

EVERYONE DESERVES A SMOKE-FREE O.R.

27-30

The average daily impact of surgical smoke to the O.R. team is equivalent to inhaling the smoke of 27-30 unfiltered cigarettes.

2X

Perioperative nurses report twice as many respiratory issues as compared to the general population.



Protect Oregon's O.R. Staff:
Please Vote "Aye" On HB 2622A
APR 26 2021



*From the desk of:
State Rep. Shari Schaden 4/26/21
Shari Schaden*

What is surgical smoke?

Like cigarette smoke, surgical smoke can be seen and smelled. It is the result of human tissue contact with mechanical tools and/or heat-producing devices, such as lasers and electro-surgery pencils commonly used for dissection and hemostasis. An estimated 90% of all surgical procedures – including such common surgeries as cesarean sections, mastectomies, knee replacements and appendectomies – generate surgical smoke.

Dangerous effects

Surgical smoke is full of carcinogenic and mutagenic cells, can include 150 hazardous chemicals, 16 of which are on the EPA Priority Pollutant List, and likely exposes O.R. staff to biological (human) contaminant, including aerosolized blood.

Going Smoke-Free

Rhode Island and Colorado are the first two states to address smoke evacuation by law, and perioperative nurses are actively working in several states to ensure operating rooms are surgical smoke-free. Join the movement to protect patients and surgical team members by going smoke-free in the O.R.



For education and resources on this initiative, please visit www.aorn.org/smokefreeor.



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