

Chair Prusak, members of the committee:

For the record, my name is Amber Kuehnast. I am a Registered Nurse and I have worked in the operating room for over 4 years.

I am here to talk about surgical smoke in the OR- an issue that impacts operating room nurses and surgical technologists, surgeons, anesthesiologists, patients and all others who pass through the doors of an operating room.

As an OR nurse, I am exposed to surgical smoke every time I work. I worry every time surgical smoke evacuation is not being used that my health, and the health of my patients and surgery team will be adversely affected.

For a more personal story, I had a c-section birth in May of 2020 and I was so excited to meet my second child, despite all of the challenges brought on by the COVID-19 pandemic. Since I work in the OR and was delivering at the same hospital I work, I had carefully selected my surgical team, choosing a scrub tech and anesthesiologist I knew well and trusted to be a part of a huge milestone in my and husband's life. As I walked into the OR suite, I took in all of the normal sights of my work life: the back table full of instruments, the count board with my name, birthday and procedure on it, the anesthesia equipment and beeping monitors. It felt familiar and routine in ways that I know it would not be for the average expectant parent.

After all the preparations had been made, draping completed, and time out said, an incision was made and then I heard the familiar sound of the esu/bovie and smelled a very familiar and unwelcome smell: surgical smoke. Only this time, it was my own flesh that was burning and creating the smoke. I asked about using smoke evacuation and was told they don't use it and they don't even have the equipment to support its use in the OB OR suites. I was shocked and deeply disappointed that not only were we subjecting all the staff in the room to cautery smoke, but my own brand new baby's first breaths would be in air that had been contaminated with surgical smoke. Never would I allow my daughter to be around second-hand cigarette smoke but this was completely out of my control.

The passage of HB 2622 would prevent anyone else from sharing my experience of smelling their own burning flesh during one of the most precious moments of life and prevent any future babies from taking their first breaths of polluted air.

HB 2622 would ensure that harmful surgical smoke is evacuated from every operating room in Oregon and provide me the peace of mind that my health and safety are protected while I am at work. Thank you for considering this important legislation.