

Chair Patterson, Vice-Chair Knopp, and members of the Senate Committee on Health Care:

I write to you today to express my strong support for HB 2622.

As a Perioperative Registered nurse, the hazards of surgical smoke are more than just statistics, or data points in a study. This is a part of my daily life. I have worked in the OR for over twenty years. Although the hazards of surgical smoke have been known for decades, it is only over the past few years that there has been a push to protect patients and staff from these hazards.

Unfortunately, I have suffered permanent health effects from exposure to surgical smoke. On Nov 2nd, 2017 I was working with my facility to implement smoke evacuation practices and offered a surgeon smoke evacuation equipment prior to beginning his procedure. He declined, stating that he didn't think that it was necessary. On Nov. 13th, I received a call from employee health alerting me that during that November 2 procedure I had been exposed, through the aerosolization of surgical smoke, to Brucella, a bacterium that can cause damage to numerous organ systems and could be potentially fatal.

Everyone in the room, including a nurse who was pregnant at the time, was placed on a 6-week regimen of antibiotics that made us so nauseous that it was difficult to work. In addition, we faced months of blood draws to monitor for the disease, and can no longer be blood donors, or organ donors, because the risk is too high.

This illustrates one known exposure, on one day, in a career that spans more than twenty years. Operating room personnel and patients are exposed daily to known and unknown pathogens through exposure to surgical smoke. We have the ability to reduce the risk through the evacuation of surgical smoke, if we can persuade doctors and hospitals that it is indeed necessary.

Now is the time for the Oregon Legislature to demonstrate your commitment to health and safety by adopting HB 2622.

Thank you,

Kim Fournier