



A LOOK BACK AT 2016 & ... MOVING FORWARD

Submitted by Daniel R Palmerton, Executive Director

As we reflect on the accomplishments of this past year, I would like to acknowledge all of the hard work and efforts attributed to our dedicated volunteers. It took a little bit to get the clinical committees in sync and working together. We now have productive meetings being held regularly and we are also very fortunate to have an active industry advisory board (IAB) made up of ICSP sponsors. I greatly appreciate the ideas and advice the IAB has provided. Going forward we will be in a much better position to implement the positive input and feedback received.

Our membership continues to grow and our ability to positively affect the working environment of our healthcare personnel through "One Voice Advocacy" grows with it. In the past two months the ICSP has implemented a social media effort through the Communications Committee which includes a Facebook page, a LinkedIn profile, and we are continuing to improve our website (www.plumecouncil.com).

One of the most significant efforts in 2016 was providing subject expertise in the form of testimony during hearings, in support of the California Bill AB2272, which would be the first State Law mandating plume evacuation techniques. Board member Penny Smalley made several trips to Sacramento as an expert witness in the name of ICSP. Please see the latest update by Stephanie Roberson in this issue.

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CALIFORNIA BILL UPDATE

Submitted by ICSP Member

*Stephanie Roberson, Legislative Advocate
California Nurses Association*

The CNA will sponsor a bill that would require a statewide standard on plume evacuation in 2017. The author and Chair of the Assembly Labor Committee, Tony Thurmond, has agreed to be the bill's author again. This is strategic, in that the bill will be before his committee therefore will ensure smooth passage out

of the first policy committee. The Governor vetoed the bill this last session because his Administration (namely Labor agency), believed that the bill would fundamentally undermine the Standards Board's (under the auspices of Cal-OSHA) authority to vote on the final regulation. In the proposed bill for consideration, we used the term the board "shall" adopt "the" standard. California Labor agency's contention is that using those terms would mandate the board to implement verbatim what the legislature passes on to them. The problem is, the mission of the standard's board is to implement regulations that are expressed in state statute. It's a semantics game, but we will have the necessary conversations and move it forward.

We have had much success with the bill in the 2016 legislative session and the bill enjoyed easy passage in the legislature. The plan is to develop language that will satisfy the veto message while still maintaining the integrity of the bill. California Nurses Association and ICSP considers last year's progress a major victory. AB 2272 was the first bill of its kind proposed in the nation and it got to the Governor's desk after its first run. Let it not be lost on us that great gains have been made by educating policy makers on this critical worker protection issue. Surgical Plume is no longer a foreign subject.

CLEARING THE AIR

Menna Davies & Sally Sutherland

Sally and I enjoyed catching up with Penny Smalley, international plume expert and safety consultant, last week during one of her regular visits to Australia. During her visit, Penny carried out audits in a number of Sydney hospitals on the use of surgical plume evacuators. The results showed non-compliance with the use of plume evacuators. It does beg the question, why, after all the evidence gathered over the past 20 plus years that plume contains noxious gases,

chemicals, viruses and aerosolized particles which have the potential to harm us, do we as perioperative nurses continue to put ourselves at risk on a daily basis, day after day?

Did you know, for example, that 1 gram of tissue vaporized using diathermy produces plume that is the equivalent of smoking 6 cigarettes in 15 minutes? (Tomita et al, 1989). Note the date of this information - 1989! The dangers of plume are not new, they have been known for decades and yet every day you can walk into an operating suite and smell the diathermy plume wafting down the corridor. So, the message about the dangers is not getting through. Why?

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ASIORNA CONFERENCE 2016

Submitted by ICSP Board Secretary Penny J. Smalley



ASIORNA is a professional organization made up of 10 national perioperative nursing societies in the Pacific Rim, including: Australia, New Zealand, China, Taiwan, Hong Kong, Thailand, Malaysia, Japan, Singapore, and India.



Every 2 years, a conference is held in one of the member countries, and this year, it was held in Hong Kong on October 8-10, drawing delegates from Europe and North America, in addition to those from all over the Asia-Pacific region. Several AORN representatives were present,

and the president, Martha Stratton gave a key note address. I was honored to have been an invited speaker, and in my presentation, I took the opportunity to stress how important it is to reach out to hospital Work Health and Safety officers for advocacy and assistance at administrative levels. I also discussed bringing about a commitment to eliminate the hazards faced by all surgical team members, as well as the patients in their care, when exposed to surgical plume.

ICSP was introduced during the conference, brochures were distributed, and many questions were asked about our organization. We had meetings with the leaders of ASIORNA, and the Hong Kong Operating Room Nurses Association, regarding membership and collaboration on education and standards development. We were very excited to be able to raise awareness, and open new conversations about plume, and in order to continue that partnership, ICSP will once again be participating in the HKORN conference next October, and in the next ASIORNA meeting in Adelaide, South Australia, in 2018.

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A LOOK BACK AT 2016 & ... MOVING FORWARD

The ICSP has been represented at a number of society meetings and medical conventions throughout the World in 2016. Our member representatives are always met by attendees with positive reactions and are consistently asked how they can help. The easy answer is to get involved, stand up, and insist on a healthy workplace, free of the hazards of exposure to surgical plume!

I am very pleased to announce an agreement with the Council on Surgical and Perioperative Safety (CSPS) to join the ICSP in 2017. For anyone who is not familiar with CSPS, The Council on Surgical and Perioperative Safety is an incorporated multidisciplinary coalition of professional organizations whose members are involved in the care of surgical patients. Each of these seven organizations has two voting members on the CSPS which constitutes the Board of Directors. Please look at their website at www.cspsteam.org

While the ICSP is mostly made up of nurses, doctors, and other allied health professionals who work with energy based devices in surgery, I cannot stress enough that we encourage ALL members of the healthcare community and professional societies that represent affected personnel, to join our combined efforts. This includes ambulatory surgery centers, offices for plastic surgery, dermatology, gynecology, aesthetics, dentistry, and veterinary practices, where plume is produced daily. One of our board members Ken Bartels, DVM has written an article here regarding the Veterinarian field which goes to show that no plume is good plume!

Regretfully, we have had some retirements in 2016 and with that we also have open opportunities for participation on committees and in leadership roles for 2017. I would urge anyone who is interested in volunteering for a not-for-profit organization with an ultimate mission of eliminating the harmful effects of surgical plume to contact me directly at drp@plumecouncil.com

Wishing you all a happy and healthy New Year,
Dan

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CLEARING THE AIR

It cannot be through a lack of education, for there are plenty of nurse consultants and doctors who regularly present papers at perioperative seminars and conferences here in Australia on surgical plume. There are ISO documents and the major perioperative nursing organizations eg ACORN, AORN, Canadian OR Nurses, Association for Perioperative Practice (UK) all of whom have standards on the management of surgical plume.

Is it a lack of leadership? Are OR managers not supporting their staff in providing the appropriate plume evacuation equipment and education? Is it that they prefer to pander to some surgeons who tell them not to waste money as there's no clear proof demonstrating that plume is harmful?

Is it the staff who don't speak up and insist on the use of plume evacuation equipment? Admittedly this can be difficult when faced with a surgeon who simply refuses to use the equipment. But this is where leadership comes into play.

This is a serious work health and safety issue, which has eventually been recognized by NSW Health with the publication – *GL2015_002 Work Health & Safety – Controlling exposure to surgical plume*. It was a long road to finally get the guideline published. Penny was instrumental in this process and with her support of the NSW Operating Theatre Association (NSW OTA), who initiated the lobbying of NSW Health, together with support from Workcover NSW and NSW Nurses & Midwives Association. How many of you know about this guideline? And how many of you use it to support your practice?

What needs to be done to bring us a plume free perioperative environment?

- More education? Check out the references on the ICSP website for the latest and most compelling articles where you can access further material.
- Greater assertiveness on the part of the nursing team in the OR in refusing to work if the surgeon does not use evacuation equipment? That would take some guts, but it would send a powerful message.
- Completing an incident report on the days when the surgeon has refused to use evacuation equipment and your health has been put at risk. That too would send a message to management.
- Asking the hospital's Work Health & Safety (WH&S) team to come and undertake a safety audit – that would be pretty powerful also! WH&S should be part of your unit's staff meeting agenda and another avenue to bring it to the attention of management.

Consider what you can do – but doing nothing is not an option. I end my presentations on management of surgical plume with a quote from former US President, John F Kennedy:

There are risks and costs to a program of action, but they are far less than the long-range risks and costs of comfortable inaction.'

Feel free to contact us to help provide you with education resources or conduct workshops for you on the management of surgical plume.

Bye for now - stay safe..... To read more, please go the 'Clearing the Air' tab on our website: www.healtheducationaustralia.com.au.

ICSP IS PARTNERING WITH THE INTERNATIONAL LASER SAFETY CONFERENCE (ILSC®)

Submitted by ICSP Communications Chairman, Newsletter Editor Pattie Owens, ILSC

The 2017 installment of LIA's biennial International Laser Safety Conference (ILSC®) will take place March 20-23, in Atlanta, Georgia. Laser safety professionals from around the globe will gather to discuss all aspects of laser safety, from bioeffects research to control hazards to best practices. ICSP committee members' Vangie Dennis, Patti Owens, Kay Ball

along with Leslie Pollard, will lead the Medical Practical Applications Seminar (MPAS).

This year's 2-day conference is offering the most comprehensive international agenda of surgical plume and medical laser safety topics. The first day's agenda promises to be eye opening experience with an entire day focusing on the hazards of surgical smoke and plume. The latest research will be presented analyzing the toxicity of surgical plume, the impact of chronic exposure to second hand smoke, recommended respiratory protection, new international initiatives and organizations along with future legislation for management of this health hazard. Guest speakers will include: Kay Ball, Penny Smalley, Patti Owens, Robert Scoggins, Liz Krivonosov, John Tyrer, Lois McIntosh, David Elliott, and Julie Smith.

The second stimulating day will focus on management of this collimated medical device with exciting lectures addressing new applications of innovative laser technology, retinal and corneal injuries from exposure to



The banner features a photograph of safety glasses on a perforated metal surface. The ILSC logo is prominently displayed in the upper right, with the text 'INTERNATIONAL LASER SAFETY CONFERENCE' and 'March 20-23, 2017 Sheraton® Atlanta Airport Atlanta, GA USA'. Below the main title, a list of conference topics is provided with red arrowheads. At the bottom, the Laser Institute of America logo and contact information are shown against a background of a city skyline.

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lasers and Intense Pulsed Light, veterinary utilization of medical laser devices, Low Level Light therapy and PDT. So, come and join us in March for the “Must Attend” conference of 2017 to *sharpen* your laser skills and *acquire* the latest crucial safety compliance information.

PLUME SAFETY IN VETERINARY MEDICINE

Dr. Kenneth E. Bartels, DVM, MS

Professor Emeritus

McCasland Professor of Laser Surgery

Kerr Chair for Biophotonics

Center for Veterinary Health Sciences

Oklahoma State University

Board member ICSP

The profession of veterinary medicine has utilized electrosurgical (ES) devices as well as surgical lasers for over 30 years. Energy based devices, including: surgical lasers, electrocautery, RF devices, as well as monopolar and bipolar modulated energy devices, are frequently included in equipment for veterinary practice. Safety of the patient as well as the surgeon and OR staff is a concern seriously considered when using such devices for incisional or ablative procedures. This includes surgical plume evacuation. The hazards of surgical plume are recognized in most practices, due to the amount of airborne material generated and the resulting odor within the surgical suite. Even with this perceived concern, the use of smoke/plume evacuators in the veterinary surgical suite has not been mandated, nor has it been recognized as essential for staff safety.

The hazards and risks of exposure to surgical plume are often included in continuing education programs at major conferences and meetings emphasizing safety for surgical lasers, but are too often ignored in education regarding safety when using electrosurgical devices without plume evacuation. The American Veterinary Medical Association (AVMA), is aware of the hazards of surgical plume, and for many years, has supported representation on the American National Standards committee, ANSI Z136 (Laser Safety). AVMA is also an active participation on Standards Sub Committee 3 (SSC3), the committee that writes, revises, and

maintains the document ANSI Z136.3: Standard for The Safe Use of Lasers in Healthcare. This participation includes normative guidelines, which is gratifying. The current issue seems to be however, that some organizational leaders have not yet recognized national and international efforts to create a safe operating room environment regarding elimination of surgical plume in all medical facilities, including veterinary practices.

Communication between the AVMA and the ICSP continues in a proactive effort to seek that group’s organizational membership in ICSP. It is hoped that current initiatives, both in education, and in legislation at state or federal levels, will help provide the additional evidence needed for acceptance of mandatory requirements for plume evacuation for all veterinary medical practices. The goal is to ensure that over 88,000 veterinarians in the United States will recognize the positive health benefits of using plume evacuators to create a safer OR environment. The use of energy based surgical devices which are known to generate airborne contaminants,

Upcoming Events with Surgical Plume as subject matter:

April 1-5, 2017

Association of periOperative Registered Nurses (AORN)
Global Surgical Conference & Expo
Boston Convention & Exhibition Center
Boston, MA

APRIL 5-9, 2017

The American Society for Laser Medicine and Surgery (ASLMS)
37th Annual Conference of the American Society for Laser
Medicine and Surgery, Inc.
Hilton San Diego Bayfront Hotel & San Diego Convention Center

March 20-23, 2017

International Laser Safety Conference (ILSC)
Sheraton - Atlanta Airport
Atlanta, Georgia

May 4-7 2017

European Operating Room Nurses Association (EORNA)
8th Congress of the European Operating Room Nurses
Association
Rodos Palace International Convention Centre
Rhodes island – Greece

coupled with plume evacuators, will result in the elimination or mitigation of risks to the safety and health of exposed veterinary professionals.

HAVE A QUESTION ON PLUME?

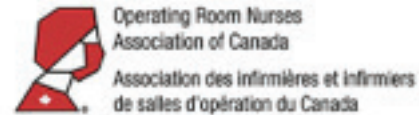
Our next Newsletter will include a question and answer segment. Send your questions to our plume experts at ICSP@plumecouncil.com.

TO LEARN MORE

For more information about the International Council on Surgical Plume please go to plumecouncil.com. If you belong to one of the following organizations, you are automatically a member of the ICSP and all you need to do is register on the website.

Our membership organization which include an ICSP membership are:

- AORN
- California Nurses Association
- EORNA
- Operating Room Nurses Association of Canada
- ACORN
- Perioperative Nurses College
- New Zealand Nurses Organization



ICSP encourages the printing and distribution of this Newsletter!

Please send all comments, suggestions, and articles you would like to see included in our Newsletter to ICSP@plumecouncil.com and powers@plumecouncil.com.