

September 29, 2025

Christine Hoffman
Senior Safety Engineer
California Department of Industrial Relations
Division of Occupational Safety and Health
1515 Clay St., Suite 1901
Oakland, California 94612

Subject: Response to draft of regulatory language regarding Discussion Draft: §51XX. Occupational Exposure to Plume in Health Care

Dear Ms. Hoffman,

On behalf of the California Alliance for Perioperative Practice (CAPP), representing thousands of perioperative nurses and healthcare professionals across California, We are writing to provide comments on the Cal/OSHA Discussion Draft and the proposed regulation of AB 1007, scheduled for implementation in June 2027.

CAPP's mission is to support and assist over 300 hospitals with licensed operating rooms and more than 840 Ambulatory Surgical Centers across California in implementing this vital legislation. In collaboration with the Association of Perioperative Registered Nurses (AORN) and partners from industry, academia, and the perioperative nursing field, our goal is to provide facilities with the necessary resources, effective vendor relationships, and clinical expertise. AORN's *Guideline for Surgical Smoke Safety*, along with educational materials and policy templates, is a key part of our evidence-based practice tools.

We respectfully urge Cal/OSHA to establish strong protection against this occupational hazard, which includes over 150 gases, chemical compounds, viral particles, nanoparticles, and carcinogenic substances. Our CAPP members have faced daily exposure to the harmful effects of surgical smoke plumes. Many members can relate to personal side effects and health issues resulting from years of exposure to these toxic substances. Our CAPP members are dedicated to establishing a statewide network of support and collaboration. They are even available to provide Cal/OSHA with live demonstrations of various surgical plume evacuation methods and the different capture devices.

In review of the Bill AB 1007 document, there is a suggestion of using the terminology of "surgical smoke plume" and not "plume." Most states have adopted the terminology of "surgical smoke plume" that encompasses the terminology used in international and national standards of practice and guidelines. We propose a new definition: "Surgical smoke plume means the gaseous by-product produced by energy-generating devices, including surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, or lung-damaging dust."

Concerning the "Discussion Draft of August 29, 2025", there are several additional key recommendations that we are offering with guidance from AORN for your consideration:

1. Clarify the "site of origin" definition as the location where the surgical smoke plume is generated from tissue being altered, worked on, or destroyed by an energy-based medical device or devices.



2. Add clarification to the Plume Evacuation System (PES) definition that they may be portable or permanently installed.
3. Add the term "Plume Capture Device" and its definition: any tubing, wand, or accessory connected to the plume evacuation system that collects the surgical smoke plume as close as possible to the site of origin as necessary to effectively capture the plume before it can make contact with the eyes or respiratory tract.
4. Written Exposure Control Plan
 - Edit c(1) and change "minimize" to manage or control.
 - Respirators are a type of PPE - may be unnecessary to list separately.
5. Control Measures
 - d(1)(A): Plume evacuation systems and their plume capture devices shall:
 - d(1)(A)4. Edit to start with the provision that they shall be used in accordance with the manufacturer's instructions and, if permanently installed, be...
 - d(2): prevent (not minimize) employee exposure
 - Delete d(4)
6. Recordkeeping
 - RE plume evacuation systems: The Division seems to be referring here only to permanently installed systems and not portable. Further clarification may be needed throughout the document.

CAPP values Cal/OSHA's leadership in addressing this workplace hazard. We are committed to assisting in the regulatory development process and stand ready to provide consultation, technical expertise, and live demonstrations of surgical smoke evacuation.

Thank you for your consideration. We look forward to continuing collaboration to advance a culture of safety for both healthcare workers and patients throughout California.

Patti Owens MHA, BSN, RN, CNOR, CMLSO
Respectfully,

CAPP Committee Smoke Evacuation Task Force Chair

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