Breathing Matters

FALL 2010

A Biannual Newsletter from the Respiratory Care Board

Conference Celebrates Quarter Century of Licensure!

There was a sense of excitement in the air as the Respiratory Care Board (Board) prepared to celebrate 25 years of licensure at the California Society for Respiratory Care (CSRC) annual conference last May. As part of the celebration, Brian Stiger, Acting Director of the Department of Consumer Affairs, and Larry Renner, Board President, presented the CSRC with a proclamation commemorating the silver anniversary of the first respiratory care practitioner license.

Speaking before a crowd of conference attendees that included current and previous members of the Board, Acting Director Stiger recognized the Board for 25 years of licensure and consumer protection. He also thanked the California Society for Respiratory Care and our State's many licensed respiratory care practitioners for their dedication and the irreplaceable role they play in our goal of a healthy and thriving Golden State.

President Renner acknowledged everyone in attendance, and proudly stated, "This year marks the silver anniversary of the first respiratory care practitioner license issued by the Respiratory Care Board of California in 1985. Since then, nearly 30,000 licenses have been issued." Following President Renner's comments, each current member spoke a few words about what it means to serve California's respiratory care consumers and the respiratory care profession. Some spoke from their perspective as public members, while others reminisced about the "early days" when the Board was first established, and licensure was something brand new. Everyone agreed that a great deal has been accomplished since those early days. The consensus among all was that the collaboration of the California Society for Respiratory Care and the Respiratory Care Board over the last 25 years on many issues, has established measures that have both increased consumer protection while providing opportunities for optimal respiratory care. Throughout the years, respiratory care as a field has emerged from its infancy and now plays a key role in improving our healthcare delivery system, as well as disaster response. One thing that is for certain, respiratory care practitioners are passionate about helping people sustain life and live healthier.

The Board looks forward to continuing to serve and protect California's respiratory care consumers, working cooperatively with the CSRC, and to future milestones and achievements!

Left to right: Murray Olson, Brian Stiger, Virginia Ettinger, Leroy Misuraca, Richard Sheldon, Larry Renner, Barbara Stenson, Kathleen Adams, Lupe Aguilera, and Charles Spearman

Inside this issue...

President's Message 2

Richard Sheldon, M.D., Receives NBRC Award 3

Respiratory Care Board Mandate 3

Online License Renewal Update 3

2011 Board Meetings 3

The Inspirational Story of Stephen Gaudet, RCP 4

Steven Seay, an RCP Making a World of Difference 5

Joint Commission Sentinel Alert: Preventing Violence in the Healthcare Setting 6

Notice on Collection of Personal Information 8

Reporting of Suspected Instances of Child Abuse 8

Respiratory Care Resources 9

Enforcement Actions 11

Address Change Notification 12

President's Message

Larry L. Renner, BS, RRT, RPFT, RCP
President

As Board President, I sometimes struggle to construct a meaningful message that summarizes the many activities the Board undertakes throughout the year. But for this message I have decided to deviate from that practice so that we can honor a very special person within the respiratory care community. One who continues to give to this profession in many capacities. He has served as a member not only of the Respiratory Care Board but on many other boards, such as the American Association for Respiratory Care. He is the current Medical Director of Crafton Hills College's respiratory care program. He has presented countless lectures and presentations sharing his extensive knowledge and clinical expertise. But most importantly, he has provided years of healing to patients and their families as a skilled pulmonary physician in the community he serves. This extraordinary person is Dr. Richard Sheldon.

Dr. Sheldon was recently honored by a unanimous vote to receive the Albert H. Andrews Jr., M.D., Award. This award exemplifies and recognizes one physician annually who has contributed significantly to the development of the respiratory care profession and participated in organizations which support the profession. Those of you who know Dr. Sheldon know that for many years he has given to and advocated for this profession because he believes in the important work it provides to the medical community and to the patients and families it serves. This award represents a small token of appreciation given the work I have seen Dr. Sheldon champion and participate in since I came to know him more than 12 years ago. He is a person who takes great pride in the respiratory care profession and a person who has spent the majority of his career helping this profession grow.

Respiratory Care Board of California

Larry L. Renner,
BS, RRT, RPFT, RCP
President

Barbara M. Stenson, RCP, RRT
Vice President

Lupe V. Aguilera
Member

Sandra Magaña, MA
Member

Murray Olson, RCP, RRT
Member

Richard L. Sheldon, M.D.
Member

Charles B. Spearman,
MSEd, RCP, RRT
Member

Stephanie Nunez
Executive Officer

For me, this newsletter is extremely special because it affords me the opportunity to recognize and acknowledge a friend whom I respect tremendously as a colleague. I am very fortunate to have had the opportunity to work with Dr. Sheldon in a variety of ways. I came to know Dr. Sheldon when I was appointed to the Respiratory Care Board back in 1998. We discovered a unique connection when I realized that he was the Medical Director for the respiratory care program at Crafton Hills College, my alma mater for my respiratory care education. Because of that connection, I recently communicated with Mr. Bradley Franklin, Facility Chairperson, Crafton Hills College respiratory care program. He summarized Dr. Sheldon as, "one of the most committed physicians he has ever seen, both with his patients and with student education." In addition, Mr. Franklin also spoke of Dr. Sheldon as, "one of the most avid supporters of respiratory care on both the state and national levels." I agree . . . Dr. Sheldon exemplifies the words, "professionalism" and "character."

It has been my pleasure to work with Dr. Sheldon over the years on various committees as we collaborated with other professionals to improve the practice of respiratory care and strived to improve patient safety. Dr. Sheldon's willingness to collaborate with various professional societies and associations was essential to improving the way treatment or care is delivered for sleep diagnostic testing, pulmonary diagnostic testing and hyperbaric therapy, to name a few. Dr. Sheldon understood the value of keeping communication open if our desire was to improve quality and safety.

On behalf of the Board, I sincerely thank Dr. Sheldon for his dedication to this profession, and all his efforts to improve quality and safety. From my perspective, there is no one more deserving than him of this award and of the recognition and appreciation we should have for him as a professional and colleague. His efforts will continue to benefit the profession for many years to come. If attending the national convention this year, take the time to go up and personally thank him. You won't find a more humble man than Dr. Sheldon. He is one in a million.

Richard Sheldon Receives NBRC Award!

The Board would like to congratulate physician member Richard Sheldon, M.D., for receiving the Albert H. Andrews, Jr., M.D., Award.

On April 24, 2010, the National Board for Respiratory Care (NBRC) voted unanimously to honor Dr. Sheldon with this prestigious award. The award is presented annually by the NBRC to honor a physician who has contributed significantly to the development of respiratory care and the organizations which support the profession. As so eloquently stated by Gary Smith, NBRC Executive Director, "With your distinguished record of service, as well as your many contributions to the advancement of the science of respiratory care and credentialing, I can think of no one more deserving of this recognition."

The Board and staff have always valued and respected the knowledge, expertise, wit, and dedication Dr. Sheldon continually demonstrates. This award affirms the respiratory care profession wholeheartedly agrees!

Dr. Sheldon was formally honored at the American Association for Respiratory Care International Respiratory Congress in Las Vegas, Nevada, in December. Again, congratulations Dr. Sheldon on this well deserved award!

Richard L. Sheldon, M.D.
Member

Respiratory Care Board Mandate

The Respiratory Care Board of California's mandate is to protect the public from the unauthorized and unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care. Protection of the public shall be the highest priority for the Respiratory Care Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

ONLINE LICENSE RENEWAL UPDATE

In cooperation with the Department of Consumer Affairs, the Respiratory Care Board is moving forward with developing an online application to accept credit card payments for license renewal beginning in 2011.

Once the new process is available, renewal payments can be made using Visa, MasterCard, Discover, or American Express, and must be for the full amount due ($230 for a current license and $460 if renewing delinquent). After completing the online transaction, licensees will have the ability to immediately print a receipt and, barring any deficiencies, can expect to have their "renewed" license mailed approximately three business days after making the online payment.

Please check our Web site for future updates!

Upcoming Board Meetings

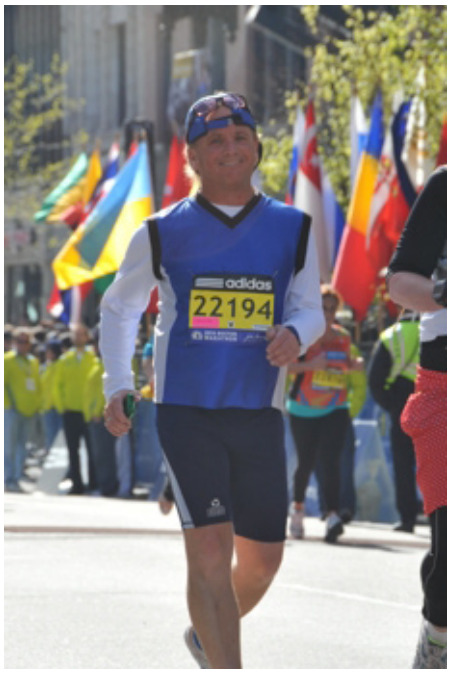
The Respiratory Care Board of California's meetings for 2011 have been scheduled as follows:

Friday, February 25, 2011, in Sacramento
Monday, May 9, 2011, in San Diego ***(tentative)***

All meetings are open to the public. The Board welcomes and encourages your attendance! Please visit our Web site at www.rcb.ca.gov for more information on meeting dates, times, and locations.

Agendas and materials for upcoming meetings are posted 10 days prior to the meeting dates.

The Inspirational Story of Stephen Gaudet, RCP



Stephen Gaudet, RCP
2010 Boston Marathon

In 2005, Stephen Gaudet became permanently disabled with end-stage lung disease and had to quit working as a respiratory therapist. What he's done since then is nothing short of amazing!

When Stephen was forced to retire due to his illness, instead of waiting for the disease to defeat him, he decided to practice what he had preached to thousands of pulmonary rehabilitation patients during his 27 years as an RT. His message was . . . exercise, exercise , exercise! He persisted that, even if he was short of breath, he needed to exercise.

With that in mind, he put together a self-directed physical reconditioning program aimed at helping him manage the viscous dyspnea cycle, maintain what little lung function he had left, shed some of the weight he had gained from years of prednisone use, and perhaps beat the odds by living longer and happier than science and medicine said he was supposed to.

At first he tried swimming and running, but those left him instantly winded. By default, he took up good old-fashioned walking. Little did he know what a profound effect this activity would have on his life. When he first started walking for fitness, he was in such bad shape he could barely go a few blocks without suffocating. On many days he was too short of breath to walk at all. Despite the concerns and doubts of some, he kept pushing himself to go a little farther each time. A year later on July 31, 2005, Stephen walked 13.1 miles in just over three hours, successfully completing his first half marathon. Then, just a little over a year later, he did what others said was impossible . . . he walked 26.2 miles and finished the Portland Marathon!

Since then, Stephen has gone on to finish a dozen other races, including the Rome Marathon in Italy twice, and in April 2009, walked his way into the record books by becoming the first person with documented end-stage lung disease to ever finish the Boston Marathon! This April, Stephen did the Boston Marathon again, this time to raise awareness about severe asthma and the research that's taking place to find better treatments. This year, Stephen finished the race 14 minutes faster than during the previous year.

Though he may look totally healthy on the outside, on a good day his lung function is only 35-40 percent of normal, which equates to a lung age of 116 years. He's short of breath all the time, and walking and/or running a marathon is much harder than it looks, and can be dangerous for someone like him. However, he's living proof that it can be done. In fact, he's done it seven times now. Stephen's doctors still can't figure out how he physically does it, or for that matter, why he wants to. Stephen says he does it because it makes him feel good about himself. He says, "My lungs might be trashed, but my brain isn't. I push on with life despite my breathlessness. I train very, very hard to be able to walk marathons, and I never ever give up."

His goal now is to keep breaking barriers and turning heads for as long as his body will allow, and to demonstrate to others that even people with severe lung disease can do some pretty amazing things if they have the will and the passion.

Since starting his journey, Stephen has been featured in several publications including the American Association for Respiratory Care's *AARC Times* magazine and the *Respiratory Care Journal*. For more information on Stephen, you can visit his blog at breathinstephen.com.

We Want to Hear from You

If you have issues, concerns, or ideas you think would better serve the consumers of California or the respiratory care profession, we want to hear from you. E-mails can be addressed to rcbinfo@dca.ca.gov.

Steven Seay: an RCP Making a World of Difference

Rahab's House
Svay Pak, Phnom Penh
Cambodia

It goes without saying that respiratory therapists provide critical medical care services to patients every single day. However, every so often we hear about a therapist who has gone above and beyond to use his or her skills to help others in need. In this case, we're talking about Steven Seay, a respiratory therapist who traveled halfway around the world this summer to provide medical care to victims who have suffered tragic, and often unimaginable, circumstances.

Mr. Seay was among 14 Sacramento-area missionaries who paid $3,500 of their own money to travel to Cambodia for 14 days this summer. Their destination was Rahab's House, a former brothel turned community center that houses a free medical clinic, school, church, and kids club. Rahab's House is part of the Agape International Missions (www.agapewebsite.org), an organization whose mission is to prevent child sex trafficking and restore hope to its victims by providing much needed aftercare. For many children, this is the only safe haven they have to prevent falling victim to such atrocious crimes.

In addition to Mr. Seay, the group of missionaries who traveled to Cambodia included teachers, computer experts, moms, and a registered nurse who happens to be Mr. Seay's wife, Allison. While there, several hundred Cambodians showed up daily for free medical care provided by Mr. Seay and his wife. It is very likely these men, women, and children would never have received this much needed care if it were not for Steven and Allison Seay.

A world away, most of us go about our lives giving little or no thought to the atrocities associated with child sex trade that are occurring every single day. Fortunately, there are people like Mr. Seay who are willing to take action and make a difference in the lives of those he has cared for a world away.

While recently speaking with Mr. Seay, he mentioned he had just attended a birthday party for one of two young Cambodian girls who traveled to the United States to learn English. Mr. Seay stated that for one of these young girls, this was the first birthday party she had ever experienced. Yet another reminder of the simple things many of us often taken for granted.

Thank you, Mr. Seay, for your selfless efforts, and for sharing your professional skills with those who may not otherwise receive much needed medical care.

Photos courtesy of Agape International Missions at www.agapewebsite.org

Joint Commission Sentinel Alert: Preventing Violence in the Healthcare Setting

Once considered safe havens, healthcare institutions today are confronting steadily increasing rates of crime, including violent crimes such as assault, rape, and homicide. As criminal activity spills over from the streets onto the campuses and through the doors, providing for the safety and security of all patients, visitors, and staff within the walls of a healthcare institution, as well as on the grounds, requires increasing vigilant attention and action by safety and security personnel as well as all healthcare staff and providers.

While there are many different types of crimes and instances of violence that take place in the healthcare setting, this Sentinel Event Alert specifically addresses assault, rape, or homicide of patients and visitors perpetrated by staff, visitors, other patients, and intruders to the institution. The Joint Commission's Sentinel Event Database includes a category of assault, rape, and homicide (combined) with 256 reports since 1995 – numbers that are believed to be significantly below the actual number of incidents due to the belief that there is significant under-reporting of violent crimes in healthcare institutions. While not an accurate measure of incidence, it is noteworthy that the assault, rape, and homicide category of sentinel events is consistently among the top 10 types of sentinel events reported to The Joint Commission. Since 2004, the Sentinel Event Database indicates significant increases in reports of assault, rape, and homicide, with the greatest number of reports in the last three years: 36 incidents in 2007, 41 in 2008, and 33 in 2009.

Of the information in the Sentinel Event Database regarding criminal events, the following contributing causal factors were identified most frequently over the last five years:

- Leadership, noted in 62 percent of the events, most notably problems in the areas of policy and procedure development and implementation.
- Human resources-related factors, noted in 60 percent of the events, such as the increased need for staff education and competency assessment processes.
- Assessment, noted in 58 percent of the events, particularly in the areas of flawed patient observation protocols, inadequate assessment tools, and lack of psychiatric assessment.
- Communication failures, noted in 53 percent of the events, both among staff and with patients and family.
- Physical environment, noted in 36 percent of the events, in terms of deficiencies in general safety of the environment and security procedures and practices.
- Problems in care planning, information management and patient education were other causal factors identified less frequently.

Identifying high-risk areas

Because hospitals are open to the public around the clock every day of the year, securing the building and grounds presents specific challenges since it would be difficult to thoroughly screen every person entering the facility. For many reasons – in particular, high-traffic areas coupled with high-stress levels – the emergency department is typically the hardest area to secure, followed by general medical/surgical patient rooms. "A key to providing protection to patients is controlling access," explains Russell L. Colling, M.S., CHPA, a healthcare security consultant based in Salida, Colorado, and the founding president of the International Association for Healthcare Security and Safety. "Facilities must institute layered levels of control which includes securing the perimeter of the property through lighting, barriers, fencing; controlling access through entrances, exits, and stairwells; and positioning nurses stations, to name a few of the steps that organizations need to take."

Perpetrators of violence to patients

While controlling access to the facility is imperative and ongoing surveillance of the grounds is a necessity, administrators must be alert to the potential for violence to patients by healthcare staff members. The stressful environment together with failure to recognize and respond to warning signs such as behavioral changes, mental health issues, personal crises, drug or alcohol use, and disciplinary action or termination, can elevate the risk of a staff member becoming violent towards a patient. Though it is a less common scenario, healthcare workers who deliberately harm patients by either assaulting them or administering unprescribed medications or treatments, present a considerable threat to institutions, even when the patient is unable to identify the responsible person. These situations point directly to the critical role human resources departments have in developing and following through on hiring, firing, and disciplinary practices (which should be supported by management), and in performing thorough criminal background checks on all new hires. Since criminal background checks are costly, at a minimum, organizations may want to conduct criminal background checks on job candidates who are to be placed in high risk areas, such as the emergency department, obstetrics, pediatrics, nursery, home care and senior care settings.

Prevention strategies

There are many steps that organizations can take to reduce the risk of violence and prevent situations from escalating. "Each hospital or institution must determine for itself how

to protect the environment, and that is accomplished by doing a risk assessment and identifying all the things that can go wrong and how to address them with the least inconvenience and resources," Russell Colling says. "The most important factor in protecting patients from harm is the caregiver – security is a people action and requires staff taking responsibility, asking questions, and reporting any and all threats or suspicious events." Colling recommends that organizations adopt a zero tolerance policy and establish strong policies mandating staff to report any real or perceived threats. "The roots of violence need to be investigated and evaluated beginning at the unit level. Nurses and other healthcare staff should question the presence of all visitors in patient rooms and not assume that someone is a family member or friend," says Colling.

ECRI Institute, an independent nonprofit organization that researches best practices to improve patient care, publishes a journal for health care risk managers called Healthcare Risk Control (HRC).[1] The September 2005 issue has an article "Violence in Healthcare Facilities," that discusses strategies for: preventing violent incidents; managing situations to prevent escalation; and enhancing the physical security of institutions through traditional measures (e.g., fences, locks, key inventory, strengthened windows and doors) and electronic measures (e.g., metal detectors, handheld security wands, video surveillance, alarms, access controls systems that require codes or cards). The publication also outlines:

- Techniques for identifying potentially violent individuals.
- Violence de-escalation tools that healthcare workers can employ.
- Violence management training.
- Conducting a violence audit.
- Conducting a violence assessment walk-through.
- Responding in the wake of a violent event.

In addition, the Occupational Safety and Health Administration offers advisory guidelines for preventing patient-to-staff workplace violence in the healthcare setting.[2] In January 2007, the International Association for Healthcare Security and Safety issued "Healthcare Security: Basic Industry Guidelines," a resource for healthcare institutions in developing and managing a security management plan, addressing security training, conducting investigations, identifying areas of high risk, and more.[3]

Existing Joint Commission requirements

The Joint Commission's Environment of Care standards require healthcare facilities to address and maintain a written plan describing how an institution provides for the security of patients, staff and visitors. Institutions are also required to conduct risk assessments to determine the potential for violence, provide strategies for preventing instances of violence, and establish a response plan that is enacted when an incident occurs. The Rights and Responsibilities of the Individual standard RI.01.06.03 provides for the patient's right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.

Joint Commission suggested actions

The following are suggested actions that healthcare organizations can take to prevent assault, rape, and homicide in the healthcare setting. Some of these recommendations are detailed in the HRC issue on "Violence in Healthcare Facilities."

Work with the security department to audit your facility's risk of violence. Evaluate environmental and administrative controls throughout the campus, review records and statistics of crime rates in the area surrounding the health care facility, and survey employees on their perceptions of risk. Identify strengths and weaknesses and make improvements to the facility's violence-prevention program. (The HRC issue on "Violence in Healthcare Facilities" includes a self-assessment questionnaire that can help with this.)

Take extra security precautions in the emergency department, especially if the facility is in an area with a high crime rate or gang activity. These precautions can include posting uniformed security officers, and limiting or screening visitors (for example, wanding for weapons or conducting bag checks).

Work with the human resources department to make sure it thoroughly prescreens job applicants, and establishes and follows procedures for conducting background checks of prospective employees and staff. For clinical staff, the human resources department also verifies the clinician's record with appropriate boards of registration. If an organization has access to the National Practitioner Data Bank or the Healthcare Integrity and Protection Data Bank, check the clinician's information, which includes professional competence and conduct.

Confirm that the human resources department ensures that procedures for disciplining and firing employees minimize the chance of provoking a violent reaction.

Require appropriate staff members to undergo training in responding to patients' family members who are agitated and potentially violent. Include education on procedures for notifying supervisors and security staff.[4]

(continued on page 10)

Notice on Collection of Personal Information

The Respiratory Care Board of California of the Department of Consumer Affairs collects personal information requested on many of its forms as authorized by Sections 30 and 3730 of the Business and Professions Code. The Board uses this information principally to 1) identify and evaluate applicants for licensure, 2) issue and renew licenses, 3) enforce licensing standards set by law and regulation, and 4) collect outstanding costs ordered in final decisions resulting from enforcement action.

Mandatory Submission. Submission of the requested information is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Address of Record. Please be advised that your address of record will be disclosed to the public.

Contact Information. For questions about this notice or access to your records, you may contact the Respiratory Care Board at 444 North 3rd Street, Suite 270, Sacramento, CA 95811; Toll-free: (866) 375-0386, or e-mail: rcbinfo@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Information Security and Privacy Protection, 1625 North Market Blvd., Sacramento, CA 95834, (866) 785-9663 or e-mail privacy@oispp.ca.gov.

Reporting of Suspected Instances of Child Abuse

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Health practitioner" includes physician and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code. RCP's are licensed under Division 2 of the Business and Professions Code.

Respiratory Care Resources: Functions, Upcoming Events, and Contact Information

American Association for Respiratory Care (AARC)

The AARC is the leading national and international professional association for respiratory care. The AARC encourages and promotes professional excellence, advances the science and practice of respiratory care, and serves as an advocate for patients, their families, the public, the profession, and the respiratory therapist.

Upcoming Events:
56th International Respiratory Congress
December 6-9, 2010
Las Vegas, NV

2011 Summer Forum
July 18-20, 2011
Vail, CO

Contact Information:
Telephone: (972) 243-2272
Web site: www.aarc.org
E-mail: info@aarc.org

California Society for Respiratory Care (CSRC)

The CSRC is an affiliate of the American Association of Respiratory Care and a nonprofit professional organization. The CSRC's mission is to represent and encourage excellence in the art and science of cardiopulmonary support. The CSRC is committed to health, healing, and disease prevention in the California community and extends these concepts to its members, students, healthcare professionals, and the public, through education and clinical practice.

Upcoming Events:
2011 Annual Convention
May 9-11, 2011
San Diego, CA

Contact Information:
Telephone: (831) 763-2772
Toll-free (888) 730-2772
Web site: www.csrc.org
E-mail: webmaster@csrc.org

Respiratory Care Board of California (RCB)

The RCB is the State licensing agency mandated to protect and serve consumers by administering and enforcing the Respiratory Care Practice Act and its regulations in the interest of the safe practice of respiratory care.

Upcoming Board Meetings:
February 25, 2011
Sacramento, CA

May 9, 2011 ***(tentative)***
San Diego, CA (in conjunction with CSRC's 2011 Annual Convention)

Contact Information:
Telephone: (916) 323-9983
Toll-free: (866) 375-0386
Web site: www.rcb.ca.gov
E-mail: rcbinfo@dca.ca.gov

Each issue of *Breathing Matters* contains important information about the profession, and the activities of the Board. For your convenience, all issues of *Breathing Matters* for the past seven years are available on the Board's Web site at http://www.rcb.ca.gov/media_outreach/newsletters.shtml.

Suggest an Article for *Breathing Matters*

Is there an article you would like to see in *Breathing Matters*? The Board welcomes suggestions for future issues. Please send your ideas via e-mail to rcbinfo@dca.ca.gov or by mail to Respiratory Care Board, 444 North 3rd Street, Suite 270, Sacramento, CA 95811.

Satisfaction Survey

Your opinion is valuable to our ongoing commitment to customer service. If you have the opportunity, we would appreciate your taking a moment to log on to our web site to complete a brief satisfaction survey. Thank you in advance for your input.

Preventing Violence in the Healthcare Setting (continued from page 7)

Ensure that procedures for responding to incidents of workplace violence (e.g., notifying department managers or security, activating codes) are in place and that employees receive instruction on these procedures.

Encourage employees and other staff to report incidents of violent activity and any perceived threats of violence.

Educate supervisors that all reports of suspicious behavior or threats by another employee must be treated seriously and thoroughly investigated. Train supervisors to recognize when an employee or patient may be experiencing behaviors related to domestic violence issues.

Ensure that counseling programs for employees who become victims of workplace crime or violence are in place.

Should an act of violence occur at your facility – whether assault, rape, homicide, or a lesser offense – follow up with appropriate response that includes:

- Reporting the crime to appropriate law enforcement officers.
- Recommending counseling and other support to patients and visitors to your facility who were affected by the violent act.
- Reviewing the event and making changes to prevent future occurrences.

References

1 ECRI Institute: "Violence in Healthcare Facilities." Healthcare Risk Control, September 2005, Plymouth Meeting, Pennsylvania. Available online at: https://www.ecri.org/Forms/Pages/Violence_in_Healthcare_Facilities.aspx (accessed March 11, 2010)
2 Occupational Safety and Health Administration: "Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers." Available online at: http://www.osha.gov/Publications/osha3148.pdf (accessed March 10, 2010)
3 International Association for Healthcare Security and Safety: "Healthcare Security: Basic Industry Guidelines," October 2009
4 American Society of Health-System Pharmacists: "Policy Position on Education, Prevention, and Enforcement Concerning Workplace Violence" (0810). Available online at: http://www.ashp.org/DocLibrary/BestPractices/HRPositions.aspx (accessed March 10, 2010)

Decisions and associated pleadings processed after January 2006 are available for downloading on the Board's Web site at www.rcb.ca.gov. To order all other copies of legal pleadings, disciplinary actions, or penalty documents, please send a written request, including the respondent's name and license number (if applicable), to the Board's Sacramento office or e-mail address at rcbinfo@dca.ca.gov.

Enforcement Actions Definitions

Revoked or Surrendered means that the license and all rights and privileges to practice have been rescinded.

Placed on Probation/Conditional License means the Board has approved a conditional or probationary license issued to an applicant or licensee with terms and conditions.

An **Interim Suspension Order** is an administrative order, issued in the interest of consumer protection, prohibiting the practice of respiratory care.

Application Denied means the application filed has been disapproved by the Board.

A **Public Reprimand** is a lesser form of discipline that can be negotiated for minor violations.

An **Accusation** is the legal document wherein the charge(s) and allegation(s) against a licensee are formally pled.

An **Accusation and/or Petition to Revoke Probation** is filed when a licensee is charged with violating the terms or conditions of his or her probation and/or violations of the Respiratory Care Practice Act.

A **Statement of Issues** is the legal document wherein the charge(s) and allegation(s) against an applicant are formally pled.

A **Citation and Fine** may be issued for violations of the Respiratory Care Practice Act. Payment of the fine is satisfactory resolution of the matter.

Enforcement Actions
January 1 - June 30, 2010

REVOKED OR SURRENDERED
Armenta, Maximo, RCP 27493
Bell, Thomas M., RCP 1915
Berman, Jeffrey A., RCP 17018
Bieth, Albert D., RCP 755
Boyle, Allen G., RCP 22903
Dyer, Crystal K., RCP 25711
Gill, Ankur D., RCP 28376
Green, Keturah C., RCP 20709
Hurt, Paul D., RCP 5034
Jones, Cindy M., RCP 28374
Loflin, Derek D., RCP 24445
Madrid, Glenn G., RCP 19150
Markee, Tabitha J., RCP 25952
Martinez, Dennis W., RCP 4278
Mena, Antonio, RCP 17277
Miraglia, Belinda R., RCP 15278
Novak, Janet M., RCP 8554
Parker, Karen L., RCP 19360
Partridge, Charles E., RCP 4301
Phillips, Gregory R., RCP 14671
Santos, Desiderio R., RCP 12865
Scott, Kamtra, RCP 20518
Steen, Vialva P., RCP 24024
Stoehr, Trina L., RCP 27071
Zacharias, Greg, RCP 21431

PLACED ON PROBATION/ CONDITIONAL LICENSE
Acedo, Albert, Jr., RCP 5001
Askland, Glen A., RCP 5146
Bustamante, Janri S., RCP 29875
Clarin, Ron, RCP 13215
Fernandez, Jeffry M., RCP 21654
Jones, Garry E., RCP 23115
Makary, George A., RCP 29877
Medina, Rito L., RCP 3464
Nasr, Cassandra D., RCP 30002
Regan, Dennis M., RCP 29873
Reyes-Hernandez, Leticia A., RCP 11854
Romero, Melissa H., RCP 29594
Rosa, Natalie M., RCP 29722
Thoman, Bobbie J., RCP 22535
Tolbert, Autumn A., RCP 29685
Torres, Kenneth M., RCP 29721
Valerio, Jonathan M., RCP 29874

INTERIM SUSPENSION ORDER
Gomez, Rebecca A., RCP 24706
Sinohue, Eugene A., RCP 17969

APPLICATION DENIED
Couey, Bryan C., Applicant
DeCorte, Christopher M., Applicant
Wagas, Rolando M., Applicant
White, Samuel J., Applicant

PUBLIC REPRIMANDS
Dagum, David, RCP 26173
Rodrigues, Larry E., RCP 29876
Walker, Robert A., RCP 29782

ACCUSATIONS
Adams, Melissa A., RCP 24691
Bahr, Diane F., RCP 5904
Brewitz, Raymond P., RCP 17365
Duncan aka Morrissey, Deanna R., RCP 24963
Garvin, Randy A., RCP 27386
Godchaux-Ruxin, Maurya A., RCP 8104
Gomez, Rebecca A., RCP 24706
Hamlin, Jeffrey M., RCP 18041
Husser, Nathaniel J., RCP 6541
Martinez, Christopher C., RCP 16210
Perez, Cynthia, RCP 22133
Robinson-Sota, Trinket R., RCP 22771
Thanh, Keith, RCP 23740
Thornton, Tracy R., RCP 20517

ACCUSATIONS AND/OR PETITIONS TO REVOKE PROBATION
Bronson, Tracy W., RCP 28710
Dye, Darren G., RCP 23663
Ford, Mark L., RCP 20578
Lockett, Clara M., RCP 12633
Mansell, Armani S., RCP 28505
Marklein, Susan M., RCP 27806
Simhachalam, John D., RCP 12640
Singleton, Christopher M., RCP 28429

STATEMENT OF ISSUES
Aguero, Seferino L., Applicant
Berzon, Stacy R., RCP Applicant
Guerrero, Daniel A., Applicant
Hall, Jayson M., Applicant
Hieronymus, Paul D., Applicant
Jacaruso, Angie M., Applicant
Kaze, Shannon M., Applicant
Lizardo, Donald, Applicant
Neilssien, Lori, Applicant
Nordman, Craig M., Applicant
Simons, Trevor J., Applicant
Stewart, John D., III, Applicant

CITATIONS AND FINES
Adams, Sampson, Jr., RCP 19406
Anderson, Lisa, RCP 20626
Arnoult, Richele M., RCP 25813
Barry, Paula J., RCP 9104
Blancaflor, Celedonio S., RCP 21184
Breazeale, Lori A., RCP 11049
Bui, Minh Van, RCP 27975
Carr, Lamont A., RCP 12824
Chairez, Nicolas R., RCP 23963
Clark, Marshall A., RCP 17366
Collins, Wendy P., RCP 28860
Cruz, Ashley C., RCP 27213
Curran, Christopher, RCP 19263
Davila, Fabricio M., RCP 17237
Davis, Twanda M., RCP 28413
Dulguime, Jonathan D., RCP 29567
Francisco, Marvin O., RCP 28001
Galpreren, Julie A., RCP 7449
Haman, Hala D., RCP 25790
Ho, Sarah T., RCP 21169
Hoefling, Harold C., RCP 948
Jones, S Douglas, RCP 2917
Kim, Chang S., 2920
Laivanakorn, Victor, RCP 26070
Major, Ron R., RCP 16665
Martinez, Omar C., RCP 26976
Matthews, Jordan P., RCP 27814
Maynard, Beverly S., RCP 24043
Mejia, Samuel R., RCP 15982
Merchant, Lenny M., RCP 25420
Morales, Michael A., RCP 15221
Muresan, Emanuel, RCP 23422
Murray, Michael A., Jr., RCP 20889
Nammachanthy, Peunh, RCP 24944
Nguyen, Hung M., RCP 19838
Nye, Nathan C., RCP 22438
Perez, Sandra, RCP 24460
Pham, Long X., RCP 29433
Ramirez, John, RCP 17546
Rangel, Jason J., RCP 21521
Rodriguez-Aguirre, Francisco J., RCP 26646
Samra, Shivani, RCP 28681
Sanchez, Roberto C., RCP 24969
Sandoval, Araceli C., RCP 23462
Sprague, Laurence J., RCP 28379
Suan, Jan, RCP 26687
Thompson, Amy M., RCP 23397
Turner, Zachary D., RCP 21186
Valdez, Nilo C., RCP 14856
Valverde, Michael A., RCP 26657
Van Cleave, Dorothy A., RCP 16076
Vanloo, jason C., RCP 25287
Watson, Kevin H., RCP 25713
Webb, Laura M., RCP 27475
White, Bianca J., RCP 20188
Wippert, Marc S., RCP 16219
Wyllie, Ruth J., RCP 21487

Presort STD
U.S. Postage
PAID
PERMIT 685
SACRAMENTO, CA

Address Change Notification

You must notify the Board in writing within 14 days of an address change.

Failure to do so could result in fines ranging from $25 to $250, and delay your receipt of important materials.

Your written request must include your RCP number, your previous address, your new address, and your signature.

The Board office will accept notifications via the U.S. Postal Service, fax, and the Board's Web site.