

ESTABLISHED BY THE KY GENERAL ASSEMBLY IN 1990	WE HAVE MOVED
KBRC KENTUCKY BOARD OF RESPIRATORY CARE	Now Located on 3rd Floor Traditional Bank Building 163 West Short St., Suite 350 Lexington, KY 40507
WE LISTEN TO EVERY BREATH YOU TAKE	WE HAVE MOVED

OUR MISSION STATEMENT

The Kentucky Board of Respiratory Care is a Government Agency that regulates respiratory care practitioners and their services. The KBRC was established in 1990 to protect the citizens of the Commonwealth of Kentucky from unsafe practitioners and practices.

KBRC NEWSLETTER 2010 SUMMER/FALL EDITION

Board Information

- Tamara McDaniel, RRT**
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- James P. Bronson, Jr. RRT**
Board Member
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- Gail A. Darley, Citizen at Large**, Board Member
- Janet R. Vogt, RRT**
Board Member
- Cheryl Lalonde, AAG**
Attorney
- Peggy Lacy Moore**
Executive Director
- Rick L. Rose**
Administrative Assistant



THE KBRC HAS RELOCATED
Traditional Bank Bldg.

On July 1, 2010 the Kentucky Board of Respiratory Care relocated to downtown Lexington. We occupy office space at the Traditional Bank building, 163 West Short Street, Suite # 350 Lexington, KY 40507. Our phone and fax numbers remain the same and forms and applications on the website have been updated with our new address. The KBRC has no free parking. If you plan to visit our offices make sure you bring change to pay a parking meter. You will get a parking ticket if you gamble on leaving your vehicle without paying the meter. Please call before you visit us as we have several State furlough days in 2010 and 2011 scheduled.



THE KBRC WILL PROCESS AUDITS STARTING
FEBRUARY 2011 AFTER THE RENEWAL CYCLE
IS COMPLETED

The KBRC will send out random audits in February 2011 after the renewal cycle is completed. Make sure you have all your CEUs available and submit copies to us in event you get an audit form in in Feb. 2011. CEUs that are submitted with a date of completion after December 31, 2010 and up to the expiration date of January 30, 2011 will not be accepted. The KBRC requires therapists to get their CEUs within a two-year period. A license issued does not guarantee that the license cannot be revoked due to failing the audit process. Take care of CEUs early and if you have questions contact the KBRC Office.



The KBRC Office can be reached at the numbers listed below.

Board Office:
(859) 246-2747, Fax:
(859) 246-2750 or
online at: <http://kbrc.ky.gov>

Stress is Contagious in the ICU



A new study out of Canada looked at stress in 32 ICU clinicians, including physicians, residents, nurses, and RTs. Results of the semi structured interviews revealed predictably high levels of stress caused by increasing workloads, high stakes care, and the heavy responsibility born by professionals working in these units. However, the participants also reported a high level of individual and team resources to help them deal with these

issues. Stress only appeared to get out of hand when clinicians were faced with situations in which the patient's condition was changing or deteriorating in an unpredictable fashion or when expected resources were not available. Once one team member succumbed to the stress of the situation, other team members quickly followed suit, with the ensuing anxiety deemed "disruptive for teamwork and deleterious for individual and collective performance." The authors believe these findings suggest a need for strategies to prevent the spread of stress among ICU personnel. The report appeared in the February 24 Epub edition of Critical Care Medicine.

UNDERSTANDING THE LICENSURE PROCESS

(From Student to Mandatory)

Again, we want you to review these important steps for your respiratory license. These steps are protection for everyone in the process from the student to the hospital which employs the therapist. The KBRC would like to explain this process in detail:

Student or Limited Mandatory License: (Cost: \$50.00) If the individual is a student and he or she plans to work or needs to work, the student must have this license. It is a 3 yr. license which allows the student to work under direct supervision in the respiratory field up to the date of graduation or in some cases, passage of NBRC CRT exam. If a student graduates earlier than the 3 yr. expiration date listed on the student's card, then the remainder of the student license is **void**.

If a student takes the NBRC CRT exam early and passes, then the student license is **void** as well. In each case, the way to avoid being caught without appropriate license is to prepare for the next step of the process in advance. The student should print out one of the following license applications and send it to the KBRC with proper payment and required documents prior to graduation or taking the NBRC exam.

1. If the individual plans to work after graduation and prepares for the NBRC exam, then print out a **(\$85) temporary license** and mail in with school confirmation of date of graduation and payment. The application should also contain a fax number of the current employer to whom to fax an approval letter.
2. When the individual takes and passes the NBRC exam, please fax or mail the **Mandatory license** with copy of your NBRC test score sheet, payment and a fax number to fax an approval letter to your employer.

(Continued on next page)

Temporary License: (Cost: \$85.00) Is a six (6) month license which begins at your official graduation date and expires in six (6) months or when the individual passes his or her NBRC CRT exam. To avoid a lapse without appropriate license, the individual should prepare for the next step in the process by filling out the *Mandatory application* and sending it to the KBRC prior to taking the CRT exam. Once you have passed, fax a copy of the CRT exam test score sheet to the KBRC office. Be sure to add a fax number of employer so letter can be faxed after processing our records.

Mandatory Licensure: (Cost: \$125.00) The final step in the process. Provides licensure status to the therapist for a span of two (2) yrs. The new therapist will enter into the cycle and be given the remainder of the first year and all of the following year, after which the full 2 year cycle will begin. The therapist is required to renew the license every 2 years by online renewal system or by printing out a renewal form from KBRC website during renewal window of Nov. 1st – January 30th. Therapists who renew as Active status will be required to pay \$75.00 renewal fee and submit 24 current CEUs which must be completed before December 30th, prior to the therapist’s license expiration date on January 30th. Therapists, who wish to go to Inactive status will have to pay \$25.00 renewal fee and are not expected to provide CEU information at that time.



THE KBRC WOULD LIKE TO WELCOME GAIL A. DARLEY
Citizen-At-Large Member



. Gail A. Darley, (left) from Augusta, KY will be replacing and serving the remainder of **Richard A. Blackerby’s** (right) term as Citizen-At-Large. Gail was appointed by Gov. Beshear on August 13, 2010. The KBRC looks forward to Gail’s wisdom and insight that she will bring to the Board. The Board would like to say thank you and best wishes to Richard A. Blackerby for his service.



Helpful CEU information

ACLS, PALS - 10 CEUs each, **NALS or NRP** - 8 CEUs and all **ACLS & PALS Instructor courses** are 10 CEUs as of 2006 to present. Note: Only licensed therapists can use college courses for CEU purposes.

Academic courses (a course offered by an accredited post secondary institution) eligible for continuing education credit

The following academic courses are eligible for continuing education:

- A respiratory course above the 300 level
- A course in biological, psychological, sociological, or physical sciences relevant to patient care and above the 300 level. Relevant means having content applicable to the practice of respiratory care.
- A course applicable to respiratory care practice and appropriate for the respiratory care practitioner employed in the areas of clinical practice, administration, education, or research.
- A continuing education course is approved, if it:
 - Is an organized program of learning;
 - Pertains to subject matters which integrally relate to the practice of respiratory care and contributes to the professional competency of the licensee, and is conducted by individuals who have educational training or experience acceptable to the Board.

Note: If a continuing education course has not been previously accredited by the Board, do not wait until you renew your license to get approval for that course. Your renewal may be delayed. Seek prior approval for continuing education credit on courses not previously accredited by the Board. Students cannot use college courses for future CEU credit.

Note: Be careful when trying to use nursing CEUs. Make certain that they have either been approved by the AARC for a determined amount of CEUs or the KBRC has approved them. Some nursing ACLS courses give more CEUs than the KBRC can allow. Respiratory Therapy only allows 10 CEUs for ACLS.

A list of approved/denied CEUs is located on our website: <http://kbrc.ky.gov>. Scroll down the Continuing Education page to the bottom and click on Approved/Denied. CEUs are only viable for two years from date of approval.

IMPORTANT DATES & EVENTS



2010 Respiratory Care Week - October 24 - 30

AARC 56th International Respiratory Congress

Dec. 6-9 2010

Location: Las Vegas, Nevada

CRT content outline became effective July 10, 2009

RRT content outlines became effective January 1, 2010

KSRC State Convention

Sept. 9-10, 2010

Location: Four Points Sheraton

1938 Stanton Way

Lexington, KY 40511

(See the upcoming KBRC Board meeting schedule for 2010 at the "About Us" page of our website.) <http://kbrc.ky.gov>



Prenatal smoke tied to poorer asthma-drug response

By Amy Norton

NEW YORK | Tue Aug 10, 2010 3:34pm EDT

(Reuters Health) - Studies have shown that children whose mothers smoked during pregnancy may have an increased risk of developing asthma. Now new research suggests they may also get less benefit from the inhaled steroid medications used to prevent asthma attacks.

In a study of more than 1,000 kids between five and 12 years old with mild-to-moderate asthma, researchers found that those who had been exposed to smoke in the womb had less of a response to the inhaled corticosteroid budesonide (Pulmicort) than children with no prenatal exposure to smoking.

Overall, both groups of children improved with the medication. However, children with prenatal smoke exposure had 26 percent less of an improvement in their "airway responsiveness."

Airway responsiveness refers to a "twitchiness" in the airways that, in people with asthma, can be triggered by small amounts of a normally benign irritant, like pollen or pet dander.

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Inhaled steroids are the mainstay of therapy for persistent asthma, helping to prevent attacks of coughing, wheezing and breathlessness. One of the ways doctors measure whether a patient is responding to inhaled steroids is by testing airway responsiveness.

In this study, children with prenatal exposure to maternal smoking had less of an improvement in airway responsiveness after starting budesonide -- and some had no improvement at all, said Dr. Benjamin A. Raby of Brigham and Women's Hospital in Boston, one of the researchers on the study.

The full implications of the difference are not clear. The researchers did not have information on whether children exposed to prenatal smoking actually had higher rates of asthma attacks or hospital visits than other children, despite treatment with inhaled steroids.

But the findings do raise that possibility, Raby told Reuters Health.

He stressed, however, that no one is suggesting children with prenatal tobacco exposure should forgo inhaled steroids. "Inhaled steroids are the first-line therapy for persistent asthma, regardless of whether children had in-utero exposure to smoking or not," Raby said.

Instead, he explained, the findings offer a potential explanation for why a child with prenatal exposure to smoking may not be responding as well as hoped to inhaled steroids. These children may need a second type of medication -- such as oral drugs known as leukotriene modifiers -- added to their treatment in order to control their asthma, Raby said.

The study, which was led by Dr. Robyn T. Cohen of Drexel University in Philadelphia, is published in the *Journal of Allergy & Clinical Immunology*.

The data come from a clinical trial in which 1,041 children with persistent asthma were randomly assigned to use budesonide, another type of inhaled asthma medication called nedocromil or a placebo over four years.

Of those children, 150 had been exposed to smoking in the womb, and 39 of them were given budesonide.

The study is the first to link prenatal smoke exposure with a reduced response to inhaled steroids, which, along with the small number of children exposed, means that further research is needed to replicate the findings, according to Raby.

It is also impossible to definitively say that prenatal tobacco exposure is the lone culprit, the researcher noted. He and his colleagues did account for children's current exposure to second-hand smoke at home, but teasing out the impact of prenatal exposure by itself is difficult.

The researchers do think it is biologically plausible that prenatal tobacco exposure could affect children's later response to asthma medication.

Lab research suggests that prenatal exposure to smoke can influence the development of the lung structure or the smooth muscles of the airways, which could affect the body's later response to asthma medications.

SOURCE: link.reuters.com/mer34n *Journal of Allergy & Clinical Immunology*, online August 5, 2010

NBRC Admission Policy Change Effective January 1, 2011

Re: CRT Exam

At the KBRC meeting of August 12, 2010 Mr. Bronson and Mrs. Vogt updated the Board on the current policy regarding students being able to sit for the CRT's exam 30 days prior to graduation however they do not get their test scores until they graduate. That will change with the "NBRC Admission Policy Change Effective January 1, 2011":

1. Effective January 1, 2011 – The NBRC voted to eliminate the exam for entry-level respiratory therapists (CRT) 30 days prior to actual graduation.

2. Effective January 1, 2011 all applicants for the CRT Exam must provide proof of graduation when applying for the exam. Candidates will not be eligible to schedule their examination appointment until proof of graduation is provided by either the accredited educational program or candidate.



Medicare expands coverage of tobacco cessation

By Mike Lillis - 08/25/10 04:59 PM ET

The Obama administration on Wednesday expanded Medicare to cover more seniors hoping to kick their tobacco habits.

"Most Medicare beneficiaries want to quit their tobacco use," Health and Human Services Department (HHS) Secretary Kathleen Sebelius said in a statement announcing the move. "Now, [they] can get the help they need."

Under previous rules, Medicare covered tobacco-related counseling only for beneficiaries already suffering from a tobacco-related disease.

Under the new policy, Medicare will cover as many as two tobacco-cessation counseling tries each year, including as many as four individual sessions per attempt.

The move is the latest in a string of White House efforts to shift the nation's healthcare system toward prevention, in lieu of simply treating diseases after they've developed.

If successful, the new tobacco policy could pay dividends. Of the 46 million Americans estimated to smoke, about 4.5 million are seniors older than 65, HHS says. And nearly 1 million more smokers are younger than 65, but eligible for Medicare benefits.

They aren't cheap. Tobacco-related diseases are estimated to cost Medicare about \$800 billion between 1995 and 2015.

Donald Berwick, head of the Centers for Medicare and Medicaid Services, said the expansion lends seniors valuable help "to avoid the painful — and often deadly — consequences of tobacco use."

The change affects Medicare Parts A and B — hospital care and physician services — but not Part D, which already covers smoking-cessation drugs for all beneficiaries.

Medevac industry opposing upgrades wanted by NTSB

By Alan Levin, USA TODAY

The helicopter air ambulance industry is opposing several key safety upgrades sought by federal accident investigators even as a recent surge in crashes has killed 19 people since September.

The National Transportation Safety Board (NTSB) is calling on regulators to require new life-saving technologies on many air ambulances, including night-vision goggles, terrain avoidance computers and autopilot controls. The devices are costly, but the NTSB says they would save lives in a health care system increasingly reliant on choppers for transporting critically ill patients.

Industry groups such as the Air Medical Operators Association say their members should have the freedom to adopt some, but not all, of the technologies. The group, which represents companies operating more than 90% of medevac helicopters, has pushed its members to make voluntary safety improvements.

Amid the recent spate of deaths, the NTSB says the voluntary approach is not working. "While some operators have voluntarily adopted measures to address our safety recommendations, others have not," NTSB Chairwoman Debbie Hersman said.

NTSB: New rules needed for medical helicopters

At least two of the recent crashes happened amid conditions that the new technology devices are designed to address. Some smaller air ambulance companies and family members of crash victims say that the industry is opposed to the safety equipment the NTSB wants because of cost.

"If the economic bottom line gets in the way of protecting our workforce and protecting patients, we have a problem," said Tom Judge, director of Maine's medevac program.

After a record number of fatal accidents killed 35 people from December 2007 through October 2008, air ambulance industry groups adopted several safety improvements on their own. The Federal Aviation Administration (FAA), which regulates the industry, also pushed for voluntary improvements while it worked on drafting new requirements.

Those efforts coincided with an 11-month span through last September in which no one died on a medevac helicopter, according to the NTSB.

That period was shattered when a helicopter crashed in Georgetown, S.C., on Sept. 25 in severe weather, killing three people. Since then, 10 more medevac choppers have crashed, including three since June. An air ambulance plane crashed last month in Alpine, Texas, killing five people and bringing the death toll on emergency aircraft to 24.

On June 2, a CareFlite medevac chopper crashed near Midlothian, Texas, after breaking up in flight, killing a pilot and a mechanic, according to the NTSB. A pilot and flight nurse died July 22 in Kingfisher, Okla., when an EagleMed chopper went down. An Air Methods helicopter plunged to the ground in Tucson on July 28, killing three.

Chris Eastlee, managing director of the Air Medical Operators Association, said the group's members take "a very dramatic and extremely broad look at safety." The group asked members to increase pilot training and get night-vision goggles, Eastlee said.

Coating Kills MRSA Germs

Study: New Coating for Hospital Walls, Surgical Equipment, Other Surfaces Kills MRSA.

By Bill Hendrick

WebMD Health NewsReviewed by Laura J. Martin, MD Aug. 17, 2010 -- Biotech scientists at Rensselaer Polytechnic Institute have developed a coating for use in health care settings that they say kills the deadly MRSA germ.

MRSA, or methicillin-resistant *Staphylococcus aureus*, is a virulent bacterium that causes antibiotic-resistant infections, killing about 90,000 patients a year. Because it has been hard to battle, it is sometimes called a “superbug.”

But Rensselaer scientists say their coating, for use on surgical equipment, hospital walls, and other surfaces in health care settings, seems to be very effective in eradicating MRSA.

The study is published in *ACS Nano*, a journal of the American Chemical Society.

MRSA: How Much Do You Know About This 'Superbug?'

New Coating 100% Effective

In tests, 100% of MRSA bacteria were killed within 20 minutes of contact with a surface painted with latex paint laced with the coating, the researchers say. The coating is made with lysostaphin, a naturally occurring enzyme, combined with carbon nanotubes.

“We’re building on nature,” Jonathan S. Dordick, PhD, director of Rensselaer’s Center for Biotechnology and Interdisciplinary Studies, says in a news release. “Here we have a system where the surface contains an enzyme that is safe to handle, doesn’t appear to lead to resistance, doesn’t leach into the environment, and doesn’t clog up with cell debris.”

When the superbugs came in contact with a painted surface, “they’re killed,” he says.

How It Works

Lysostaphin works by attaching itself to the bacterial cell wall, slicing it open, but is not toxic to human cells, Dordick says.

Researcher Ravi S. Kane, PhD, says the enzyme is attached to the carbon nanotube with a short, flexible polymer link, improving its ability to reach the MRSA bacteria.

“The more the lysostaphin is able to move around, the more it is able to function,” Dordick says.

Kane and Dordick worked With Dennis W. Metzger, PhD, and Ravi Pangule, a graduate student in chemical engineering, at Albany Medical College, where Metzger maintains strains of MRSA.

“At the end of the day, we have a very selective agent that can be used in a wide range of environments -- paints, coating, medical instruments, doorknobs, surgical masks -- and it’s active and it’s stable,” Kane says. “It’s ready to use when you’re ready to use it.”

Superior Method

They say their approach will likely prove superior to previous attempts at creating antimicrobial agents, some of which release biocides, which can lose effectiveness over time due to leaching into the environment and may have harmful side effects, the researchers say.



If you did not get a chance to read the last issue of the KBRC Newsletter, You can still find it available at the KBRC website: <http://kbrc.ky.gov>

The KBRC website can help you find answers regarding your licensure, scope of practice, continuing education and verification questions. You may contact us at: (859) 246-2747 Fax: (859) 246-2750 with questions or inquiries.

The KBRC Newsletter is produced by Rick Rose and edited by Janet Vogt and Peggy Lacy Moore.

The KBRC Board is self-supporting and receives no general fund tax appropriation. It is funded through fees assessed for licensing its professionals.



If you want to file a complaint or address an issue of concern to the Board, submit a written statement with as much detail as possible including your name, names involved in the complaint or issue, phone numbers and summary of your complaint and mail to the KBRC office at the address below. Attention: Peggy Lacy Moore, Executive Director.

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CARE**

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