touch in a days' time, whether it is a patient or their loved ones.

Due to the COVID-19 crisis all meetings are on hold until further notice. As soon as we get the dates rescheduled we will post them and send updates. There is a possibility of shifting to online meetings – more to come on new updated technologies.

We have three possibly four Regional Meetings in planning now. As soon as I get the dates confirmed I will get them posted and the brochures up onto our beautiful new Webpage.

- First -Vassar
- Second - Beth Israel in Newark, N.J.
- Third - Columbia University


This is so exciting!!!! And the last one I am still thinking about and I am not sure on the date.

There is always a need somewhere for CEU's. If you are still thinking of having a meeting, please contact me now so we can put it on my calendar, as it is never too late to schedule a meeting. I want you to have your choice of dates that work best for you.

Region 1 Director will be up for election this year, so you all will need to start thinking of who you would like to see

as your new Regional Director. It is always nice to have new faces in ASATT. Do not get me wrong, I would love to run again, however I do not want to discourage against anyone wanting to run for this position. It is a lot of hard work, and it is very rewarding and time consuming at times, however I get to work with so many amazing anesthesia technologists and technicians, doctors, CRNA's and AA's that I have known for years and love seeing them year after year. However, it is only fair that I am willing to share this opportunity with others in the field so that they may feel the joy and love of serving on the Board of Directors for ASATT. Please consider some new faces in ASATT as we grow leaps and bounds. It is getting to be that time of year. If you think you would like to or know of someone that would like to consider this position, let me know and I would be happy to share with you some of the job descriptions and or people to contact.

"The future belongs to those who believe in their dreams"  
by Eleanor Roosevelt

Respectfully submitted,  
**Jonnalee Geddis, Cer.A.T.** 

### REGION 3



**Please stay safe and maintain the six foot social distancing rule, as we are beginning to feel the wrath of COVID-19.**

April is here which means Spring is right around the corner. When we think of Spring, we imagine mother nature and new beginnings. The same can be

said about ASATT. The first obvious change for the Society is that the ASATT logo as we have known it for the past 30 years has undergone a complete redesign. The image is sharper and crisper, incorporating the EKG symbol from the *Sensor* and the outline of a head at the bottom of the S and A; the image is certainly an eye catcher!


The second change is that the website has been completely redesigned. The content has been reorganized and easier to access.

The third change is regarding Anesthesia Tech Day. The ASATT BOD voted to change the DAY to a WEEK to bring us in line with other professions. Speaking of Anesthesia Tech Week, please send me your photos of how it was celebrated at your institution for publication in the *Sensor*. If you have group photos, please include the names of those in the photo so we can recognize them.

For individuals whose certification will expire 12/31/2020, please be sure that your CE's meet ASATT requirements. In addition, the 12/31/2020 expiration date is the last date for you to earn CE's for this cycle. The January 31st extension date was in place to allow individuals to gather missing documentation and obtain the recertification fees. It is not an extension for you to earn the CE's that you failed to obtain during your two year cycle. As professionals, it is up to each and everyone of us to comply with the recertification requirements. If you do not understand those requirements, then please reach out to ask questions as opposed to waiting. The provisional process is an expensive endeavor and one that can be avoided if you are proactive instead of reactive.

The *Sensor* is making a comeback with this first Spring issue. One of the reasons it went on hiatus was due to the lack of contributions for the Science and Technology article. In an effort to make obtaining CE's more affordable, the decision has been made to include two articles in each issue, so we need your help. Not only will it help your colleagues, but if your article is published, you can earn three CE's and be considered for the S&T award.

To assist with the acquisition of CE's that meet the guidelines; I am planning on hosting at least three meetings across the region between April and December. If you are interested in hosting a meeting, please let me know. In the event that you do not hear from me by using the [region3director@asatt.org](mailto:region3director@asatt.org), please use my personal email: [suec598@msn.com](mailto:suec598@msn.com). Communication using the society's email address may result in the emails being directed to my junk box. Also, it would be helpful to put ASATT in the subject line to help recognize legitimate emails versus phishing expeditions.

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

### REGION 7



#### Howzit Region 7!!!

It's April and should start warming up as spring is upon us. It's sad that baseball season has been delayed because of the events happening around the world. PLEASE be careful with COVID-19, it's nothing to take

lightly. Take precautions and follow all CDC bulletins and guidelines, but don't let it overwhelm your life.

Covid-19 has disrupted so many events worldwide. Therefore, like everyone else all of the ASATT meetings are temporarily postponed. We are waiting and watching to see how events unfold before making any other meeting plans. I hope everything clears up and we have a few meeting before the end of 2020.

We had an outstanding meeting coordinated by Gary West, Program Chair of the Anesthesia Technology Program at Chemeketa Community College in Salem, OR, on Saturday, February 29th. There were 49 AT's/ATT's in attendance along with a majority of Gary's students. I really enjoyed the meeting and learned a bunch. The one thing I really enjoyed...My interaction with the students. Here I am a veteran of the profession interacting with students who are starting their careers in our profession. I commended

**"Be so good that they can't ignore you."**

~ Steve Martin ~

**"The FUTURE depends on what we do in the PRESENT."**

~ Mahatma Gandhi ~

them on their choice to become an Anesthesia Technologist and told them to stand tall and be proud of their chosen profession. Another bonus!!! A member, who works at a Kaiser facility, got their "Talent Acquisition Consultants" to sponsor the meeting and they are looking at interviewing the students graduating in 2020.

I hope that you got through the crunch to get recertified and that you did not experience too many difficulties. If you earned most of your CE's through an ASATT "sponsored" meeting, it should have made it a lot easier since these CE's go straight into the ASATT database (ASATT member benefit). Versus the ASATT "approved" meeting, where those CE's do not get downloaded into the database and you MUST get your certificate of attendance from the meeting sponsor. ASATT is not responsible to issue the attendees the certificate as proof. All of you Region 7 members, it should be easy to fulfill your ASATT-sponsored CE's in 2020 with all of the meetings planned.

**"If not now... when?"**

Region 7 is moving forward to work on accomplishing the goals that were set to have a productive year in 2020. As in years past, we were the regional leader in providing educational opportunities for our members. I'm excited to find new people who are willing to coordinate the educational meetings. Along with new coordinators come new speakers or presenters. The new people promote more networking. I love networking with others for one BIG reason: if there's something I need to find out if our peers are trialing or using a "new" product, I can email to get their opinion on the product. Or, if there is a "service" we're doing and I need to find out if other facilities are doing "it", I email our peers.

Meetings in the planning stages...I hope to get some of these meetings accomplished in 2020:

- Saint Charles Hospital System in Bend, OR – July
- Kaiser Sunnyside in Clackamas, OR - Tentative
- Honolulu, Hawaii – August 2nd
- Providence Saint Vincent in Seattle, WA – Tentative November
- Oregon Health Sciences University Medical Center in Portland, OR – Tentative December

As you can see, we have a very ambitious agenda for Region 7. I hope that we can fulfill the plan.

Please also support the Northwest Society of Anesthesia Technologists and Technicians. They have meetings in the Pacific Northwest with continuing education opportunities. But, you must also remember, if you attend one of these meetings, ASATT is NOT responsible for your certificate of attendance and the CE's that MAY come with the NWSATT meetings.

Start planning to attend our Annual Meeting in Fort Worth, TX. It will be held at the Hilton Fort Worth, September 10-12, 2020. We're also exploring extra CE opportunities on Thursday and Sunday, September 13th. There's further discussions about "thinking outside the box" to expand the CE chances to maximize your attendance at the Annual Meeting. We have some "pilot" ideas being discussed and are in the planning stages.

Let's continue to keep Region 7 the leader in ASATT and help us move our profession forward. As I have said before... We are laying the foundation for future generations of Anesthesia Technologists and Technicians and we MUST build this together.

**PLEASE BE SAFE AND PROTECT YOURSELVES...**

Aloha,  
**Delbert Macanas, Sr., Cer.A.T.T.** 

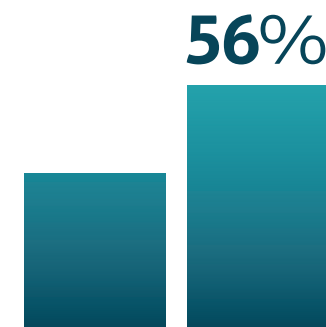
**"Learning networking basics is only a gateway to career growth and exploration."**  
*~ Tae Yoo ~*

**"Those who are happiest are those who do the most for others."**  
*~ Booker T. Washington ~*

**"Leaders don't look backwards to condemn what has already been done: they look forward to create a better future."**  
*~ Mark Cuban ~*

**TID BITS**  
**ASATT is YOU!**

**1,545**  
 Current ASATT Members



**Member Growth Since 2007**  
*(Year that ASATT and AEG joined forces to manage the Society)*



# Call for Nominations



## ELECTION SEASON IS HERE!

As Chair of the Nominations Committee I would like to remind everyone of the upcoming election this summer.

Each year we ask our members to nominate someone they believe can help ASATT further grow as an organization. Please take a minute to think about your fellow ASATT members. Are they motivated? Have they been active in ASATT? Have they wanted to be? Does this person want to see the profession grow and mature? Do they participate in furthering education for anesthesia technologists and technicians? Are they sincere in advancing the society for the benefit of the entire profession?

This year Regions 2, 4 and 6 are up for election for Regional Directors. You must live in the Region to be able to be on the ballot for that Region. Regional Directors serve a two-year term.

The positions of President-Elect, Secretary and Treasurer are also up for election this year. Those nominated for President-Elect must have previously or currently served on the Board of Directors prior to nomination. The President-Elect is a three-year term (one year each as President-Elect, President and Immediate Past-President). The Secretary and Treasurer positions are two-year terms.

## Position Descriptions for the ASATT Board of Directors

To be valid, all nominations must be received by **June 10, 2020**. In order for the nomination to be accepted, you must have prior approval from those you nominate. Self nominations will not be accepted. **Only ASATT members in good standing can nominate and run for office.** Nominees will be contacted by the Nominations Committee Chair inviting them to formally accept their nominations and to request a professional résumé or *curriculum vitae* (CV).

Once the nominations have been received and eligibility to run for office verified and accepted by the nominee, candidate information and an electronic ballot will be posted to the [Member Center](#) of the ASATT website. The formal election will commence on **Monday, June 6**, and conclude on **Friday, August 14**. Further information will be communicated in the Summer Issue of the *Sensor*, via the *ASATT Update* and other communications over the next few months.

All positions on the ASATT Board of Directors require an individual to commit to the time necessary to fulfill their obligations as an elected representative of the society. Elected officials are required to sign Confidentiality, Conflict of Interest Disclosure and Code of Ethics forms. Please read the [Position Descriptions for the ASATT Board of Directors](#), and when you have someone in mind to nominate, complete and submit the [Nomination Form](#).

We encourage you to become more involved in the society. Nominate a fellow member for a Board position. Make your voice heard come election time by casting your ballot. Take part in electing a new group of dedicated members to help guide our society into the future.

Please reach out to me with any questions or concerns.

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

Immediate Past-President

Chair, Nominations Committee 

Have you ever wondered exactly what the responsibilities of individual Board members are? Here is a simple overview of the "position descriptions" of the Board of Directors.

**No Board members or Officers of ASATT are paid for their time ... their service is voluntary!**

### Secretary

*Two-year term*

Responsible for taking minutes at all Board meetings and business meetings and submitting the minutes to the Board of Directors.

Responsible for co-signing all contracts negotiated.

### Treasurer

*Two-year term*

Responsible for supervising the handling of ASATT funds.

Responsible for the accounting of ASATT funds to the membership.

Responsible for assisting ASATT management in the planning of the annual budget.

Monitoring the profit and loss on a monthly basis.

### Regional Directors

*Two-year term*

Responsible for organizing at least one yearly meeting and in some situations, two. This includes obtaining speakers, selecting locations and obtaining sponsors. The Regional Director is financially accountable for operating within the budgeted funds for the regional meeting. They are also responsible for providing an outline of the meeting to ASATT for distribution and sending ASATT a final list of attendees to facilitate awarding of CEs.

Responsible for promoting the Annual Educational Meeting within the Region with both vendors and members.

Responsible for attending the Annual Educational Meeting.

Assisting with registration, sales, etc., during the Annual Meeting.

Assisting with the ASATT exhibit booth at national meetings of related organizations, if needed.

Responsible for participating in all Board activities, to include:

- Attending all Board meetings.
- Participating in all Board conference calls. (*Usually every other month on a Saturday morning*).
- Responding to all e-mails when questions/opinions are solicited.
- Submitting monthly, quarterly and yearly reports for your Region and/or committees to the President.
- Submitting *Sensor* and Website updates by the date requested.
- Participating in the yearly budget process for the region's activities.

### President-Elect

*Three-year term*

Communicate directly with the ASATT President.

Assume the responsibilities of the President when necessary.

Be familiar with the Bylaws and Policy and Procedure Manual and the workings of all committees.

Succeed the President at the end of his/her term.

Co-chair the Annual Educational Meeting.

### President

Handle daily Society business as required.

Preside at all Society membership, Board of Directors and Executive Committee meetings.

Responsible for co-signing all negotiated contracts on behalf of the Society.

Fiscally responsible for operating the Society's business within the approved budget.

Prepare agendas for Board business.

Co-Chair the Annual Educational Meeting.

Responsible for set-up, staffing and breakdown of ASATT booths at the national meetings of related organizations.

### Immediate Past-President

Serve as a member of the Board and Chairperson of the Nominations Committee.

Fulfill various other duties for the Society at the pleasure of the President by mutual agreement of both parties.

Assist with set-up, staffing and breakdown of ASATT booths at the national meetings of related organizations.

Participate in conference calls and Board meetings.



Check out our **ALL NEW** website! [asatt.org](http://asatt.org)



# Vitals

## INDUSTRY NEWS



### Position Statements and Recommendations for COVID-19

Industries and professions worldwide are confronting a global crisis. Coronavirus (COVID-19) is changing the how and where of work. We are facing work situations with limited supplies and varying procedures in place to manage and respond to the current healthcare environment. ASATT and others in the anesthesia technology field are working diligently to provide timely, reputable and practical information. Organizations and agencies are moving quickly to provide guidance and access to the latest developments and help to equip healthcare professionals during this critical period. Visit the ASATT website ([asatt.org](http://asatt.org)) and those of affiliated organizations, the [American Society of Anesthesiologists \(ASA\)](#), [Association of periOperative Registered Nurses \(AANA\)](#), and [American Academy of Anesthesiologist Assistants \(AAAA\)](#) for important updates.

### AANA, ASA, APSF and AAAA Publish Statement on PPE Use

Recognizing the critical importance of safety of anesthesia professionals amid high risk of exposure and infection from close patient contact from COVID-19, the American Association of Nurse Anesthetists (AANA), American Society of Anesthesiologists (ASA), Anesthesia Patient Safety Foundation (APSF), and American Academy of Anesthesiologist Assistants (AAAA) have jointly developed a statement addressing the need to develop policies related to personal protective equipment (PPE). Review the full updated statement on the AANA, ASA, APSF, and AAAA websites, and [in the list of COVID-19 resources](#) on the ASATT website.

### ACS, ASA, and AORN Release Recommendations for Surgical Triage Decision Making

Professional associations are taking decisive steps to provide much-needed guidance in the rapidly-evolving COVID-19 global crisis. On March 24th, the American College of Surgeons, the American Society of Anesthesiologists and the Association of periOperative Registered Nurses released the Joint Statement Recommending a Surgical Review Committee for COVID-19-Related Surgical Triage Decision Making, a multidisciplinary perspective

from surgery, anesthesiology and nursing. The joint statement can be read in its entirety on the ACS, ASA and AORN websites, and as [part of the COVID-19 resources](#) published on the ASATT website.



### ASATT Curates Resources, Launches Discussion Board

The health and safety of members and colleagues is of the utmost concern to the ASATT organization. The society seeks to support those engaged in healthcare delivery and services with reliable resources and current information in the effort to contain COVID-19.

ASATT also understands the value of peer-to-peer exchange of ideas and information. The Society has established an online Discussion Forum where members can engage and discuss timely topics, including the current health crisis. The Discussion Forum is a valuable new member benefit that will be available to members ongoing and will expand to general discussion across the broad range of topics in anesthesia technology. The [Discussion Forum](#) is available in the ASATT Member Center.

## Looking for "Vintage" ASATT merchandise?

With the rebranding of ASATT, we find ourselves with an overstock of ASATT merchandise.

We have taken inventory and reduced prices on items such as Conference t-shirts, hooded sweatshirts, travel mugs, and more!

Check out the [Storefront on the ASATT website](#) for deals and be on the lookout for more sales announcements.



# Academy

## ASATT ACADEMY



### ASATT Announces the ASATT Academy

The newly established [ASATT Academy](#) provides anesthesia technology professionals a one-stop resource for a range of professional development opportunities.

This new online learning portal centralizes ASATT-approved and organized in-person programs, meetings and conferences, which provide dynamic face-to-face networking opportunities for participants. ASATT also offers online opportunities to earn continuing education credits like the quizzes and other online opportunities. In addition, the society lists ASATT-approved learning opportunities offered by other providers.

Coronavirus (COVID-19) has significantly changed the current meeting, conference and educational programming landscape, with many

**We are actively engaged in planning our first virtual educational offering for spring 2020**

in-person offerings cancelled or postponed in the near-term. However, the ASATT organization remains

undaunted in our goal to support opportunities for professional development education and growth for our members and to provide forums for discussion of challenges and issues. It is especially important to do so in response to the current health crisis.

To this end, we are actively engaged in planning our first virtual educational offering for spring 2020. Further details will be announced in the monthly [ASATT Update](#) and on the [ASATT Website](#).

### Current ASATT Academy Offerings:

#### The Premier Conference for Anesthesia Technologists and Technicians

ASATT's Annual Educational Conference provides a unique learning experience led by experts in the field coming together in this singular event.

Pending any changes, the 2020 ASATT Annual Educational Conference will take place in Ft.

Worth, Texas, September 10-12. Learn more about the [2020 Educational Conference](#) on the ASATT website.

#### Regional Meetings and Programs

ASATT is comprised of seven Regions with each led by a regional director. A key component of the responsibilities of the regional directors is to plan and coordinate meetings and seminars in his or her region, annually. To locate and register for a regional program in your local area, visit [Meetings/Events](#) on the website. In the near term, ASATT may be restructuring in-person events to online and virtual in order to continue our educational offerings while maintaining a safe learning environment.

Visit the website to learn more about the [ASATT Regions](#) and how they are serving the needs of our members locally.

#### Read and Earn CEs

Every quarter ASATT publishes the *Sensor* magazine. Each *Sensor* will contain one or more feature article(s), accompanied by a quiz. As had been done in past issues, readers can review the article, take the quiz, and earn CEs.

To access and take the latest quiz, visit the [Sensor Quiz](#) in its home on the ASATT website.



### COMING SOON!

ASATT will be expanding available learning formats available to include virtual offerings, with an initial program in the works for later this spring.


The COVID-19 situation is keeping us physically separated from one another and the ASATT organization is working to mitigate this current reality with an opportunity to engage, learn and earn CEs from wherever our members and colleagues are located. By adding online learning opportunities, ASATT

will continue to fulfill educational opportunities during this period of limited face-to-face interaction and continue the Society's commitment to provide high quality and excellence in education and training.

While virtual meetings and conferences are likely never going to replace the in-person experience, ASATT believes it is critical to provide alternative ways for our members to access education. We envision an ASATT Academy which blends opportunities to connect face-

to-face, building relationships and nurturing our professional networks, while also providing live and on-demand online learning opportunities, which are accessible anywhere and anytime.

### Stay tuned!

Watch for announcements in the quarterly [Sensor and ASATT Update](#) monthly e-newsletter, as well as on the [ASATT website](#), as new offerings are added to the Academy, 

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7044 S. 13th St.  
Oak Creek, WI 53154  
414.908.4924

[asatt.org](http://asatt.org)