

Chair Prusak, members of the Health Committee:

For the record, my name is Emily Jones. I am a certified operating room registered nurse with over 20 years of experience in various surgical settings. Thank you for the opportunity to discuss hazardous health effects of surgical smoke and the need to pass HB 2622.

As an operating room nurse, I personally experienced some of the negative effects of exposure to surgical smoke over the years working in the operating room such as burning, watery eyes, headache, and throat irritation. I now work as a perioperative practice specialist with the Association of periOperative Registered Nurses, AORN, where I review scientific evidence to formulate clinical practice guidelines and education as a subject matter expert for surgical smoke safety. And, I advocate for the health and safety of my colleagues working in the OR.

Many research studies document the harmful contents of surgical smoke. Hazardous chemical contents of surgical smoke include benzene, carbon monoxide, formaldehyde, methane, ammonia, and hydrogen cyanide. Further, research studies demonstrate the presence of viruses such as hepatitis B virus (HBV), human papillomavirus (HPV), and human immunodeficiency virus (HIV) in surgical smoke with case reports of transmission of HPV through surgical smoke that was not evacuated.

The COVID-19 pandemic has appropriately drawn renewed attention to the importance of surgical smoke evacuation. Because of the known presence of aerosolized viruses such as HPV, HIV, and HBV in surgical smoke, operating room clinicians remain concerned that the disease-causing SARS-CoV-2 virus may also be aerosolized in surgical smoke. And, although we can delay elective surgery for patients with known or suspected COVID-19 infection, urgent and emergent surgeries must continue.

If we've learned one thing from this pandemic, it is the importance of doing everything we can to prevent the possible transmission of harmful viruses. Shouldn't we make that a priority in the ORs too?

Although smoke evacuation has been recommended by AORN, OSHA and the CDC, compliance has been minimal, as these recommendations do not carry the weight of a law to ensure the health and safety of everyone in the OR.

HB 2622 protects Oregon surgical staff members and patients from the hazards of surgical smoke by requiring hospitals and ambulatory surgery centers to adopt and implement policies to evacuate harmful surgical smoke.

Thank you.