



BMETS Newsletter

November 2007

<http://www.BMETS.org>

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THE PRESIDENT'S THOUGHTS

Its hard to believe that very soon we will be decorating the tree and not having a December meeting. I want to thank Chris Jones and Daniel for the great job they are doing on the second go around as officers. Roy has done an excellent job on the web, newsletter and getting the word out in much advance about the meetings. (late newsletters just don't help us).

My major focus this term is to get another group to do some recruiting in the High Schools. I would like to ask for volunteers and I would like to be one of those myself. The more the better as we can all add something to the table. Please consider this request as it is necessary to keep our organization and our field going. Without it, IT and Facilities will have the run of it. I spoke with Mark Reinhardt last meeting and he did mention that there are many in the military that will be adding to our ranks-that is actually where we came from. However we have an unstable world and who knows when our brave men and women in the military will be done with their Job.

We must continue to grow or risk being left behind and never able to catch up in terms of clout or technology. We are a decreasing number yet in high demand. Lets keep recruiting and learning to keep up with the pace of technology and the demand for our unique brand of service excellence and technical skill.

To all , thanks again for the opportunity to serve and remember it is YOUR BMETS, my door is always open. Thank you ,

Rob Bain, CBET
President, BMETS
president@bmets.org



Rob Bain

BMETS Web Page Statistics

Oct 2007

Total Hits: 17387; Hits per Day (Max): 1335; Hits per Day (Avg): 560

Sep 2007

Total Hits: 17053; Hits per Day (Max): 1289; Hits per Day (Avg): 568

Aug 2007

Total Hits: 19325; Hits per Day (Max): 1671; Hits per Day (Avg): 623

THE VICE PRESIDENT'S QUILL

Wow, November already. It seems like just the other day it was the start of the new year of monthly meetings for B.M.E.T.S. November's meeting is sponsored by Richardson Electronic, Inc. Mr. Skip Cook will be presenting new physiological displays. Hopefully, all of us will learn something new about displays and other interesting facts. We will be at Snyder's Willow Grove Restaurant. Then we break for the holidays, and I am going to surprise all with January's Monthly meeting.

Starting the new year (2008) will be the Baltimore Medical Engineers and Technicians Society's 25th Anniversary, Brian Zelubowski is the Chairman of the 25th Anniversary Committee; he and the officers would like to ask for some volunteers to assist in the preparation of the celebration. All suggestions will be reviewed.



Chris Jones, Sr.

My last note for this month is to have a great Thanksgiving, Merry Christmas and a Happy New Year.

Christopher L. Jones, Sr. MCP CPACS Assoc.
Vice President



Roy Leake

Sorry I missed the last monthly meeting. Had to make a trip to Kansas City, MO. To help my Dad. I was told that the attendance was very good.

Thanksgiving is almost here and then it will be Christmas. I know that I have a lot of plans for Christmas and I am sure that everyone is going to be out shopping for that perfect gift for their loved

THE SECRETARY'S SPIEL

ones.

Keep those membership applications coming. I am adding more and more email addresses to our database.

If you get a chance, look at the BMETS webpage and see the latest updates. If you do not see what you want, then let me know. I spend a lot of time updating the employment page. I hope the employment page is benefiting the membership.

See you at the November 13 meeting.

Roy Leake, CBET
BMETS Secretary

AUTOMATIC EXTERNAL DEFFIBRILATORS (AED)

Is Your Equipment Ready? Along with proper CPR and AED use training it is extremely important for staff to periodically check the AED equipment to insure good working order.

Below is a short checklist of things to consider:

- Placement of AED is in visible location and near phone.
- Verify proper battery installation.
- Check the status/ service indicator light.
- Note absence of visual audible service alarm.
- Inspect exterior components and sockets for cracks.
- Check for two sets of AED pads in sealed package.
- Keep at least one set of pediatric pads available when applicable.

In some cases it may be time to update your AED technology. In such cases here are some tips on what to look for:

- Does the unit self check on a daily basis and warn upon device failures?
- Does the unit test the pads?
- Is the unit Adult and Pediatric capable? It is not recommended to use adult devices on pediatric patients.
- Guidance and instructional prompts should be included for untrained users. Most new devices have audible verbal instruction and pictorials for ease of use.

Battery life should be 3 plus years. Most new units have extended life batteries.

[Posted 09/18/2007]

FDA issued a Class I recall for MRL/Welch Allyn AED 20 Automatic External Defibrillators manufactured between October 2003 and January 2005, serial numbers 205787 through 207509. These devices are used by emergency or medical personnel to treat adult and pediatric patients in cardiopulmonary arrest (heart attack). The recalled devices may display a "Defib Comm" error message on the device display during use which may result in a terminal failure of the device to analyze the patient's ECG and deliver the appropriate therapy.

FDA advises healthcare professionals and patients to stop using the recalled product and contact the manufacturer for a replacement.

PUBLIC HEALTH NOTIFICATION FROM FDA, CDC, EPA AND OSHA: AVOIDING HAZARDS WITH USING CLEANERS AND DISINFECTANTS ON ELECTRONIC MEDICAL EQUIPMENT

Issued : October 31, 2007

Dear Colleagues:

This notification describes the hazards of using excess cleaning and disinfecting liquids on certain electronic medical equipment and recommends ways to avoid these hazards. The Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), and Occupational Safety and Health Administration (OSHA) collaborated to develop this notification.

Background

A broad perspective on contamination drives current infection control strategies that focus on cleaning and disinfecting frequently touched surfaces that contribute to cross-transmission of infections.

Contaminated surfaces can include:

- Surfaces and equipment with blood or other potentially infectious material
- Surfaces touched by gloved hands after glove contact with patients
- Surfaces touched by patients, and surfaces contacted by or in the vicinity of aerosols and spatter
- Surfaces about whose state of cleanliness the healthcare professional is uncertain

Contaminating substances can include:

- Blood
- semen
- vaginal secretions
- respiratory secretions
- fecal material
- cerebrospinal fluid
- synovial fluid
- pleural fluid
- pericardial fluid
- peritoneal fluid

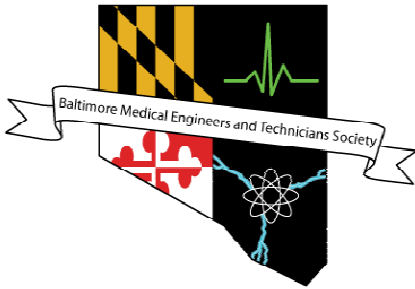
- amniotic fluid
- saliva in dental procedures
- body fluids that might harbor potential pathogens
- any body fluid that is visibly contaminated with blood
- all body fluids in situations where it is difficult or impossible to differentiate between body fluids

Over the past two years the relevant Federal agencies have learned about and collaborated to address problems associated with inappropriate use of liquids on electronic medical equipment. The problems included equipment fires and other damage, equipment malfunctions, and healthcare worker burns. These problems involved infusion pumps, ventilators, patient-controlled analgesia pumps, sequential compression device pumps, telemetry physiological signal receivers and transmitters, infusion fluid warmers, and infant anti-abduction sensors. This notification, however, is not limited to these equipment types and may be relevant to any equipment that has unsealed electronic circuitry or components, such as computer workstations, handheld devices and other monitoring equipment. The equipment malfunctions could result in life-threatening events to patients such as over-infusion of medications, loss of life-supporting drug therapy, and loss of patient ventilation.

The root cause of the problems mentioned above was likely corrosion of electronic circuitry by disinfecting or cleaning solutions that penetrated the equipment housings. Healthcare workers routinely sprayed the housings with disinfectants or wrapped the housings with disinfectant-soaked towels. These practices are generally not consistent with the equipment manufacturers' directions for use, which typically recommend wiping the housing with a soft cloth dampened with a mild detergent and water.

If you have questions about this notification, please contact the FDA Office of Surveillance and Biometrics (HFZ-510), 1350 Piccard Drive , Rockville , Maryland , 20850 , Fax at 240-276-3356, or by e-mail at phann@cdrh.fda.gov. You may also leave a voice mail message at 240-276-3357 and we will return your call as soon as possible.

Plan to attend our next monthly meeting sponsored by:



Tuesday, November 13, 2007
SNYDER'S Willow Grove Restaurant

- 6:00 - 6:30 PM Meet and Greet
- 6:30 - 7:30 PM Dinner - good conversation.
- 7:30 - 8:00 PM Business Meeting
- 8:00 - 9:00 PM Presentation by Richardson Electronics

RSVP's This is the "Monthly" RSVP request for the monthly meeting on November 13, 2007. ONLY Emails will be accepted

What must be included in the RSVP's is:

1. Name of ALL individuals coming to the Meeting.
2. Healthy appetite
3. Relative mind set for conversation and enjoyment.

That is it.

Please respond to the email or send your RSVP's to vice-president@bmets.org No later than Friday, November 9, 2007. No late entries will be accepted for the meal.

Thank you for your cooperation in this matter.

Email: [Chris Jones, Sr.](mailto:Chris.Jones.Sr@bmets.org)

Location

[SNYDER'S Willow Grove Restaurant](#)

841 N. Hammonds Ferry Road
Linthicum, MD 21090

Directions:

From BWI:

Follow 195 to 295 towards Baltimore. Take the Nursery Rd exit and make a left at West Nursery Road. Follow 1-2 miles and make a left onto Hammonds Ferry Road. Go 3 blocks, we are located on the right

From Downtown:

Follow Martin Luther King Blvd. to 395. Take 95 South to 695 East towards Glen Burnie. We're conveniently located at Exit 8 on the 695 Beltway.

CALENDAR OF EVENTS

CHECK THE WEB PAGE FOR UPDATES

November 13—Monthly BMETS meeting, SNYDER'S Willow Grove Restaurant

November 25-30 - RSNA Radiology meeting in Chicago, Illinois

December—No monthly BMETS meeting (Merry Christmas)

January 16—Monthly BMETS meeting, The Rose Restaurant

February 20—Monthly BMETS meeting, TBA

March 20—Monthly BMETS meeting, The Rose Restaurant

April 17—Monthly BMETS meeting, SNYDER'S Willow Grove Restaurant

Does PM Affect Reliability

by Laura Gater

One area of debate over the past several years has been preventive maintenance (PM). But now there are questions about PM's necessity, appropriate intervals, and long-term impact. For a long time, PM procedures were the cornerstone of any biomed program.

"A number of years ago, I was asked to sit on a focus group involved with one of the infusion pump manufacturers. They shared with us that in the design criteria, the pump was to have a mean time between failure of 60 months. Now why in the world would I perform any maintenance on such a device if it was designed for a 5-year (on average) time between failure?" asks Ira S. Tackel, clinical/biomedical consultant, Fort Washington, Pa, and former director of the biomed program at Philadelphia's Thomas Jefferson University Hospital.

"But then we looked, retrospectively, at failure data of infusion pumps specifically. What we found was not surprising, but was ample justification to change the way we looked at performing PM. A very small fraction of all of the PM performed on infusion pumps actually identified latent failures in the device. Therefore, we were performing busy work on the vast majority of pumps where time and again, they were testing as 'no failure.' One could also argue that it is the responsibility of the clinician to verify the performance of the device before ever placing it on a patient."

According to Tackel, unless one is performing meaningful PM on a device, there is little in a preventive mode that one can do to increase reliability of the device.

"There is a fundamental difference between changing the oil in your car at regular intervals, which should increase the reliability and longevity of your car, and something similar in a purely electronic device," says Tackel. "Of course there are exceptions to the rule. When we are talking about an electromechanical device, such as a dialysis machine, there very well may be aspects of preventive maintenance that do indeed increase the reliability of the device. And when we speak of high-end equipment, such as CT or MRI, there is [definitely] value to routine PM."

BMETS Monthly Meeting Sponsors for 2007


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