**Notes from the Chair**
*by Kathleen Adams RCP, RRT*

I recently returned from the Clinical Care Conference in Orlando, FL, where respiratory therapists presented a series of four lectures covering the basics of mechanical ventilation, transport considerations, considerations for the long distance transport, and the future of transport ventilation. I would like to take a moment to thank those who participated as lecturers: Scott Ely, RRT, from Lifestar in Hartford, CT; and Jerry Focht, RRT, and Dave Field, RRT, both from Northwest MedStar in Spokane, WA. A special thanks to their respective programs for allowing them the time away from the job and helping with the expenses for the trip. The lectures were very well-received and I received many positive comments from participants.

Speaking of participants, I was delighted to note that there were several RCPs in attendance besides the speakers. I had the chance to speak with a few of them, and was happy to learn more about their programs. (This is always the best part of the job!) Next year the committee is planning to conduct the conference on a cruise ship to the Bahamas. Details will be forthcoming, but start planning now. It could be a really fun way to get the education credits you need, and it is really no more expensive than the typical, landlocked conference.

In addition to the aforementioned lectures, the conference featured several excellent presentations on topics of interest to transport RCPs. One in particular on latex allergies is discussed in more detail elsewhere in this issue. Jerry Focht and I also attended a couple of meetings regarding the formation of the transport professionals federation, so rest assured that this issue is still on the docket as well.

I have also been busy talking with the Department of Transportation regarding the transport of nitric oxide. An update on this issue also appears elsewhere in this *Bulletin.*

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**CAMTS Update**
*by Jerry Focht RRT, AARC CAMTS Liaison*

The Board of Directors of the Commission for Accreditation of Medical Transport Systems (CAMTS) met on March 21 and 22 in Orlando, FL, in conjunction with the Clinical Care Conference.

There are currently 57 services accredited by CAMTS, with 17 services that have been reaccredited. Five services were added to the list of accredited programs:

- CareFlight in Dallas/Fort Worth. The Dallas base was reaccredited for the second time and included the base in Fort Worth. Accredited for FW and RW services.
- STARS (Alberta Shock Trauma Air Rescue Society). This is the first medical transport service to be accredited in Canada. STARS is an RW service operating in Calgary and Edmonton, Alberta.
- Gallup Med Flight. This is a private FW service based in Gallup, NM.
- AIR TREK. This is a private FW service based in Punta Gorda, FL.
- REACH Mediplane. This is a private FW and RW service based in Santa Rosa, CA.

In addition to accreditation deliberations, the board planned to organize a safety forum for the AMTC.
conference. Dudley Smith, CAMTS board treasurer, also discussed the budget and distributed a summary of average direct costs of a site survey, and the board moved forward with the development of a consultation service. Drafts of policies were discussed and will be finalized at the next board meeting, with the goal of offering this service by the Fall of 1998. In other action at the meeting:

- Guests from AON provided the board with an update on the insurance program.

- Goals for long range planning formulated in January were reviewed.

- The PR committee reported that work has been completed on a generic slide presentation, and a web page sample was distributed.

**CAMTS Accredited Transport Services**

_The following list contains all of the programs that were CAMTS accredited as of 4/1/98._

* = Reaccredited/RW= Rotorwing/FW= Fixed Wing/G= Ground

Critical Care

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<tr>
<th>Program Name</th>
<th>Location</th>
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<tr>
<td>AeroCare —</td>
<td>Lubbock, TX</td>
<td>RW/FW</td>
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<td>Air 1 —</td>
<td>Tyler, TX</td>
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<td>Flagstaff, AZ</td>
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“CAMTS” continued from page 2

Medical Express International, Inc.—Show Low, AZ FW

Mercy Air Services, Inc.—Fontana, CA RW

* +Metro Life Flight—Cleveland, OH RW/FW/G

MidWest MEDFLIGHT—Ypsilanti, MI RW

Native American Air Ambulance, Inc.—Mesa, AZ RW/FW

North Flight, Inc.—Traverse City, MI RW/FW

NorthWest MedStar—Spokane, WA RW/FW

*Presbyterian Air—Albuquerque, NM FW

REACH Mediplane—Santa Rosa, CA RW / FW

*REACT—Rockford, IL RW/G

*Samaritan Air Evac—Phoenix, AZ RW/FW

San Juan Air Care—Farmington, NM RW/FW

Shriners Burns Institute Transport Team—Cincinnati, OH FW

ST. Joseph’s Health Systems—Tampa, FL RW/FW

STARS—Edmonton, Alberta, Canada RW

STAT MedEvac—Pittsburgh, PA RW/FW

Survival Flight—Ann Arbor, MI RW/FW/G

Texas AirLife—San Antonio, TX RW

Topeka Air Ambulance, Inc.—Topeka, KS RW

*UCDMC Life Flight—Sacramento, CA RW

*UMC Air Care—Tucson, AZ RW/FW

University Air Care—Cincinnati, OH RW RW

Washington MedSTAR—Washington DC RW

West Michigan AirCare—Kalamazoo, MI RW/FW

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**Occupational Exposure to TB**

*by Kathleen Adams RCP, RRT*

A recent issue of the AAMS News and Views featured an article about the new Occupational Safety and Health Administration (OSHA) guidelines to reduce occupational exposure to tuberculosis. As some of you may be aware, these guidelines are stimulating a great deal of conversation in the air medical industry and EMS in general because they are requiring that specially fitted HEPA masks be worn by crews and, in many cases, even pilots. AAMS has submitted comments regarding this issue to OSHA. A study among their member programs found that the incidence of PPD conversion was only 0.5 to 0.6 percent. Since the masks pose a problem for air crews and pilots, both in flying the aircraft and in communications, AAMS recommended that OSHA:

- Recognize the incompatibility between HEPA masks and the necessity to use on board radios and intercom systems.
- Authorize pilots and air crews to use filter masks that can filter particles down to 1 micron in size.
- Encourage the use of on board ventilation systems within safe operating limits rather than requiring that new engineering controls be added.
- We could take this issue one step further. The AAMS article started out referring to “OSHA” guidelines, then switched to calling them “CDC” (Centers for Disease Control and Prevention) guidelines. I believe this was an error, as the CDC guidelines are nothing like the OSHA guidelines. As I understand it, the CDC guidelines only advise that a disposable mask be placed on the patient if it is suspected that the patient has TB, the objective being to eliminate the risk of transmitting the disease to the health care provider. The health care provider could also use a disposable mask, either in conjunction with the patient mask or in cases where a mask cannot be placed on the patient. This would apply to ground providers as well as air providers.

The HEPA masks simply make life difficult for someone who is trying to deal with a patient. Those of use who have been in the respiratory field for any length of time have probably been exposed many times. I personally know three exposures that I found out about after the fact. One was from a patient to whom I was delivering IPPB treatments by mask. (That alone tells you how long I have been around!) I have never yet converted.

I was recently given the chance to review some recommendations from a group of air and ground EMS providers regarding federal regulations pertaining to EMS. This very subject was brought up. This group made the case that, as doctors and scientists, the CDC is in a better position to make a recommendation regarding TB exposure than OSHA. I have a tendency to agree. What do you think?

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Visit us on the Internet—
http://www.aarc.org
Latex Allergies

by Kathleen Adams, RCP, RRT

During my recent attendance at the Clinical Care Conference in Orlando I had the chance to sit in on an amazing lecture pertaining to latex allergies. Specifically, I was astonished by the impact that the subject and the speaker had on me. In short, it scared me stiff! Wilson Matthews was the speaker. He is a flight RN with Vanderbilt and is, himself, latex allergic. He is able to continue working because Vanderbilt and his co-workers are willing to work with him and provide a latex-free environment. For this, both should be commended.

How many of you have really ever thought about what a latex allergy means to you or your patients? I thought I knew what it was all about until I heard this lecture. If you are latex allergic you, of course, cannot use, or come in contact with, any latex gloves. But you must also stay away from anything that has been touched by latex gloves, including the people wearing them — even after they take them off. Before you can work with a patient who is latex allergic, you must remove the latex gloves. This must be done away from the patient, as latex molecules can be detected in the air for up to six hours after one pair of gloves has been put on or taken off. Then you must wash your hands and put on non-latex gloves.

Then there are the medicines that are being drawn up through bottles topped with rubber (latex) stoppers. Gaining this exemption will take a lot of work, and a standard would need to be developed. I am in communication with various powers within the AARC to work on this from that angle. I can tell you, however, that the DOT has received various requests for individual exemptions. They are getting conflicting information and, as of this writing in mid-April, are probably not going to grant any exemptions on an individual basis at this time. It would, therefore, behoove those of you interested in this aspect of transport to get, and stay, in contact with me. I need help to organize this effort and possibly set up the guidelines.

Remember, the government always reacts better to larger numbers. If we work together, we can get this through as well. If you are interested in working on an exemption for NO for medical transport, please contact me at the address or numbers on page 2 of this issue.

Call for Authors

Calling all authors: I am interested in hearing what you have to say and I am sure the rest of the membership is as well. I would like to receive articles about your programs, why you like your job, and interesting and/or innovative things you have seen or are doing. The time commitment on your part is minimal-Bulletin articles are usually no more than one or two typed, double-spaced pages—and they are a great way to publicize your program and, more importantly, the people who make it special. Remember, we also want to hear from those of you involved in ground transports. You are just as important as those who fly. Indeed, this membership section is for all RCPs involved in transport, no matter what role they play.

Let’s make this a Bulletin of the membership, by the membership, and for the membership. Anyone interested in contributing to the Bulletin should contact me at the address/numbers listed on the back page. The deadline for the next issue is June 1.
**Resource Panel Update**

We would like to update our Resource Panel. If you are interested in being on the panel, or are on the panel now but have information to update, please fill out the following form and send it to Kelli Hagen at the AARC Executive Office. (see page 2 of this issue) Thank-you.

Name ____________________________________________
Title ____________________________________________
Hospital / Program __________________________________
Address __________________________________________
City / State / Zip ___________________________________
Phone __________________________ Fax ______________
e-mail ____________________________________________

Area of transport knowledge:

___ Transport Ventilators
___ On Board Oxygen Systems
___ Expanded Roles
___ Team Development
___ HFV/ HFO Transport
___ Rotor Wing Issues
___ Neonatal Transport
___ Adult Transport
___ Transport Equipment
___ Scene Responses
___ Flight Physiology
___ IABP Transports
___ Ground Transport
___ Fixed Wing Issues
___ Pediatric Transport

Other ____________________________________________

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**Comedy Corner**

Editor’s Note: The following bits of humor came from the Internet.

**Politically Correct Ways to Say Someone is Stupid**

- A few fries short of a happy meal.
- The wheel is spinning but the hamster’s dead.
- Has an IQ of 2 and it takes 3 to grunt.
- Warning: Objects in the mirror are dumber than they appear.
- Proof that evolution CAN go in reverse.
- If he/she had another brain it would be lonely.
- An experiment in Artificial Stupidity.
- Slinky’s Kinked
- Couldn’t pour water out of a boot even if the instructions were on the heel.

**Beware New Windshield Testing Procedure**

Scientists at NASA have developed a gun to shoot dead chickens at the windshields of airline jets, military jets, and the space shuttle at each vehicle’s maximum traveling velocity. The idea is to simulate the frequent incidents of collisions with airborne fowl, and therefore determine if the windshields are strong enough to withstand the impact.

British engineers, upon hearing of the test, were eager to test it on the windshields of their new high speed trains. The chicken was fired, but the British engineers watched in shock as the gun, were eager to test it on the windshields of their new high speed trains. The chicken was fired, but the British engineers watched in shock as the bird shattered the windshield, smashed through the control console, snapped the engineer’s backrest in two, and embedded itself in the back wall of the cabin.

Seeking advise, the horrified engineers sent NASA the results of the experiment, along with blueprints of the windshield and a detailed account of the testing procedures. The NASA scientists sent back a one-sentence response: “Thaw the chicken.”

**Really Stupid (Yet True) Stories**

Police in Wichita, KS, arrested a 22-year-old man after he tried to pass two (counterfeit) $16 bills.

A bus carrying five passengers was hit by a car in St. Louis; by the time police arrived on scene 14 pedestrians had boarded the bus and had begun to complain of whiplash injuries and back pain.

When two service station attendants in Ionia, MI, refused to turn over the cash in the register to an intoxicated robber, the robber threatened to call the police. The attendants still refused, so the robber made the call to the police who came and arrested him.

The Chico, CA city council enacted a ban on nuclear weapons, setting a $500 fine for anyone detonating one within the city limits.