



# Breathing Matters



A BIENNIAL NEWSLETTER FROM THE RESPIRATORY CARE BOARD

SPRING 2006

## Workforce Study Coming Soon!



Attention Therapists! You may be one of thousands of therapists randomly selected to participate in a survey expected to be issued this October. Only 1 out of 7 licensed respiratory care practitioners (RCPs) will be selected to participate in this survey, providing a unique opportunity for a few RCPs to contribute to the scientific study of their profession.

The Board is in the process of contracting the services of the Institute for Social Research (a foundation of the California State University, Sacramento) to conduct a workforce study to document the current dynamics of the respiratory care profession, plan and prepare for potential shortages of RCPs in California, and consider the Respiratory Care Board's (RCB's) future direction regarding education and certification requirements for RCPs. The Board will randomly select 3,500 (of the 25,000+) current and former licensees to participate in this survey. Employers and educators will also be contacted for input over the next 15 months. The results of the survey and research findings will be compiled by the Institute for Social Research, and will be published by the Board in 2007.

If you are chosen to participate in this survey, you will have the opportunity to provide input toward planning for the future of California's respiratory care profession. Therefore, if you receive a survey from the Institute for Social Research, the Board is respectfully requesting approximately 30 minutes of your valuable time to respond and make a difference in shaping policy for the respiratory profession. This is your chance to be heard and to make a difference for your profession. Thank you in advance for assisting with this important research!

## Law and Professional Ethics Course Implementation

The Board is pleased to announce the implementation of its Law and Professional Ethics Course requirement. Effective January 1, 2006, a Board-approved law and professional ethics course must be taken by 1) applicants prior to licensure; 2) licensees as part of their continuing education during every other renewal cycle; and 3) petitioners prior to reinstatement of a license. Accordingly, all individuals applying for licensure or reinstatement after January 1, 2006 are required to complete the course prior to initial or re-licensure, while course completion by licensees will be phased in over the next four years.

The Board has approved two law and professional ethics courses, developed independently by the California Society for Respiratory Care (CSRC) and the American Association for Respiratory Care (AARC), which are available via the Internet. Each of the Board-approved courses are unique. They are both 3 hours in length and address the following subject areas:

- Obligations of licensed respiratory care practitioners to patients under their care;
- Responsibilities of respiratory care practitioners to report illegal activities occurring in the work place; and
- Acts that jeopardize licensure and licensure status.

*... continued on page 5*

*The Board respectfully requests 30 minutes of your valuable time to complete a survey that will shape policy for the respiratory profession. The survey is expected to be mailed in October from the Institute for Social Research to only 1 of every 7 licensed RCPs.*

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## President's Message

As we entered the year 2006, it occurred to me that California respiratory care professionals have passed a significant milestone. That milestone was the 20th anniversary of State licensure for the respiratory care profession. As I reflect back to its inception, I can remember viewing licensure as a pivotal point in the history of the profession that dramatically increased its perception and credibility. I can also remember how it splintered the profession into those who understood the reasons and rationale for licensure and those who struggled with its necessity.

In my current role as Respiratory Care Board President, and as an active member of the respiratory care profession, I see the benefits licensure has brought us. Despite its challenges and misperceptions, it was a vision that was launched by key members of the American Association for Respiratory Care to solidify the profession. I believe it has done just that, and so much more.



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

### *Respiratory Care Board of California*

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

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*Scott J. Svonkin  
Member*

*Stephanie Nunez  
Executive Officer*

Webster's defines the word profession as, "an occupation that requires considerable training and specialized study." Respiratory care definitely fits that description. It has always been a profession whose focus has been centered on respiratory disease and its treatment. Patients whose demographics range from the very premature infant to the elderly have felt its benefits. Its clinical advances have pushed every means of technology, treatment, and pharmacology to continually reach a higher standard of care and clinical outcome. As such, the profession has consistently focused the commitment to its purpose by performing with great skill and expertise. It is this commitment that continues to bring a smile to my face, and great honor to my heart, for being a part of this profession.

In November 2005, the Board re-evaluated and re-defined its strategic direction. During that work, Board members heard from many practitioners, and their representatives. As a result of that dialogue and conversation, the Board established three specific goals and objectives that will become the focus of our work over the next several years. The most important goal, from my perspective, is the prevention and control of unlicensed or unqualified personnel from performing respiratory care. It is the Board's desire to ensure that when a California consumer receives respiratory care, a competent and qualified practitioner performs it. As part of our commitment to that quality, we have already begun the process of introducing legislation that would allow the Board to issue citations and fines for unlicensed practice. In addition, we are moving forward with our efforts to better define the practice of pulmonary function testing, sleep testing, hyperbaric oxygen therapy and home care. We have approached these practices in a collaborative manner by meeting with various professional associations and organizations to create a dialogue that will focus our results on appropriate public safety and protection.

As the Board begins its work on this revised strategic plan, I know that we have a lot of hard work ahead of us. However, I am confident that we have not only the expertise, but also the personal work ethic within the Board to accomplish our goals and objectives. I would encourage each of you to become an active participant in the profession and its licensing Board. At the very least, I would encourage each of you to take some time to review the Board's new Strategic Plan posted on our Web site, to get a glimpse of what the Board is attempting to accomplish.



## *Board Welcomes New Member!*

The Board recently welcomed its newest member, Murray Olson, a licensed respiratory care practitioner who was appointed to the Board by the Speaker of the Assembly in January 2006.

Mr. Olson has been a respiratory therapist since 1988. Having worked in various patient care settings, from rural hospitals to larger medical centers in Colorado, New York and California, Mr. Olson brings a wealth of knowledge with him to the Board. In addition to his vast experience, Mr. Olson also possesses five years of vocational teaching experience, and currently employs his advanced-level skills in his role as a bedside therapist in the Neonatal Intensive Care Unit at Children's Hospital, in San Diego.

Mr. Olson has established respiratory care patient driven protocols and has participated on a host of committees relating to quality assurance and disaster preparedness. In addition to his dedicated service at Children's Hospital, Mr. Olson is also active in various community service endeavors. He currently participates in Heart Care International, a health care community built entirely of volunteers, whose mission is to aid developing nations in establishing up and running pediatric heart surgery units in host countries. In addition, he previously participated in Scamp and Champ Camps, where he focused on teaching children with lung disease to effectively manage their disease while encouraging increased levels of physical activity to heighten enjoyment of nature in a safe, medically supervised, wilderness environment.

Mr. Olson is extremely enthusiastic about his appointment and looks forward to serving California's respiratory care consumers and professionals as a member of the Board. His term is effective until June 1, 2009.



Murray Olson, RCP, RRT  
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.*

## 2006 Board Meetings

The Respiratory Care Board of California's meetings for 2006 are tentatively scheduled as follows:

Friday, June 9, 2006 in Sacramento  
Friday, August 11, 2006 in San Diego  
Friday, November 17, 2006 in Sacramento

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

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



## *Board to Expand Consumer Education and Public Outreach Efforts*

At its February 10, 2006 meeting, the Respiratory Care Board (Board) approved the expansion of its consumer education and public outreach efforts to prevent and increase public awareness of unlicensed and/or unqualified personnel performing respiratory care, and to promote the respiratory care profession to increase the number of active licensees commensurate with the health care needs of California consumers.

These upcoming outreach endeavors will focus on educating consumers about 1) the Board and its consumer protection purpose; 2) recognizing the existence of “Respiratory Care Practitioners” or “Respiratory Therapists” and their role in the health care setting; and 3) addressing the unlicensed practice of respiratory care.

The Board recognizes that public education is an essential element in its ability to provide public protection. To do this, respiratory care consumers need to know that the Board exists, that it is a consumer protection agency that will assist with jurisdictional complaints, and, most importantly, that it needs to be contacted about the questionable behavior of licensees, or in situations where unlicensed and/or unqualified individuals are performing respiratory care services.

The Board is seeking to reach consumers throughout the state. Existing resources have been dedicated to coordinating and attending outreach events, and to developing and disseminating consumer materials that respond to emergent issues. The Board also hopes to familiarize individuals who may be interested in pursuing a health care career with the dynamic profession of respiratory care.



While outreach will be conducted at a statewide level, target areas will include, but are not limited to, Los Angeles, the Bay Area (Napa to San Jose), Redding/Eureka, San Diego, and Bakersfield. In addition to attending various consumer designated events, the Board is also planning to participate as an exhibitor at the 2006 California State Fair, and at several county fairs, where information can be disseminated to a wider consumer base.

The Board is committed to ensuring optimal consumer protection by assuring respiratory consumers know the importance of receiving care from a competent and qualified practitioner. The need for ongoing public education is essential for consumer protection in any area, but it is perhaps most necessary in the health care field, where consumer protection has life saving benefits.

### *License Verification Available Online!*

You can verify licensure status online via the Board's Web site at [www.rcb.ca.gov](http://www.rcb.ca.gov).  
The online license verification system is available 24 hours a day, 7 days a week.  
Records are updated daily (M-F).



## Respiratory Therapist Returns Purse Full of \$1 Million Dollars in Jewelry

SAN FRANCISCO (AP) - John Suhrhoff found the Louis Vuitton bag on a Sausalito park bench during a lunch stop in the scenic city following a weekend hike. Inside the bag, police say, was a treasure trove: a 12-carat diamond ring, pearl and emerald jewelry, a Cartier watch and roughly \$500 in Canadian and American cash.

The contents were worth a cool \$1 million. But the respiratory therapist didn't think of heading to a pawn shop—he returned the bag to Sausalito police headquarters on Monday afternoon after failing to track down the owners. The bag is en route to the Ghannadian family of Toronto, Canada, who were in Northern California for a daughter's wedding.

"Every person I know or associate with would have done the same thing," Suhrhoff, 56, of San Rafael, said Tuesday. "I'm glad to be able to help."

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## Law and Professional Ethics Course Implementation (continued from page 1)

Before deciding which course to take, applicants and licensees are encouraged to visit each provider's Web site to review additional information pertaining to the administration of each course, then select the course provider that best meets his/her individual needs. Even if you are currently required to take an ethics course as part of your existing employment, to satisfy the Board's law and professional ethics course requirement you must successfully complete either the AARC or CSRC ethics course which were developed to include specific scenarios and laws related to the practice of respiratory care in the State of California.

Upon successful completion of either of the Board-approved courses, licensees will be awarded 3 CEUs, which can be applied toward the 15 CEUs currently required as part of license renewal.

Below is a licensee implementation schedule, which includes initial and future course due dates.

### Licensee Implementation Schedule

2006			2007		
License Expiration Date	Initial Due Date	Next Due Date	License Expiration Date	Initial Due Date	Next Due Date
1/31/2006*	1/31/2008	1/31/2012	1/31/2007	1/31/2009	1/31/2013
2/28/2006*	2/29/2008	2/29/2012	2/28/2007	2/28/2009	2/28/2013
3/31/2006*	3/31/2008	3/31/2012	3/31/2007	3/31/2009	3/31/2013
4/30/2006*	4/30/2008	4/30/2012	4/30/2007	4/30/2009	4/30/2013
5/31/2006*	5/31/2008	5/31/2012	5/31/2007	5/31/2009	5/31/2013
6/30/2006	6/30/2008	6/30/2012	6/30/2007	6/30/2009	6/30/2013
7/31/2006	7/31/2008	7/31/2012	7/31/2007	7/31/2009	7/31/2013
8/31/2006	8/31/2008	8/31/2012	8/31/2007	8/31/2009	8/31/2013
9/30/2006	9/30/2008	9/30/2012	9/30/2007	9/30/2009	9/30/2013
10/31/2006	10/31/2008	10/31/2012	10/31/2007	10/31/2009	10/31/2013
11/30/2006	11/30/2008	11/30/2012	11/30/2007	11/30/2009	11/30/2013
12/31/2006	12/31/2008	12/31/2012	12/31/2007	12/31/2009	12/31/2013

\*If your license was recently renewed, information regarding the course requirement and your initial due date was included and mailed with your renewed pocket license.



## Answers to Respiratory Care Practice Questions

The Board frequently receives inquiries regarding respiratory care practice issues that are not addressed specifically in the Respiratory Care Practice Act. In responding to these inquiries, the Board is not issuing any regulation, guideline, criterion, or rule of general application outside the processes of the Administrative Procedures Act. The Board does not offer or suggest the following as binding interpretations of law or as supplements to existing law.

**Question:** I am investigating an inquiry from our anesthesia department to understand the limitations of Respiratory Care Practitioners administering and monitoring isoflurane in our pediatric intensive care unit. Our PICU Intensivists would like to develop a protocol for the administration of isoflurane, as a treatment option in the PICU for severe bronchospasm and uncontrollable seizures. In Reference # 2001-C-03 it was noted that the RCPA does extend to other possible purposes of administering anesthetic agents, exclusive of the induction of or preservation of general anesthesia. In review I found general anesthesia defined as follows: "General anesthesia is a method used to stop pain from being felt during a procedure or surgery. In this form of anesthesia, medication is given to make the person unconscious." Is the term "general anesthesia" a defined level of gas or the act of delivering the anesthesia during surgery or a procedure? Please advise if it is within the RCP scope of practice to administer and monitor isoflurane per protocol, in an intensive care environment?

**Answer:** This is a topic that has come to the Board before. We have heard that other clinical sites are using isoflurane as a treatment of severe bronchospasm in both the pediatric and adult populations [although this is thoughtful, it is not the Board's role to offer practice advice; its role is to regulate].

From a licensure perspective, the delivery of an anesthetic agent by a licensed respiratory care practitioner is not currently permitted. However, the continuous monitoring and assessment of its effectiveness is acceptable. (Business and Professions Code s. 3702.) In order for a respiratory care practitioner to monitor and assess the effectiveness of an anesthetic agent, the practitioner must operate pursuant to an established protocol established by the facility. In addition, as with any treatment, the practitioner must have the knowledge, skills and abilities to perform the functions provided in the protocol.

In any case, the responsibility to incorporate appropriate training, staff delineation of duties, and patient safety into a protocol lies with facility, its medical staff, and associated medical staff committees. It is not something that can be taken lightly or without medical staff agreement at your facility.

**Question:** I have a question about an RN giving orders to an RCP with no physician order. Also, is this covered under Collaborative Practice Guidelines for nursing? This practice was being done in our facility but I stopped it until I get confirmation from the RCB. Can you please let me know if you have any information on this matter?

**Answer:** The response to your question requires an analysis of the Nursing Practice Act, which the Respiratory Care Board does not interpret. Some nurses may, pursuant to protocol, authorize certain practices and treatments.

**Question:** My facility recently received a physician order to instill Lidocaine via the trach tube prior to suctioning a patient. Is this within the Scope of Practice for a Respiratory Care Practitioner?

**Answer:** It is within the scope of practice for a licensed respiratory care practitioner to instill Lidocaine via a trach tube prior to suctioning them. As with any treatment, the practitioner must have the knowledge, skills, and abilities to perform these services.

**Question:** I work for a medical group. I do not have a respiratory care license, but I was wondering if I could do simple spirometry screenings in the doctor's office. This would not involve any drawing of blood, administering aerosol medication, etc. It would simply involve instructing the patient to blow into the spirometer. The results would be interpreted by a physician.



Regarding the scope of practice of either a Licensed Pulmonary Function Technician or a Certified Pulmonary Function Technician, neither of which is a Respiratory Therapist, would either or both be allowed to draw arterial blood or administer aerosol medications in a medical group setting?

**Answer:** In response to your inquiry regarding spirometry screenings, the Respiratory Care Practice Act does not currently permit unlicensed personnel from performing even simple spirometry screenings.

In response to your question regarding the scope of practice for a "Licensed Pulmonary Function Technician" or a "Certified Pulmonary Function Technician", please be advised that California law does not recognize "Licensed Pulmonary Function Technician" or "Certified Pulmonary Function Technician" holders. Therefore, individuals who have obtained these "licenses" or "certificates" are considered the same as unlicensed personnel while working in California and, as such, are not authorized to administer inhaled or aerosolized medications to patients or draw arterial blood samples for analysis.

## Scope of Practice on the Web

A compilation of scope of practice inquiries and responses over the last two + years are also available on the Board's Web site at [www.rcb.ca.gov](http://www.rcb.ca.gov).

Once at this site, select the "Scope of Practice" link on the left side of the home page. Inquiries and responses may be selected by date or by subject.

## E-mail Update Feature

The Board recently established an e-mail service to provide updates including meeting agendas, advisory notices, and special bulletins. Anyone can subscribe to this free service by visiting the Board's Web site and clicking on the link entitled "Join our Mailing List." Sign up today to begin receiving updates from the Board!

## American Lung Association Seeking Camp Volunteers

The American Lung Association provides camps for children and teens ages 10-17 and families who suffer from asthma. Camp Sierra is a residential camp for children ages 10-13, while Teen Asthma Camp is available for ages 14-17. Both camps, scheduled to take place in June at Camp Wawona in Yosemite National Park, are designed to help parents and kids learn to manage asthma and increase activity levels in a relaxed and fun-filled atmosphere that is safe and medically supervised. Each camp is staffed by medical personnel that includes 4-5 respiratory therapists, 4-5 registered nurses, and a physician. If you are interested in volunteering, please contact Melanie Sue, Camp Coordinator, at (559) 222-4800 or via e-mail at [msue@amerilungcencal.org](mailto:msue@amerilungcencal.org). Additional information can also be found at [www.amerilungcencal.org](http://www.amerilungcencal.org).

## May 2006 Asthma Awareness Month

The California State Legislature has designated May 2006 as Asthma Awareness Month to increase awareness and understanding about asthma and to educate those with the disease on the treatments available and the methods of preventing attacks.

## 38th Annual CSRC Convention

OASIS OF KNOWLEDGE

June 29 - July 1, 2006

Rancho Las Palmas, Rancho Mirage, California

Newly required ethics course will be available

Conference registration is available online at  
[www.csrc.org](http://www.csrc.org)

For more information call CSRC at  
(888) 730-2772



## Licensees Respond to Call for Photos

In response to the article entitled “We Want Your Photos” in the last edition of *Breathing Matters*, the Respiratory Care Board received a letter and photographs from Diana Roederer, RCP, RRT-NPS. Ms. Roederer is a licensed respiratory care practitioner and a member of a Disaster Medical Assistance Team (DMAT) that responded to last year’s Hurricane Katrina disaster.

Ms. Roederer’s team was activated by the Federal government when it was realized that local resources were overwhelmed. The DMAT team worked at a shelter providing medical assistance. According to Ms. Roederer, the need for respiratory care was tremendous. In addition to the numerous breathing treatments given, the DMAT team was able to acquire and set up CPAP machines for many patients who were forced to evacuate without them, or whose CPAP machines had been damaged during the storm.

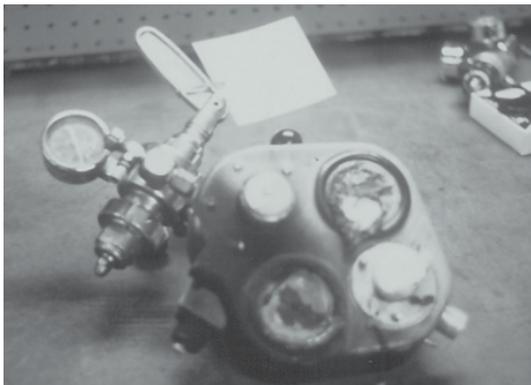


The DMAT team also cared for some trach patients, including a 2-year-old girl Ms. Roederer became especially fond of. While the parents of this young girl were fortunate enough to have her portable suctioning machine, they had no clean suction catheters. Again, the DMAT team was able to assist by providing clean suction catheters, as well as other needed supplies, for her trach care.

In her letter Ms. Roederer stated, “It was quite an experience to be a part of, making me feel even more pride in the profession I have chosen.”



The Board recognizes that all too often dedicated therapists go unnoticed, and welcomed this opportunity not only to acknowledge and thank Ms. Roederer for her compassion and commitment, but to also express appreciation to all California respiratory care practitioners for their continuous dedication to patient care.



Licensed respiratory care practitioner Gary Lanswick submitted this photograph of a fire-damaged TV2P - IPPB therapy device. According to Mr. Lanswick, this “accident” was the result of a home COPD patient who continued to smoke and goes back to the days when IPPB was the therapy of choice in the home.

Thank you, Ms. Roederer and Mr. Lanswick, for submitting your photographs!



## **MEDWATCH - The FDA Safety Information and Adverse Event Reporting Program**

The FDA's MedWatch "E-List" delivers clinically important medical product safety alerts and concise, timely information about drugs and devices. Subscription to this service is free and may provide life-saving information for you, your family, or your patients. The following are a few of FDA's recent alerts:

### **Vapotherm 2000i Respiratory Gas Administration Device, 1/24/06**

Vapotherm, Inc., Stevensville, Maryland, is initiating a nationwide recall of all Vapotherm 2000i Respiratory Gas Humidification devices. Some of these devices have been found to contain the *Ralstonia* species of bacteria. *Ralstonia*, as with any gram negative organism, may cause infection, sepsis, and in most severe cases, can be life threatening.

Health care practitioners should seek alternative respiratory gas humidification devices. Any health care facilities that have the Vapotherm 2000i device must return all devices to Vapotherm, Inc. Instructions for return are listed on our recall information Web site at <http://www.vtherm.com/recall> or by calling Vapotherm, Inc. at 1-866-827-6843. The "Vapotherm 2000i" label is located on the front of the device on the lower right hand corner. If there is a question in identification of the product please contact Vapotherm for assistance.

This device is used in both the home and in health care institutions for warming and humidifying breathing gases, such as oxygen, that are delivered by nasal cannula.

The firm first learned that patients were colonized by the bacteria from a Pennsylvania hospital on August 17, 2005, and subsequently issued a voluntary recall of the Vapotherm 2000i on October 13, 2005. The FDA has since been apprised of this action.

At this time, the following information is known:

- There are numerous reports of *Ralstonia* colonization, including three reports of infection.
- One hospital reported a death, but this has not been confirmed by Vapotherm.
- 26 hospitals in 16 states have reported positive cultures of *Ralstonia* species from the Vapotherm 2000i device.

Vapotherm's investigation is currently ongoing to identify the source of the *Ralstonia* contamination. In the meantime, Vapotherm's plans include recalling and performing a disinfection process on the units.

The Vapotherm 2000i devices were distributed through specialty distributors in the U.S. and internationally. Consumers with questions regarding this recall may contact the company at 1-866-827-6843, or Kevin Thibodeau at 410-604-3977.

Any adverse reactions experienced from the use of this product, and/or quality problems should also be reported to the FDA's MedWatch Program by phone at 1-800-FDA-1088, by Fax at 1-800-FDA-0178, by mail at MedWatch, HF-2, FDA, 5600 Fishers Lane, Rockville, MD 20852-9787, or on the MedWatch web site at [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

### **Metallic Tracheal Stents in Patients with Benign Airway Disorders, 08/02/2005**

The FDA issued a Public Health Notification to alert health care professionals to serious complications associated with the use of metallic tracheal stents in patients with benign airway disorders, and to recommend specific actions to prevent or minimize the problem. This notification includes all covered and uncovered metallic tracheal stents. These complications include obstructive granulation tissue, stenosis at the ends of the stent, migration of the stent, mucous plugging, infection, and stent fracture. This notification focuses on patients with benign airway disorders because use of metallic stents in this patient population may preclude them from receiving future alternative therapies (such as tracheal surgical procedures or placement of silicone stents) after a metallic stent is removed.

If you would like more information on any of these product safety alerts, or to review all alerts, visit the FDA's MedWatch Web site at [fda.gov/medwatch/index.html](http://fda.gov/medwatch/index.html). To receive immediate updates, subscribe to the "E-List" at <http://www.fda.gov/medwatch/elist.htm>.

### **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](mailto:rcbinfo@dca.ca.gov).



## *Respiratory Therapist Returns Purse Full of \$1 Million Dollars in Jewelry*

*(continued from page 5)*

The Ghannadians told the *Marin Independent Journal* of Novato that their flight to Toronto was scheduled for Sunday evening, so they decided to visit Sausalito. The town is known for its waterfront views of San Francisco and is a tourist hub.

Shahla Ghannadian briefly left her husband in charge of the purse, which contained jewelry she wore at the wedding, according to the paper. Suhrhoff said he found the bag on a park bench near a tour bus depot.

According to the newspaper article, Ghannadian started crying when she returned to her San Francisco hotel and realized the bag was gone. The family went to Sausalito police headquarters and didn't have any luck—and were told chances were slim the bag would be returned.

But thanks to Suhrhoff, the bag and its contents are safe. "You have to be a real man to return that bag," Ghannadian's son Ali told the *Independent Journal*. "Even the bag is expensive. We're really, really thankful to that guy."

Sausalito police Sgt. Kurtis Skoog said it's rare to find someone so honest that they'd pass up a bag of expensive loot. Many others would have tried to pawn the contents off for a fraction of their value, he said. Suhrhoff is happy the bag is headed back to Canada but couldn't help wondering why the family was taking such pricey items on day trips to begin with. "It seems like a lot of expensive jewelry to be carrying around in a purse," he said.

## *Medicare Confirms Respiratory Therapy is a Hospice Benefit*

Many RTs have asked whether or not respiratory therapy is a Medicare-covered hospice service. The AARC posed the question to the Centers for Medicare and Medicaid (CMS) in our comments on the proposed FY 2006 hospice changes. In the recently issued final regulations for the Hospice services, the Agency confirmed that respiratory therapy is indeed a Medicare hospice benefit. Below is the direct "exchange." Short, simple, but very clear.

**Comment:** The American Association for Respiratory Care asked whether respiratory therapy, when part of a hospice patient's plan of care, is a Medicare-covered hospice service.

**Response:** Respiratory therapy would be a covered hospice service if the hospice decides its patient requires the service. Provision of the service would be paid for out of the hospice daily rate made to the hospice.

This is very good news for the profession and the patients it serves.

## **Satisfaction Survey**

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

## *Respiratory Therapists Noted in New Center for Disease Control (CDC) Guidelines on Tuberculosis Transmission to Health Care Workers*

Respiratory therapists are noted as key health care workers who should be included in a TB surveillance program in new guidelines recently issued by the Centers for Disease Control and Prevention (CDC).

"Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005" updates previous guidelines published by the CDC in 1994 and is intended to reflect "shifts in the epidemiology of TB, advances in scientific understanding, and changes in health-care practice that have occurred in the United States during the preceding decade."

The new guidelines include several examples of TB transmission to health care workers, including one involving respiratory therapists who tested positive for TB after collecting induced sputum samples from patients in a pulmonary function laboratory with an inadequate ventilation system. After installation of booths for sputum induction, the TB conversion rate among RTs fell to zero.

To read the entire document published by the CDC, please visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>.



## Enforcement Actions July 1, 2005 - December 31, 2005

### REVOKED OR SURRENDERED

Anshutz, Ingrid aka Benham, RCP 4002  
 Badesco, Smaranda Angela, RCP 8656  
 Bento, Michael Gregory, RCP 6523  
 Bonelli-Helms, Savina, RCP 5455  
 Goulette, Billy J., RCP 7314  
 Haro, Harry Jess, RCP 12668  
 Iravani, Amir Mohsen, RCP 14201  
 Jordan, Shalesha L., RCP 21503  
 Koch, Sally J., RCP 21393  
 Kreloff, Sofora Elizabeth, RCP 9704  
 Kutler, Stephen, RCP 3245  
 McNair, Leroy C. Jr., RCP 6291  
 Stupin, Elizabeth, RCP 6153  
 Young, Jeffery Keith, RCP 1701

### PLACED ON PROBATION/ CONDITIONAL LICENSE

Barajas, Richard F., RCP 24796  
 Bob, Ioan Jr., RCP 19217  
 Clevenger, Thomas D., RCP 22729  
 DeLaPenã, Danny Cajucom., RCP 21951  
 Hadley, Bryna Jea'Mar, RCP 19850  
 Herrera, Damien Mark, RCP 20799  
 Kaplan, Harris, RCP 8118  
 Kaufman, Lisa Ann, RCP 21444  
 Ligon, Beau G., RCP 18975  
 Navarro, George Anthony, RCP 24834  
 Pueblos, Carlos David, RCP 2441  
 Ramirez, Geoffrey, RCP 21716  
 Sherman, Mika K., RCP 21980  
 Webster, Joseph Dixon, RCP 19213

### PUBLIC REPRIMANDS

Castro, Frances L., RCP 24793  
 Krapf, Virginia Ann, RCP 4858  
 Parsons, Jovahn J., RCP 24781

### APPLICATION DENIED

Sanchez, Edward James

### 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.

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

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

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.

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

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

### CITATIONS AND FINES

Bowie, Harrison Roland, RCP 24056  
 Brooks, Karlvester S., RCP 5456  
 Brown, Dawn Y., RCP 17781  
 Carroll, Michelle C., RCP 23544  
 Cullen, Robin Patrice, RCP 17495  
 Elrod, Angela Christine, RCP 20510  
 Hardisty, Thomas I., RCP 4794  
 Hayes, Phyllis Marie, RCP 4113  
 Johnson, James Esler, RCP 17721  
 Millsop, Janis M., RCP 11490  
 Molinar-Ramos, Alfonso, RCP 19462  
 Pimentel, Yvonne, RCP 4153  
 Ruiz, Danny Marin Jr., RCP 21534  
 Selvidge, David K., RCP 4577  
 Summers, Patrick Dane, RCP 11273  
 Williams, Ronald J., RCP 9700  
 Wilson, Paul A., RCP 22948

### ACCUSATIONS FILED

Brown, Eric Clifton, RCP 9108  
 Caprai, Joseph Allen, RCP 12240  
 Chartier, Charlene Ann, RCP 9731  
 Connolly, Ardie Ray, RCP 18082  
 Deuel, Debbie Joann, RCP 6532  
 Ferrer, David Anthony, RCP 22036  
 Glenn, Christopher D., RCP 22307  
 Holguin Jr., Andrew A., RCP 15772  
 Homyak, Diana L., RCP 22926  
 Leake, Eric Dwayne, RCP 21134  
 Najera, Randall J., RCP 18352  
 Neely, April Christine, RCP 19331  
 Vinson-Upshur, Deidra D., RCP 4143

### STATEMENTS OF ISSUE

Cruz, Eduardo, RCP  
 Haasl, Shannon Marie  
 Syed, Ghassan I.

### ACCUSATIONS AND/OR PETITIONS TO REVOKE PROBATION

Benajan, Charles Louis, RCP 23106  
 Eivazians, Lorriane A. aka Fowler, RCP 5464  
 Johnston, James Edward, RCP 22601  
 Lagutaris, James R., RCP 16811  
 Lituco, Cecilio G., RCP 21925  
 Ratter, Tamara, RCP 12224  
 Rowell, Scott, RCP 4692

To order copies of legal pleadings, 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.



## We Want Your Photos!

What kind of photos are we looking for? Anything and everything related to the practice of respiratory care! Why do we want these photos? For use in future Board publications such as newsletters, reports and consumer brochures. So please send them in! All respiratory-related photos are acceptable and can be submitted in the traditional format taken with a standard film camera or on a CD if they are from a digital camera.

Any photograph you submit to the Board is considered personal information and cannot be released to the public without your written consent. Accordingly, please provide a signed release for every person in the photograph including any patient(s) or co-worker(s) pictured. The release should state:

I, \_\_\_\_\_, voluntarily consent to the Respiratory Care Board using my photograph(s), without compensation, in its newsletters, reports, brochures and other related news publications. I understand that my consent will remain in effect until such time that I inform the Board in writing that it has been revoked.

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

For information on submitting materials electronically, please contact Jennifer Mercado at (916) 323-9983 or via e-mail at [rcbinfo@dca.ca.gov](mailto:rcbinfo@dca.ca.gov).

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### 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 - \$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 requests received by U.S. mail, fax and changes made via the Board's Web site.