

Chair, Prusak, members of the committee:

For the record, my name is Mary Russell and I am a nurse practitioner in Portland. I have been a practicing perioperative nurse for 43 years, the last 15 years working as a nurse practitioner outside of the OR.

Today I am here to share my story and experiences with surgical smoke with you, over the past four decades. When I first began working in the perioperative setting a very large device that was an early form of cautery was used. It was simple and only used occasionally which meant there was limited exposure to surgical smoke. Then, as technology evolved, more sophisticated devices were developed that are common in any surgical environment today. With the advent of this new technology came more and more exposure to surgical smoke for everyone inside the operating room.

Many perioperative personnel developed upper respiratory s/s. Many thought it was just allergies and colds. Today we understand that the particles contained in the surgical smoke are the factor in so many illnesses.

As I was present at the field with the surgeon many times it became clear that surgeons were not able to see due to the smoke and we used the fluid suction device to help clear the field. We as a staff were told to stop this as the filter in the suction line was becoming clogged with debris- black and thick causing them to change the filter more frequently. Meanwhile, the particles still lingered and our standard surgical masks could not filter out these small particles.

As electrocautery usage and surgical smoke have increased, so too has the technology to evacuate surgical smoke improved and increased in availability. I currently work at a facility that is using devices to remove surgical smoke and staff and patient safety are much improved. Since I have been away from the OR the last 15 years my frequency of upper respiratory infections has drastically improved and gone down.

Surgical staff should not have to make the decision to leave their careers in the OR in order to feel healthy. House Bill 2622 would protect health care workers who are exposed daily to the hazards of surgical smoke and also protect patients exposed during their surgical procedures. Facilities can and need to use smoke

evacuation equipment to protect all our health and HB 2622 will ensure that they do. Thank you.