

# Cal/OSHA AC Meeting on Plume In Healthcare

January 20, 2026

## Captioning Transcript of Meeting

1 <= This is the Line number; each line/comment will have its own number.

00:04:34.610 --> 00:04:44.369 <= This is a time stamp of the comment from the start of the recording

Thank you everyone for coming this morning. <= This is the captioned text of spoken words.

\*\*\* Names listed are from the Name Entered into Zoom, or changed by each participant \*\*\*

1

00:04:34.610 --> 00:04:44.369

Eric Berg - Cal/OSHA: Thank you everyone for coming this morning. This is an advisory meeting, discuss our, draft proposal for, occupational exposure

2

00:04:44.820 --> 00:04:46.560

Eric Berg - Cal/OSHA: To Plume in Healthcare.

3

00:04:46.940 --> 00:04:50.250

Eric Berg - Cal/OSHA: So we'll be going through, the proposal.

4

00:04:50.470 --> 00:04:53.279

Eric Berg - Cal/OSHA: And just engage in discussion with everyone.

5

00:04:53.390 --> 00:04:55.219

Eric Berg - Cal/OSHA: And all the different subsections.

6

00:04:55.640 --> 00:05:02.760

Eric Berg - Cal/OSHA: But before we get started, I'll, hand it over to John just to explain how the interaction will work for the meeting.

7

00:05:03.140 --> 00:05:04.549

Eric Berg - Cal/OSHA: Go ahead, John, thank you.

8

00:05:04.550 --> 00:05:08.320

Meeting Manager: Great, thank you, Eric. Good morning, everyone. Thank you for joining us today.

9

00:05:08.320 --> 00:05:32.700

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Meeting Manager: Today's meeting is going to be recorded, so there will be a recording available after the meeting. However, importantly, for you to be able to interact today, we're using the raise hand feature at the bottom of your screen. So, if you take a look at the bottom of your screen, you see the icon of a hand that looks kind of like this. If you click on that during the session today because you'd like to make a comment or address an issue, that'll alert us that you'd like to make such a comment, and then we'll be

10

00:05:32.700 --> 00:05:55.630

Meeting Manager: sure to promote you or allow you to interact. At that point, you can interact freely with the organization of speakers. So, that will be today's function. We have disabled chat and Q&A because we'd like to encourage all the interaction to be something that we can record and make sure that all parties hear. Sometimes chat and Q&A are not seen by the parties that are helping to run the meeting, so we want to be sure that

11

00:05:55.630 --> 00:06:04.270

Meeting Manager: all your comments are captured. And with that, just to continue on that, just to be sure to raise your hand if you'd like to interact today, and we'll be sure to make you,

12

00:06:04.620 --> 00:06:09.729

Meeting Manager: Give you the permissions to interact both with verbal communication as well as your video.

13

00:06:10.150 --> 00:06:11.490

Meeting Manager: Alright, Eric, back to you.

74

00:06:12.190 --> 00:06:17.520

Eric Berg - Cal/OSHA: Alright, thank you, John. Okay, I'll share the... Agenda... let me see...

75

00:06:22.330 --> 00:06:25.060

Eric Berg - Cal/OSHA: So here's... can everyone see the agenda okay?

76

00:06:25.500 --> 00:06:26.310

Eric Berg - Cal/OSHA: Okay.

77

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00:06:26.680 --> 00:06:27.160

Kevin Graulich - Cal/OSHA: That's good.

78

00:06:27.340 --> 00:06:30.279

Eric Berg - Cal/OSHA: Okay, so here's the agenda for this morning,

79

00:06:30.730 --> 00:06:35.299

Eric Berg - Cal/OSHA: So basically, we'll just go through the entire proposal, starting at subsection A,

80

00:06:35.510 --> 00:06:38.269

Eric Berg - Cal/OSHA: And proceeding onwards to the end.

81

00:06:40.140 --> 00:06:47.629

Eric Berg - Cal/OSHA: If anyone needs a break, we have a few... couple scheduled, but if you need other breaks, just, let us know, and then we can take another break.

82

00:06:48.990 --> 00:06:53.060

Eric Berg - Cal/OSHA: But it's pretty straightforward, just going from start to end through the proposal.

83

00:06:53.600 --> 00:06:55.140

Eric Berg - Cal/OSHA: So I'll stop sharing.

84

00:06:55.650 --> 00:06:59.399

Eric Berg - Cal/OSHA: Agenda here, it's also posted on our website if you want to look at it on your own.

85

00:07:00.130 --> 00:07:02.610

Eric Berg - Cal/OSHA: And I'll share the proposal.

86

00:07:22.810 --> 00:07:26.490

Eric Berg - Cal/OSHA: Okay, here is the, proposed text we have?

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87

00:07:27.300 --> 00:07:30.310

Eric Berg - Cal/OSHA: For occupational Exposure Deployment Healthcare.

88

00:07:30.670 --> 00:07:35.589

Eric Berg - Cal/OSHA: And the first... Subsection we'll discuss is the scope and application.

89

00:07:35.930 --> 00:07:45.720

Eric Berg - Cal/OSHA: It says this section applies to occupational exposure to plume, In general, acute care hospitals, And ambulatory surgical centers.

90

00:07:46.370 --> 00:07:48.360

Eric Berg - Cal/OSHA: That's subsection A.

91

00:07:48.720 --> 00:07:54.270

Eric Berg - Cal/OSHA: Subsection, A1 and A2... I'll also talk about other,

92

00:07:54.800 --> 00:07:58.799

Eric Berg - Cal/OSHA: Industries not in that, that they comply with the more general regulations?

93

00:07:59.310 --> 00:08:06.420

Eric Berg - Cal/OSHA: So I guess first we'll start discussion on subsection A now, whoever wants to... Speak, please, start speaking.

94

00:08:06.690 --> 00:08:12.419

Meeting Manager: Eric, we do have Sandy reading with her hand raised, and Sandy will promote you to be able to interact.

95

00:08:15.860 --> 00:08:16.840

Eric Berg - Cal/OSHA: Go ahead, Sandy.

96

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00:08:26.070 --> 00:08:28.520

Meeting Manager: Go ahead, Sandy, you should be able to communicate.

97

00:08:28.520 --> 00:08:40.390

Sandy Reding,RN President California Nurses Association/NNOC: Oh, okay. Good morning, everybody. First, before I make my comments, I'd like to thank you for what you do. I'll just be brief. You know, during COVID, with the aerosolized

98

00:08:41.890 --> 00:08:50.819

Sandy Reding,RN President California Nurses Association/NNOC: PPE, you really were the wind beneath our wings to help keep us going, at the front line as nurses, so thank you for that.

99

00:08:50.980 --> 00:09:05.929

Sandy Reding,RN President California Nurses Association/NNOC: as far as the comments section goes, I jotted these down, so forgive me if I read, because I didn't want to forget anything. But my name is Sandy Redding, I'm a president of the California Nurses Association National Nurses Organizing Committee.

100

00:09:05.930 --> 00:09:11.100

Sandy Reding,RN President California Nurses Association/NNOC: And also an operating room nurse in Bakersfield, California.

101

00:09:11.720 --> 00:09:23.270

Sandy Reding,RN President California Nurses Association/NNOC: My union, CNA, is the proud sponsor of AB1007, which has driven forward the process to achieve an enforceable standard to protect healthcare workers from surgical plume.

102

00:09:23.490 --> 00:09:28.859

Sandy Reding,RN President California Nurses Association/NNOC: We are very thankful to the division staff who have worked hard to get us to this stage.

103

00:09:28.980 --> 00:09:37.809

Sandy Reding,RN President California Nurses Association/NNOC: I have worked in an operating room as an operating room nurse for over 35 years, so the issue of surgical plume is extremely important to me.

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00:09:37.950 --> 00:09:53.420

Sandy Reding,RN President California Nurses Association/NNOC: I currently work in the OR at Bakersfield Memorial Hospital, and the health hazards posed by repeatedly breathing in surgical plume ease... plume, case after case, shift after shift, cannot be taken lightly.

105

00:09:53.550 --> 00:10:02.989

Sandy Reding,RN President California Nurses Association/NNOC: Studies have found that OR nurses have higher rates of chronic obstructive pulmonary disease, and that nurses even,

106

00:10:03.440 --> 00:10:18.989

Sandy Reding,RN President California Nurses Association/NNOC: excuse me, they have higher rates of chronic obstructive pulmonary disease than other nurses that haven't worked in the operating room. Advancing a protective standard is key priority for my union. At the hospital where I work, we have

107

00:10:20.350 --> 00:10:28.640

Sandy Reding,RN President California Nurses Association/NNOC: Plume evacuation systems in every operating room, thanks to the standard that we have put forward.

108

00:10:29.280 --> 00:10:40.850

Sandy Reding,RN President California Nurses Association/NNOC: And that's largely because of the nurses' advocacy at our hospital, and we're starting to see the use of plume evacuation systems normalized since we started this process several years ago.

109

00:10:41.070 --> 00:10:43.080

Sandy Reding,RN President California Nurses Association/NNOC: Which is absolutely the goal.

110

00:10:43.340 --> 00:10:57.079

Sandy Reding,RN President California Nurses Association/NNOC: And the reports from OR staff are largely positive. We know it's better for our health and for our patients. But there's still a lot of work to do. The evacuation devices aren't always used properly in my facility.

111

00:10:57.120 --> 00:11:03.350

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Sandy Reding, RN President California Nurses Association/NNOC: And not all hospitals and ambulatory surgery centers across the state have plume evacuation systems.

112

00:11:03.730 --> 00:11:07.400

Sandy Reding, RN President California Nurses Association/NNOC: Which means California healthcare workers are still exposed to.

113

00:11:07.400 --> 00:11:08.020

Eric Berg - Cal/OSHA: clue.

114

00:11:08.020 --> 00:11:09.380

Sandy Reding, RN President California Nurses Association/NNOC: On a daily basis.

115

00:11:09.570 --> 00:11:18.459

Sandy Reding, RN President California Nurses Association/NNOC: To that end, CNA is supportive of the drafted scope, including both hospitals and ambulatory surgery centers. Thank you so much.

116

00:11:19.220 --> 00:11:24.979

Eric Berg - Cal/OSHA: Alright, thanks, Annie. Any... Any proposed changes to that, subsection A?

117

00:11:30.790 --> 00:11:32.110

Sandy Reding, RN President California Nurses Association/NNOC: We're in support of...

118

00:11:32.110 --> 00:11:34.039

Eric Berg - Cal/OSHA: Okay, you're good with how it's written?

119

00:11:34.560 --> 00:11:40.100

Eric Berg - Cal/OSHA: Okay, thank you for that. And if you have any data on, like, adoption of

120

00:11:40.860 --> 00:11:46.029

Eric Berg - Cal/OSHA: surgical plume, I can make the percentage, or how many... number of hospitals, or...

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121

00:11:46.220 --> 00:11:48.760

Eric Berg - Cal/OSHA: Inventory surgical centers, any data you might have?

122

00:11:49.130 --> 00:11:51.839

Eric Berg - Cal/OSHA: We'd appreciate it if you could provide that to us.

123

00:11:51.840 --> 00:11:54.140

Sandy Reding,RN President California Nurses Association/NNOC: The data of those in compliance.

124

00:11:54.140 --> 00:11:56.459

Eric Berg - Cal/OSHA: Yeah, the ones that have already adopted it.

125

00:11:56.850 --> 00:12:00.739

Sandy Reding,RN President California Nurses Association/NNOC: Okay, I can ask our research department to send that your way.

126

00:12:00.740 --> 00:12:01.760

Eric Berg - Cal/OSHA: Okay, thanks a lot.

127

00:12:01.760 --> 00:12:02.609

Sandy Reding,RN President California Nurses Association/NNOC: Thank you.

128

00:12:04.230 --> 00:12:06.340

Meeting Manager: Our next hand raised is Angela Robertson.

129

00:12:07.790 --> 00:12:09.329

Eric Berg - Cal/OSHA: Go ahead, Angela, thank you.

130

00:12:13.090 --> 00:12:14.809

Angela Robertson: Alright, can everyone hear me?

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131

00:12:15.380 --> 00:12:15.980

Meeting Manager: Yes.

132

00:12:16.420 --> 00:12:19.659

Angela Robertson: Okay. Good morning, my name's Angela.

133

00:12:19.660 --> 00:12:29.049

Angela Robertson: Robertson, I've been a registered nurse for 15 years. I've spent, the last 10 years of my career in the operating room, and I'm also a CNA member.

134

00:12:29.050 --> 00:12:40.299

Angela Robertson: I work at UCLA in general surgery and orthopedics, and in my career, this is the first hospital that I've worked at where I've seen,

135

00:12:40.450 --> 00:12:58.849

Angela Robertson: whom evacuation used by some of the surgeons. It's still the surgeon's choice, and the use is minimal, but it makes a huge difference when these evacuation systems are actually used. And having an enforceable standard is very important to establish a mandate for using

136

00:12:58.950 --> 00:13:05.150

Angela Robertson: these plume evacuation systems, which should be standard practice. In fact.

137

00:13:05.370 --> 00:13:14.140

Angela Robertson: The nurses and other staff at UCLA are taking on this issue. I'm part of our, unit practice council for our OR department.

138

00:13:14.140 --> 00:13:26.350

Angela Robertson: And we are actively working on a project to address this. We did an audit survey. We do have... also have all the equipment available on every OR.

139

00:13:27.780 --> 00:13:33.329

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Angela Robertson: And, we do have some of the... the Bovee suction,

140

00:13:33.650 --> 00:13:50.009

Angela Robertson: items to use to address this. And then we found out that, there's several barriers to use, which is simple things like, is it accessible? Is it set up and ready to go, or do people have to wait?

141

00:13:50.550 --> 00:13:57.960

Angela Robertson: is the surgeon open to using it? Surgeons are often reluctant to change their routine, so

142

00:13:58.050 --> 00:14:14.119

Angela Robertson: We are actively working with them to trial different types, and educating staff, and actively educating staff on, like, why plume evacuation is important. So I... I really believe that the scope that, Cal OSHA has drafted is important,

143

00:14:14.120 --> 00:14:19.849

Angela Robertson: Also, to include the ambulatory, outpatient, surgery centers, because

144

00:14:20.260 --> 00:14:29.609

Angela Robertson: At my current hospital, we've shifted some cases to those outpatient surgery centers, and some of these are the same procedures that we do regularly.

145

00:14:29.730 --> 00:14:45.100

Angela Robertson: And, you know, these are being moved to surgery centers for... for, cost and process efficiency, but, you know, the smoke and the plume is still the same, and we need to be protected. Thank you.

146

00:14:47.010 --> 00:14:51.699

Eric Berg - Cal/OSHA: Alright, thanks for that. And you said some of the barriers,

147

00:14:52.140 --> 00:14:54.380

Eric Berg - Cal/OSHA: Like, the system might not be...

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148

00:14:54.820 --> 00:14:58.989

Eric Berg - Cal/OSHA: ready to go? I mean, is that... They're the... they're quick.

149

00:14:58.990 --> 00:15:06.159

Angela Robertson: the equipment's there, it's in the root room, like, the Neptune, you know, it's accessible, it's,

150

00:15:06.270 --> 00:15:09.250

Angela Robertson: maintained. It's more of, like.

151

00:15:09.770 --> 00:15:27.629

Angela Robertson: What we're finding is that it's... it's either surgeon preference, or we don't have it set up and ready to go, necessarily, or there's a limited amount of, like, the... the actual, like, pen suction process, or the pen and the suction that causes the cautery.

152

00:15:28.830 --> 00:15:41.129

Angela Robertson: So it's, it's getting, you know, implementing it into, like, best practice, and it's implementing it into, like, a mandate, like, with the hospital enforcing it as well.

153

00:15:42.070 --> 00:15:47.610

Eric Berg - Cal/OSHA: Okay, thanks for that. And then, does everyone know how to use it correctly, in your experience?

154

00:15:48.890 --> 00:15:50.140

Angela Robertson: Not necessarily, no.

155

00:15:50.140 --> 00:15:51.339

Eric Berg - Cal/OSHA: Okay, we'll talk about...

156

00:15:51.340 --> 00:15:53.409

Angela Robertson: Or that it... or that it's available, yeah.

157

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00:15:53.410 --> 00:15:58.180

Eric Berg - Cal/OSHA: Yeah, well, I guess we have a training subsection, so we can talk about that. Yeah. All right, all right, thank you.

158

00:16:00.110 --> 00:16:02.589

Meeting Manager: Our next hand raise is from Patricia Owens.

159

00:16:05.090 --> 00:16:06.620

Eric Berg - Cal/OSHA: Go ahead, Patricia.

160

00:16:10.350 --> 00:16:13.719

Meeting Manager: Unmute your microphone if you would, Patricia, and we'll be able to hear you speak.

161

00:16:17.280 --> 00:16:18.710

Patricia Owens: Hi, I'm Patty Owens.

162

00:16:18.880 --> 00:16:21.199

Patricia Owens: Hopefully you can see me and hear me.

163

00:16:21.530 --> 00:16:25.500

Patricia Owens: I want to thank you once again for all the work that has,

164

00:16:25.710 --> 00:16:32.269

Patricia Owens: been undertaken by Cal OSHA here. I've been following it for the last several years and have been...

165

00:16:32.320 --> 00:16:36.679

Meeting Manager: involved on, numerous aspects of it. I am...

166

00:16:37.070 --> 00:16:46.389

Patricia Owens: a perioperative nurse educator. I've had 20 years, in the OR as a manager and a circulator, and.

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167

00:16:46.390 --> 00:16:51.400

Eric Berg - Cal/OSHA: And now, right now, I have a company as an education company.

168

00:16:51.530 --> 00:17:02.230

Patricia Owens: For, compliance and safety, and also dealing with the hazards of lasers and electrosurgical plume, which is one of our aspects.

169

00:17:02.580 --> 00:17:10.120

Patricia Owens: I've also had the history of participating on national boards. I'm very involved in the Association of Perioperative

170

00:17:10.220 --> 00:17:18.969

Patricia Owens: AORN, or the Association of Perioperative Registered Nurses. I've been the president of the e-chapter of that.

171

00:17:19.150 --> 00:17:23.029

Patricia Owens: I've been involved in a variety of educational,

172

00:17:23.210 --> 00:17:38.370

Patricia Owens: seminars with ARN. I presently have been awarded an FARN Fellow. There's only 28 Fellows in this organization of 44,000 surgical nurses. And my work stands on my passion for education and for safety.

173

00:17:38.700 --> 00:17:43.329

Patricia Owens: I've also been, involved with national standard development.

174

00:17:43.440 --> 00:17:48.989

Patricia Owens: with various professional societies, like the American Society of Laser Surgery and Medicine, we do have a

175

00:17:49.100 --> 00:18:03.570

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Patricia Owens: freestanding, document on dealing with hazards, working with lasers, from plume and aerosolization. Also, I've been involved as the secretary, and now still the development of the ANSI document.

176

00:18:03.590 --> 00:18:16.560

Patricia Owens: It's a Z136.3, Standards for Laser Use in Medical Settings. And I'm also involved in international. I'm involved with the IEC, International Electrotechnical Commission.

177

00:18:16.690 --> 00:18:19.419

Patricia Owens: We developed standards of practice.

178

00:18:19.700 --> 00:18:25.550

Patricia Owens: And with all of that, I bring to you today, I am the chairman of the, coalition.

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00:18:25.710 --> 00:18:31.410

Patricia Owens: In California for a perioperative, practice. It's called CAP.

180

00:18:31.750 --> 00:18:48.670

Patricia Owens: Coalition Alliances for Perioperative Practice. I'm the chairman of the Surgical and Smoke Evacuation group, and we have written a letter of support. We've also been networking very closely with ARN. At this point, even though we do have some suggestions in addition.

181

00:18:48.830 --> 00:18:53.030

Patricia Owens: I would like to advocate the changing of the word plume.

182

00:18:53.340 --> 00:18:57.540

Patricia Owens: To surgical smoke, or surgical smoke plume.

183

00:18:57.830 --> 00:19:05.179

Patricia Owens: And the reason why there's been numerous, research documents showing that the definition of PLUP

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00:19:05.360 --> 00:19:23.340

Patricia Owens: Definitely deals with aerosolization and the hazards and the particle that can collect, but in the respiratory tract. But when you look at surgical smoke, it definitely can go deeper, into the lungs, and these are the nanoparticles that can cause,

185

00:19:23.440 --> 00:19:29.559

Patricia Owens: very broad variety of diseases, we're talking about COPD, asthma.

186

00:19:29.690 --> 00:19:43.819

Patricia Owens: even other types of morbidities, and then we've obviously had numerous anecdotal deaths, and also have been published as a result of surgical smoker plume exposure. So I would advocate the change

187

00:19:44.080 --> 00:20:03.840

Patricia Owens: to surgical smoke, because it does talk about smaller particles, and this is what we're advocating, the ones that can go down to the Levi. And also, we know that it's very toxic, there's 150 different gases and toxic chemical compounds, and also these nanoparticles that we would like to address.

188

00:20:04.080 --> 00:20:11.889

Patricia Owens: And, you know, when you look at organizations that refer to this, toxic, production from

189

00:20:12.340 --> 00:20:17.960

Patricia Owens: Electrosurgical devices, lasers, and other energy-based devices.

190

00:20:18.090 --> 00:20:35.740

Patricia Owens: You know, we're looking at ARN, obviously, we're looking at NIH, refers it as surgical smoke, SAGE, the CDC, you know, these organizations are very pronounced and, are advocates of protection of employees from surgical smoke and plume.

191

00:20:36.010 --> 00:20:49.539

Patricia Owens: And so, when you look at each state and what the terminology has been used and the legislation and regulations that have come about, the majority are using either surgical smoke or surgical smoke plume.

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192

00:20:49.910 --> 00:20:51.869

Patricia Owens: So that's my first comment today.

193

00:20:52.790 --> 00:20:58.009

Eric Berg - Cal/OSHA: Okay, thanks. So you want to exclude, basically, I guess, mechanical processes and particulate matter?

194

00:20:58.940 --> 00:21:13.869

Patricia Owens: We can include the... we can include the particulate matter, but it also, of course, we have a creation of nanoparticles and toxic gases and chemical compounds. So, all of that makes up, you know, the plume and the smoke.

195

00:21:14.030 --> 00:21:20.400

Patricia Owens: that we are dealing with, and I just think it's more universal to call it surgical smoke, or surgical smoke.

196

00:21:20.970 --> 00:21:33.290

Patricia Owens: plume, because I think we'll have a more common, intuitive, and more widely understood, understanding in a chemical, you know, in a sort of clinical setting.

197

00:21:33.490 --> 00:21:36.989

Patricia Owens: And I think that's what we're advocating right now, that...

198

00:21:37.360 --> 00:21:50.539

Patricia Owens: You know, they can be, you know, created from a variety of different, as they said, compounds, or a variety of different devices used in surgery, like, as I said, you know, electrocurgical devices.

199

00:21:50.540 --> 00:22:02.130

Patricia Owens: lasers, energy-based devices, RF, and ultrasonic tools, and also we're looking at aerosolization. So you had... you have a comment there about products, we can address that later.

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200

00:22:02.310 --> 00:22:13.650

Patricia Owens: But there are also, saws and drills has aerosolization that also could have these, viable bacteria or virus particles within them. So...

201

00:22:13.820 --> 00:22:24.540

Patricia Owens: With all that being said, my first comment is going to be dealing with changing the terminology from plume to either surgical smoke or surgical smoke plume.

202

00:22:25.190 --> 00:22:28.580

Eric Berg - Cal/OSHA: Okay, just your, like, on bone size, I mean, it's pretty...

203

00:22:28.970 --> 00:22:36.800

Eric Berg - Cal/OSHA: find particulate matter, but it's not smoke. It's not smoke, it's not product combustion. So that would be excluded if it just.

204

00:22:36.800 --> 00:22:45.070

Patricia Owens: Well, not really, because when you're looking at the creation of aerosol-generated

205

00:22:45.270 --> 00:22:49.729

Patricia Owens: Devices that are used with tissue interaction.

206

00:22:50.060 --> 00:22:59.170

Patricia Owens: You know, yes, we don't have a smoke, but we're still dealing with products, energy-based devices, that create an aerosilization.

207

00:22:59.310 --> 00:23:14.259

Patricia Owens: Right? And that's what we're seeing, whether we inhale it or expose to it with saws or drills. And this is toxic chemicals, ultrafine particles, gases, and biological materials. And I think that is in your definition. You are describing

208

00:23:14.420 --> 00:23:20.790

Patricia Owens: Products that are being used, and you do have that listed right now.

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209

00:23:21.020 --> 00:23:22.989

Eric Berg - Cal/OSHA: Okay, we can talk about more in the definition.

210

00:23:22.990 --> 00:23:26.660

Patricia Owens: Yeah, when we get into that, but I'm just advocating right now.

211

00:23:27.580 --> 00:23:39.309

Patricia Owens: That surgical smoke, when you're looking at a definition from the CDC and the NIH, we're looking at water vapor, toxic chemical compounds like the benzene, formaldehyde, hydrogen.

212

00:23:39.420 --> 00:23:41.850

Patricia Owens: Cyanide, this ultra-fine.

213

00:23:41.980 --> 00:23:46.260

Patricia Owens: Particulate, even down to a 1 micron.

214

00:23:46.390 --> 00:24:04.970

Patricia Owens: Or 0.1 micron, the nanoparticle, viable bacterial biological material, which is viruses, bacteria, cellular debris, even cancer cells, blood particles have all been found in this surgical smoke.

215

00:24:05.040 --> 00:24:08.400

Patricia Owens: And of course, unpleasant odor that can be an irritant.

216

00:24:08.490 --> 00:24:15.769

Patricia Owens: So this is what we're referring to when we're discussing about surgical smoke, and I just... we're advocating, the change.

217

00:24:15.940 --> 00:24:23.420

Patricia Owens: From plume to surgical smoke, or surgical smoke plume, which is most states have adopted in their legislation.

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218

00:24:23.860 --> 00:24:26.549

Eric Berg - Cal/OSHA: What about surgical smoke and plume?

219

00:24:26.570 --> 00:24:27.910

Patricia Owens: You can put that also.

220

00:24:27.910 --> 00:24:28.340

Eric Berg - Cal/OSHA: Okay.

221

00:24:28.340 --> 00:24:32.949

Patricia Owens: I think that's... I'm fine with that also, and I think most of these organizations would stand behind me.

222

00:24:32.950 --> 00:24:33.680

Eric Berg - Cal/OSHA: Okay.

223

00:24:34.080 --> 00:24:36.129

Patricia Owens: Thank you very much for this opportunity today.

224

00:24:36.130 --> 00:24:36.920

Eric Berg - Cal/OSHA: Thank you very much.

225

00:24:39.640 --> 00:24:44.420

Meeting Manager: Our next hand raised is, gabriela Morales Ortega.

226

00:24:47.930 --> 00:24:48.929

Eric Berg - Cal/OSHA: Go ahead, Gabriela.

227

00:24:48.930 --> 00:24:57.469

Gabriela Morales-Ortega: Hi, good morning. I... my name is Gabriela Morales-Ortega. I do want to thank you guys for,

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00:24:57.660 --> 00:25:10.499

Gabriela Morales-Ortega: for your work in developing a protective standard for, surgical plume. My name is, like I said, Gabriela Morales Ortega. I work at USC Keck Hospital of USC.

229

00:25:10.650 --> 00:25:21.310

Gabriela Morales-Ortega: And, and other facilities. I've been a work, been a nurse for 14 years, and... and I've worked in the operating room my... my whole life.

230

00:25:21.310 --> 00:25:32.220

Gabriela Morales-Ortega: Protecting nurses and other healthcare workers from surgical plume, is important. I'm... I currently am one of those that have some symptoms. I...

231

00:25:32.310 --> 00:25:39.139

Gabriela Morales-Ortega: I, have developed chronic migraines, which I still live with. I, other,

232

00:25:39.270 --> 00:25:43.050

Gabriela Morales-Ortega: Nurses have developed either coughs or worsening asthma.

233

00:25:43.050 --> 00:26:02.819

Gabriela Morales-Ortega: Because of the exposure, they come out of the rooms, or asking to be switched rooms because their asthma's just kind of getting worse in the middle of a case. So this is why I've worked really hard, to get surgical plume evacuation systems in place at my hospital and, at other hospitals that I've worked at.

234

00:26:02.820 --> 00:26:10.990

Gabriela Morales-Ortega: I've led, education for staff on my unit, and I've drafted policies and advocated with management for equipment.

235

00:26:11.010 --> 00:26:16.260

Gabriela Morales-Ortega: We at my current hospital, we trial different products, pencils, evacuators.

236

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00:26:16.410 --> 00:26:38.209

Gabriela Morales-Ortega: But at the end of... not at the end of the project, but in the middle of the project, they just decided not to purchase any of these products, even with our recommendations. So we're just having, we're just using what we have, which is not much, and it's really not enough to protect us, fully protect us, and

237

00:26:38.820 --> 00:26:51.250

Gabriela Morales-Ortega: So, nurses and healthcare workers in hospitals and, ambulatory surgical centers, need protection from surgical plume because our employers are really not doing... doing enough.

238

00:26:51.340 --> 00:27:11.230

Gabriela Morales-Ortega: So I can't stress enough how hard we worked for a year trying to, trying to trial these products and get them out there and getting our staff educated and using them, but at the end, it wasn't enough for them to say, like, okay, let's purchase and let's help, evacuate smoke.

239

00:27:12.480 --> 00:27:15.290

Eric Berg - Cal/OSHA: What are they using? You said they didn't adopt those.

240

00:27:15.290 --> 00:27:15.930

Gabriela Morales-Ortega: And...

241

00:27:15.930 --> 00:27:16.770

Eric Berg - Cal/OSHA: something?

242

00:27:16.770 --> 00:27:31.799

Gabriela Morales-Ortega: So they're using... they were using Striker, the Neptunes, currently, but, there's a feature, which I think we can get into later, where you can just, reset a filter without even changing it out.

243

00:27:31.800 --> 00:27:32.490

Eric Berg - Cal/OSHA: Oh.

244

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00:27:32.550 --> 00:27:33.190

Gabriela Morales-Ortega: So...

245

00:27:33.190 --> 00:27:33.980

Eric Berg - Cal/OSHA: Very helpful.

246

00:27:33.980 --> 00:27:52.800

Gabriela Morales-Ortega: Yeah, so that's... that's just... I mean, I think we can get into that later, but... Okay. But yeah, but there is, like, we recommended other products that were better, we thought were better and more that the surgeons will use, but none of it was purchased. It just sat in a desk and just said, just use what you have.

247

00:27:53.590 --> 00:27:54.799

Eric Berg - Cal/OSHA: Alright, thank you for that.

248

00:27:57.170 --> 00:27:59.520

Meeting Manager: Next hand raised is Erica Frank.

249

00:28:00.690 --> 00:28:01.639

Eric Berg - Cal/OSHA: Go ahead, Erica.

250

00:28:09.130 --> 00:28:11.279

Erika Frank: Mute. Okay.

251

00:28:12.090 --> 00:28:18.040

Erika Frank: Good morning, and I don't know why my... Camera's not working, my apologies.

252

00:28:18.320 --> 00:28:20.470

Erika Frank: Can you hear me okay?

253

00:28:20.470 --> 00:28:21.399

Eric Berg - Cal/OSHA: Yeah, we heard you fine.

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254

00:28:21.400 --> 00:28:24.189

Erika Frank: Okay, alright, join as a panelist, here we go.

255

00:28:24.780 --> 00:28:25.880

Erika Frank: Alright.

256

00:28:33.330 --> 00:28:35.860

Eric Berg - Cal/OSHA: Oh, we don't hear you anymore, if you're talking.

257

00:28:43.920 --> 00:28:46.589

Eric Berg - Cal/OSHA: John, is Erica still connected?

258

00:28:46.590 --> 00:28:53.749

Meeting Manager: Erica's still connected, she's been promoted to a panelist, and at that point, she disappeared here. Erica, are you with us?

259

00:28:54.740 --> 00:28:58.910

Erika Frank: Here we go. My goodness, I'm so sorry, it was a Zoom...

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00:28:58.980 --> 00:29:13.709

Erika Frank: Spinning spiral. Alright, so good morning, everybody. Technology. Erica Frank, I'm here on behalf of the California Hospital Association and nearly 400 member hospitals and health systems, and

261

00:29:13.710 --> 00:29:21.000

Erika Frank: We know it's been a long journey on this issue, I think stemming back to 2018, so we appreciate the hard work.

262

00:29:21.000 --> 00:29:34.920

Erika Frank: that the Calasha Standards Board has, put forth on this issue, and also having the time, a full day, to address these, important regulations. Just a couple comments. I mean, of course.

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00:29:35.040 --> 00:29:51.939

Erika Frank: Hospitals are committed to providing safe environments for our patients and our workers, and those who operate and perform surgical procedures, and minimizing surgical smoke exposure is a critical piece to ensuring our patients and workers are healthy and safe.

264

00:29:52.060 --> 00:30:06.410

Erika Frank: And as we've heard already this morning from a few speakers, many hospitals have already voluntarily adopted policies and technologies to mitigate exposure to surgical smoke, so we're on the way.

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00:30:06.410 --> 00:30:15.079

Erika Frank: Couple points to make, though, just to remind everyone, hospitals vary widely in terms of size, infrastructure, financial resources.

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00:30:15.080 --> 00:30:20.150

Erika Frank: As do their operating rooms and their ambulatory surgical scenery rooms.

267

00:30:20.180 --> 00:30:36.429

Erika Frank: So, it's important that the proposal... that we shouldn't mandate a single technological solution, but instead allow facilities to implement effective alternatives that are, of course, scientifically based and consistent with the national standards.

268

00:30:36.430 --> 00:30:40.960

Erika Frank: and plume surgical Smoke Evacuation best practices.

269

00:30:41.960 --> 00:31:06.379

Erika Frank: Upgrading or installing systems in affected areas that may not already be there will require time for planning, procurement, training, and in some cases may involve the Department of Healthcare Access and Information, and this is all time. So, as we move forward, and as noted in our comment, we do want or advocate for an implementation period

270

00:31:06.380 --> 00:31:10.070

Erika Frank: Once these are adopted for our hospitals to comply.

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271

00:31:10.260 --> 00:31:20.769

Erika Frank: Just one other thing to note, there's been a few comments about surgeons, or some of the physicians either being reluctant to utilize the systems that are in place.

272

00:31:20.770 --> 00:31:35.039

Erika Frank: in the ORs or having a difficult time with them. And just a friendly reminder, with California, we're a little bit different than in other states, and we operate under the corporate practice of medicine doctrine, so most of our hospitals

273

00:31:35.040 --> 00:31:38.690

Erika Frank: We do not employ our physicians or our surgeons.

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00:31:38.690 --> 00:31:56.939

Erika Frank: So we don't necessarily have the authority to dictate what equipment the surgeons or physicians use. So we want to keep that in mind as we're working through these proposals today, recognizing that, hospitals shouldn't be mandated to ensure compliance by our non-employees for whom we have

275

00:31:57.000 --> 00:32:12.890

Erika Frank: very little control over, because they are not our direct employees. So with that, I look forward to our long day together and continued discussions, on how we can make our operating rooms a safer place for our workers and our patients.

276

00:32:13.460 --> 00:32:14.010

Erika Frank: Thank you.

277

00:32:14.010 --> 00:32:19.379

Eric Berg - Cal/OSHA: Alright, thank you, Erica. Do doctors... I mean, do hospitals establish rules that the surgeons

278

00:32:19.850 --> 00:32:23.009

Eric Berg - Cal/OSHA: Follow? I mean, do they have to follow certain hospital rules?

279

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00:32:23.260 --> 00:32:34.900

Erika Frank: Sure, they do. They do, yes, of course, all of workers in hospitals will have to follow certain rules, but it becomes a little bit more difficult when we're trying to dictate clinical care and what... what...

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00:32:35.360 --> 00:32:39.400

Erika Frank: Technology and apparatus that physicians need to use.

281

00:32:40.570 --> 00:32:41.530

Eric Berg - Cal/OSHA: Okay, thank you for that.

282

00:32:45.290 --> 00:32:47.939

Meeting Manager: Our next commenter is Jennifer Pennock.

283

00:32:49.210 --> 00:32:50.219

Eric Berg - Cal/OSHA: Go ahead, Jennifer.

284

00:32:51.820 --> 00:33:01.280

Jennifer Pennock (she/her): Thank you. Good morning. My name is Jennifer Pennek. I'm the Associate Director for Government Affairs for AORN, which is the Association of OR Nurses.

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00:33:01.410 --> 00:33:10.280

Jennifer Pennock (she/her): Thank you for the opportunity to join you for this meeting today, and for the draft that you published and taken comments on.

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00:33:10.280 --> 00:33:25.489

Jennifer Pennock (she/her): We would echo the comments made earlier by Patty Owens about clarifying that the language says surgical smoke plume, or includes the word smoke, as is commonly used, particularly in policies across the country.

287

00:33:25.490 --> 00:33:39.050

Jennifer Pennock (she/her): I did want to ask a procedural question, actually, because I know that you've received comments from, so many organizations already, and shared those with us as we're going through these sections.

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00:33:39.640 --> 00:33:56.289

Jennifer Pennock (she/her): are you... is it your intention you only want us commenting, correct, on scope and application right now, and we'll save comments for later? I just... and I don't want to... if you've already reviewed all the comments that everyone's gotten, and there's no need to discuss further.

289

00:33:56.400 --> 00:34:01.410

Jennifer Pennock (she/her): Take up any additional time, since I know you have so much to get through today.

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00:34:01.980 --> 00:34:11.890

Eric Berg - Cal/OSHA: Yeah, we'll do, like, one subsection by subsection, so right now we'll do A, and then when we're all done discussing this, we'll go to B, you know, until we get to the end.

291

00:34:12.139 --> 00:34:14.930

Eric Berg - Cal/OSHA: If we don't finish, we can always, you know, have more meetings.

292

00:34:15.440 --> 00:34:19.149

Eric Berg - Cal/OSHA: But... so yeah, that's how the schedule is for today.

293

00:34:19.280 --> 00:34:22.479

Eric Berg - Cal/OSHA: And we did, yeah, we've looked at all the comments, and if...

294

00:34:22.870 --> 00:34:26.550

Eric Berg - Cal/OSHA: If you want to, you know, repeat your points, that's fine too.

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00:34:27.139 --> 00:34:27.949

Eric Berg - Cal/OSHA: So...

296

00:34:28.260 --> 00:34:28.600

Jennifer Pennock (she/her): Okay.

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297

00:34:28.600 --> 00:34:33.130

Eric Berg - Cal/OSHA: But we will be, after this, Median wheel, you know,

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00:34:33.469 --> 00:34:38.490

Eric Berg - Cal/OSHA: Look at all the... these... the comments from today, and also the written ones, and update the draft.

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00:34:38.800 --> 00:34:43.119

Eric Berg - Cal/OSHA: And they get more comments from people, so it's kind of an iterative process.

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00:34:43.810 --> 00:34:49.129

Jennifer Pennock (she/her): So, thank you for that, and so you'll be accepting additional written comments, do you think?

301

00:34:49.139 --> 00:34:58.729

Eric Berg - Cal/OSHA: Yeah, yeah, if you want to send more written comments, feel free to do that, too, after this meeting. That's not a problem, because it'll take us a while to, go through everything and then post a new draft.

302

00:34:59.000 --> 00:34:59.420

Jennifer Pennock (she/her): Okay.

303

00:34:59.420 --> 00:35:03.070

Eric Berg - Cal/OSHA: And then you can post new comments on the new draft, too, obviously.

304

00:35:03.530 --> 00:35:14.690

Jennifer Pennock (she/her): Okay, thank you. Sorry, I'm very Type A, so just wanted to make sure I understood the process. I also wanted to, echo,

305

00:35:14.740 --> 00:35:38.950

Jennifer Pennock (she/her): Erica's comments about timeline for implementation, you know, we... AORN has worked on, this issue in states across the country and had success, seeing

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legislation enacted in other states as well, and we do typically recommend that there is a timeline for, facilities to come into compliance so that everybody has the opportunity to,

306

00:35:39.380 --> 00:35:58.640

Jennifer Pennock (she/her): review the equipment, you know, develop their policies, trial different products, etc. And I did... I appreciated your question, too, about, because we were questioning this in the comments about the, corporate practice of medicine, and...

307

00:35:58.640 --> 00:36:07.020

Jennifer Pennock (she/her): And it being difficult to tell surgeons what equipment to use, because we know, you know, in many facilities across the country, surgeons are not

308

00:36:07.190 --> 00:36:20.550

Jennifer Pennock (she/her): Employees of the facility necessarily, but they are told, you know, if there's... the policy is on double gloving, if the, you know, any surgical attire policy, or etc, that,

309

00:36:20.740 --> 00:36:29.309

Jennifer Pennock (she/her): That is what the facility's policy is, and so we assume that any policy on, utilization of surgical smoke evacuation equipment

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00:36:29.430 --> 00:36:31.160

Jennifer Pennock (she/her): Would apply here as well.

311

00:36:31.890 --> 00:36:41.870

Eric Berg - Cal/OSHA: Okay, thanks for that. And, I guess I should ask Erica, well, I could ask her again, but what's a reasonable time for... I mean, once this becomes a regulation, which would probably be...

312

00:36:42.400 --> 00:36:47.280

Eric Berg - Cal/OSHA: A year or so, how long would hospitals need?

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00:36:47.280 --> 00:36:51.600

Erika Frank: So, in our comments, we did ask for a 12-month implementation phase.

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314

00:36:51.600 --> 00:36:56.109

Eric Berg - Cal/OSHA: Okay, so 12 months, like, from after the regulation's adopted, then 12 months before...

315

00:36:56.110 --> 00:36:56.450

Erika Frank: I'm sorry.

316

00:36:56.450 --> 00:36:58.430

Eric Berg - Cal/OSHA: Effective, more or less? Okay.

317

00:36:59.210 --> 00:37:00.220

Eric Berg - Cal/OSHA: Thank you for that.

318

00:37:00.220 --> 00:37:01.440

Erika Frank: Yeah, thank you.

319

00:37:04.250 --> 00:37:07.590

Meeting Manager: Our next commenter, with a hand raised is Shane Thomason.

320

00:37:08.720 --> 00:37:09.529

Eric Berg - Cal/OSHA: Oh, hey, Jane.

321

00:37:09.960 --> 00:37:24.500

Jane Thomason / CNA: Hi, Jane Thomason, I'm the Assistant Director for Health and Safety for the California Nurses Association. Just really briefly, thank you for your work, to develop this, discussion draft. CNA is really supportive.

322

00:37:24.500 --> 00:37:36.570

Jane Thomason / CNA: A number of nurses have already, talked about the scope and, that CNA supports here for general acute care hospitals, as well as ambulatory surgical centers. The one

323

00:37:36.680 --> 00:37:55.570

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Jane Thomason / CNA: Additional point that I would add is that, we also appreciate, the additions from the previous discussion draft to A2, that just kind of rounds out, that really clear direction, that employers have an obligation to protect nurses and other healthcare workers from all of those different.

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00:37:55.570 --> 00:38:02.579

Jane Thomason / CNA: hazards, that CalSHA has other standards on. So just wanted to say thank you for the, clarity on that piece, too.

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00:38:03.240 --> 00:38:07.990

Eric Berg - Cal/OSHA: Okay, thanks. Yeah, I mean, that would be the case regardless, but it's good to just explicitly say it, yeah.

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00:38:09.060 --> 00:38:10.040

Eric Berg - Cal/OSHA: Thanks, Jane.

327

00:38:11.850 --> 00:38:16.559

Meeting Manager: Our next commenter is, Keisha, K-E-I-S-H-A.

328

00:38:18.290 --> 00:38:31.529

Nikki Washington: Hi, everyone. My name is Nikki Washington. I wasn't able to, get away from my government name on this call. However, hello, everyone. I would like to thank you. Can you all...

329

00:38:32.550 --> 00:38:33.369

Eric Berg - Cal/OSHA: Yeah, but here you go.

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00:38:33.370 --> 00:38:43.260

Nikki Washington: Okay, alright, there we go. I guess I'm having technical difficulties also. I would like to just thank you, and everyone on your team for

331

00:38:43.570 --> 00:38:57.939

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Nikki Washington: hosting this, webinar over this very sensitive subject. I would like to also echo what everyone else has stated. I certainly understand the challenges of the physicians, but what I will say, our physicians were very instrumental.

332

00:38:58.090 --> 00:39:05.889

Nikki Washington: in our process of switching over to, smoke evacuation. I have been in the OR for 30 years.

333

00:39:06.460 --> 00:39:29.859

Nikki Washington: Over my span, and smoke evacuation has always been a thing, of the surgical smoke or surgical plume. I think it starts with the relationships with the physicians and how, things are implemented to get their buy-in. Certainly hospitals will not tell the physicians what they have to use, however, they will solicit their input and involve them

334

00:39:29.890 --> 00:39:39.320

Nikki Washington: and the trialing of the products. And so, at our facility, we started this, which is St. Joe's Medical Center in Stockton, California.

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00:39:39.600 --> 00:39:43.360

Nikki Washington: We started this back in November of 2023.

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00:39:43.420 --> 00:39:53.049

Nikki Washington: to strategically come up with a plan, and it involved the surgeons in trialing different smoke evacuation mechanisms. They...

337

00:39:53.050 --> 00:40:03.770

Nikki Washington: pretty much were in unison of what they wanted to use, which was great, so that wasn't a change. As far as purchasing additional items, a lot of the,

338

00:40:04.110 --> 00:40:15.929

Nikki Washington: hospitals already have these items, the smoke evacuation products, already in their facility. So a lot of times, you won't have to purchase a lot of new items.

339

00:40:16.580 --> 00:40:32.270

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Nikki Washington: But I go back to the physician component. Physicians are very much, proponents, a lot of them. I'm not gonna say everyone, because I don't work with all of them, but the ones that I have worked with have been a big proponent of push

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00:40:32.410 --> 00:40:37.580

Nikki Washington: To help implement, smoke evacuation, measures.

341

00:40:37.750 --> 00:40:48.930

Nikki Washington: for safety, because they are very much aware of the effects that it has, not only on the staff, but on them as well, and on their patients. So I just wanted to speak on behalf of that.

342

00:40:48.930 --> 00:40:59.439

Nikki Washington: And just to talk about the relationships with the physicians with incorporating and implementing this. The relationship was there at our facility, and they were very instrumental

343

00:40:59.440 --> 00:41:05.759

Nikki Washington: And allowing us to move and push forward with this before it is even fully implemented.

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00:41:07.040 --> 00:41:08.120

Nikki Washington: Thank you.

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00:41:08.120 --> 00:41:10.999

Eric Berg - Cal/OSHA: Yeah, thanks for that. Yeah, I guess that's really important to...

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00:41:11.200 --> 00:41:13.929

Eric Berg - Cal/OSHA: I guess, try out systems with,

347

00:41:14.350 --> 00:41:20.070

Eric Berg - Cal/OSHA: With the employees and the physicians, so just testing them out, and... so thank you for that.

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00:41:22.130 --> 00:41:25.330

Meeting Manager: Our next hand raised is Roslyn DeLeon Minch.

349

00:41:26.320 --> 00:41:44.310

Rocelyn de Leon-Minch, CNA/NNU: Hi there, thank you so much. My name is Rosalind DeLeon Minch, and I am an industrial hygienist with National Nurses United, CNA, NNU. I'm reading these comments on behalf of Sharon Sy, a CNA member at West Anaheim Medical Center, who was called into work today, unfortunately, and is unable to attend today's meeting.

350

00:41:44.970 --> 00:42:02.539

Rocelyn de Leon-Minch, CNA/NNU: So, my name is Sharon Tsai. I am a registered nurse and a member of the California Nurses Association. I have worked in the operating room at West Anaheim Medical Center for 11 years. Electrosurgical devices such as the Bovee are routinely used in operating rooms and generate surgical smoke, also known as plume.

351

00:42:02.540 --> 00:42:09.710

Rocelyn de Leon-Minch, CNA/NNU: Exposure to surgical smoke is common and recurring for perioperative staff and can cause respiratory irritation and coughing.

352

00:42:09.710 --> 00:42:16.809

Rocelyn de Leon-Minch, CNA/NNU: However, plume evacuation practices are inconsistent across facilities, and even within the same facility.

353

00:42:16.860 --> 00:42:30.020

Rocelyn de Leon-Minch, CNA/NNU: At my hospital, evacuation devices are only sometimes used, depending on provider preference. In ambulatory surgical centers where I have worked, plume evacuation equipment was not available at all.

354

00:42:30.020 --> 00:42:47.090

Rocelyn de Leon-Minch, CNA/NNU: This variability highlights why Cal OSHA needs a very clear, enforceable standard that applies uniformly across hospitals and ambulatory surgical centers. Worker protection should not depend on facility type or individual provider choice.

355

00:42:49.750 --> 00:42:50.759

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Eric Berg - Cal/OSHA: Alright, thank you.

356

00:42:52.610 --> 00:42:55.440

Meeting Manager: Okay, at this time, we don't have any additional hands raised.

357

00:42:55.930 --> 00:42:59.180

Eric Berg - Cal/OSHA: Alright, can we take a 5-minute break, and we'll be right back?

358

00:43:00.340 --> 00:43:01.090

Meeting Manager: Alright, sounds good.

359

00:43:01.090 --> 00:43:01.920

Eric Berg - Cal/OSHA: Alright, thank you.

360

00:46:22.280 --> 00:46:24.390

Eric Berg - Cal/OSHA: Okay, John, okay, if we get started again?

361

00:46:25.950 --> 00:46:26.570

Meeting Manager: Okay.

362

00:46:26.870 --> 00:46:27.849

Meeting Manager: We're ready to go.

363

00:46:30.500 --> 00:46:32.299

Meeting Manager: This time, you have one hand's raised.

364

00:46:35.340 --> 00:46:36.770

Eric Berg - Cal/OSHA: What's that, John? Sorry, I didn't hear you.

365

00:46:37.240 --> 00:46:39.300

Meeting Manager: At this time, there are no hands raised.

**Cal/OSHA AC Meeting on Plume In Healthcare**

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366

00:46:39.300 --> 00:46:43.960

Eric Berg - Cal/OSHA: Okay, so we'll move on to subsection... B?

367

00:46:45.230 --> 00:46:47.129

Eric Berg - Cal/OSHA: Which is definitions.

368

00:46:47.940 --> 00:46:52.230

Eric Berg - Cal/OSHA: So the different definitions are administrative control.

369

00:46:53.210 --> 00:46:58.240

Eric Berg - Cal/OSHA: Right there, Ambulatory Surgical center, which is part of the scope of the regulation.

370

00:46:58.920 --> 00:47:03.310

Eric Berg - Cal/OSHA: authorized... Employee Representative?

371

00:47:04.820 --> 00:47:08.980

Eric Berg - Cal/OSHA: Separately from that is designated employee representative.

372

00:47:10.400 --> 00:47:13.889

Eric Berg - Cal/OSHA: Then, electro, cautery device.

373

00:47:16.430 --> 00:47:26.050

Eric Berg - Cal/OSHA: Electrical... electrosurgical device... Energy-based device... Gas phase filter...

374

00:47:26.960 --> 00:47:30.669

Eric Berg - Cal/OSHA: General Acute Care Hospital, which is also part of the scope.

375

00:47:31.310 --> 00:47:34.380

Eric Berg - Cal/OSHA: High efficiency particulate air filter.

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376

00:47:35.190 --> 00:47:38.820

Eric Berg - Cal/OSHA: Plume, which we talked about a little bit already, we'll get more on that.

377

00:47:39.070 --> 00:47:41.489

Eric Berg - Cal/OSHA: Plume evacuation system.

378

00:47:42.530 --> 00:47:49.289

Eric Berg - Cal/OSHA: Site of origin... Then ultra-low particulate error filter.

379

00:47:49.400 --> 00:47:51.839

Eric Berg - Cal/OSHA: So there's 14 different definitions.

380

00:47:52.770 --> 00:47:56.740

Eric Berg - Cal/OSHA: So we can go through those, or any... take any comments on those?

381

00:47:57.220 --> 00:48:00.319

Eric Berg - Cal/OSHA: It's just distinguish between authorized employee representative

382

00:48:01.120 --> 00:48:06.149

Eric Berg - Cal/OSHA: That's usually, like, a union representative and can participate in a...

383

00:48:06.300 --> 00:48:09.380

Eric Berg - Cal/OSHA: Different activities on the... at the workplace.

384

00:48:09.980 --> 00:48:14.049

Eric Berg - Cal/OSHA: Where employee, participation is allowed or required.

385

00:48:14.510 --> 00:48:18.490

Eric Berg - Cal/OSHA: And then designated employee representative is usually someone that the employee

386

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00:48:19.050 --> 00:48:24.709

Eric Berg - Cal/OSHA: identifies, that can get records for them, so... so there's two different types of employer representatives, but...

387

00:48:25.540 --> 00:48:31.609

Eric Berg - Cal/OSHA: Just to distinguish those two. But anyways, any comments on subsection B definitions, any of the...

388

00:48:31.910 --> 00:48:34.589

Meeting Manager: 14 definitions? Yes, we have Sandy Redding.

389

00:48:34.900 --> 00:48:36.250

Eric Berg - Cal/OSHA: Okay, go ahead, Sandy.

390

00:48:37.070 --> 00:48:54.920

Sandy Reding, RN President California Nurses Association/NNOC: Hi, thank you again. Cna supports the Division's updates to definitions that provide useful clarification to the discussion draft, including administrative controls, ambulatory surgical centers, energy-based devices, gas phase filters, and HEPA filters.

391

00:48:55.420 --> 00:49:01.050

Sandy Reding, RN President California Nurses Association/NNOC: There are 3 elements in this section that CNA encourages the Division to address further.

392

00:49:01.060 --> 00:49:22.000

Sandy Reding, RN President California Nurses Association/NNOC: The definitions of authorized and designated employee representatives in the PLUM discussion draft differ from other California standards that we're familiar with in healthcare, and we believe that introducing new definitions into the PLUM standard could create confusion. CINA would prefer to see language regarding involvement of employee

393

00:49:22.000 --> 00:49:29.710

Sandy Reding, RN President California Nurses Association/NNOC: representatives more consistent with Cal OSHA standards on workplace violence, Safe Patient Handling.

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394

00:49:29.710 --> 00:49:37.059

Sandy Reding,RN President California Nurses Association/NNOC: and ATDs. Engaging the input of employees is critical to shaping effective exposure control plans.

395

00:49:38.120 --> 00:49:50.780

Sandy Reding,RN President California Nurses Association/NNOC: CNA, excuse me, remains concerned that the discussion draft does not include a standard for the effectiveness of plume evacuation systems. Healthcare employees frequently seek

396

00:49:51.750 --> 00:50:00.029

Sandy Reding,RN President California Nurses Association/NNOC: lower... the lowest cost equipment and supplies, and I've seen this throughout my 35 years in the OR.

397

00:50:00.090 --> 00:50:15.570

Sandy Reding,RN President California Nurses Association/NNOC: And we do want to be efficient, but we also need to make sure that it's proper equipment. And how do we know they will look to protect us? CNA urges the division to require employers to utilize plume evacuation systems

398

00:50:15.570 --> 00:50:26.960

Sandy Reding,RN President California Nurses Association/NNOC: that have been demonstrated to evacuate at least 90% of plume-utilizing test methods in the ISO standard 16571, or equivalent.

399

00:50:27.160 --> 00:50:31.620

Sandy Reding,RN President California Nurses Association/NNOC: CINA urges the division to add a definition of capture device.

400

00:50:31.870 --> 00:50:50.989

Sandy Reding,RN President California Nurses Association/NNOC: Similar to the ISO standard 16571, at my facility, some parts of the plume evacuation system are usually located 4 to 6 feet away from the surgical site where plume is being generated, but... and the capture device needs to be attached to the surgery

401

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00:50:51.620 --> 00:50:59.730

Sandy Reding, RN President California Nurses Association/NNOC: electrocautery device. That's the thing that we're using on the field to, burn tissue and control bleeding.

402

00:50:59.810 --> 00:51:18.650

Sandy Reding, RN President California Nurses Association/NNOC: So, it's as close to the site of plume generation as possible. Obviously, if it's close to the site where it's generating the plume, or surgical smoke, it can suction it more readily. Adding a definition of capture device would better specify for both employers and Cal OSHA's inspectors

403

00:51:18.760 --> 00:51:24.559

Sandy Reding, RN President California Nurses Association/NNOC: What is required for effective use of plume evacuation systems to protect us.

404

00:51:26.400 --> 00:51:29.309

Eric Berg - Cal/OSHA: Okay, thank you for that. Yeah, we did get written comments, like, on the...

405

00:51:29.590 --> 00:51:32.259

Eric Berg - Cal/OSHA: Designate an authorized employee representative, so we'll be...

406

00:51:32.710 --> 00:51:35.450

Eric Berg - Cal/OSHA: We'll, try to fix those.

407

00:51:36.570 --> 00:51:41.190

Eric Berg - Cal/OSHA: And then the 90% effectiveness, I haven't looked at those standards, but...

408

00:51:42.410 --> 00:51:48.629

Eric Berg - Cal/OSHA: How is... I thought, like, location and use would be a big impact, which is going to vary a lot, so I'm not sure how...

409

00:51:49.310 --> 00:51:52.489

Eric Berg - Cal/OSHA: How that's, accomplished to prove 90%.

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410

00:51:52.860 --> 00:51:53.910

Eric Berg - Cal/OSHA: Capture.

411

00:51:54.420 --> 00:51:57.070

Eric Berg - Cal/OSHA: Can you provide, you know, more details how that works?

412

00:51:58.160 --> 00:52:14.059

Sandy Reding, RN President California Nurses Association/NNOC: I can. We want to make sure that it's not... I'll give you an example. We want to make sure that they're routinely tested and maintained, and there are tests that you can do to make sure, that it can suction, evacuate 90%.

413

00:52:14.060 --> 00:52:18.949

Sandy Reding, RN President California Nurses Association/NNOC: Right now, what we're using is just the standard structure, suction.

414

00:52:19.840 --> 00:52:27.429

Sandy Reding, RN President California Nurses Association/NNOC: device. For instance, we suction Blood and body fluids with a regular suction device.

415

00:52:27.430 --> 00:52:45.070

Sandy Reding, RN President California Nurses Association/NNOC: Yeah. And right now, for those... actually, we have, in my hospital, implemented the smoke evacuation, but for those that don't, or if surgeons choose not to, then they just hold the regular suction up there. And that doesn't really have a filtration, and so we don't want it...

416

00:52:45.070 --> 00:52:46.839

Sandy Reding, RN President California Nurses Association/NNOC: Misunderstood that you can just...

417

00:52:46.840 --> 00:52:53.360

Sandy Reding, RN President California Nurses Association/NNOC: Do that, and we want to make sure, like the other nurses have said, that we trial

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418

00:52:53.600 --> 00:53:03.209

Sandy Reding, RN President California Nurses Association/NNOC: the suction devices, make sure they're satisfactory and ergonomic, and some of them do... and there is a way to test to make sure that it's

419

00:53:03.210 --> 00:53:17.199

Sandy Reding, RN President California Nurses Association/NNOC: because otherwise, if it's not 90% or more, then it's less effective, and we want to make sure that we're all safe. And we've been doing this for years, and so it's important. And I'm... I'm here because I want to...

420

00:53:17.200 --> 00:53:26.610

Sandy Reding, RN President California Nurses Association/NNOC: protect the nurses coming behind me. And I will say one more thing, that the newer surgeon... the surgeons that are coming out more recently.

421

00:53:26.830 --> 00:53:42.950

Sandy Reding, RN President California Nurses Association/NNOC: some of them won't even operate without them. So, there is a shift in the belief, there is, you know, data that shows that these are carcinogens, and it's bad for us, and obviously, we need to do something to make sure that we protect our workers.

422

00:53:42.950 --> 00:53:59.309

Sandy Reding, RN President California Nurses Association/NNOC: And relationships are important, like the other nurse said. I've been around 35 years, but we do need to... some are more willing to use it than others, but it is critical, like you said, to have the trials and pick the ones that are most ergonomic.

423

00:53:59.340 --> 00:54:04.529

Sandy Reding, RN President California Nurses Association/NNOC: functional, and will work for most. For everybody, really. Thank you.

424

00:54:04.530 --> 00:54:06.310

Eric Berg - Cal/OSHA: Okay, thanks a lot. Appreciate it.

425

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00:54:08.280 --> 00:54:10.579

Meeting Manager: Our next hand raise is Dominic Griffiths.

426

00:54:11.510 --> 00:54:12.469

Eric Berg - Cal/OSHA: Go ahead, Dominic.

427

00:54:14.490 --> 00:54:15.790

DominicGriffiths: Hello, can you hear me?

428

00:54:16.010 --> 00:54:16.570

Eric Berg - Cal/OSHA: Yes.

429

00:54:17.290 --> 00:54:25.069

DominicGriffiths: Hi, good evening from the UK. Thanks for having me on. So, I work for a company called Alessi Surgical.

430

00:54:25.320 --> 00:54:29.969

DominicGriffiths: We were created from a surgical training center here in the UK.

431

00:54:30.210 --> 00:54:41.270

DominicGriffiths: To develop a very different way of handling plume, initially during laparoscopic and robotic abdominal surgery, but laterally also now in open surgery.

432

00:54:41.460 --> 00:54:48.829

DominicGriffiths: And, our technology works in a very different way to, the other solutions that are on the market at the moment.

433

00:54:48.930 --> 00:55:03.359

DominicGriffiths: And we have submitted a written response, which you're all welcome to go see. I can see that everybody's responses are publicly available on the website. There's lots of information in there about how the technology works.

434

00:55:03.570 --> 00:55:17.949

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DominicGriffiths: And some of the publications, evidencing its effectiveness. And we would politely request the consideration of the amendment of the definition plume evacuation system

435

00:55:18.020 --> 00:55:24.700

DominicGriffiths: Just to be changed slightly to, what we would consider to be a more appropriate term, plume control system.

436

00:55:25.330 --> 00:55:37.339

DominicGriffiths: And then, an expansion to, allow technologies that work by different means, which we probably don't have the time to go into today, but by a different mode of action.

437

00:55:37.730 --> 00:55:57.020

DominicGriffiths: as an appropriate, FDA-recognized means of handling surgical plume in laparoscopic, robotic, and open surgery. So we've suggested some, wording in the written responses. Should be very grateful if you'd, have a chance to take a look.

438

00:55:57.500 --> 00:56:07.809

DominicGriffiths: But just to change that definition slightly to allow it to accommodate technologies that work in a slightly different way to the ones that are available on the market currently.

439

00:56:07.820 --> 00:56:25.900

DominicGriffiths: And then we've also suggested a slight clarification of the term plume scavenger. We've been doing this for many years now, we don't quite recognise that term, we're not quite sure what that means, so we've suggested some wording that, that you might like to consider that would,

440

00:56:26.290 --> 00:56:32.969

DominicGriffiths: Perhaps provide some clarity to people on what is meant by the term plume scavenger.

441

00:56:34.000 --> 00:56:34.920

DominicGriffiths: Thank you.

442

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00:56:35.150 --> 00:56:37.560

Eric Berg - Cal/OSHA: Alright, thanks a lot. Yeah, we have your comments, and so...

443

00:56:38.370 --> 00:56:41.069

Eric Berg - Cal/OSHA: Yeah, we're looking at that very carefully, so thank you very much.

444

00:56:42.980 --> 00:56:45.470

Meeting Manager: Our next hand raised is Jane Thompson.

445

00:56:46.400 --> 00:56:47.250

Eric Berg - Cal/OSHA: Go ahead, Jane.

446

00:56:47.890 --> 00:56:50.699

Jane Thomason / CNA: Hi, Jane Thomason with CNA.

447

00:56:50.910 --> 00:56:55.459

Jane Thomason / CNA: So a couple of points that I would add in to the discussion.

448

00:56:55.460 --> 00:57:20.329

Jane Thomason / CNA: One, building on what, President Redding was talking about earlier with the ISO standard, I think the idea is that the ISO standard has a test methodology whereby plume evacuation systems can be validated to be actually functional, and of course, like, each plume evacuation system comes with instructions about where the capture device has to be located.

449

00:57:20.330 --> 00:57:32.089

Jane Thomason / CNA: how far away it can be located from the site of generation and still be effective, right? And the types of filters that are used, and... right? There's instructions for each plume evacuation system that you can purchase.

450

00:57:32.380 --> 00:57:51.679

Jane Thomason / CNA: But then, the ISO, standard has methodologies, standardized methodologies to actually test the effectiveness of each of those different types of products,

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the plume evacuation systems that can be purchased and utilized in a healthcare setting. And so, our concern is really around,

451

00:57:51.680 --> 00:58:08.800

Jane Thomason / CNA: a hospital purchasing a plume evacuation system that's being marketed by the manufacturer as effective, but hasn't actually been validated. And that if we... if CalOSHA were to require the use of plume evacuation systems that have been validated.

452

00:58:08.800 --> 00:58:17.270

Jane Thomason / CNA: According to the ISO standard test methodology, or an equivalent test methodology, that that would provide a better assurance to nurses

453

00:58:17.280 --> 00:58:25.160

Jane Thomason / CNA: And other healthcare workers in the operating rooms and ambulatory surgical centers, that what their employer is providing is actually going to protect them.

454

00:58:25.340 --> 00:58:33.689

Jane Thomason / CNA: Assuming it's used, correctly, right? So I think that's the, like, primary concern with the ISO, standard.

455

00:58:33.840 --> 00:58:38.880

Jane Thomason / CNA: I want to get that test methodology and that validation of the effectiveness of this equipment.

456

00:58:39.880 --> 00:58:52.610

Jane Thomason / CNA: The other, input I would have for Section B is around the definition of plume evacuation systems. I think AB1007, which is the legislation that's

457

00:58:52.730 --> 00:59:17.709

Jane Thomason / CNA: really governing part of this process, passed by the California legislature that directs Cal OSHA to create this standard. It's very clear that the technology that needs to be used by hospitals must both capture and remove surgical plume, so I think we have a really clear mandate there. We also know that that's what's best for nurses, and that's what's best for patients when we're talking about surgical plume. It's a whole mix of hazardous, toxic substances.

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458

00:59:17.710 --> 00:59:25.070

Jane Thomason / CNA: As was noted by a commenter previously, so we need to make sure it's fully removed from the surgical field and the operating room.

459

00:59:26.780 --> 00:59:38.970

Jane Thomason / CNA: The last point I would make is around the definition of surgical plume. I think CNA is generally supportive of this definition as it is written in this discussion draft. We like what this looks like.

460

00:59:39.440 --> 00:59:57.860

Jane Thomason / CNA: One suggestion that we had for Kalish's consideration that could help clarify a little bit, the scope of plume, and what it includes could be to add a list of the types of contaminants that are typically contained in surgical plume.

461

00:59:57.990 --> 01:00:05.550

Jane Thomason / CNA: As long as it's a non-exclusive OR list, right? We don't want to be in a situation where someone is saying, because these things are not all present.

462

01:00:05.550 --> 01:00:23.969

Jane Thomason / CNA: we're not... this doesn't count, right? We want to be clear, that it's an or list, but that that might capture some of the concerns around, this definition that other folks have mentioned. If there were just a simple list that says include, like, airborne contaminants such as...

463

01:00:24.440 --> 01:00:26.390

Eric Berg - Cal/OSHA: Like, particulates.

464

01:00:26.390 --> 01:00:26.960

Jane Thomason / CNA: Particulates.

465

01:00:26.960 --> 01:00:27.910

Eric Berg - Cal/OSHA: newspapers.

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466

01:00:27.910 --> 01:00:29.560

Jane Thomason / CNA: Gases, vapors, or...

467

01:00:29.560 --> 01:00:30.230

Eric Berg - Cal/OSHA: As long as.

468

01:00:30.230 --> 01:00:39.880

Jane Thomason / CNA: It's an OR list and not an AND list, and that that might just help a little bit communicate about the health hazard that we're dealing with. And those are the... that's the input that I have on Section B.

469

01:00:39.880 --> 01:00:47.130

Eric Berg - Cal/OSHA: Okay, thanks. I just had a question on the ISO standard. I mean, it makes sense to have... make sure that the system's valid. Do they need to be tested?

470

01:00:47.260 --> 01:00:55.850

Eric Berg - Cal/OSHA: like, on a regular basis to that ISO standard? Like, every month, or I don't know how the frequency would be, but... or every use, I'm not sure what it would be, but...

471

01:00:55.850 --> 01:01:05.880

Jane Thomason / CNA: The... I believe that the ISO standard... I can double-check this, I believe the ISO standard test method is around validation, like, at the front end of the process.

472

01:01:05.880 --> 01:01:06.290

Eric Berg - Cal/OSHA: Okay.

473

01:01:06.290 --> 01:01:22.079

Jane Thomason / CNA: But then there's also manufacturers put out instructions for the testing and, like, maintenance that needs to happen on an ongoing basis to make sure. I can look into that further to see whether those are similar or different, like, how different they might be, and get back to you.

474

01:01:22.440 --> 01:01:27.109

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Eric Berg - Cal/OSHA: Yeah, I haven't read the ISO standard, so I will do so, but thanks for your help, too.

475

01:01:27.110 --> 01:01:29.169

Jane Thomason / CNA: Yeah, I can send some notes.

476

01:01:29.310 --> 01:01:30.350

Eric Berg - Cal/OSHA: Okay, thanks a lot.

477

01:01:31.780 --> 01:01:34.399

Meeting Manager: Our next hand raised is Erica Frank.

478

01:01:36.440 --> 01:01:37.290

Eric Berg - Cal/OSHA: Go ahead, Erica.

479

01:01:37.290 --> 01:02:02.229

Erika Frank: Hi, yeah, so largely deferring to, the... our comment letter, but just to reiterate, we did have some concerns with a couple of the definitions, one of which being the definition of plume, which we just talked about a moment ago, primarily over the use of mechanical tools without having any clarity, you know, what are we talking about, mechanical tools, and we actually

480

01:02:02.230 --> 01:02:05.570

Erika Frank: suggested striking out the term mechanical tools.

481

01:02:05.650 --> 01:02:13.879

Erika Frank: Simply because we're going to be capturing those when we utilize the word energy-based devices, electrical surgical devices, etc.

482

01:02:14.130 --> 01:02:29.169

Erika Frank: The other issue we had, and this is something that carries over from the discussions with AB1007, and for which another speaker had just spoke about, but with the definition of plume evacuation systems and the notion that we can completely remove.

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483

01:02:29.260 --> 01:02:32.440

Eric Berg - Cal/OSHA: Technology, or remove.

484

01:02:33.670 --> 01:02:42.250

Erika Frank: plume entirely, you know, we can debate or discuss whether that's actually even attainable and ensuring that

485

01:02:42.420 --> 01:02:57.259

Erika Frank: The expectation is that whatever those devices can remove, or however they can remove them, so long as they're being utilized according to the manufacturer, that should be the expectation, and whether or not

486

01:02:57.890 --> 01:03:03.940

Erika Frank: Such particles can be completely removed, causes concern for us.

487

01:03:05.920 --> 01:03:06.639

Eric Berg - Cal/OSHA: Okay, thanks for that.

488

01:03:06.970 --> 01:03:10.909

Eric Berg - Cal/OSHA: go over that more, I guess, when we get into the other subsections about use.

489

01:03:12.120 --> 01:03:13.040

Erika Frank: Thanks.

490

01:03:13.040 --> 01:03:13.830

Eric Berg - Cal/OSHA: Alright, thank you.

491

01:03:15.400 --> 01:03:18.090

Meeting Manager: Our next hand raise is Gabriela Morales-Ortega.

492

01:03:21.670 --> 01:03:36.690

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Gabriela Morales-Ortega: Okay, hi. So I do appreciate... CNA appreciates the Division's work to incorporate, our feedback. It is important that the definition of plume evacuation system specifies that... that this,

493

01:03:36.810 --> 01:03:40.679

Gabriela Morales-Ortega: That this equipment must capture and remove plume.

494

01:03:40.750 --> 01:03:51.860

Gabriela Morales-Ortega: From the air. If the surgical plume isn't removed through an OPA filter, and gas phase of filters, then we can still breathe it in and be harmed by it.

495

01:03:51.920 --> 01:04:01.619

Gabriela Morales-Ortega: I will reiterate about the ISO standard on surgical plume evacuation, which sets the standard of 90% of plume should be evacuated.

496

01:04:01.640 --> 01:04:21.389

Gabriela Morales-Ortega: This is very important for our health and safety. Otherwise, sometimes our employers might just buy equipment that is either cheaper or less effective or budget-friendly, and we don't... we want to make sure that the smoke is being captured, and it is up to standard.

497

01:04:21.390 --> 01:04:26.199

Gabriela Morales-Ortega: Through the ISO, which is the 90% of the plume that should be evacuated.

498

01:04:27.390 --> 01:04:29.770

Eric Berg - Cal/OSHA: Okay, thanks. Right now, it says capture and remove.

499

01:04:30.220 --> 01:04:31.750

Eric Berg - Cal/OSHA: That you've not...

500

01:04:31.750 --> 01:04:36.550

Gabriela Morales-Ortega: That we wanted to specify that this equipment must capture and remove plume.

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501

01:04:36.950 --> 01:04:39.460

Eric Berg - Cal/OSHA: Yeah, that's what it says now, as you're in.

502

01:04:40.250 --> 01:04:44.659

Eric Berg - Cal/OSHA: a question with that, where it says... I highlighted where it says caption... I don't know if you can see the screen, where it says.

503

01:04:44.660 --> 01:04:46.960

Gabriela Morales-Ortega: Thank you.

504

01:04:46.960 --> 01:04:47.600

Eric Berg - Cal/OSHA: Okay.

505

01:04:49.150 --> 01:04:50.679

Eric Berg - Cal/OSHA: Okay, thank you.

506

01:04:51.240 --> 01:04:55.810

Meeting Manager: Our next hand raise, and by the way, for our hand... for those that are raising their hand.

507

01:04:56.170 --> 01:05:06.330

Meeting Manager: Calling on you in the order in which hands are raised, so... just so you have some confidence that you're in queue if you raise your hand. Our next hand raised is Angela Robertson.

508

01:05:10.170 --> 01:05:28.709

Angela Robertson: Yeah, just to comment on the definitions, I really appreciate the definitions making, you know, things clearer. At the hospital that I previously worked at, we didn't have plume evacuation systems, so we would try to use

509

01:05:28.940 --> 01:05:31.070

Angela Robertson: suction...

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510

01:05:31.080 --> 01:05:49.059

Angela Robertson: we would try to suction some of the plume, which was also... is primarily... is only for fluid suction, so it didn't work very well. There's not any, there's no filter, it's just capturing it into, like, a container that, you know, we pop open the top, we change it out, like...

511

01:05:49.150 --> 01:06:06.180

Angela Robertson: So, it's not protective. So, having these definitions, having the CalOSHA standard, to require employers to provide this, plume evacuation systems every time this energy-based devices are used is, I think, essential.

512

01:06:06.310 --> 01:06:20.849

Angela Robertson: And then they... that employers should be required to use the plume evacuation systems that have been tested. And to also piggyback on the tested and at the 90% evacuation.

513

01:06:20.860 --> 01:06:35.110

Angela Robertson: in accordance with the ISO standard 16571. If that requirement isn't added, then, like another colleague said, employers could just tell us to use things like the fluid suction.

514

01:06:35.110 --> 01:06:42.969

Angela Robertson: Devices to say that it's... it's removing it or evacuating the plume, but when it... it doesn't actually work because it's not being filtrated.

515

01:06:44.040 --> 01:06:45.029

Angela Robertson: Thank you.

516

01:06:45.230 --> 01:06:46.120

Eric Berg - Cal/OSHA: Alright, thank you.

517

01:06:49.980 --> 01:06:53.870

Meeting Manager: Our next commenter is listed as Ruslyn DeLeon Minch.

518

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01:06:55.110 --> 01:07:06.499

Rocelyn de Leon-Minch, CNA/NNU: Thanks very much, Rosalind DeLeon-Minch with CNA. I'm, reading comments on behalf of Sharon Tsai, CNA member at West Anaheim Medical Center, who's unable to attend today's meeting.

519

01:07:06.560 --> 01:07:21.260

Rocelyn de Leon-Minch, CNA/NNU: At my facility, cost considerations often drive purchasing decisions. As a result, the plume evacuation equipment we have does not always function effectively. Connections may leak, and compatibility issues reduce performance.

520

01:07:21.260 --> 01:07:32.800

Rocelyn de Leon-Minch, CNA/NNU: Because of limited functionality, surgical teams sometimes ration use of the device, reserving it for procedures perceived to generate more plume, rather than using it consistently.

521

01:07:32.800 --> 01:07:47.820

Rocelyn de Leon-Minch, CNA/NNU: To ensure meaningful protection, CalOSHA should require the plume evacuation devices meet minimum performance standards. Employers should only purchase systems tested using methods comparable to ISO 16571 or equivalent, demonstrating at least a 90% filtration efficiency.

522

01:07:47.820 --> 01:07:53.229

Rocelyn de Leon-Minch, CNA/NNU: Without objective performance requirements, compliance risks becoming nominal rather than protective.

523

01:07:53.350 --> 01:07:54.270

Rocelyn de Leon-Minch, CNA/NNU: Thank you.

524

01:07:54.560 --> 01:07:55.470

Eric Berg - Cal/OSHA: Alright, thank you.

525

01:07:57.980 --> 01:08:00.590

Meeting Manager: Our next hand raised is Patricia Owens.

526

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01:08:06.050 --> 01:08:11.669

Patricia Owens: Thank you again for the opportunity to speak this morning, and I appreciate everyone's comments.

527

01:08:11.820 --> 01:08:16.789

Patricia Owens: Wanted to add two additional comments, concerning this section on definitions.

528

01:08:17.240 --> 01:08:22.620

Patricia Owens: I do, once again advocate putting surgical smoke and plume.

529

01:08:22.979 --> 01:08:32.350

Patricia Owens: Since surgical smoke is more clearly used by healthcare, individuals, facilities, and associations.

530

01:08:33.649 --> 01:08:37.940

Patricia Owens: I also would like to address, definition number 11.

531

01:08:38.430 --> 01:08:44.159

Patricia Owens: With the discussion of medical... mechanical tools, I know that was a point of dispute.

532

01:08:44.510 --> 01:08:47.739

Patricia Owens: by California, Hospital Association.

533

01:08:47.960 --> 01:08:54.930

Patricia Owens: Once again, I would like to discuss, the use of surgical saws, which is a mechanical tool.

534

01:08:55.120 --> 01:09:01.640

Patricia Owens: An NIH study in 2018 did point out the fact that there are 5 micron particles

535

01:09:01.790 --> 01:09:17.599

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Patricia Owens: That are being detected in there, so you are, once again, exposing the respiratory tract to these nanoparticles, or 5 microns and smaller, which can lead to different types of lung diseases.

536

01:09:17.760 --> 01:09:37.749

Patricia Owens: Also, there's been pathogens that have been detected in this NIH study from the aerolization of SAWS, so it is considered a type of smoke, surgical smoke, or plume, and also blood and tissue was noted in that. So, once again, protective controls need to be established.

537

01:09:38.040 --> 01:09:46.980

Patricia Owens: I also want to address the fact of people, practices, hospitals using regular standard surgical suction.

538

01:09:47.109 --> 01:09:57.450

Patricia Owens: as a mean for eradicating and removal of surgical smoke. It has been noted that The capture...

539

01:09:57.710 --> 01:10:05.480

Patricia Owens: Of, you know, smoke or plume evacuators are about 30 to 50 cubic feet.

540

01:10:05.960 --> 01:10:10.389

Patricia Owens: Per minute versus 2.

541

01:10:10.720 --> 01:10:17.980

Patricia Owens: Cubic feet per minute, with a suction tubing that's hooked up to your standard wall suction device.

542

01:10:18.240 --> 01:10:32.030

Patricia Owens: So, when you look at the standards, NAFTA 99, 2024 edition, which has just came out, Section 9.3.8 explicitly allows for the use of a mechanical surgical vacuum system.

543

01:10:32.250 --> 01:10:43.689

Patricia Owens: Providing that you use an inline filter with an ALPA filter or... and a gas fade filtration for only small amounts of surgical smoke. So.

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544

01:10:43.810 --> 01:10:56.780

Patricia Owens: You know, your document here does not address inline filters, the use of inline filters when it's appropriate, you know, to use an inline filter, and I think that should be included in theirs.

545

01:10:56.780 --> 01:11:06.800

Patricia Owens: So that hospital practice just says, hey, you can use a filter, I mean, a normal suction device, and you don't need to use your smoke evacuation.

546

01:11:07.210 --> 01:11:19.470

Patricia Owens: Device that is there with, obviously, a higher degree of efficacy of removal of any sort of noxious chemical compounds or gases or nanoparticles.

547

01:11:21.200 --> 01:11:22.569

Eric Berg - Cal/OSHA: Okay, I think we

548

01:11:22.800 --> 01:11:26.990

Eric Berg - Cal/OSHA: Maybe, I think it's subsection D we might talk about filtration, so we can talk more about there if you like.

549

01:11:27.310 --> 01:11:27.980

Patricia Owens: Okay, thank you.

550

01:11:27.980 --> 01:11:29.209

Eric Berg - Cal/OSHA: Yeah, thanks.

551

01:11:30.280 --> 01:11:32.419

Meeting Manager: At this time, there are no additional hands raised.

552

01:11:33.670 --> 01:11:38.890

Eric Berg - Cal/OSHA: Okay, I'll move on to, subsection C?

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553

01:11:39.490 --> 01:11:42.370

Eric Berg - Cal/OSHA: Which is the written exposure control plan.

554

01:11:42.730 --> 01:11:45.380

Eric Berg - Cal/OSHA: So this is, just the other employers.

555

01:11:45.790 --> 01:11:53.060

Eric Berg - Cal/OSHA: Has to establish, implement, and maintain a written exposure control plan that provides clear instructions for the effective use

556

01:11:53.270 --> 01:11:58.110

Eric Berg - Cal/OSHA: A plume of evacuation systems, To minimize employee exposure to Plume.

557

01:11:58.300 --> 01:12:01.550

Eric Berg - Cal/OSHA: And that contains all the elements in C2, and so...

558

01:12:02.090 --> 01:12:07.800

Eric Berg - Cal/OSHA: C2 goes through and describes all the different elements that are in the written plan of how

559

01:12:07.930 --> 01:12:09.209

Eric Berg - Cal/OSHA: the employer role.

560

01:12:09.690 --> 01:12:17.450

Eric Berg - Cal/OSHA: Protect employees from Plume, and it's... Goes down.

561

01:12:18.270 --> 01:12:20.459

Eric Berg - Cal/OSHA: And then also, after all those elements.

562

01:12:20.670 --> 01:12:23.040

Eric Berg - Cal/OSHA: It also says the exposure control plan.

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563

01:12:23.160 --> 01:12:25.589

Eric Berg - Cal/OSHA: So I've reviewed, evaluated, and update.

564

01:12:25.950 --> 01:12:31.100

Eric Berg - Cal/OSHA: Annually, when new processes, procedures, and equipment are introduced and replaced.

565

01:12:31.290 --> 01:12:37.370

Eric Berg - Cal/OSHA: And whenever a new or previously unrecognized hazard is identified,

566

01:12:37.960 --> 01:12:43.590

Eric Berg - Cal/OSHA: So, any comments on, I guess, this part about the employer establishing a written

567

01:12:43.740 --> 01:12:47.299

Eric Berg - Cal/OSHA: Exposure control plan for surgical plume.

568

01:12:48.630 --> 01:12:50.680

Meeting Manager: We do have a hand raised from Sandy Reading.

569

01:12:51.450 --> 01:12:52.420

Eric Berg - Cal/OSHA: Go ahead, Tammy.

570

01:12:53.200 --> 01:13:05.220

Sandy Reding, RN President California Nurses Association/NNOC: Thank you. CNA strongly supports the requirements for employers to obtain the active involvement of employees and their representatives in all elements of the exposure control plan.

571

01:13:05.490 --> 01:13:11.819

Sandy Reding, RN President California Nurses Association/NNOC: It is especially critical to include frontline employees in the process of selecting the equipment.

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572

01:13:11.850 --> 01:13:28.459

Sandy Reding,RN President California Nurses Association/NNOC: Kind of like what we've been saying. At my facility, I see surgeons disassemble the plume evacuation system, sometimes because either it isn't ergonomic for them, or it's obstructive, especially with fine work.

573

01:13:28.810 --> 01:13:43.290

Sandy Reding,RN President California Nurses Association/NNOC: I just want to say we did trial... the first one we trialed, the surgeons just, absolutely said, we can't use this, it's too bulky, we can't do the... any work, fine work at all. And...

574

01:13:43.290 --> 01:13:57.089

Sandy Reding,RN President California Nurses Association/NNOC: basically, we can tell the difference. We've been around long enough, those of us nurses that have been in the OR for a while, to know when a surgeon just doesn't want to, comply, or it's a new thing that they have to just get used to. So we can tell the difference.

575

01:13:57.090 --> 01:14:00.310

Sandy Reding,RN President California Nurses Association/NNOC: And it was actually too bulky.

576

01:14:00.350 --> 01:14:08.930

Sandy Reding,RN President California Nurses Association/NNOC: To... and so, like one of my colleagues said, usually they try to pick the cheapest thing, and obviously we're for,

577

01:14:08.960 --> 01:14:20.700

Sandy Reding,RN President California Nurses Association/NNOC: you know, making sure that we're fiscally responsible, but we also need to make sure that it's a functional device, and it's going to be utilized. And, I am happy to say that we

578

01:14:20.800 --> 01:14:33.930

Sandy Reding,RN President California Nurses Association/NNOC: prioritized putting these in our packs. One of the colleagues said it's not readily available, or they can't, you know, can't use it right away, it's not ready for operation. But we nurses.

579

01:14:33.960 --> 01:14:53.090

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Sandy Reding,RN President California Nurses Association/NNOC: kind of pushed back and made sure that we had these things. And also, it's a matter of retaining nurses. I'm a preceptor as well, and the nurses that we're getting out of nursing school, or, that are early in their field, are saying, you know, we don't want to breed this stuff. And so, it takes about

580

01:14:53.090 --> 01:15:09.359

Sandy Reding,RN President California Nurses Association/NNOC: 6 months to a year to train an OR nurse. And believe me, you want an experienced OR nurse when you are on the table, under the knife. So, having said that, you know, we need to make sure that these evacuation systems are fully effective and used.

581

01:15:09.770 --> 01:15:14.739

Sandy Reding,RN President California Nurses Association/NNOC: And our protection isn't diminished because of an inconvenience or an alteration.

582

01:15:14.800 --> 01:15:29.809

Sandy Reding,RN President California Nurses Association/NNOC: The alteration I was saying was, we have one of our mechanisms, I think it's a striker, that they take off the funnel at the tip, because it's a little, you know, they perceive it to be bulky, for fine use, although neurosurgeons seem to use it, so...

583

01:15:29.810 --> 01:15:48.460

Sandy Reding,RN President California Nurses Association/NNOC: It's surgeon preference, but they take off the cone that funnels the plume into their, into the device. It still suctions, it still has a filter, but it's not as effective as if they didn't disassemble it or alter it. The best way to do that is to get everyone's input who

584

01:15:48.460 --> 01:16:02.120

Sandy Reding,RN President California Nurses Association/NNOC: into what equipment would be most effective, including surgeons, OR nurses, and other staff. And I also want to acknowledge how important annual review of the exposure control plan is. Thank you

585

01:16:02.180 --> 01:16:19.920

Sandy Reding,RN President California Nurses Association/NNOC: to the division for adding in and clarifying these parts, of the discussions draft. We really appreciate that. I want to make

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sure the division is requiring employers to update their plans whenever there are issues encountered, as well.

586

01:16:20.260 --> 01:16:34.499

Sandy Reding, RN President California Nurses Association/NNOC: for example, my facility does robotic surgery, and I was interested in listening to the British gentleman that was on, because, it's laparoscopic, meaning there's a big... there is no big, wide-open incision.

587

01:16:34.570 --> 01:16:46.020

Sandy Reding, RN President California Nurses Association/NNOC: Where you can point the plume evacuator when you're cauterizing. We puff the belly up with CO2 so that we can keep the sharp surgery instruments away from the patient's organs.

588

01:16:46.270 --> 01:17:00.720

Sandy Reding, RN President California Nurses Association/NNOC: I'm trying to put this in laypeople's terms, so forgive me if, if it's not perfect. But that means you have to be careful with smoke evacuation, because you don't want to lose your working space by sucking out that CO2.

589

01:17:00.760 --> 01:17:14.030

Sandy Reding, RN President California Nurses Association/NNOC: One time during a robotic surgery, the whole room was filled up with plume, and there was so much of it, it wasn't even my room. I was in another OR across the hall, and I came out to get some instrumentation, and the place was full of smoke.

590

01:17:14.150 --> 01:17:31.149

Sandy Reding, RN President California Nurses Association/NNOC: I went into their room to make... see what was happening, and could see that the room was filled with smoke, and we're not supposed to open the doors, because that could change the air exchange for contamination... contamination risk for the patient. So I ran out and got everyone N95

591

01:17:31.150 --> 01:17:39.149

Sandy Reding, RN President California Nurses Association/NNOC: respirators and said, put these on, you know, this is really bad in here. And they, you know, so...

592

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01:17:39.240 --> 01:17:47.519

Sandy Reding, RN President California Nurses Association/NNOC: it's... these are real-life experiences that we're trying to bring to your attention why these things are so important.

593

01:17:48.460 --> 01:17:52.939

Sandy Reding, RN President California Nurses Association/NNOC: That means you have to be careful with the smoke evacuation,

594

01:17:53.930 --> 01:18:16.119

Sandy Reding, RN President California Nurses Association/NNOC: So what... okay, I explained that already, so sorry. This is something my employer really needs to address more fully on how to evacuate and remove the smoke in all situations. Because when it comes to surgical plume, we're dealing with the carcinogens and other toxic exposures that we talked about, where even a small amount of exposure can contribute to cancer risk over the long term.

595

01:18:16.120 --> 01:18:23.900

Sandy Reding, RN President California Nurses Association/NNOC: You know, and again, I've been an OR nurse for, over 35 years. So, we want to reduce exposure.

596

01:18:24.080 --> 01:18:37.989

Sandy Reding, RN President California Nurses Association/NNOC: as low as reasonably achievable, that's why we, put the 90, you know, percent in there. CNA encourages the division to add an additional requirement that employers must review and update exposure control plans.

597

01:18:37.990 --> 01:18:52.570

Sandy Reding, RN President California Nurses Association/NNOC: as needed to achieve this level of health protection. We're also clear that smoke needs to be removed fully from the airspace by use of an evacuation system that we've already talked about, tested to capture at least 90% of the plume.

598

01:18:52.720 --> 01:18:55.680

Sandy Reding, RN President California Nurses Association/NNOC: So, thank you, thank you for listening.

599

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01:18:55.890 --> 01:19:03.129

Eric Berg - Cal/OSHA: Oh, I just had a question. That room that was full of smoke, what was wrong? Was there no smoke evacuation system at all, or was there something wrong with it?

600

01:19:03.310 --> 01:19:07.120

Sandy Reding, RN President California Nurses Association/NNOC: It's a laparoscopic procedure, meaning...

601

01:19:07.120 --> 01:19:08.739

Eric Berg - Cal/OSHA: I mean, it's harder to capture, right?

602

01:19:08.740 --> 01:19:13.600

Sandy Reding, RN President California Nurses Association/NNOC: Not a big, wide incision, so it's inside the belly where

603

01:19:13.910 --> 01:19:24.409

Sandy Reding, RN President California Nurses Association/NNOC: it was a robotic procedure where you put, trocars in, so it's kind of a sealed cistern, and then we puff up the belly with, CO2 to...

604

01:19:24.760 --> 01:19:28.060

Sandy Reding, RN President California Nurses Association/NNOC: To, make sure there's enough room to work.

605

01:19:28.380 --> 01:19:31.719

Sandy Reding, RN President California Nurses Association/NNOC: And if you... and the surgeon...

606

01:19:31.950 --> 01:19:46.920

Sandy Reding, RN President California Nurses Association/NNOC: there's an option where the surgeon can say, wow, there's a lot going on in here, maybe we need to open the belly and do that, but he chose not to. He chose to continue the procedure he was doing, and there was no way to let

607

01:19:46.980 --> 01:20:03.879

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Sandy Reding, RN President California Nurses Association/NNOC: the smoke was just escaping, and it filled the entire room. And the air exchange wasn't sufficient enough. Normal air exchange in the operating room wasn't sufficient enough to evacuate that smoke. And we can't open the doors because that risks open the doors to the OR to let the smoke out.

608

01:20:03.880 --> 01:20:08.300

Sandy Reding, RN President California Nurses Association/NNOC: Because that produces risk for contamination, so we just...

609

01:20:08.390 --> 01:20:15.619

Sandy Reding, RN President California Nurses Association/NNOC: had the nurses wear N95 and suffered through it and figured out, we gotta, you know, we told our,

610

01:20:15.850 --> 01:20:33.540

Sandy Reding, RN President California Nurses Association/NNOC: our director, we gotta figure out a way to fix this problem. So, we want to make sure... let's just be real. Hospitals don't comply with a lot of things that may cost them money, and so that's why we're here. We'd rather just have the

611

01:20:34.060 --> 01:20:46.890

Sandy Reding, RN President California Nurses Association/NNOC: have them do the right thing, but, that's why the mandates are important. I know Erica was saying, don't mandate, but surgeons shouldn't be allowed to dictate what the safety of our work environment.

612

01:20:47.520 --> 01:20:52.980

Eric Berg - Cal/OSHA: Okay, and then about... you had a good example about, like, trialing or testing out systems first.

613

01:20:53.300 --> 01:20:56.689

Eric Berg - Cal/OSHA: Do you recommend, like, a requirement be that they do some sort of a

614

01:20:56.810 --> 01:21:00.459

Eric Berg - Cal/OSHA: Evaluations of the systems, or testing or trialing before they...

615

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01:21:00.870 --> 01:21:04.109

Eric Berg - Cal/OSHA: decide on them, or is that just... I think they do on their own.

616

01:21:04.460 --> 01:21:05.380

Sandy Reding, RN President California Nurses Association/NNOC: Well...

617

01:21:05.720 --> 01:21:16.259

Sandy Reding, RN President California Nurses Association/NNOC: Thank you for that. I do think that should be, put in there, but also, it's part of the... having the frontline workers. In there, it says,

618

01:21:16.910 --> 01:21:20.789

Eric Berg - Cal/OSHA: Yeah, subsection to F, about active involvement employees.

619

01:21:20.790 --> 01:21:32.799

Sandy Reding, RN President California Nurses Association/NNOC: Yes, and I mean, the involvement of the employees doesn't mean the director of the unit, or the manager, or people that don't scrub and circulate those cases. It means a nurse, you know.

620

01:21:32.800 --> 01:21:43.210

Sandy Reding, RN President California Nurses Association/NNOC: a nurse should be in there, or a registered nurse first assistant, because we also have registered nurses that assist, the surgeon. So.

621

01:21:43.360 --> 01:21:46.580

Sandy Reding, RN President California Nurses Association/NNOC: I feel it's really important And

622

01:21:47.190 --> 01:21:51.200

Sandy Reding, RN President California Nurses Association/NNOC: I think the bottom line is, make sure it's something that

623

01:21:51.220 --> 01:22:10.089

Sandy Reding, RN President California Nurses Association/NNOC: the surgeons can agree on and work with, and that it's not obstructive to the process. So if it's too big and bulky, and we're

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doing very fine vascular work, it's not gonna work, and for patient safety, they need to be able to see, so then they disassemble it. We don't want a device like that. We want a device that

624

01:22:10.190 --> 01:22:25.020

Sandy Reding, RN President California Nurses Association/NNOC: for instance, we'll check around. Also, what I did was ask around other... I had a friend at UCLA, too, and she was on the transplant team. I said, do your surgeons complain? She said, no, it's very ergonomic. So, we can share information within the,

625

01:22:25.260 --> 01:22:43.219

Sandy Reding, RN President California Nurses Association/NNOC: the operating room nurses from throughout the country and say, hey, what works for you? And then even zone in to trial just a couple. But, like my colleagues said, they trialed almost a whole year, and then... then they said, oh, never mind, it's not a requirement right now.

626

01:22:43.420 --> 01:22:49.390

Sandy Reding, RN President California Nurses Association/NNOC: And that's not okay. So... Thank you for asking. I hope I answered your question.

627

01:22:49.390 --> 01:22:55.599

Eric Berg - Cal/OSHA: Yeah, I think it, like, depends on the procedure, too, from what you're saying. I mean, some procedures need different equipment, so you might have to...

628

01:22:55.740 --> 01:23:00.919

Eric Berg - Cal/OSHA: have different... Different, procedures and equipment for different procedures.

629

01:23:00.920 --> 01:23:18.279

Sandy Reding, RN President California Nurses Association/NNOC: Yes, for the most part, the one that we have currently seems to be working for all specialties. I work in a lot of different specialties, whether it be... but the robotic or the laparoscopic one is the one where we struggled that day, where it filled the room with smoke.

630

01:23:18.280 --> 01:23:25.210

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Sandy Reding, RN President California Nurses Association/NNOC: So, but for the vast majority of the others, I think that a regular, plume evacuation

631

01:23:25.260 --> 01:23:29.230

Sandy Reding, RN President California Nurses Association/NNOC: Device, as long as it's ergonomic and not too bulky, and

632

01:23:29.290 --> 01:23:39.610

Sandy Reding, RN President California Nurses Association/NNOC: suction, evacuates 90% of the plume, I think we're... that would be really good. But it's just the laparoscopic ones, so far in my experience, that we've had an issue with.

633

01:23:40.080 --> 01:23:45.760

Eric Berg - Cal/OSHA: Okay, so maybe a couple of procedures that don't fit in, but the majority would work with the standardized...

634

01:23:45.960 --> 01:23:46.390

Sandy Reding, RN President California Nurses Association/NNOC: Yes.

635

01:23:46.390 --> 01:23:48.480

Eric Berg - Cal/OSHA: system. Okay, that's good to know.

636

01:23:48.970 --> 01:23:50.080

Eric Berg - Cal/OSHA: Alright, thank you.

637

01:23:51.870 --> 01:23:54.159

Meeting Manager: Our next hand raised is Jennifer Pennock.

638

01:23:57.210 --> 01:23:59.629

Jennifer Pennock (she/her): Thank you. Let me just, lower that there.

639

01:24:00.140 --> 01:24:01.020

Jennifer Pennock (she/her): Can you hear me?

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640

01:24:01.150 --> 01:24:01.940

Eric Berg - Cal/OSHA: Yeah.

641

01:24:02.310 --> 01:24:14.769

Jennifer Pennock (she/her): Okay. We just have one small comment, right at the beginning there about the... the description of this section, for the written,

642

01:24:15.340 --> 01:24:15.730

Eric Berg - Cal/OSHA: Right here.

643

01:24:15.730 --> 01:24:19.719

Jennifer Pennock (she/her): exposure control plan? Yes, our,

644

01:24:20.040 --> 01:24:38.149

Jennifer Pennock (she/her): comment would just be, instead of referring to the equipment as, you know, plume evacuation systems to minimize employee exposure to plume, we would like it to say to manage employee exposure... exposure to plume. I think, kind of, going along with some of the same,

645

01:24:38.150 --> 01:24:42.760

Jennifer Pennock (she/her): Concerned about language not being clear enough that,

646

01:24:42.760 --> 01:24:47.370

Jennifer Pennock (she/her): The, intent is, to protect the staff.

647

01:24:47.530 --> 01:24:54.300

Jennifer Pennock (she/her): from the plume. Sometimes when you include language, like, minimize, it's very, open to interpretation.

648

01:24:54.830 --> 01:24:58.970

Eric Berg - Cal/OSHA: Does the manager refer back to the 90% effectiveness? Is that...

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649

01:24:59.740 --> 01:25:06.529

Jennifer Pennock (she/her): We just... we just thought changing the word minimize to, manage.

650

01:25:06.650 --> 01:25:09.480

Jennifer Pennock (she/her): I mean, I... if you're gonna include...

651

01:25:09.640 --> 01:25:17.279

Jennifer Pennock (she/her): you know, effectiveness elsewhere, 90%, or ISO standards, I mean, certainly that'll,

652

01:25:17.750 --> 01:25:24.099

Jennifer Pennock (she/her): be, you know, inclusive there, but in terms of just using the word minimize.

653

01:25:26.010 --> 01:25:29.419

Eric Berg - Cal/OSHA: Okay, you think manage is more protective than minimize?

654

01:25:30.010 --> 01:25:33.920

Eric Berg - Cal/OSHA: I mean, because Mana Chen's kinda... Kinda generic to me.

655

01:25:35.010 --> 01:25:47.240

Jennifer Pennock (she/her): It is generic, I mean, and I apologize, I'm not a nursing expert, but most of the systems, too, refer to themselves as, surgical smoke management systems, or...

656

01:25:47.240 --> 01:25:47.620

Eric Berg - Cal/OSHA: Okay.

657

01:25:47.620 --> 01:25:52.470

Jennifer Pennock (she/her): evacuation systems, so just in keeping in line with

658

01:25:52.610 --> 01:25:56.370

Jennifer Pennock (she/her): What the manufacturer's terminology typically is as well.

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659

01:25:57.170 --> 01:26:00.189

Eric Berg - Cal/OSHA: Okay, I guess whatever we put in there, we'll have to refer to.

660

01:26:00.410 --> 01:26:03.599

Eric Berg - Cal/OSHA: Whatever effectiveness we, we're going from.

661

01:26:03.600 --> 01:26:04.090

Jennifer Pennock (she/her): Yeah.

662

01:26:04.090 --> 01:26:05.350

Eric Berg - Cal/OSHA: Okay, alright, thanks.

663

01:26:05.350 --> 01:26:06.150

Jennifer Pennock (she/her): Thank you.

664

01:26:09.700 --> 01:26:12.710

Meeting Manager: Okay, our next hand raised is from Angela Robertson.

665

01:26:14.610 --> 01:26:34.019

Angela Robertson: Yeah, just a quick comment. I think the employee engagement, pieces are important. Again, if our employers don't have our input, they would just, buy the cheapest equipment, and not necessarily what works best for, and what the surgeon prefers.

666

01:26:34.020 --> 01:26:47.870

Angela Robertson: So, that would make it harder to get consistent compliance, and if it's only employer-driven, it wouldn't be as an effective program, and you will run into issues of, having a harder time enforcing it. Thank you.

667

01:26:48.410 --> 01:26:49.240

Eric Berg - Cal/OSHA: Alright, thanks.

668

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01:26:51.090 --> 01:26:53.920

Meeting Manager: Our next hand raised is Gabriela Morales-Ortega.

669

01:26:57.570 --> 01:27:13.680

Gabriela Morales-Ortega: I just, I just want to say a quick comment. CNA strongly supports the requirements of employers to obtain the expertise and input of employees and their representatives in developing and updating the exposure control plan.

670

01:27:13.680 --> 01:27:21.679

Gabriela Morales-Ortega: Because my union and my colleagues, we can collectively make changes, and speak up, the...

671

01:27:21.750 --> 01:27:26.170

Gabriela Morales-Ortega: They're, through the Professional Practice Committee that we have.

672

01:27:26.170 --> 01:27:43.810

Gabriela Morales-Ortega: There are other nurses in non-union facilities that don't have the same union projections to bring issues forward, which is why it's important that we keep these requirements. Nurses are... so we're the ones who are in the operating room, and we know firsthand

673

01:27:43.810 --> 01:27:48.279

Gabriela Morales-Ortega: What's going on in there, and what's working, what's not working.

674

01:27:48.280 --> 01:28:00.770

Gabriela Morales-Ortega: We also support the expanded requirements for written exposure control plans, to require the information like the name, the job title, the person responsible for implementing the plan.

675

01:28:00.770 --> 01:28:11.970

Gabriela Morales-Ortega: These records in writing help us hold our employers accountable, which is important to keeping nurses, other healthcare workers, and patients safe, so...

676

01:28:12.240 --> 01:28:13.150

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Gabriela Morales-Ortega: Thank you.

677

01:28:13.400 --> 01:28:14.250

Eric Berg - Cal/OSHA: Alright, thank you.

678

01:28:18.140 --> 01:28:20.499

Meeting Manager: Our next hand raised is Jane Thomason.

679

01:28:22.450 --> 01:28:25.589

Jane Thomason / CNA: Hi, Jane Thomason with CNA. I think...

680

01:28:25.670 --> 01:28:37.370

Jane Thomason / CNA: In general, this section is looking really good. There are a lot of improvements in this discussion draft compared to the last one that we're really supportive of. We like the language around exposure control plans.

681

01:28:37.400 --> 01:28:54.389

Jane Thomason / CNA: We like the expansion of the written plan requirements. We need to know who's responsible for implementing the plan as a point of contact. Nurses need to have access to all this information in writing, so very, very supportive of what this looks like.

682

01:28:54.390 --> 01:29:00.600

Jane Thomason / CNA: I think, just to respond to the conversation that was happening a few minutes ago about C1,

683

01:29:00.900 --> 01:29:07.739

Jane Thomason / CNA: And the suggestion to replace minimize with manage. I think when we're talking about surgical plume, we're dealing with...

684

01:29:08.110 --> 01:29:13.419

Jane Thomason / CNA: A mix of hazardous exposures, including carcinogens.

685

01:29:13.570 --> 01:29:33.319

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Jane Thomason / CNA: Known carcinogens, and when we're dealing with carcinogens, in occupational health and safety, we should always be taking an Alara approach, as low as reasonably achievable, right? That's always... because we know with carcinogens, repeat exposure over the long term, even to a miniscule amount, can increase cancer risk.

686

01:29:33.650 --> 01:29:52.970

Jane Thomason / CNA: And when we're talking about surgical plume, where nurses and other healthcare workers are being exposed multiple times a shift, multiple shifts a week for decades, we know that that is a really significant burden of carcinogen exposure. And so, really, we should be minimizing that exposure.

687

01:29:52.970 --> 01:30:06.889

Jane Thomason / CNA: Under those principles, since we know it's carcinogenic, it's really not a question about whether it's carcinogenic, we know that it is. So I really, would, strongly encourage Cal OSHA to maintain what they have drafted in this section.

688

01:30:07.390 --> 01:30:08.370

Jane Thomason / CNA: Thank you.

689

01:30:09.030 --> 01:30:11.770

Eric Berg - Cal/OSHA: Do you think we should refer to the ISO

690

01:30:12.380 --> 01:30:16.010

Eric Berg - Cal/OSHA: Standard 90% effectiveness here, or is that...

691

01:30:16.010 --> 01:30:33.360

Jane Thomason / CNA: I think that there are other places that would be more effective to refer to the ISO standard. I think, adding it either to the definitions, of plume evacuation system, so that you're defining that we're only talking about plume evacuation systems that have been validated by manufacturers to function effectively.

692

01:30:33.490 --> 01:30:40.820

Jane Thomason / CNA: I think that would be a good option, or if you want to look at Section D, there's probably places in Section D to put it there.

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693

01:30:40.920 --> 01:30:50.049

Jane Thomason / CNA: But I would advocate for it to be part of the definition, that we're only talking about using plume evacuation systems that we know have been validated to work, like they should.

694

01:30:50.050 --> 01:30:51.750

Eric Berg - Cal/OSHA: Okay, that makes sense, thanks.

695

01:30:53.540 --> 01:30:55.489

Meeting Manager: Our next hand raise is Erica Frank.

696

01:30:57.540 --> 01:31:07.489

Erika Frank: Okay, so, my comments are going to be largely with regard to what should be C3, but just generally speaking, we recognize that

697

01:31:07.540 --> 01:31:24.410

Erika Frank: the predominance of this section mirrors other workplace safety regulations as it relates to involving employees in developing exposure plan reviewing training. Yes, I think that was a typo. I believe you wanted that to be 3, exactly.

698

01:31:24.410 --> 01:31:25.420

Eric Berg - Cal/OSHA: Yeah, you're right, sorry.

699

01:31:25.420 --> 01:31:28.490

Erika Frank: That's okay, it happens. You know.

700

01:31:28.780 --> 01:31:37.800

Erika Frank: I'll defer, you know, a lot of the details to our comment letter, but specifically with this provision, it would be helpful if we really narrow it to

701

01:31:37.800 --> 01:31:49.629

Erika Frank: Any changes related to, the plume evacuation system, as opposed to any change that may occur in the environment, so that we're really ensuring that

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702

01:31:49.630 --> 01:31:58.380

Erika Frank: Any change that might be related to the evacuation of plume would then trigger this comprehensive review.

703

01:31:59.550 --> 01:32:12.839

Erika Frank: We don't believe that a comprehensive review is necessary every time a change occurs, or when there is a new hazard identified that's unrelated to plume, so really just narrowing... narrowly tailoring the focus.

704

01:32:13.110 --> 01:32:23.740

Erika Frank: And then lastly, really just honing in on, you know, part of the discussion of really focusing on those types of measurable parameters, so when we're talking about

705

01:32:23.810 --> 01:32:46.450

Erika Frank: Rather than talking about the cost of equipment and devices, that we're really looking at something that can provide a measurable standard with measurable parameters so that we all can get on the same page of our intent here is to ensure the safety of our workers, and to ensure that we're utilizing technology that

706

01:32:46.450 --> 01:32:52.019

Erika Frank: Is effective, but also leave room for the fact that there may be technological updates down the road.

707

01:32:53.460 --> 01:33:01.029

Eric Berg - Cal/OSHA: Okay, and then the ISO standard, I guess, is that what you're referring to, like, the equipment that we know it's effective, that meets the ISO standard?

708

01:33:01.350 --> 01:33:05.540

Erika Frank: No, I'm not advocating for any standard per se, just generally stated.

709

01:33:05.540 --> 01:33:06.330

Eric Berg - Cal/OSHA: Oh, okay.

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710

01:33:06.520 --> 01:33:12.549

Eric Berg - Cal/OSHA: And then to make this more specific, I guess when things are changed, just make it specific that it's...

711

01:33:12.760 --> 01:33:14.600

Eric Berg - Cal/OSHA: That it affects plume somehow.

712

01:33:14.600 --> 01:33:15.320

Erika Frank: Correct.

713

01:33:15.320 --> 01:33:16.779

Eric Berg - Cal/OSHA: Okay, alright, thank you.

714

01:33:19.850 --> 01:33:22.470

Meeting Manager: Alright, our next hand raise is Nikki Washington.

715

01:33:26.690 --> 01:33:29.489

Nikki Washington: Alright, thank you, everybody. Can you hear me?

716

01:33:29.650 --> 01:33:30.729

Eric Berg - Cal/OSHA: Yeah, very good.

717

01:33:30.730 --> 01:33:33.410

Nikki Washington: Alright, awesome. I just wanted to,

718

01:33:34.360 --> 01:33:50.990

Nikki Washington: go back to Sandy's comment about the laparoscopic procedures and, the smoke... well, the plume filling the room. That is actually correct. Even though there are smoke evacuation methods for laparoscopic procedures, I don't think those are as highly.

719

01:33:51.040 --> 01:33:58.509

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Nikki Washington: sought out or recognized as they should be, but what I wanted to do also is just add some...

720

01:33:58.800 --> 01:34:01.110

Nikki Washington: Value to her comment as well.

721

01:34:01.210 --> 01:34:06.499

Nikki Washington: Research states that The plume stays in the air for 20 minutes after

722

01:34:06.660 --> 01:34:19.930

Nikki Washington: everything is done. So after the room is clean, that plume is still in the room. You can't see it, but it's there. And so you have the potential of not only harming the staff that was in the room and the patient that was in the room.

723

01:34:20.220 --> 01:34:23.329

Nikki Washington: But also, the patient that is coming in after that.

724

01:34:23.690 --> 01:34:34.410

Nikki Washington: And so... which is unfair to them. Unbeknownst to them, this is from another patient. So I just wanted to add that there, to give a... another broader spec of

725

01:34:34.720 --> 01:34:53.860

Nikki Washington: the dangerous effects of not using, smoke evacuation systems, especially in those laparoscopic procedures, because as CND stated, the room is just filled with smoke because the physicians will open the vent and allow the smoke to escape into the atmosphere. Well, it doesn't go anywhere immediately.

726

01:34:54.550 --> 01:35:06.539

Nikki Washington: So I just wanted to add that support to, just to paint a clearer picture, and just add value to what Sandy has already stated, and to, support the verbiage

727

01:35:06.960 --> 01:35:10.140

Nikki Washington: That has been suggested, for those changes as well.

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728

01:35:10.580 --> 01:35:14.080

Eric Berg - Cal/OSHA: Okay, and you said the physician opened event? Is that part.

729

01:35:14.080 --> 01:35:22.659

Nikki Washington: So, what she was... so in laparoscopic procedures, in the little trocars that, was spoken about earlier, there's a little...

730

01:35:22.770 --> 01:35:30.399

Nikki Washington: there's a little port that you can turn. You open it, or you close it. You typically keep it closed so the CO2 does not escape.

731

01:35:30.650 --> 01:35:33.259

Nikki Washington: To keep the belly... to keep the belly full.

732

01:35:33.380 --> 01:35:40.729

Nikki Washington: However, when it gets too smoky from the plume when they're operating, the surgeons will open the vent.

733

01:35:41.180 --> 01:35:50.420

Nikki Washington: To let the plume out in the atmosphere. And that's how the room is filled with smoke, or plume, and it travels, because again.

734

01:35:51.070 --> 01:35:56.689

Nikki Washington: It has to escape somewhere. Even if you don't open the door, it still seeps out.

735

01:35:57.800 --> 01:35:58.649

Eric Berg - Cal/OSHA: Okay, I understand.

736

01:35:58.650 --> 01:36:00.140

Nikki Washington: Yeah, okay. Right.

737

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01:36:00.140 --> 01:36:00.710

Eric Berg - Cal/OSHA: Thank you.

738

01:36:00.710 --> 01:36:02.469

Nikki Washington: You're more than welcome, my pleasure.

739

01:36:04.420 --> 01:36:06.530

Meeting Manager: Our next hand raised is Patricia Owens.

740

01:36:07.360 --> 01:36:10.909

Patricia Owens: Hi, thank you once again for the opportunity to address

741

01:36:11.120 --> 01:36:17.050

Patricia Owens: this body and all the participants today, I do want to then also add

742

01:36:17.290 --> 01:36:24.170

Patricia Owens: More comment on Sandy and Nikki, testimony here. A couple things to consider is

743

01:36:24.550 --> 01:36:32.689

Patricia Owens: You know, I support the written exposure control plan. One of the important aspects is to really identify all the areas

744

01:36:32.820 --> 01:36:40.069

Patricia Owens: That plume or smoke, surgical smoke, is being generated, and it's been identified today, and just now.

745

01:36:40.170 --> 01:36:54.409

Patricia Owens: that laparoscopic procedures, or they call them minimal invasive procedures, which is predominantly being used in our ambulatory surgery centers, and obviously acute hospitals, but we're seeing more and more a shift into ASCs.

746

01:36:54.550 --> 01:37:12.990

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Patricia Owens: You know, the problems with using, you know, an energy-based device, electrosurgery, smoke, lasers, within a procedure that involves a laparoscope is that you do have, as they both have said, you have to maintain the pneumoperitineum

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01:37:13.130 --> 01:37:21.180

Patricia Owens: With, carbon dioxide gas, so you have to have the abdomen, extended, distended, so that you can get your instrumentation in there.

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01:37:21.350 --> 01:37:33.809

Patricia Owens: However, the smoke does generate whenever you're using these energy-based devices. And, you know, you have heard about what can happen if they're not managed appropriately.

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01:37:33.920 --> 01:37:45.720

Patricia Owens: And so, what can happen is that, to the patient, not only to the staff, by opening up these ports and now exposing everyone in the room to this toxic gas and chemical compounds.

750

01:37:45.800 --> 01:37:55.909

Patricia Owens: And these nanoparticles, but the patient itself, they start having the perineal membranes and the blood vessels in that peritoneal membrane.

751

01:37:56.000 --> 01:38:07.809

Patricia Owens: absorb the carbon dioxide, and they can therefore develop high levels of carboxyhemoglobin, which can lead to hypoxia and

752

01:38:07.830 --> 01:38:18.620

Patricia Owens: from the patient's endpoint, longer period of time in PACU and recovery, and so this is a consideration where we need protection, not only for the staff, but obviously

753

01:38:18.680 --> 01:38:21.290

Patricia Owens: We are advocates for our patients.

754

01:38:21.410 --> 01:38:38.159

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Patricia Owens: Even Joint Commission, and they end up putting out safety alerts, and 2020 did a quick safety alert, number 56, discussing the hazards of surgical smoke, and it's been shown that it can cause in vitro mutation.

755

01:38:38.240 --> 01:38:52.380

Patricia Owens: and contributing factor of higher rates of pregnancy complications for female surgeries, whether minimally invasive or in open abdominal type of surgeries. And the one... when they start out the safety considerations.

756

01:38:52.590 --> 01:39:05.820

Patricia Owens: Looking at Joint Commission is to use specific laparoscopic insufflators that lessen the accumulation of this, methamhemoglobin buildup in the intra-abdominal cavity.

757

01:39:05.830 --> 01:39:15.239

Patricia Owens: I mean, that's, like, listed in the first two mandates from Joint Commission. And so there are numerous... I know we're going to get into the different controls, but

758

01:39:15.250 --> 01:39:33.410

Patricia Owens: Once again, this is another type of equipment, insufflation integration with smoke evacuation. It's very specific. There's a variety of companies that have them, where you remove the smoke using an ALPA filter, but you maintain this pneumoperitoneum

759

01:39:33.410 --> 01:39:52.739

Patricia Owens: You know, which is necessary to do these procedures, whether they're robotics or not. You can get 12 to 15 millimeters of mercury pressure, which is what you need. And so these machines are out and are available, and to help safeguard our staff, but also our patients.

760

01:39:52.850 --> 01:39:53.730

Patricia Owens: Thank you.

761

01:39:54.060 --> 01:39:56.580

Eric Berg - Cal/OSHA: Mary, could you send us a link to that.

762

01:39:56.580 --> 01:39:58.909

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Patricia Owens: I sure will. I'll send you the information, yeah.

763

01:39:58.910 --> 01:40:00.880

Eric Berg - Cal/OSHA: Alright, alright, thanks a lot, that was helpful.

764

01:40:01.340 --> 01:40:01.900

Patricia Owens: Okay?

765

01:40:02.550 --> 01:40:04.690

Meeting Manager: Our next hand raise is Pamela Marcel.

766

01:40:07.120 --> 01:40:09.700

Pamela Murcell, CIHC: Good morning. Is my audio working?

767

01:40:10.010 --> 01:40:11.279

Eric Berg - Cal/OSHA: Yeah, I hear you well, Pamela.

768

01:40:11.280 --> 01:40:11.770

Pamela Murcell, CIHC: Hi, Eric.

769

01:40:11.770 --> 01:40:12.920

Eric Berg - Cal/OSHA: Thanks for coming.

770

01:40:13.070 --> 01:40:21.440

Pamela Murcell, CIHC: You bet. So I have a couple of comments on behalf of the California Industrial Hygiene Council, related to Subsection C.

771

01:40:21.680 --> 01:40:30.730

Pamela Murcell, CIHC: The first one is that we would, recommend that in C1 there be a requirement that the plans be

772

01:40:30.930 --> 01:40:43.140

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Pamela Murcell, CIHC: Be, completed under, qualified person, guidance, or at least, qualified person involvement.

773

01:40:43.450 --> 01:40:54.949

Pamela Murcell, CIHC: We've seen in the past where, exposure control plans are similar. Control plans for other items, don't work too well if folks

774

01:40:55.210 --> 01:41:03.040

Pamela Murcell, CIHC: Are not very well versed in what the, overall subject matter is for the exposure control plan.

775

01:41:03.180 --> 01:41:09.920

Pamela Murcell, CIHC: I'll leave it to the division's choices to how they're going to define qualified person in this case.

776

01:41:10.680 --> 01:41:17.150

Pamela Murcell, CIHC: We also, want to request that in 2C,

777

01:41:17.440 --> 01:41:22.440

Pamela Murcell, CIHC: Talking about the effective procedures for evaluating and.

778

01:41:22.440 --> 01:41:25.809

Eric Berg - Cal/OSHA: Identifying and evaluating occupational exposure.

779

01:41:26.020 --> 01:41:32.350

Pamela Murcell, CIHC: to plume that the, reference to Section 3203A4 be removed.

780

01:41:33.960 --> 01:41:48.019

Pamela Murcell, CIHC: 3203A4 actually talks about identifying and evaluating occupational hazards, and hazards is a much broader issue than just exposure.

781

01:41:48.450 --> 01:41:59.040

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Pamela Murcell, CIHC: And I think, the main issue with this particular regulation is the identifying and evaluating for occupational exposure.

782

01:41:59.120 --> 01:42:13.010

Pamela Murcell, CIHC: I think we all recognize that there are definite potential health effects and health hazards associated. Those don't need to be identified. That's part of the reason why we're having this discussion.

783

01:42:13.420 --> 01:42:21.690

Pamela Murcell, CIHC: So, again, recommending that the reference to the IPP subsection 3203A4 be removed in this case.

784

01:42:21.810 --> 01:42:29.919

Pamela Murcell, CIHC: And then we also like to just emphasize our support to, having the active involvement of employees.

785

01:42:30.020 --> 01:42:36.749

Pamela Murcell, CIHC: And authorized employee representatives, because The collaboration is incredibly important.

786

01:42:36.860 --> 01:42:42.030

Pamela Murcell, CIHC: To, to have something that is truly effective.

787

01:42:42.400 --> 01:42:56.250

Pamela Murcell, CIHC: What I'm hearing, though, from the discussion today so far, is there's a potential issue with physicians and surgeons, because they are not necessarily employees of the organizations.

788

01:42:56.370 --> 01:43:13.059

Pamela Murcell, CIHC: So I think there needs to be a way of capturing... I'm not sure that I'm the right one to address how this would be done in the regulation and in the language, but I think there needs to be some way of capturing the involvement and collaboration with

789

01:43:13.160 --> 01:43:22.200

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Pamela Murcell, CIHC: The physicians and surgeons as well, because it sounds like without their buy-in, there's going to be a lot of problems on implementation.

790

01:43:22.870 --> 01:43:25.249

Pamela Murcell, CIHC: That's what I have for this section, thank you.

791

01:43:25.640 --> 01:43:29.740

Eric Berg - Cal/OSHA: Alright, thanks. As far as the active involvement of employees.

792

01:43:29.910 --> 01:43:34.139

Eric Berg - Cal/OSHA: Would you recommend including in that the qualified person, or having, like, a separate

793

01:43:34.260 --> 01:43:39.209

Eric Berg - Cal/OSHA: like a subsection G to have, or just maybe in one, to have the qualified person

794

01:43:39.870 --> 01:43:44.419

Eric Berg - Cal/OSHA: You know, assist with Writing the plan, or setting up the plan?

795

01:43:44.420 --> 01:43:47.960

Pamela Murcell, CIHC: Yeah, I think the qualified person should be part of C1.

796

01:43:47.960 --> 01:43:48.340

Eric Berg - Cal/OSHA: Okay.

797

01:43:48.340 --> 01:43:50.939

Pamela Murcell, CIHC: Talking about the overall development of the plan.

798

01:43:52.530 --> 01:43:56.029

Eric Berg - Cal/OSHA: Okay, and then, like, we could also think about...

799

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01:43:56.930 --> 01:44:01.930

Eric Berg - Cal/OSHA: I guess adding a subsection for the hospitals, Where the employers...

800

01:44:02.610 --> 01:44:08.550

Eric Berg - Cal/OSHA: I guess, request the involvement of surgeons? Because I don't know if we could mandate if they're not employees, but...

801

01:44:08.810 --> 01:44:13.420

Eric Berg - Cal/OSHA: At least something where they... they do their best effort to get their input. Something like that.

802

01:44:13.900 --> 01:44:27.700

Pamela Murcell, CIHC: And in this case, it may need to be a should instead of a shall, but I think it needs to be at least somehow captured in this subsection F.

803

01:44:27.700 --> 01:44:31.230

Eric Berg - Cal/OSHA: Okay, I don't know, Erica, do you have any thoughts on that?

804

01:44:31.500 --> 01:44:36.199

Eric Berg - Cal/OSHA: In the hospital's perspective, like, something... the hospitals,

805

01:44:36.500 --> 01:44:39.089

Eric Berg - Cal/OSHA: Should try to get the involvement of surgeons?

806

01:44:39.340 --> 01:44:41.289

Eric Berg - Cal/OSHA: I'm not sure exactly how we'd do that, but...

807

01:44:41.290 --> 01:44:50.420

Erika Frank: Yeah, I mean, I think right now the way it's written as far as having the employees involved, is really gonna be paramount.

808

01:44:50.610 --> 01:45:03.630

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Erika Frank: you know, whether we... to what extent we get the surgeon's involvement, I think, as we've heard today, some are very, receptive, and others are not, so I think it's just going to depend upon how it's worded and what the...

809

01:45:05.950 --> 01:45:10.610

Erika Frank: what the expectation is. Of course, I think for those surgeons that are

810

01:45:11.400 --> 01:45:21.859

Erika Frank: interested and willing to make some changes, or willing to adopt new practices, they will be involved. Others may not be, so I'm...

811

01:45:22.460 --> 01:45:24.690

Erika Frank: The remaining concerns of...

812

01:45:25.040 --> 01:45:34.170

Erika Frank: to the extent we can get them involved, I think that is something that I'd have to take back, and something that we could consider, but it would have to be short of a mandate.

813

01:45:34.520 --> 01:45:39.790

Eric Berg - Cal/OSHA: Okay, we'll take a look at if we can put some sort of... Language bout, you know.

814

01:45:40.210 --> 01:45:44.119

Eric Berg - Cal/OSHA: You know, make an attempt to get the... Involvement of surgeons.

815

01:45:44.540 --> 01:45:45.040

Eric Berg - Cal/OSHA: And then...

816

01:45:45.040 --> 01:45:49.249

Erika Frank: And again, I mean, we'll just have to see if that's even feasible, quite honestly.

817

01:45:49.250 --> 01:45:49.940

Eric Berg - Cal/OSHA: Okay.

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818

01:45:50.250 --> 01:45:52.649

Eric Berg - Cal/OSHA: Okay, well, we're back for the future, but thank you.

819

01:45:52.650 --> 01:45:53.480

Erika Frank: Thanks.

820

01:45:55.500 --> 01:46:00.539

Meeting Manager: Eric, we do have an additional hand raised for any reading.

821

01:46:01.540 --> 01:46:17.730

Sandy Reding, RN President California Nurses Association/NNOC: Yeah, I just wanted to say that the trials are how the physicians are... the surgeons are involved. Typically, the ones I work with, nobody wants more meetings, but they do want to be involved if there's a change in some... in any type of,

822

01:46:18.970 --> 01:46:23.770

Sandy Reding, RN President California Nurses Association/NNOC: implementation of, of... Either drapes, or...

823

01:46:23.870 --> 01:46:30.890

Sandy Reding, RN President California Nurses Association/NNOC: instruments or brands. We do this all the time, and oftentimes the corporations...

824

01:46:30.930 --> 01:46:47.199

Sandy Reding, RN President California Nurses Association/NNOC: trial these things, that's how they get the physicians involved, and say, do you like this? Or, this is what we're going to be using for the entire corporation, all 30 hospitals, or whatever. And then they have the represented industry reps come in and

825

01:46:47.200 --> 01:46:54.059

Sandy Reding, RN President California Nurses Association/NNOC: explained those things, and... and they talked to the surgeons in the room. You know, so that's...

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826

01:46:54.110 --> 01:47:10.979

Sandy Reding, RN President California Nurses Association/NNOC: you know, that was our way of getting the surgeons involved, because it's hands-on, and it's actual practice. So I don't... I'm not sure that we need additional things saying that, I'll leave that up to you, but that's how, in my 35

827

01:47:11.270 --> 01:47:29.010

Sandy Reding, RN President California Nurses Association/NNOC: almost... actually, more than that, years, 38 years of, working in the OR, that's what they want to see. If there's a new instrument, or if there's a new, vendor, or different... a change in, instrumentation, they want to be involved.

828

01:47:29.010 --> 01:47:35.750

Sandy Reding, RN President California Nurses Association/NNOC: And sometimes it's not... and oftentimes it is to be cost-effective. We also want to be...

829

01:47:35.750 --> 01:47:52.740

Sandy Reding, RN President California Nurses Association/NNOC: very good stewards of our resources. You know, it's not like nurses don't want to do that, we do. But we want to make sure our patients are taken care of, and that it's a safe work environment for us, too. So, having said that, I feel like the trials are the way the physicians, the surgeons can get involved.

830

01:47:52.780 --> 01:47:53.339

Sandy Reding, RN President California Nurses Association/NNOC: All of them.

831

01:47:53.340 --> 01:47:53.950

Eric Berg - Cal/OSHA: Okay.

832

01:47:54.980 --> 01:48:00.599

Eric Berg - Cal/OSHA: And a trial run is kind of like a simulated surgery, it's not an actual surgery, they just kind of have to do a simulation.

833

01:48:00.600 --> 01:48:01.500

Sandy Reding, RN President California Nurses Association/NNOC: No, sorry.

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834

01:48:01.500 --> 01:48:02.259

Eric Berg - Cal/OSHA: They do it.

835

01:48:03.360 --> 01:48:16.419

Sandy Reding, RN President California Nurses Association/NNOC: Sorry, there's a delay on my end, I didn't mean to interrupt you. It's where they try... for instance, when we were trialing, what I mean by trial is they bring in different products.

836

01:48:16.420 --> 01:48:38.689

Sandy Reding, RN President California Nurses Association/NNOC: And typically, the industry reps don't charge for them for... well, I don't know what they do, but they bring in their new plume evacuators and say, here's mine, this is my brand, try this. And then we try it, and they say, no, it's too bulky, I can't... it's obstructive, I can't even see what I'm doing. So then we say, okay, that one's not gonna work, let's try another one. And then we call around to the other hospitals.

837

01:48:38.690 --> 01:48:43.629

Sandy Reding, RN President California Nurses Association/NNOC: and say, what are you using? Is it effective? And we try to narrow it down that way.

838

01:48:43.630 --> 01:49:05.700

Sandy Reding, RN President California Nurses Association/NNOC: And then they said, well, this is much better than the last one. I'd really prefer something more ergonomic, so I'm gonna disassemble the end, but it's better than the last one, so I will use that one. So, it's trials, meaning you bring in different brands and types, that do the same thing, and of course they would be, you know, we would hope... that's... our goal, is to have the 90%

839

01:49:05.700 --> 01:49:11.729

Sandy Reding, RN President California Nurses Association/NNOC: validation. So choose from those, and then they make the decision, and then

840

01:49:11.770 --> 01:49:16.869

Sandy Reding, RN President California Nurses Association/NNOC: Oftentimes, the corporation will say, that's what we're gonna do, and do it

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841

01:49:17.010 --> 01:49:19.769

Sandy Reding, RN President California Nurses Association/NNOC: Through all... for all their hospitals.

842

01:49:20.590 --> 01:49:22.910

Eric Berg - Cal/OSHA: Okay, yeah, thanks for that. So, yeah, we'll look at...

843

01:49:23.500 --> 01:49:28.579

Eric Berg - Cal/OSHA: Maybe put in some sort of language on doing, you know, trialing out or testing out the systems.

844

01:49:28.980 --> 01:49:30.769

Eric Berg - Cal/OSHA: So they can find what works best.

845

01:49:34.160 --> 01:49:35.410

Eric Berg - Cal/OSHA: Okay, thank you for that.

846

01:49:36.220 --> 01:49:38.239

Meeting Manager: Erica Frank has her hand raised.

847

01:49:38.800 --> 01:49:39.450

Eric Berg - Cal/OSHA: Go ahead.

848

01:49:39.600 --> 01:49:52.259

Erika Frank: Hi, yeah, Sandy, thank you. I think what she was alluding to, not necessarily the requirement that we now have trials built into the regulations, but this is just part of general practice, that this is happening

849

01:49:52.450 --> 01:50:09.609

Erika Frank: organically, without any requirement. In other words, you know, our hospitals are not going to be purchasing equipment that our nurses and our surgeons aren't going to like to

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use, or are not ergonomically correct, or are not safe to use. There is that collaboration that's inherent

850

01:50:09.960 --> 01:50:15.340

Erika Frank: Today, without needing a prescriptive regulation to speak to it.

851

01:50:15.930 --> 01:50:16.660

Eric Berg - Cal/OSHA: Okay.

852

01:50:17.060 --> 01:50:22.169

Eric Berg - Cal/OSHA: So, you would be in favor of, like, a should-type language for... if we... if we did put it in here?

853

01:50:22.370 --> 01:50:23.520

Eric Berg - Cal/OSHA: I could shoot us.

854

01:50:23.520 --> 01:50:24.070

Erika Frank: I don't...

855

01:50:24.070 --> 01:50:25.310

Eric Berg - Cal/OSHA: requirement, it's just...

856

01:50:25.640 --> 01:50:26.020

Erika Frank: Yeah.

857

01:50:26.020 --> 01:50:26.890

Eric Berg - Cal/OSHA: recommendation?

858

01:50:26.890 --> 01:50:42.099

Erika Frank: I mean, I don't think it's necessary, but to the extent that the board feels compelled to put something in there, it would need to be more on the permissive nature to the extent feasible, and I would not recommend some kind of trial period that's just going to slow things down.

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859

01:50:42.100 --> 01:50:42.430

Eric Berg - Cal/OSHA: Okay.

860

01:50:42.430 --> 01:50:47.589

Erika Frank: And really make our end goal much more difficult to attain.

861

01:50:48.430 --> 01:50:49.509

Eric Berg - Cal/OSHA: Okay, thank you.

862

01:50:50.050 --> 01:50:52.689

Meeting Manager: Sandy Reading has a comment on that.

863

01:50:54.260 --> 01:51:06.330

Sandy Reding,RN President California Nurses Association/NNOC: Yeah, I don't think it's a bad idea to require the trials. I think it could expedite the trials if... if they don't... I... you know, they can... the hospitals can start with whatever trial... whatever...

864

01:51:06.480 --> 01:51:12.510

Sandy Reding,RN President California Nurses Association/NNOC: product they want, but if we keep going through the... it will extend the trials

865

01:51:12.730 --> 01:51:30.740

Sandy Reding,RN President California Nurses Association/NNOC: if we have to go through a million of them, but I think most of us know which ones they want, and so we could make those suggestions, and they could expedite that process. That's not... I do feel like the, you know, if you want the surgeon's input, and we're all saying that

866

01:51:30.760 --> 01:51:42.629

Sandy Reding,RN President California Nurses Association/NNOC: that's part of the process, because implementation and cooperating with it and not disassembling them, so that they're not as effective as they should be, I feel like trials are important.

867

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01:51:42.630 --> 01:51:52.909

Sandy Reding, RN President California Nurses Association/NNOC: And surgeons should be, have an evaluation process. There should be a short time frame, because we don't need to extend this, we've already extended it a long time.

868

01:51:52.910 --> 01:52:07.559

Sandy Reding, RN President California Nurses Association/NNOC: In my opinion, as an O-earner's. So, I'm not opposed... you know, I did allude to some things, but I want to be very clear, I think it's a good idea to have trials. However we put that in there, is... is up to

869

01:52:08.000 --> 01:52:24.180

Sandy Reding, RN President California Nurses Association/NNOC: up to everybody, but I do think that... I do want to go on record with saying it's important to have trials, and it's important to, be... obviously be good, stewards of our resources, but not at the expense of the safety of this staff.

870

01:52:25.990 --> 01:52:28.299

Eric Berg - Cal/OSHA: Okay, thank you, yeah, something to explore.

871

01:52:32.960 --> 01:52:34.739

Meeting Manager: There are no more hands raised at this time.

872

01:52:35.430 --> 01:52:42.219

Eric Berg - Cal/OSHA: Okay, let's take a... A 30-minute break for lunch.

873

01:52:42.790 --> 01:52:44.380

Eric Berg - Cal/OSHA: She'll be here around...

874

01:52:44.970 --> 01:52:50.199

Eric Berg - Cal/OSHA: I guess at 12.30, we can do a 40-minute, at 12.30, we'll come back together.

875

01:52:57.440 --> 01:52:59.600

Eric Berg - Cal/OSHA: Right? Thanks, everyone, we'll see you in a little bit.

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876

01:53:00.900 --> 01:53:01.660

Kevin Graulich - Cal/OSHA: Thanks, sir.

877

01:53:02.040 --> 01:53:03.160

Meeting Manager: unfair, thanks.

878

02:34:03.040 --> 02:34:04.780

Eric Berg - Cal/OSHA: Hello everyone, we'll get started in a minute.

879

02:34:13.430 --> 02:34:15.710

Meeting Manager: Eric, if you can reshare your document.

880

02:34:16.340 --> 02:34:17.969

Eric Berg - Cal/OSHA: Okay, I've been doing that.

881

02:34:28.690 --> 02:34:30.159

Eric Berg - Cal/OSHA: Okay, can you see it okay?

882

02:34:31.520 --> 02:34:32.700

Meeting Manager: Not yet.

883

02:34:33.390 --> 02:34:34.070

Eric Berg - Cal/OSHA: Okay.

884

02:34:39.420 --> 02:34:40.470

Meeting Manager: Okay, we're good.

885

02:34:40.470 --> 02:34:42.130

Eric Berg - Cal/OSHA: Okay, it's showing, alright, that's good.

886

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02:34:49.190 --> 02:34:51.440

Eric Berg - Cal/OSHA: Do we have most people back, John?

887

02:34:52.700 --> 02:34:57.750

Meeting Manager: It's hard to tell if everybody's actually back, but it looks like a number of them are, so I think we're okay.

888

02:34:57.750 --> 02:35:02.830

Eric Berg - Cal/OSHA: Okay, alright, I'll get restarted, thank you, everyone, for returning.

889

02:35:03.010 --> 02:35:07.219

Eric Berg - Cal/OSHA: And now we'll go to subsection D.

890

02:35:07.660 --> 02:35:10.030

Eric Berg - Cal/OSHA: Which is the, control measures.

891

02:35:10.340 --> 02:35:14.560

Eric Berg - Cal/OSHA: Or, protecting workers from... Plume?

892

02:35:15.420 --> 02:35:19.230

Eric Berg - Cal/OSHA: So there's E, D1 is engineering controls.

893

02:35:19.670 --> 02:35:22.560

Eric Berg - Cal/OSHA: D1a is Plume Evacuation Systems.

894

02:35:23.020 --> 02:35:28.160

Eric Berg - Cal/OSHA: It says, exposure plumes shall be prevented by plume evacuation systems to the greatest extent.

895

02:35:28.390 --> 02:35:29.370

Eric Berg - Cal/OSHA: Feasible.

896

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02:35:30.370 --> 02:35:35.640

Eric Berg - Cal/OSHA: And then it goes into some of the criteria for the, plume systems.

897

02:35:36.080 --> 02:35:37.740

Eric Berg - Cal/OSHA: And 1 through 4...

898

02:35:38.800 --> 02:35:47.890

Eric Berg - Cal/OSHA: And then B is general ventilation, so that's just not capturing the air, but just removing the, the room air.

899

02:35:48.290 --> 02:35:52.630

Eric Berg - Cal/OSHA: It says the minimum exchange... minimum total air exchange rate for the room

900

02:35:52.810 --> 02:35:57.489

Eric Berg - Cal/OSHA: Or area where surgical plume is generated shall be at least 20 air changes per hour.

901

02:35:57.910 --> 02:36:01.269

Eric Berg - Cal/OSHA: And shall we use, in addition to plume evacuation systems.

902

02:36:01.530 --> 02:36:04.060

Eric Berg - Cal/OSHA: And other local exhaust ventilation systems.

903

02:36:04.870 --> 02:36:08.470

Eric Berg - Cal/OSHA: And then it says the room air shall be exhausted directly to the outdoors.

904

02:36:09.050 --> 02:36:13.700

Eric Berg - Cal/OSHA: Or return to the air circulation system through a HEPA filter.

905

02:36:15.230 --> 02:36:20.159

Eric Berg - Cal/OSHA: And two is administrative controls shall be used to minimize employee exposure to plume.

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906

02:36:20.540 --> 02:36:22.380

Eric Berg - Cal/OSHA: To the greatest extent feasible.

907

02:36:23.340 --> 02:36:26.100

Eric Berg - Cal/OSHA: 3 is respirators.

908

02:36:26.270 --> 02:36:31.459

Eric Berg - Cal/OSHA: Have to be provided and used, but engineering controls, administrative controls do not prevent.

909

02:36:31.910 --> 02:36:35.820

Eric Berg - Cal/OSHA: Plume from contacting the respiratory tract of employees?

910

02:36:36.930 --> 02:36:40.470

Eric Berg - Cal/OSHA: And 4 is the employer shall provide

911

02:36:40.860 --> 02:36:44.160

Eric Berg - Cal/OSHA: And ensure employees use appropriate eye protection.

912

02:36:44.400 --> 02:36:47.360

Eric Berg - Cal/OSHA: Where Plum may contact the eyes of an employee.

913

02:36:48.150 --> 02:36:51.830

Eric Berg - Cal/OSHA: So we'll discuss this, subsection D and controls.

914

02:36:52.250 --> 02:36:58.440

Eric Berg - Cal/OSHA: Now, any... comment, or... Dialogue on this one?

915

02:36:59.870 --> 02:37:02.590

Meeting Manager: Yes, we have a hand raised from Dominic Griffiths.

**Cal/OSHA AC Meeting on Plume In Healthcare**

**January 20, 2026**

**Captioning Transcript of Meeting**

916

02:37:02.780 --> 02:37:04.100

Eric Berg - Cal/OSHA: Okay, thank you, Dominic.

917

02:37:06.240 --> 02:37:12.419

DominicGriffiths: Hi there, everyone. We'd actually submitted some comments in writing

918

02:37:12.620 --> 02:37:18.999

DominicGriffiths: To be thankful if you'd, take a look at, but just in reading it, re-reading it during the break.

919

02:37:19.270 --> 02:37:21.950

DominicGriffiths: A few points came up.

920

02:37:22.440 --> 02:37:26.110

DominicGriffiths: Which left me scratching my head slightly, so I thought might raise them here.

921

02:37:27.380 --> 02:37:31.989

DominicGriffiths: So, where are we? D, Part B, general ventilation?

922

02:37:32.850 --> 02:37:33.330

Eric Berg - Cal/OSHA: Yeah.

923

02:37:33.330 --> 02:37:37.040

DominicGriffiths: You know, absolutely very sensible to have.

924

02:37:37.290 --> 02:37:41.940

DominicGriffiths: General ventilation in the OR, or anywhere where plume's been produced.

925

02:37:42.170 --> 02:37:45.810

DominicGriffiths: I just wasn't sure of the language it should be used in addition to plume...

926

**Cal/OSHA AC Meeting on Plume In Healthcare**

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**Captioning Transcript of Meeting**

02:37:46.110 --> 02:37:54.519

DominicGriffiths: evacuation or control systems, and other local exhaust ventilation systems. So is this guy... is this requirement

927

02:37:54.920 --> 02:37:58.109

DominicGriffiths: Mandating 3 levels of protection, so...

928

02:37:58.380 --> 02:38:07.230

DominicGriffiths: Plume control systems, and local exhaust ventilation systems, and general ventilation with 20 air changes per hour.

929

02:38:08.140 --> 02:38:10.290

Eric Berg - Cal/OSHA: Yeah, I guess we should clarify that, to make...

930

02:38:10.290 --> 02:38:20.690

DominicGriffiths: service plume control systems or other local... I just... I wasn't sure if you were suggesting there were three levels of control, or two levels of control, one being close to the site of plume

931

02:38:20.870 --> 02:38:26.130

DominicGriffiths: Creation, and one being a general ventilation requirement for the overall room.

932

02:38:26.480 --> 02:38:30.570

Eric Berg - Cal/OSHA: Yeah, we might have to re... we will have to redo that, make it clearer. What we're saying is...

933

02:38:30.850 --> 02:38:33.489

Eric Berg - Cal/OSHA: You do, you have to have 20 air changes.

934

02:38:34.000 --> 02:38:47.209

Eric Berg - Cal/OSHA: Per hour, regardless of the other systems. We're not trying to say that there's... like, the... this third one, local exhaust ventilation system, we're not saying that's mandatory if you already have a plume evacuation system, because that would be...

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**January 20, 2026**

**Captioning Transcript of Meeting**

935

02:38:47.680 --> 02:38:49.849

Eric Berg - Cal/OSHA: Sounds pretty redundant, yeah.

936

02:38:50.840 --> 02:38:57.319

Eric Berg - Cal/OSHA: Could be, or we'd have to look carefully at it, because we want to say you can use something else instead of a plume evacuation system, but...

937

02:38:58.130 --> 02:38:59.330

DominicGriffiths: That's right, anyway, I saw it.

938

02:38:59.330 --> 02:38:59.890

Eric Berg - Cal/OSHA: Kind of is...

939

02:38:59.890 --> 02:39:01.750

DominicGriffiths: It caught my eye as I was reading it.

940

02:39:02.380 --> 02:39:05.260

Eric Berg - Cal/OSHA: I don't know, we'll probably have to look at it, but I'm thinking we delete...

941

02:39:05.560 --> 02:39:09.490

Eric Berg - Cal/OSHA: this part after the end, because it's kind of... it seems repetitive, but I'm not...

942

02:39:09.920 --> 02:39:12.449

Eric Berg - Cal/OSHA: I'm not sure, we'll have to look at them more carefully.

943

02:39:12.810 --> 02:39:15.050

DominicGriffiths: And, what's the point on 3 and 4.

944

02:39:15.570 --> 02:39:16.610

Eric Berg - Cal/OSHA: Yep.

**Cal/OSHA AC Meeting on Plume In Healthcare**

**January 20, 2026**

**Captioning Transcript of Meeting**

945

02:39:17.070 --> 02:39:23.250

DominicGriffiths: You know, we have a smoke management system, and many other companies do, but... we...

946

02:39:23.410 --> 02:39:28.269

DominicGriffiths: Would never be bold enough to state that it is 100% effective all of the time.

947

02:39:28.740 --> 02:39:31.470

DominicGriffiths: And the use of the phrase.

948

02:39:32.130 --> 02:39:36.840

DominicGriffiths: Where engineering controls and admin controls do not prevent plume.

949

02:39:37.050 --> 02:39:41.180

DominicGriffiths: or eye protection where people may contact.

950

02:39:41.710 --> 02:39:48.010

DominicGriffiths: You know, if in the spirit of nothing being absolute, 100%, effective.

951

02:39:48.460 --> 02:39:51.789

DominicGriffiths: I'm worried that 3 and 4

952

02:39:52.580 --> 02:39:59.629

DominicGriffiths: Would result in hospitals always having to offer their... or make their employees wear respirators and eye protection.

953

02:40:00.010 --> 02:40:10.630

DominicGriffiths: Because I'm not aware of any system that absolutely, fundamentally eliminates every trace of smoke in the OR. And I think that's consistent with what others have said throughout this call.

954

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**January 20, 2026**

**Captioning Transcript of Meeting**

02:40:10.810 --> 02:40:15.099

DominicGriffiths: So I just did the wording, the rent of 3 and 4, I think, might need a...

955

02:40:15.330 --> 02:40:17.299

DominicGriffiths: Thinking about...

956

02:40:17.650 --> 02:40:19.629

Eric Berg - Cal/OSHA: Do you have an alternative way to say.

957

02:40:19.980 --> 02:40:24.300

Eric Berg - Cal/OSHA: I guess when it's not effective or something to that... I guess when...

958

02:40:24.780 --> 02:40:27.399

Eric Berg - Cal/OSHA: Controls are not effective, but it's hard to...

959

02:40:28.130 --> 02:40:34.049

Eric Berg - Cal/OSHA: be more specific, because that's... that's kind of hard to judge as well, if you... maybe if you said if it's not effective.

960

02:40:34.050 --> 02:40:40.899

DominicGriffiths: Yeah, I'm guilty of giving a problem, not a solution, Fred, because I only read it while I was waiting for us to jump back on the,

961

02:40:41.020 --> 02:40:49.130

DominicGriffiths: the call, but, okay. Just want to flag that. As a manufacturer of a smoke management system, we don't complain 100% of anything.

962

02:40:49.370 --> 02:41:00.389

DominicGriffiths: That would be disingenuous, and so... because as we know, the efficacy of the majority of products that we use depends on how they're used by the person holding them, using them.

963

02:41:00.620 --> 02:41:05.120

**Cal/OSHA AC Meeting on Plume In Healthcare**

**January 20, 2026**

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DominicGriffiths: And that's the same for our system, as well as every other system that we're aware of on the market.

964

02:41:05.270 --> 02:41:15.510

DominicGriffiths: So I think 3 and 4 needs to be mindful of that. But I'm sorry, I'm not a lawyer, and so I don't have any creative suggestions as to how that could be tweaked to be,

965

02:41:16.230 --> 02:41:19.420

DominicGriffiths: You know, to, to take that into consideration.

966

02:41:20.150 --> 02:41:24.040

Eric Berg - Cal/OSHA: Yeah, so it's not 100% of the time you have to have respirators and eye protection.

967

02:41:24.260 --> 02:41:26.349

Eric Berg - Cal/OSHA: But just, just when the system is not...

968

02:41:27.110 --> 02:41:29.680

Eric Berg - Cal/OSHA: not working effectively, I guess, is...

969

02:41:30.560 --> 02:41:36.340

Eric Berg - Cal/OSHA: is the goal, but yeah, that's harder to put... I guess we'll get other ideas on language.

970

02:41:36.760 --> 02:41:39.539

Eric Berg - Cal/OSHA: On what could be done for those sections?

971

02:41:43.010 --> 02:41:44.689

DominicGriffiths: Thanks, that was all I had to say on that.

972

02:41:44.690 --> 02:41:45.749

Eric Berg - Cal/OSHA: Okay, thank you.

**Cal/OSHA AC Meeting on Plume In Healthcare**

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**Captioning Transcript of Meeting**

973

02:41:46.000 --> 02:41:53.460

DominicGriffiths: I hope I didn't have problems, I was... it was not my intention, just as I was reading it, it struck me as being, such a difficult thing to demonstrate, evidence.

974

02:41:53.900 --> 02:41:55.829

Eric Berg - Cal/OSHA: No, yeah, that's a good point, thank you.

975

02:41:57.390 --> 02:42:00.650

Meeting Manager: Okay, we do have a hand raised from Dr. Emily Jones.

976

02:42:06.150 --> 02:42:22.919

Dr. Emily Jones: Hello, thank you so much for, for holding this meeting. My name is Dr. Emily Jones. I'm a Senior Perioperative Practice Specialist with the Association of Perioperative Registered Nurses, and I'm the author of the,

977

02:42:23.230 --> 02:42:30.189

Dr. Emily Jones: Our... our evidence-based guideline on, surgical smoke safety.

978

02:42:31.800 --> 02:42:46.419

Dr. Emily Jones: And we did submit, AORN submitted, I know some of my colleagues are on the call also, comments, and just wanted to, point out a few items under this section.

979

02:42:47.160 --> 02:43:03.639

Dr. Emily Jones: We suggest that under engineering controls, 1A, the last line, plume evacuation systems and their plume capture devices, shall 1 be

980

02:43:04.220 --> 02:43:11.880

Dr. Emily Jones: Activated and used to capture and filter plume continually whenever plume is generated.

981

02:43:13.700 --> 02:43:18.120

Dr. Emily Jones: Also, under number 4.

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**Captioning Transcript of Meeting**

982

02:43:19.170 --> 02:43:23.099

Eric Berg - Cal/OSHA: To be used in accordance with the manufacturer's instructions.

983

02:43:23.100 --> 02:43:28.919

Dr. Emily Jones: And... If there is some type of,

984

02:43:29.610 --> 02:43:36.840

Dr. Emily Jones: System that is permanently installed to be constructed, installed, and inspected,

985

02:43:36.940 --> 02:43:49.790

Dr. Emily Jones: in accordance with Section 5143. It's important to note here, just as a comment, that these devices that we're talking about do not have to be

986

02:43:49.990 --> 02:43:57.880

Dr. Emily Jones: permanently installed. I think sometimes there's a misconception about that, so just to clarify that

987

02:43:58.150 --> 02:44:15.079

Dr. Emily Jones: Many of the solutions that are out there are small, take up, you know, a minimal amount of space, and does not require a change in construction.

988

02:44:15.340 --> 02:44:19.199

Eric Berg - Cal/OSHA: Oh, so, instead of styles, we say, like, set up, like, set up?

989

02:44:19.630 --> 02:44:21.869

Eric Berg - Cal/OSHA: Use the word setup instead of install.

990

02:44:22.170 --> 02:44:28.850

Eric Berg - Cal/OSHA: This is... Just so it covers both mobile systems, or... Permanent...

991

02:44:28.850 --> 02:44:37.549

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Dr. Emily Jones: So, yes, this is if it is a, A system that

992

02:44:38.890 --> 02:44:44.290

Dr. Emily Jones: Is... so, in addition to those that are.

993

02:44:44.290 --> 02:44:45.610

Eric Berg - Cal/OSHA: I mean, we... doable?

994

02:44:46.060 --> 02:44:58.500

Dr. Emily Jones: Also, if it is permanently installed. In other words, Clarifying that not all of these systems

995

02:44:59.080 --> 02:45:05.160

Dr. Emily Jones: Have to be installed in a... The facility.

996

02:45:05.160 --> 02:45:07.369

Eric Berg - Cal/OSHA: Okay, and just, like, in your comments, I guess you kind.

997

02:45:07.370 --> 02:45:08.619

Dr. Emily Jones: Yeah, you can...

998

02:45:08.620 --> 02:45:10.960

Eric Berg - Cal/OSHA: You can say mobile, you can say mobile, or...

999

02:45:11.770 --> 02:45:14.040

Eric Berg - Cal/OSHA: I guess different types of systems just make a distinct.

1000

02:45:14.040 --> 02:45:24.560

Dr. Emily Jones: There are... exactly, there are a variety of different types of solutions that include mobile, that include, equipment,

1001

02:45:25.010 --> 02:45:27.910

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Dr. Emily Jones: And it... it does seem that

1002

02:45:28.110 --> 02:45:41.529

Dr. Emily Jones: What it... how it's written right here, only applies to installed equipment, so we just want to make sure that there's clarification that, there's a variety of types of plume evacuation systems.

1003

02:45:42.080 --> 02:45:42.800

Eric Berg - Cal/OSHA: Okay.

1004

02:45:43.320 --> 02:45:44.299

Eric Berg - Cal/OSHA: I'll do that.

1005

02:45:48.000 --> 02:45:49.280

Dr. Emily Jones: A...

1006

02:45:50.400 --> 02:46:04.750

Dr. Emily Jones: comment about respiratory protection, this is from our clinical guideline. Respiratory protection can be used, or should be used, as secondary protection.

1007

02:46:04.940 --> 02:46:09.859

Dr. Emily Jones: So, if there are situations where the employee

1008

02:46:10.220 --> 02:46:16.490

Dr. Emily Jones: Requires, in addition to effective smoke evacuation or plume evacuation.

1009

02:46:16.490 --> 02:46:31.160

Dr. Emily Jones: respiratory protection, that those are provided, absolutely. And of course, all plumes should be evacuated and should never have to, should never reach the eyes. And so in Section 4,

1010

02:46:31.600 --> 02:46:42.390

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Dr. Emily Jones: one might... Wonder why eye protection is there. Eye protection really would not protect anyway from,

1011

02:46:42.530 --> 02:46:45.099

Dr. Emily Jones: surgical smoke from plume.

1012

02:46:45.890 --> 02:46:47.109

Eric Berg - Cal/OSHA: Yeah, it doesn't protect against vapor.

1013

02:46:47.110 --> 02:46:50.560

Dr. Emily Jones: protection, PPE is for slash and spray.

1014

02:46:52.030 --> 02:46:55.299

Eric Berg - Cal/OSHA: It will protect somewhat against particulates, but it won't protect at all against...

1015

02:46:55.630 --> 02:46:58.199

Eric Berg - Cal/OSHA: Vapors and gases, because they're not...

1016

02:46:58.370 --> 02:47:04.410

Eric Berg - Cal/OSHA: They're not slightly teal, like a full-face respirator is the only thing, really, that... Protects the eyes.

1017

02:47:04.670 --> 02:47:16.180

Dr. Emily Jones: Right. And back to respiratory protection, there are also some situations where research shows that, you know, for example, during

1018

02:47:16.180 --> 02:47:33.190

Dr. Emily Jones: procedures where energy devices are used, or surgical smoke plume is produced from tissue, that contains HPV, that, healthcare workers should also be using respiratory protection.

1019

02:47:38.380 --> 02:47:42.079

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Dr. Emily Jones: I'm happy to share some other information, too, when it's time.

1020

02:47:42.200 --> 02:47:48.270

Dr. Emily Jones: I think that that might be all for that section, from AORN.

1021

02:47:48.270 --> 02:47:53.499

Eric Berg - Cal/OSHA: Okay, so, breastfeed protection should be used 100% of the time when it's for HPV, and there's...

1022

02:47:53.500 --> 02:48:11.679

Dr. Emily Jones: There are some... yes, there are some situations where the research shows that respiratory protection should be used as secondary protection. But again, noting at least that respirators, respiratory protection really is what I

1023

02:48:11.970 --> 02:48:21.030

Dr. Emily Jones: prefer to see, because it's, there are a variety of different types. And as you noted, surgical masks are not

1024

02:48:21.270 --> 02:48:32.359

Dr. Emily Jones: respiratory protection, absolutely. But that respiratory protection be used to, provide protection against any secondary,

1025

02:48:33.130 --> 02:48:41.270

Dr. Emily Jones: as secondary protection. In other words, in addition to surgical smoke evacuation practices.

1026

02:48:41.640 --> 02:48:45.180

Eric Berg - Cal/OSHA: Okay, so the perspiration should be used all the times for this...

1027

02:48:45.320 --> 02:48:49.020

Eric Berg - Cal/OSHA: Protect against plume, even with an evacuation system that's effective.

1028

02:48:49.020 --> 02:48:55.780

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Dr. Emily Jones: As secondary protection when needed to protect against residual surgical smoke.

1029

02:48:56.170 --> 02:49:07.010

Dr. Emily Jones: In our guideline, we do not say that it must be used 100% of the time.

1030

02:49:08.100 --> 02:49:08.920

Eric Berg - Cal/OSHA: Okay.

1031

02:49:08.920 --> 02:49:13.849

Dr. Emily Jones: respiratory protection. I'd love to hear other comments about that, too.

1032

02:49:13.850 --> 02:49:14.710

Eric Berg - Cal/OSHA: Okay, thank you.

1033

02:49:14.710 --> 02:49:15.470

Dr. Emily Jones: Thank you.

1034

02:49:18.830 --> 02:49:21.180

Meeting Manager: Our next hand raise is from Angela Robertson.

1035

02:49:27.130 --> 02:49:28.549

Eric Berg - Cal/OSHA: Go ahead, go ahead, Angela.

1036

02:49:28.590 --> 02:49:38.730

Angela Robertson: Okay, I have, a couple comments for this section, The first one is...

1037

02:49:39.120 --> 02:49:51.960

Angela Robertson: using the evacuation system every time a plume is generated. I think that's really important in, protecting us and mitigating risk, and making sure that, language is, is,

1038

02:49:52.000 --> 02:50:00.760

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Angela Robertson: Not vague, because if you open that up for interpretation, without strict guidelines, it is subjective,

1039

02:50:01.520 --> 02:50:04.850

Angela Robertson: It's not uncommon to be in a situation where

1040

02:50:05.470 --> 02:50:19.930

Angela Robertson: And we found this on our... with our unit practice council when we conducted surveys and audits, is that, like, if a surgeon thinks that I'm not going to be using this Bovee for very long, it's just, like, small incision, or...

1041

02:50:20.140 --> 02:50:32.100

Angela Robertson: you know, it's just not uncommon that they could say that, or this procedure is not that long, and then, you know, then the procedure... you're in there 2 hours later.

1042

02:50:32.370 --> 02:50:51.879

Angela Robertson: Because things happen in the OR, situations change, emergencies happen, and, you have to adapt, and you have to focus on the patient, so having those setups in place every time, really, helps protect us and protect the patients as well.

1043

02:50:54.580 --> 02:50:59.169

Angela Robertson: Just like, from my own experience,

1044

02:50:59.400 --> 02:51:11.619

Angela Robertson: last week, I was in a case where the surgeon did use a surgical, smoke evacuation device on the Bovee. It was integrated very well, it's more ergonomic.

1045

02:51:12.020 --> 02:51:19.220

Angela Robertson: And I was very... I was scrubbed in, I was very close to this procedure. This was a cancer procedure.

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02:51:19.430 --> 02:51:37.710

Angela Robertson: I'm literally within a foot of this, of where the smoke is being generated, and it gave me a lot of peace of mind that, that was evacuated immediately with every use of the

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bovie, with every cauterization at the time. It gave me peace of mind that those, like, cancer cells weren't gonna be

1047

02:51:37.740 --> 02:51:49.560

Angela Robertson: aerosolizer that I'm not inhaling that at the time. And then,

1048

02:51:50.380 --> 02:52:01.599

Angela Robertson: prior to that, I was in an abdominal case, a bowel abdominal open case, and we were not using the evacuation system, so then you're in a situation where you're using whatever you have.

1049

02:52:01.940 --> 02:52:16.760

Angela Robertson: And it wasn't utilized based on, like, surgeon preference, and so there, at that point, like, I'm using just a fluid suction to try to evacuate large amounts of surgical smoke, and

1050

02:52:16.980 --> 02:52:30.430

Angela Robertson: you know, in these cases, like, you're kind of in the way at this point. Your surgeon's trying to work, you're trying to help with the smoke evacuation, and then pass instruments at the same time, so, like, those situations...

1051

02:52:30.720 --> 02:52:38.969

Angela Robertson: Also can, like, get in the way of the procedure, delay you getting an instrument fast to the surgeon, or just...

1052

02:52:39.150 --> 02:52:44.180

Angela Robertson: So that's where it's like, I... you know, having,

1053

02:52:46.020 --> 02:52:57.010

Angela Robertson: That input from surgeons and having that readily available makes a big difference in protection for everyone that's scrubbed at the field and in the room itself.

1054

02:52:57.150 --> 02:53:06.810

Angela Robertson: Let's see, section... a 4... Is,

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1055

02:53:08.170 --> 02:53:28.600

Angela Robertson: the requirements for employers to follow manufacturer's instructions and maintenance testing and installation systems are... are... are important. At my facility, you know, we can look at the Neptune itself. Clinical engineering is responsible for maintaining these in accordance to the manufacturer guidelines, and so you can see, like.

1056

02:53:28.870 --> 02:53:36.590

Angela Robertson: exactly when it was tested last, and when it was due to test again. And these are, like, every 6 months, or based on

1057

02:53:36.790 --> 02:53:41.000

Angela Robertson: you know, what equipment that you're checking. So,

1058

02:53:41.950 --> 02:53:57.790

Angela Robertson: and these... this is, these are one of the mobile devices, like was said earlier, installation versus, like, what's mobile and able to be just brought into the room. And, you know, these get... the fluid gets emptied in between cases, and I think,

1059

02:53:58.070 --> 02:54:02.790

Angela Robertson: You know, what's important is that the training and maintenance of these

1060

02:54:03.180 --> 02:54:06.900

Angela Robertson: Devices is incredibly important because, like, if you're...

1061

02:54:07.010 --> 02:54:15.239

Angela Robertson: These are also part of the smoke evacuation process, so those filters, like, The standard for...

1062

02:54:15.540 --> 02:54:23.799

Angela Robertson: how often the filters are changed, and how they're changed, and where they're disposed of also, like, I believe needs to be clear.

1063

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02:54:24.000 --> 02:54:28.849

Angela Robertson: So yeah, the employers need to be maintaining them properly.

1064

02:54:30.400 --> 02:54:43.139

Angela Robertson: And then my last comment is on the masks, too. I think it's really important that's stated that surgical masks are not respirators. It's not common knowledge. We saw that with COVID.

1065

02:54:43.640 --> 02:54:44.160

Angela Robertson: Thank you.

1066

02:54:44.160 --> 02:54:47.590

Eric Berg - Cal/OSHA: Yeah, we had a lot of problems with COVID in that. Okay, thanks.

1067

02:54:50.920 --> 02:54:54.030

Meeting Manager: Our next hand raised is Rosalind DeLeon Minch.

1068

02:54:55.620 --> 02:55:05.300

Rocelyn de Leon-Minch, CNA/NNU: Thank you, Rosalindch with CNA NNU. I am reading these comments on behalf of Sharon Sy, CNA member. She works at West Anaheim

1069

02:55:06.080 --> 02:55:23.669

Rocelyn de Leon-Minch, CNA/NNU: I appreciate the division's removal of the provision allowing individual surgeons to opt out of using plume evacuation systems. Worker safety protections should not be discretionary. At my facility, a single plume evacuation device is shared between three operating rooms.

1070

02:55:23.760 --> 02:55:37.189

Rocelyn de Leon-Minch, CNA/NNU: This discourages consistent use, particularly when cases are time-pressured. For plume evacuation systems to be used in every plume generating procedure, each operating room must be equipped with its own system.

1071

02:55:37.190 --> 02:55:46.459

**Cal/OSHA AC Meeting on Plume In Healthcare**

**January 20, 2026**

**Captioning Transcript of Meeting**

Rocelyn de Leon-Minch, CNA/NNU: Cal OSHA should clarify that employers are responsible for ensuring sufficient equipment availability to enable consistent compliance.

1072

02:55:46.480 --> 02:56:02.889

Rocelyn de Leon-Minch, CNA/NNU: And then for D4, required PPE must be usable under real working conditions, so eye protection, often fogs, you know, impairing visibility, and creating safety risks for both staff and patients.

1073

02:56:02.930 --> 02:56:14.569

Rocelyn de Leon-Minch, CNA/NNU: Cal OSHA should require employers to ensure plume-related eye protection is compatible with other required PPE, and that it does not fear with visibility or task performance.

1074

02:56:15.090 --> 02:56:16.590

Rocelyn de Leon-Minch, CNA/NNU: And that's the end of my comments.

1075

02:56:17.710 --> 02:56:18.639

Eric Berg - Cal/OSHA: Alright, thank you.

1076

02:56:22.010 --> 02:56:25.200

Meeting Manager: Alright, our next hand raised is Jane Thomason.

1077

02:56:27.010 --> 02:56:28.750

Jane Thomason / CNA: Hi,

1078

02:56:28.850 --> 02:56:45.480

Jane Thomason / CNA: I have a couple of comments, and also our CNA president, Sandy Redding, got pulled away for, another, issue, so she sent me some of her notes, to make sure that you heard from her as well, if that's okay, Eric.

1079

02:56:45.480 --> 02:56:46.610

Eric Berg - Cal/OSHA: Yeah, yeah, that's totally fine.

1080

**Cal/OSHA AC Meeting on Plume In Healthcare**

**January 20, 2026**

**Captioning Transcript of Meeting**

02:56:46.610 --> 02:56:52.870

Jane Thomason / CNA: Awesome. So for... I'll just go, like, subsection by subsection. D1A1...

1081

02:56:53.050 --> 02:57:00.980

Jane Thomason / CNA: So Sandy sent notes, to say thank you for all of the work to strengthen and clarify.

1082

02:57:00.980 --> 02:57:02.600

Eric Berg - Cal/OSHA: This section in this draft?

1083

02:57:02.600 --> 02:57:04.770

Jane Thomason / CNA: She expressed...

1084

02:57:04.970 --> 02:57:12.019

Jane Thomason / CNA: Her pleasure, about, the Division making progress towards a standard that will be protective.

1085

02:57:12.170 --> 02:57:18.820

Jane Thomason / CNA: She did ask for clarification on a couple of elements, so for D1A1,

1086

02:57:18.930 --> 02:57:28.940

Jane Thomason / CNA: She said... Sandy said it would be more accurate to say that plume evacuation systems must be in use whenever energy-based devices are used.

1087

02:57:29.130 --> 02:57:33.709

Jane Thomason / CNA: Because the current language is,

1088

02:57:34.250 --> 02:57:42.189

Jane Thomason / CNA: be in operation continually whenever a plume is generated, but there's not a clear way to measure that in real time.

1089

02:57:42.390 --> 02:58:02.010

**Cal/OSHA AC Meeting on Plume In Healthcare**

**January 20, 2026**

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Jane Thomason / CNA: Sandy said that sometimes the plume isn't visible, especially if you aren't up in the sterile field. If you're in the room, but you're not right where the plume is being generated, she said it's not visible. Or with some procedures, like with laser surgery, they generate finer amounts of plume, but either way, it's still there, whether it's visible or not.

1090

02:58:02.360 --> 02:58:15.399

Jane Thomason / CNA: And that the reality is that we know that plume is generated whenever tissue is being cauterized, so it would be clearer to require the use of plume evacuation systems whenever energy-based devices are used.

1091

02:58:15.900 --> 02:58:23.730

Eric Berg - Cal/OSHA: Yeah, I think that was our intent. As you said, that could be misunderstood, that you have to see the plume or something, so that's a good point.

1092

02:58:23.730 --> 02:58:40.260

Jane Thomason / CNA: Certainly, and I think that was a comment that I was gonna make, is that I know in the first draft, it said something around, like, whenever plume is visible, and so I appreciate this is an improvement from that, but I think Sandy's input is that I would be a little bit more precise. We could be a little bit more precise in what we mean.

1093

02:58:40.650 --> 02:58:44.880

Jane Thomason / CNA: So that's D1A1.

1094

02:58:45.490 --> 02:58:57.120

Jane Thomason / CNA: And then... For D1A2, my comment... Would be around

1095

02:58:57.180 --> 02:59:16.289

Jane Thomason / CNA: adding... this is where I think adding the definition of capture device that a couple of folks have mentioned would be really helpful, that when we're talking about a plume evacuation system, there's a couple different pieces involved, right? There's the filter bank, there's the fan, there's the hosing, there's the actual capture device.

1096

02:59:16.540 --> 02:59:28.700

**Cal/OSHA AC Meeting on Plume In Healthcare**

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Jane Thomason / CNA: And so we want to be really clear that it's the capture device that needs to be located as close as possible to site of origin, and the manufacturers have instructions on that, but just a suggestion on how to make it a little bit more precise and measurable.

1097

02:59:28.700 --> 02:59:30.059

Eric Berg - Cal/OSHA: Okay, that sounds good, thanks.

1098

02:59:30.060 --> 02:59:31.010

Jane Thomason / CNA: for enforcement.

1099

02:59:31.870 --> 02:59:35.389

Jane Thomason / CNA: And then moving down to D1A4...

1100

02:59:36.340 --> 02:59:43.899

Jane Thomason / CNA: So this is a note that Sandy sent, she said that this requirement.

1101

02:59:43.900 --> 02:59:52.030

Eric Berg - Cal/OSHA: But employers must construct, test, inspect, install, and maintain plume evacuation systems in accordance with manufacturer's instructions is really important.

1102

02:59:52.100 --> 03:00:00.879

Jane Thomason / CNA: She said at her facility, they have tags on all of their machines, and they document which ones are used for each surgery so that they can backtrack if there are any issues.

1103

03:00:01.380 --> 03:00:05.520

Jane Thomason / CNA: The tags also tell them dates for when the equipment was maintained.

1104

03:00:06.230 --> 03:00:13.189

Jane Thomason / CNA: Which is, she said, as a nurse, to have that information, especially when we were relying on this equipment to protect us from health hazards, is really big.

1105

03:00:14.010 --> 03:00:19.450

**Cal/OSHA AC Meeting on Plume In Healthcare**

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Eric Berg - Cal/OSHA: So, like, a record keeping? To keep a record of every time it's cleaned or something, just so you know?

1106

03:00:19.720 --> 03:00:21.529

Jane Thomason / CNA: Yeah, and I... I...

1107

03:00:21.530 --> 03:00:22.270

Eric Berg - Cal/OSHA: And...

1108

03:00:22.440 --> 03:00:41.359

Jane Thomason / CNA: I think there are pieces of that in the record keeping section, but... and when we get there, we can talk a little bit more about maybe adding additional records around the maintenance, like, around, like, the implementation of the plan, kind of like what we have in other standards.

1109

03:00:41.730 --> 03:00:48.879

Jane Thomason / CNA: So that there is that information available. Should, you know, you discover that the filter wasn't actually changed when it was supposed to, you can backtrack.

1110

03:00:50.040 --> 03:00:50.640

Eric Berg - Cal/OSHA: Okay.

1111

03:00:50.640 --> 03:00:52.180

Jane Thomason / CNA: And know who was exposed.

1112

03:00:53.180 --> 03:00:56.379

Jane Thomason / CNA: And then on D3...

1113

03:00:57.120 --> 03:00:57.750

Eric Berg - Cal/OSHA: D3.

1114

03:00:57.980 --> 03:01:05.870

**Cal/OSHA AC Meeting on Plume In Healthcare**

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Jane Thomason / CNA: Sandy wanted to make a similar comment to Angela, that this note on surgical masks not being respirators is really important.

1115

03:01:06.010 --> 03:01:09.930

Jane Thomason / CNA: And she wanted to advocate that CalOSHA keep that information in the standard.

1116

03:01:10.820 --> 03:01:11.530

Eric Berg - Cal/OSHA: Okay.

1117

03:01:12.590 --> 03:01:17.040

Jane Thomason / CNA: And I think, yeah, those are the comments that she had sent me.

1118

03:01:17.270 --> 03:01:20.250

Jane Thomason / CNA: and... On my end...

1119

03:01:22.040 --> 03:01:34.540

Jane Thomason / CNA: Also wanted to just say thank you for following the hierarchy of controls first, prioritizing engineering controls, and then filling in with administrative and PPE, where engineering controls are not sufficient.

1120

03:01:35.100 --> 03:01:37.179

Jane Thomason / CNA: And those are the comments that I have.

1121

03:01:37.710 --> 03:01:39.140

Eric Berg - Cal/OSHA: Okay, thank you, Jane.

1122

03:01:41.500 --> 03:01:43.940

Meeting Manager: Okay, our next hand raised is Pamela Marcel.

1123

03:01:49.070 --> 03:01:51.379

Pamela Murcell, CIHC: I am here, hopefully you can hear me.

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1124

03:01:51.590 --> 03:01:52.590

Eric Berg - Cal/OSHA: Yeah, I hear you good.

1125

03:01:53.740 --> 03:01:55.439

Pamela Murcell, CIHC: How's everybody after lunch?

1126

03:01:56.590 --> 03:01:57.899

Eric Berg - Cal/OSHA: Okay, so I hope...

1127

03:01:57.900 --> 03:02:01.109

Pamela Murcell, CIHC: So I have a... just a couple of, of...

1128

03:02:01.460 --> 03:02:08.289

Pamela Murcell, CIHC: word changes that might help with a couple of the subsections in D.

1129

03:02:08.510 --> 03:02:13.020

Pamela Murcell, CIHC: The first one has to do with D3 on the respirators.

1130

03:02:13.950 --> 03:02:21.929

Pamela Murcell, CIHC: And we're using the term, when engineering controls, administrative controls do not prevent

1131

03:02:22.520 --> 03:02:29.720

Pamela Murcell, CIHC: And the thought there would be to substitute the word control For the word prevent.

1132

03:02:30.490 --> 03:02:40.330

Pamela Murcell, CIHC: Because that is more consistent with what the other methods are trying to do, is to control exposure as opposed to

1133

03:02:40.460 --> 03:02:43.929

Pamela Murcell, CIHC: As opposed to preventing.

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1134

03:02:44.360 --> 03:02:52.710

Pamela Murcell, CIHC: And then... There's a question about the term contacting the respiratory tract of employees.

1135

03:02:53.020 --> 03:03:04.480

Pamela Murcell, CIHC: And the CHC is not really sure about that language because, you know, in the past and in other regulations, we typically talk about

1136

03:03:04.540 --> 03:03:15.259

Pamela Murcell, CIHC: Exposure, not contact, as far as respiratory tract and, respiratory tissue and, that kind of thing, or impact.

1137

03:03:15.360 --> 03:03:23.190

Pamela Murcell, CIHC: Etc, those kind of words. So, we're not really sure what the term contacting and how that would actually be determined.

1138

03:03:23.530 --> 03:03:38.390

Pamela Murcell, CIHC: I don't have a suggestion for you, I'm sorry for that, but we do question using that term, contact, and I think that came up in the definitions as well, although I didn't weigh in at that point.

1139

03:03:38.790 --> 03:03:55.530

Pamela Murcell, CIHC: But in number 4, D4, the other wording suggestion we have is instead of saying contact, in that case, for the eyes, contact the eyes, we're suggesting to use the term effect.

1140

03:03:55.700 --> 03:04:05.510

Pamela Murcell, CIHC: So, it would say the employer will provide and ensure employees use appropriate eye protection where plume may affect the eyes of an employee.

1141

03:04:05.820 --> 03:04:11.149

Pamela Murcell, CIHC: Because, again, that's really the point, is that we don't want

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1142

03:04:11.390 --> 03:04:17.560

Pamela Murcell, CIHC: The eyes, or the respiratory tract, or, you know, any other health effect, to occur.

1143

03:04:21.450 --> 03:04:22.509

Eric Berg - Cal/OSHA: Alright, thank you, Pamela.

1144

03:04:24.790 --> 03:04:27.589

Meeting Manager: Okay, our next hand raised is Gabriela.

1145

03:04:27.710 --> 03:04:29.040

Meeting Manager: Morales Ortega.

1146

03:04:31.170 --> 03:04:52.669

Gabriela Morales-Ortega: Hi, I have a couple comments, actually, to go through, and I'm gonna... I wrote some notes, I'm gonna read through some of this, for section D1A1. So in our facility, we have 24 operating rooms, each one having one bovie, at least. There are some rooms that have three, because they're

1147

03:04:52.670 --> 03:04:55.599

Gabriela Morales-Ortega: All being used at the same time in one room.

1148

03:04:55.600 --> 03:05:13.209

Gabriela Morales-Ortega: just imagine how much smoke that room is causing. So we would like to strengthen the language here where it can also... where we can clarify where, plume evacuation systems must be used whenever energy-based devices are used.

1149

03:05:13.210 --> 03:05:32.129

Gabriela Morales-Ortega: I do get comments by surgeons, like, well, I'm not going to use it until I'm required to use it, kind of thing. So, that's our biggest challenge, to be honest, with some surgeons refusing to use it until they have to use it. So, I think adding must be used is something that I think would

1150

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03:05:32.130 --> 03:05:34.850

Gabriela Morales-Ortega: Help strengthen that language there for us.

1151

03:05:34.850 --> 03:05:37.050

Gabriela Morales-Ortega: And like I said, 3...

1152

03:05:37.090 --> 03:05:43.879

Gabriela Morales-Ortega: Three bovie in one operating room, and only... no smoke evacuation. Imagine how much smoke that's causing.

1153

03:05:44.050 --> 03:05:59.959

Gabriela Morales-Ortega: My next comment for, D182, so it's... I believe this is extremely important that the requirement to locate the plume evacuation system as close as possible to the site of origin

1154

03:05:59.970 --> 03:06:12.720

Gabriela Morales-Ortega: To follow the manufacturer's instructions. So different manufacturers, have different information about how far away the capture device should be in order to function effectively.

1155

03:06:12.720 --> 03:06:28.819

Gabriela Morales-Ortega: So I... I encourage KAOSHA to strengthen this section by adding a definition of capture device, and specifically requiring the capture device to be located as close as possible to the site of plume that's being generated.

1156

03:06:29.870 --> 03:06:36.410

Gabriela Morales-Ortega: Mmm... My next comment from... for D1A3,

1157

03:06:37.430 --> 03:06:49.219

Gabriela Morales-Ortega: So, the requirement to exhaust plume evacuation systems, either directly outdoors or indoors through an OPA filter, and gas phase filter. So...

1158

03:06:49.510 --> 03:06:51.020

Gabriela Morales-Ortega: to... this is...

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1159

03:06:51.190 --> 03:07:04.570

Gabriela Morales-Ortega: aligns with ISO and ARN standards. This provides important protection to the nurses and staff who are in the OR breathing in these hazardous components, of plume.

1160

03:07:04.870 --> 03:07:08.739

Gabriela Morales-Ortega: For D1A4,

1161

03:07:08.950 --> 03:07:27.640

Gabriela Morales-Ortega: It is critical that the requirements, that plume evacuation systems be used, constructed, installed, inspected, tested, and maintained in accordance with the manufacturer's instructions. In my facility, we use a Neptune, not

1162

03:07:27.750 --> 03:07:41.499

Gabriela Morales-Ortega: But because it's required, not everybody uses it. But there's a... like, I was mentioning earlier about the feature on this Neptune, where you don't have to change the filter, but reset the machine to start the number of filters.

1163

03:07:41.500 --> 03:07:45.249

Gabriela Morales-Ortega: So some of the filters are even missing

1164

03:07:45.250 --> 03:08:02.309

Gabriela Morales-Ortega: Flaps, and so we have to tape them down because the flap got torn off, and we ask whoever's in charge of changing them out to change it out, but then their answer is, we haven't reached the specific number yet to change it out, even though they're visibly torn.

1165

03:08:02.310 --> 03:08:22.230

Gabriela Morales-Ortega: And training for them as well, because it's EVS who is changing our filters, and they're only... EVS is only focused on one thing and what... one thing they're being told to do, by management, so I... I feel it's important to educate whoever's changing them out as well.

1166

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03:08:22.230 --> 03:08:23.600

Gabriela Morales-Ortega: And,

1167

03:08:23.630 --> 03:08:36.319

Gabriela Morales-Ortega: And just important that KOSHA has explicit requirements that our employees must follow the manufacturer's instructions to service the units and replace the filters on time.

1168

03:08:37.860 --> 03:08:55.650

Gabriela Morales-Ortega: And my last comment is for Section D1B. We would like to strengthen this section even further. Room air contaminated with plumes should pass through both an OPA filter and a gas phase filter.

1169

03:08:55.650 --> 03:09:11.219

Gabriela Morales-Ortega: Before it is recirculator... I'm sorry, recirculated, similar to the requirements for plume evacuation. The reason why this is important is because contaminants in surgical plume can contain both, particulate and gaseous hazards, so...

1170

03:09:11.280 --> 03:09:12.929

Gabriela Morales-Ortega: Thank you.

1171

03:09:13.370 --> 03:09:14.730

Eric Berg - Cal/OSHA: Okay, thank you.

1172

03:09:20.520 --> 03:09:23.059

Meeting Manager: Okay, our next, hand raise.

1173

03:09:23.190 --> 03:09:26.140

Meeting Manager: is... Patricia Owens?

1174

03:09:30.310 --> 03:09:35.759

Patricia Owens: Thank you once again for the opportunity to discuss this very important document.

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1175

03:09:36.120 --> 03:09:39.240

Patricia Owens: And, I'm not really sure...

1176

03:09:39.950 --> 03:09:47.519

Patricia Owens: where to put this within D, control measures, engineering controls, but as I said earlier.

1177

03:09:48.110 --> 03:09:54.810

Patricia Owens: I think a comment should be made, or discussion point, maybe under A, Plume Evacuation Systems.

1178

03:09:55.400 --> 03:10:05.400

Patricia Owens: That an inline filter with an... and this is right out of NFPA99-2024.

1179

03:10:05.510 --> 03:10:15.170

Patricia Owens: So it can be modified, but an inline filter with an ALPA filter and gas phase filtration can be used for only small amounts

1180

03:10:15.420 --> 03:10:17.480

Patricia Owens: A surgical smoke and fluid?

1181

03:10:17.720 --> 03:10:20.950

Patricia Owens: Per healthcare organizational policy.

1182

03:10:21.630 --> 03:10:28.620

Patricia Owens: There are times when there is fluid that has to be removed alongside of the surgical smoke.

1183

03:10:29.100 --> 03:10:43.909

Patricia Owens: And there are inline filters that are adequate, but as I said earlier, you really reduce the cubic feet per minute evacuation, like, only 2, versus 25 to 40 with the normal smoke evacuation system.

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1184

03:10:44.490 --> 03:10:48.330

Patricia Owens: But in the, NFAP,

1185

03:10:49.060 --> 03:10:56.989

Patricia Owens: A99-2024, they did make a mention of that. And then the other point, and I'm not sure...

1186

03:10:57.120 --> 03:11:13.320

Patricia Owens: where this should be, but specific laparoscopic insulators that lessen the accumulation of the methoglobin in intra-abdominal cavities shall be used. That's stated in the Joint Commission's mandate.

1187

03:11:13.570 --> 03:11:19.299

Patricia Owens: Or something to that effect, so that surgeons don't feel that

1188

03:11:19.500 --> 03:11:22.940

Patricia Owens: It's within the scope of their practice, and...

1189

03:11:23.210 --> 03:11:28.140

Patricia Owens: To just open up a port on...

1190

03:11:28.770 --> 03:11:34.889

Patricia Owens: a valve on a... on a laparoscopic port and expose everyone in that room to the...

1191

03:11:35.070 --> 03:11:37.459

Patricia Owens: Harmful effects of that surgical smoke.

1192

03:11:38.810 --> 03:11:40.210

Patricia Owens: Those are my two points.

1193

03:11:40.210 --> 03:11:43.770

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Eric Berg - Cal/OSHA: Okay, so that's a separate engineering control for the laparoscopic, basically, that...

1194

03:11:43.890 --> 03:11:44.530

Patricia Owens: Yeah.

1195

03:11:44.530 --> 03:11:45.530

Eric Berg - Cal/OSHA: Correct.

1196

03:11:45.530 --> 03:11:46.140

Patricia Owens: Scrumbs.

1197

03:11:46.140 --> 03:11:48.449

Eric Berg - Cal/OSHA: Okay, within the person.

1198

03:11:48.840 --> 03:11:53.030

Patricia Owens: Yeah, I did send some, two art... Two documents to...

1199

03:11:53.150 --> 03:12:01.069

Patricia Owens: Gracie already, from the Joint Commission and description of... Laparoscopic smoke evacuation systems.

1200

03:12:02.350 --> 03:12:03.370

Eric Berg - Cal/OSHA: Okay, thank you.

1201

03:12:03.630 --> 03:12:07.770

Patricia Owens: Okay, thank you very much, I... I do appreciate...

1202

03:12:08.780 --> 03:12:13.530

Patricia Owens: ability to talk. Forgot to put my picture on. I'm still here, obviously, thank you.

1203

03:12:13.800 --> 03:12:14.689

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Eric Berg - Cal/OSHA: Alright, thanks.

1204

03:12:15.340 --> 03:12:16.920

Meeting Manager: Erica Frank is next.

1205

03:12:18.570 --> 03:12:19.960

Erika Frank: Okay,

1206

03:12:20.370 --> 03:12:30.509

Erika Frank: Just to reiterate, and add supplement to the comments that we made in our letter, starting from the top, so with regard to section...

1207

03:12:31.380 --> 03:12:34.040

Erika Frank: D1, A1,

1208

03:12:34.070 --> 03:12:52.069

Erika Frank: The term continuous operation of the plume evacuation system? Yeah. So that would be yes, right there. We just were seeking some clarity on, what the term continually would refer to. Is it referring to the entire medical procedure, or only when,

1209

03:12:52.070 --> 03:12:56.939

Erika Frank: a plume generating device is in use. So, a little bit of clarity there.

1210

03:12:57.270 --> 03:13:05.140

Erika Frank: Also some concerns, or concerns with regard to, in 3, so A3.

1211

03:13:05.390 --> 03:13:21.869

Erika Frank: the reference to Section 5143. There's some concerns about whether or not that is the appropriate section, just because it is related to, fixed permanently installed ventilation systems,

1212

03:13:21.870 --> 03:13:22.400

Eric Berg - Cal/OSHA: Okay.

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1213

03:13:22.400 --> 03:13:36.830

Erika Frank: and doesn't take into consideration portable devices and also wall vacuum systems. So this may make things difficult to comply. So, you know, some effort there to maybe

1214

03:13:37.460 --> 03:13:46.670

Erika Frank: rewrite that section, we're happy to help you, or to find a different, section to refer to. So that was something, that I wanted to raise it.

1215

03:13:46.790 --> 03:13:47.450

Erika Frank: In addition.

1216

03:13:47.450 --> 03:13:47.890

Eric Berg - Cal/OSHA: Okay.

1217

03:13:47.890 --> 03:13:50.279

Erika Frank: We had raised in our comments, and then...

1218

03:13:50.610 --> 03:13:54.009

Erika Frank: Couple of other things,

1219

03:13:54.210 --> 03:14:08.410

Erika Frank: We mentioned this in the definition section, but I want to bring it up here, and that has to do with, in, DA32, the use of an OPA filter and a gas phase filter.

1220

03:14:08.540 --> 03:14:26.130

Erika Frank: And it appears that under these proposed regulations, that would be the requirement in all situations. And, of course, as you've heard me say throughout today and in the letter of really advocating for that risk-based assessment, that might be more that's needed in all circumstances.

1221

03:14:26.230 --> 03:14:32.120

Erika Frank: So to the extent that there is room, to have some kind of analysis.

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1222

03:14:32.390 --> 03:14:37.379

Erika Frank: For when both is needed and required would be very helpful.

1223

03:14:37.510 --> 03:14:42.800

Erika Frank: The other thing that I want to just mention, too, is, and we've talked a lot about different

1224

03:14:43.030 --> 03:14:56.860

Erika Frank: equipment, different technologies, different systems, but again, also reiterating spacing is an issue. Not all hospitals have vast OR rooms, and when you start to add

1225

03:14:56.860 --> 03:15:08.729

Erika Frank: individuals, equipment, spacing, that's going to become an issue as well. So again, ensuring that we have the technology that we need to ensure that we're addressing plume.

1226

03:15:09.020 --> 03:15:13.320

Erika Frank: But also not having more than is required for our ended goal.

1227

03:15:14.080 --> 03:15:25.249

Erika Frank: And then just a couple of comments, on two items that have been commented about a few times during this session, the use of respirators and eye protections.

1228

03:15:25.530 --> 03:15:40.670

Erika Frank: Again, in addition to my continuing comments of us ensuring that some of our non-employees comply, that is, of course, going to be a sensitive issue and a real issue for our hospitals, but more importantly.

1229

03:15:40.910 --> 03:15:51.499

Erika Frank: We have concerns with requiring respirators, particularly with reference to 5144, which of course has its own requirements for use.

1230

03:15:51.680 --> 03:15:57.459

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Erika Frank: And the practical effect here, even though the way it's written is, you know, in those instances where

1231

03:15:57.570 --> 03:16:11.669

Erika Frank: you know, plume may come into contact with the respiratory tract, and we do share CICHC's comments as far as... we're not going to know when it comes into contact, but generally speaking.

1232

03:16:11.870 --> 03:16:18.300

Erika Frank: This seems to address those Very rare situations, but compliance is gonna require

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03:16:18.460 --> 03:16:33.639

Erika Frank: any... any practitioner, any nurse, any employee who's going to be in the AOR be fitted and, tested in compliance with Section 5144, so we strongly encourage...

1234

03:16:33.650 --> 03:16:38.590

Erika Frank: those provisions be removed. It's just not a practical effect, and

1235

03:16:38.740 --> 03:16:45.359

Erika Frank: for those of you who are familiar with these regulations and the FIT test and the medical exam, it's quite intense.

1236

03:16:45.550 --> 03:16:48.889

Erika Frank: And it may not be a necessary

1237

03:16:49.530 --> 03:17:03.339

Erika Frank: requirement here, and frankly, also, for many practitioners, it interferes with their ability to do their job and to do their work, and that isn't something that we want. Which dovetails into the eye protection, so...

1238

03:17:03.410 --> 03:17:10.400

Erika Frank: Of course, the legislation, implementing legislation, does not make reference to eye protection.

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1239

03:17:10.450 --> 03:17:19.020

Erika Frank: Or what... and of course, with the regulations, there really isn't any guidance of what appropriate eye protection means.

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03:17:19.060 --> 03:17:36.040

Erika Frank: We've done some research through the years on this issue, because of course, this has come up in previous iterations of these regs, and to our knowledge, there's only a certain specialty goggle that would be designed to keep smoke away, which of course presents

1241

03:17:36.360 --> 03:17:47.240

Erika Frank: Other challenges with discomfort, decreased visibility, and we're significantly concerned that these will definitely provide some interference to our practitioners.

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03:17:47.530 --> 03:18:07.100

Erika Frank: And may not really do the job of what we're hoping that it would tend to do. So, we are not in support of requiring the eye protection, or to the terminology that we need to ensure that our practitioners are utilizing them through their, performance of their procedures in our ORs.

1243

03:18:08.160 --> 03:18:15.019

Eric Berg - Cal/OSHA: And for respirators, so... your preference would be, like, for voluntary use? Because, I mean, even if we don't...

1244

03:18:15.150 --> 03:18:18.500

Eric Berg - Cal/OSHA: Reference 5144, it'd still be required to have all those things.

1245

03:18:18.670 --> 03:18:23.199

Eric Berg - Cal/OSHA: This use is voluntary, whereas you provide it, make it available.

1246

03:18:23.320 --> 03:18:29.070

Erika Frank: And an employee can use it or not. I mean, you know, from our perspective, we don't believe

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03:18:29.660 --> 03:18:45.639

Erika Frank: respirators are needed. If the plume evacuation systems are operating the way they should be, this shouldn't be an issue. Now, I recognize and we heard today about, yes, some terrible situations where things went awry and there is the presence, but

1248

03:18:45.670 --> 03:18:53.589

Erika Frank: If there, however, is the desire to include some kind of respiratory, or reference to respiratories, then yes, for it to be voluntary.

1249

03:18:54.020 --> 03:18:54.690

Eric Berg - Cal/OSHA: Okay.

1250

03:18:54.920 --> 03:18:56.259

Eric Berg - Cal/OSHA: Thanks for that.

1251

03:18:59.500 --> 03:19:02.369

Meeting Manager: Okay, our next commenter is Dr. Emily Jones.

1252

03:19:05.450 --> 03:19:20.619

Dr. Emily Jones: Again, thank you so much, again, for allowing us to comment on this important topic. We agree that related to laparoscopic smoke, just the comment, earlier that

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03:19:20.710 --> 03:19:30.459

Dr. Emily Jones: Unfiltered surgical smoke should never be released into the operating room, so there should always be a system in place to, effectively

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03:19:30.750 --> 03:19:40.839

Dr. Emily Jones: filter that surgical smoke, that laparoscopic smoke. A comment related to Section B, related to general room ventilation.

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03:19:44.040 --> 03:19:58.590

Dr. Emily Jones: It is important to acknowledge that general room ventilation is... is always in place, in every operating room, and should not be relied upon for surgical smoke.

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1256

03:19:58.780 --> 03:20:00.190

Dr. Emily Jones: filtration.

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03:20:00.520 --> 03:20:14.909

Dr. Emily Jones: The... general room ventilation filtration, is a minimum of 20 exchanges an hour through a MERV-16.

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03:20:15.260 --> 03:20:22.200

Dr. Emily Jones: And so this is all separate from surgical smoke, filtration requirements.

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03:20:22.390 --> 03:20:28.700

Dr. Emily Jones: there should always be an OPA and gas phase filter for all surgical smoke filtration.

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03:20:31.300 --> 03:20:49.239

Dr. Emily Jones: HEPA is not adequate. We know that the size of the particles in all surgical smoke are very small, and that there are gaseous elements in all surgical smoke. So those are a couple of the comments that, I wanted to add from AORN.

1261

03:20:50.270 --> 03:20:51.080

Eric Berg - Cal/OSHA: Okay, thank you.

1262

03:20:51.080 --> 03:20:51.790

Dr. Emily Jones: Thank you.

1263

03:20:53.110 --> 03:20:55.170

Meeting Manager: Our next hand raise is Nikki Washington.

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03:20:59.460 --> 03:21:09.499

Nikki Washington: Hello, and thank you again for, allowing me to speak. I just wanted to circle back around to the comment about the fit testing and it being,

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03:21:10.600 --> 03:21:13.109

Nikki Washington: a possible inconvenience. I don't... I'm not...

1266

03:21:13.250 --> 03:21:15.670

Nikki Washington: Don't quote me on the word inconvenience.

1267

03:21:15.820 --> 03:21:20.040

Nikki Washington: But I do want to say this. Hospitals, will at least

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03:21:20.110 --> 03:21:38.989

Nikki Washington: in my years, like I said, 30 years of being in healthcare, we've always had to get pits tested every year for, in the event we have a patient with TB or any other, diseases that require a, a respirator. So that's a common practice in hospitals,

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03:21:39.310 --> 03:21:40.900

Nikki Washington: across states.

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03:21:40.910 --> 03:21:57.020

Nikki Washington: So, I don't think that that should be an inconvenience, but I also think that it needs to remain, because that provides an option. We know that the mechanical devices, even if it is used, according to the manufacturer's recommendation, there is nothing in life that is 100%.

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03:21:57.020 --> 03:22:03.520

Nikki Washington: To prevent that. And so I do think, patient, the staff,

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03:22:03.920 --> 03:22:14.110

Nikki Washington: should have options to have that, and I do think that verbiage and that language should be there, that way organizations can continue to provide safe avenues, for their staff.

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03:22:14.300 --> 03:22:22.259

Nikki Washington: In a court, another thing I wanted to speak on is the eye protection. So, whether or not...

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1274

03:22:23.050 --> 03:22:42.870

Nikki Washington: I'm trying to understand the bulkiness and things like that, because there, too, are also further requirements today for eye protection to be worn in the event of certain items, of spills or an exposure in the operating room. There are certain requirements. So, until we can

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03:22:43.390 --> 03:22:59.350

Nikki Washington: say for sure what those additional, features would be. I think it needs to stay there, because again, it provides that level of protection. I understand inconvenience, but inconvenience should never be a,

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03:22:59.820 --> 03:23:01.180

Nikki Washington: a go-to

1277

03:23:01.180 --> 03:23:25.930

Nikki Washington: to prevent safety provided for, you know, the staff, especially, because they're the ones at the bedside. Like someone stated earlier, it's not necessarily the administrators, it's not necessarily anyone making the rules, it should be safety for the individuals at the bedside, and to make sure we provide and do our due diligence to make sure they have what they... what they need. So I, I think the verbiage should remain

1278

03:23:25.930 --> 03:23:28.319

Nikki Washington: So organizations can provide that.

1279

03:23:28.470 --> 03:23:29.530

Nikki Washington: Thank you.

1280

03:23:30.580 --> 03:23:31.569

Eric Berg - Cal/OSHA: Alright, thank you, Nikki.

1281

03:23:33.300 --> 03:23:35.429

Meeting Manager: Angela Robertson has a comment.

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1282

03:23:39.520 --> 03:23:54.659

Angela Robertson: Yeah, I would just like to also echo what, Nikki just said, especially with COVID, especially with the exposure factor with, TB, HPV,

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03:23:54.660 --> 03:24:03.950

Angela Robertson: air salation, we are... these processes are already in place for, like, N95 training, annually.

1284

03:24:04.090 --> 03:24:11.090

Angela Robertson: Fit testing and... and the access to those,

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03:24:11.310 --> 03:24:18.889

Angela Robertson: devices are already in place, so I, I think I agree with that, verbiage should remain.

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03:24:19.120 --> 03:24:26.739

Angela Robertson: And that's not a burden on the system, considering we've already had those practices in place.

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03:24:26.830 --> 03:24:45.979

Angela Robertson: And again, with the eye protection as well, like, we... the OR is a splash risk, and so, we readily have those available. We should continue to have those available. And then also we do have, like, eye stations that are... eyewash stations that are also readily available.

1288

03:24:46.570 --> 03:24:47.510

Angela Robertson: Thank you.

1289

03:24:47.760 --> 03:24:48.430

Eric Berg - Cal/OSHA: Great, thanks.

1290

03:24:50.490 --> 03:24:52.459

Meeting Manager: Ms. Dunbar has his hand raised.

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1291

03:24:54.580 --> 03:24:55.610

James Dunbarr: Hi, thank you.

1292

03:24:55.720 --> 03:24:56.680

Eric Berg - Cal/OSHA: S...

1293

03:24:56.680 --> 03:25:00.949

James Dunbarr: My name's James, I'm a CIH, and I just wanted to...

1294

03:25:01.130 --> 03:25:04.079

James Dunbarr: point out a technicality. When we're talking about

1295

03:25:04.520 --> 03:25:16.370

James Dunbarr: Title 85144 and requirements for wearing a respirator. As Erica pointed out previously, there's the medical clearance, and then there's also training, and then there's the fit test.

1296

03:25:16.710 --> 03:25:23.869

James Dunbarr: So that's all well and good, and I understand the other points that are being brought up. I just wanted to, if I'm reading it clearly.

1297

03:25:24.240 --> 03:25:33.929

James Dunbarr: If respirators are going to be required in addition to engineering controls and administrative controls, which, you know, that's our hierarchy of control,

1298

03:25:34.310 --> 03:25:39.239

James Dunbarr: PPE is always a last resort, but I wanted to point out in the first line.

1299

03:25:39.470 --> 03:25:44.229

James Dunbarr: Of 3 there, it says particulates and organic vapors.

1300

03:25:44.490 --> 03:25:47.159

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James Dunbarr: So, people are talking about COVID,

1301

03:25:47.260 --> 03:25:52.599

James Dunbarr: and how it was done, and how, you know, it was okay. That was generally N95s.

1302

03:25:52.840 --> 03:25:55.929

James Dunbarr: So, N95s are going to protect against articulate.

1303

03:25:56.830 --> 03:25:58.869

James Dunbarr: It also says organic vapors.

1304

03:25:59.060 --> 03:26:03.930

James Dunbarr: To protect against organic vapors, you're gonna need cartridges, which means

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03:26:04.270 --> 03:26:06.029

James Dunbarr: A half face, at a minimum.

1306

03:26:06.270 --> 03:26:18.700

James Dunbarr: So, half-face tight-fitting air purifying respirators, and full-face tight-fitting air purifying respirators. If we make this a requirement, you're asking all the individuals around the table to be in half-face

1307

03:26:18.810 --> 03:26:23.419

James Dunbarr: tight-fitting respirators or full-face respirators. So, say, let's play it forward.

1308

03:26:23.560 --> 03:26:29.219

James Dunbarr: say we have everyone get into a half-face with an APR and cartridges for the organic vapors.

1309

03:26:29.830 --> 03:26:37.379

James Dunbarr: I've never found a suitable Goggle, a chemical gas vapor goggle, because those exist.

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1310

03:26:37.460 --> 03:26:44.980

James Dunbarr: That plays nicely with the half-face respirator. They always collide, it's very difficult.

1311

03:26:45.030 --> 03:26:58.720

James Dunbarr: to get the goggles, because they're bulky, to meet up with the nose, and then also maintain the fit of the respirator. So oftentimes, when someone needed the gas vapor goggles and the half-face respirator.

1312

03:26:59.030 --> 03:27:01.190

James Dunbarr: They would go into a full face.

1313

03:27:01.750 --> 03:27:11.150

James Dunbarr: So, there's some complexities there, and I understand the other sides of it, but I'm also just pointing out what this actually means in reality, if there's a requirement.

1314

03:27:11.610 --> 03:27:14.770

James Dunbarr: I would like to suggest that

1315

03:27:15.050 --> 03:27:18.770

James Dunbarr: Respirators are optional based on our risk assessment.

1316

03:27:19.020 --> 03:27:32.220

James Dunbarr: Possibly, as one option, and leave it as voluntary use, and let the professionals, because we already determined that someone that knew about these ideas, and

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03:27:32.430 --> 03:27:43.599

James Dunbarr: Someone qualified, it was pointed out previously, someone qualified would be involved, so they would have a good handle on, conducting a risk assessment as a qualified individual.

1318

03:27:43.730 --> 03:27:45.659

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James Dunbarr: And so, if we're leaning on that.

1319

03:27:46.000 --> 03:27:49.239

James Dunbarr: I think we could safely say that they would be able to do

1320

03:27:49.390 --> 03:27:53.080

James Dunbarr: Risk assessment based on professional judgment.

1321

03:27:53.580 --> 03:27:56.129

James Dunbarr: Those are my... those are my thoughts. Thank you.

1322

03:27:57.030 --> 03:28:01.350

Eric Berg - Cal/OSHA: Okay, Enrique also... wanna, I guess, have that.

1323

03:28:01.950 --> 03:28:06.849

Eric Berg - Cal/OSHA: Person distinguished between using a particular-only respirator and a particular end?

1324

03:28:07.020 --> 03:28:08.890

Eric Berg - Cal/OSHA: Organic vapor respirator.

1325

03:28:10.300 --> 03:28:14.410

James Dunbarr: Now, you know, Eric, I feel like, I feel like...

1326

03:28:14.570 --> 03:28:18.249

James Dunbarr: For what might be coming off of, into the air.

1327

03:28:18.780 --> 03:28:27.159

James Dunbarr: it may be difficult to determine, what will be particulate and what could be the gases and vapors. I think there's so many contaminants.

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03:28:27.280 --> 03:28:36.699

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James Dunbarr: that it would be hard to determine, you know, oh, this... this procedure just would need a particulate mask, and an NA5. I think...

1329

03:28:36.840 --> 03:28:42.570

James Dunbarr: I mean, I think going back to every other program that Kalosha has helped out with.

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03:28:43.220 --> 03:28:48.580

James Dunbarr: if we really look at it, and we're getting these machines that have OPA filters.

1331

03:28:48.850 --> 03:29:02.160

James Dunbarr: And they're right at the source control, which is the most effective there. In every other situation, in every other program, we rely on controls. If we think about chemical fume hoods and biosafety cabinets, you know, we don't have every...

1332

03:29:02.160 --> 03:29:14.660

James Dunbarr: laboratory worker or chemist standing in front of the fume hood, wearing a respirator in addition to everything. We're relying on that control because of... because of its effectiveness and its efficiency.

1333

03:29:15.220 --> 03:29:21.339

James Dunbarr: And I'll... I'll just throw out this last comment. Whenever we introduce PPE,

1334

03:29:21.560 --> 03:29:24.549

James Dunbarr: We also introduced the risk of

1335

03:29:24.650 --> 03:29:28.750

James Dunbarr: A false sense of protection, possibly, if it's not being worn properly.

1336

03:29:29.110 --> 03:29:32.759

James Dunbarr: And also possibly not having the right cartridges.

1337

03:29:32.940 --> 03:29:43.410

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James Dunbarr: there's a lot that can go wrong with it, or they're not tightening it down, they're not doing their fit checks, their positive and negative fit checks to see if it's fitting. So there's a lot when we start talking about

1338

03:29:43.760 --> 03:29:47.710

James Dunbarr: Putting in respirators. It's not just... we just write it down and people just do it.

1339

03:29:48.910 --> 03:29:53.209

Eric Berg - Cal/OSHA: Yeah, no, understood, they're not... 100% effective, and there's a lot to...

1340

03:29:53.820 --> 03:29:57.560

Eric Berg - Cal/OSHA: Possibility for error. So, yeah, we recognize that. So thank you.

1341

03:29:57.800 --> 03:29:58.780

James Dunbarr: Thanks, Sarah.

1342

03:30:01.400 --> 03:30:03.789

Meeting Manager: Eric, at this time, there are no additional hands raised.

1343

03:30:04.960 --> 03:30:10.340

Eric Berg - Cal/OSHA: Okay, I'm gonna... Subsection E, which is training.

1344

03:30:10.920 --> 03:30:18.800

Eric Berg - Cal/OSHA: So the player shall provide effective training to employees who have occupational exposure to plume, it has...

1345

03:30:19.030 --> 03:30:24.689

Eric Berg - Cal/OSHA: Initial training, and it has a list of... Topics 1 through 9.

1346

03:30:25.400 --> 03:30:27.860

Eric Berg - Cal/OSHA: Of topics in the training.

1347

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03:30:28.840 --> 03:30:30.250

Eric Berg - Cal/OSHA: And...

1348

03:30:31.920 --> 03:30:40.379

Eric Berg - Cal/OSHA: And it's when the procedures are first established, and then annually thereafter. So, training has to be done at the beginning, and then once a year.

1349

03:30:41.010 --> 03:30:43.460

Eric Berg - Cal/OSHA: So, do we have any comments on...

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03:30:43.710 --> 03:30:47.079

Eric Berg - Cal/OSHA: I guess the contents of the training, or the frequency of the training.

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03:30:51.790 --> 03:30:55.700

Meeting Manager: We do have a, a hand raised from Melanie Marin.

1352

03:30:55.700 --> 03:30:58.700

Eric Berg - Cal/OSHA: It'll take me a second just to promote her so she can interact.

1353

03:30:59.300 --> 03:31:00.060

Eric Berg - Cal/OSHA: Okay, thanks.

1354

03:31:08.620 --> 03:31:12.300

Meeting Manager: Go ahead, Melanie, you should be able to unmute your microphone and speak.

1355

03:31:16.610 --> 03:31:17.280

Melanie Marin, Sharp FMD: Yo.

1356

03:31:17.980 --> 03:31:19.050

Melanie Marin, Sharp FMD: Found it.

1357

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03:31:19.620 --> 03:31:29.280

Melanie Marin, Sharp FMD: Okay, I just wanted to just real quickly just clarify one thing on the... or have a question on the 20 air exchanges per hour, for the last section.

1358

03:31:29.400 --> 03:31:37.620

Melanie Marin, Sharp FMD: Outside of surgical centers or OSHPOD 1 areas, that could be extremely costly for

1359

03:31:37.760 --> 03:31:56.999

Melanie Marin, Sharp FMD: clinics, dermatology clinics, stuff like that, just because 20 air exchanges aren't necessarily a code required now, and to increase to that would be extremely, costly, so it would... I would just question, or request a little bit more clarity on

1360

03:31:57.210 --> 03:32:14.169

Melanie Marin, Sharp FMD: the acuity settings for the 20 air changes, and if that would include, clinical environments for minor, things where plume would be generated, like, skin tag removal or something like that, versus, an ASC or something like, you know, to that nature.

1361

03:32:14.840 --> 03:32:18.369

Eric Berg - Cal/OSHA: I guess that would go to the scope, where we... where this applies to, which is...

1362

03:32:18.990 --> 03:32:22.499

Eric Berg - Cal/OSHA: Acute care hospitals and ambulatory surgical centers, so...

1363

03:32:22.790 --> 03:32:26.169

Eric Berg - Cal/OSHA: What you're talking about, are these ambulatory surgical centers?

1364

03:32:27.230 --> 03:32:34.529

Melanie Marin, Sharp FMD: If they're not necessarily ambulatory surgical centers, no. So, okay, sorry, never mind then.

1365

03:32:34.530 --> 03:32:36.269

Eric Berg - Cal/OSHA: Yeah, they're not covered by the regulation then, so...

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1366

03:32:36.270 --> 03:32:36.960

Melanie Marin, Sharp FMD: Okay, thanks.

1367

03:32:36.960 --> 03:32:38.290

Eric Berg - Cal/OSHA: Okay, sure.

1368

03:32:38.790 --> 03:32:43.710

Eric Berg - Cal/OSHA: And then we'll go back to... Training? Any...

1369

03:32:44.460 --> 03:32:47.990

Meeting Manager: Okay, we have Dr. Emily Jones that would like to make a comment.

1370

03:32:48.430 --> 03:32:51.010

Dr. Emily Jones: Hi, thank you so much.

1371

03:32:51.940 --> 03:33:03.549

Dr. Emily Jones: In addition to initial training, and at least annually, training should also occur whenever new equipment, is provided to

1372

03:33:04.270 --> 03:33:13.949

Dr. Emily Jones: staff, so, that might be added to the frequency, the initial training under E.

1373

03:33:14.180 --> 03:33:33.760

Dr. Emily Jones: The initial training shall be provided, when the written procedures are first established and annually thereafter, and perhaps an additional line training should also be provided whenever new equipment or supplies are provided.

1374

03:33:34.640 --> 03:33:37.949

Eric Berg - Cal/OSHA: Okay, anything specific on the equipment that should be related to...

1375

03:33:38.150 --> 03:33:39.470

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Dr. Emily Jones: An evacuation system?

1376

03:33:39.470 --> 03:33:40.220

Eric Berg - Cal/OSHA: Or to the...

1377

03:33:40.220 --> 03:33:53.159

Dr. Emily Jones: Exactly, anything that's related to, this particular, document. So, anything related to surgical smoke evacuation.

1378

03:33:53.160 --> 03:33:53.660

Eric Berg - Cal/OSHA: Okay.

1379

03:33:53.660 --> 03:33:55.970

Dr. Emily Jones: Team evacuation systems.

1380

03:33:55.970 --> 03:33:56.860

Eric Berg - Cal/OSHA: Okay, thank you.

1381

03:34:00.840 --> 03:34:03.310

Meeting Manager: Our next, hand raised is Jane Thomason.

1382

03:34:04.100 --> 03:34:04.730

Eric Berg - Cal/OSHA: Okay.

1383

03:34:05.620 --> 03:34:17.350

Jane Thomason / CNA: So Sandy sent me one note for E... for training. She said that the interactive portion of the training is really important.

1384

03:34:17.500 --> 03:34:29.060

Jane Thomason / CNA: As nurses, we get a lot of computer education that isn't always very effective, so it's important to be able to ask questions and get answers about surgical plume and plume evacuation systems.

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1385

03:34:29.200 --> 03:34:31.550

Jane Thomason / CNA: From someone who knows what they're talking about.

1386

03:34:32.250 --> 03:34:34.080

Jane Thomason / CNA: So she shared that.

1387

03:34:34.600 --> 03:34:42.280

Jane Thomason / CNA: And then, on my end, a couple of suggestions in the top part, in E.

1388

03:34:42.600 --> 03:34:53.899

Jane Thomason / CNA: So I think the initial training and then annual refresher training is really helpful. I think we would suggest adding,

1389

03:34:54.180 --> 03:35:06.139

Jane Thomason / CNA: at time of new assignment or something, I think there's similar language in other healthcare standards, so that if there's an employee who's in a different department and moves into the operating room.

1390

03:35:06.140 --> 03:35:15.439

Jane Thomason / CNA: They're not technically a new employee, but they might be newly exposed to surgical plume, so just making sure that they are also getting the training at that time of

1391

03:35:15.620 --> 03:35:17.110

Jane Thomason / CNA: transition.

1392

03:35:17.430 --> 03:35:23.419

Jane Thomason / CNA: Before they're expected to use plume evacuation, systems or are exposed?

1393

03:35:23.690 --> 03:35:25.630

Jane Thomason / CNA: So that's one suggestion.

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1394

03:35:26.190 --> 03:35:27.350

Jane Thomason / CNA: And then...

1395

03:35:27.500 --> 03:35:34.559

Jane Thomason / CNA: We would also suggest, instead of saying when the, so the initial training shall be provided when the written procedures are first established.

1396

03:35:34.630 --> 03:35:45.499

Jane Thomason / CNA: And we would say, and at least annually thereafter, just to make sure, you know, we're not creating a requirement for more than annual training, but leaving open that if

1397

03:35:45.540 --> 03:36:00.349

Jane Thomason / CNA: There is more frequent training needed, that employers are not able to say, well, we did it 6 months ago, so we don't have to do it again, even if there's a new plume evacuation system that's been purchased, or another change to the plan that needs retraining.

1398

03:36:01.040 --> 03:36:05.910

Jane Thomason / CNA: So, that's a small suggestion, but I think it would be helpful and more protective.

1399

03:36:07.120 --> 03:36:10.060

Jane Thomason / CNA: And then we would also ask...

1400

03:36:10.330 --> 03:36:17.020

Jane Thomason / CNA: So we like the list of, of items for the training to cover.

1401

03:36:17.150 --> 03:36:29.760

Jane Thomason / CNA: And we would ask to add two more elements to the training around the importance of reporting exposures and symptoms of exposure to Plume, and how employees can request additional training.

1402

03:36:29.990 --> 03:36:48.619

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Jane Thomason / CNA: On the requesting additional training, I know there are other healthcare standards that have that similar language in their training portions, and think that that's an important right for employees to be able to ask for training when they need it. And employers should want their employees, should they need additional training on how the plume evacuation system works, or...

1403

03:36:48.770 --> 03:36:55.759

Jane Thomason / CNA: What the procedures are. Employers, in my mind, should be interested in providing that additional training.

1404

03:36:55.870 --> 03:37:02.779

Jane Thomason / CNA: You know, when it's appropriate and when it's needed, which is generally... generally what's needed.

1405

03:37:02.960 --> 03:37:05.620

Jane Thomason / CNA: Those are my comments.

1406

03:37:06.520 --> 03:37:07.590

Eric Berg - Cal/OSHA: Oh, thanks, Jane.

1407

03:37:07.590 --> 03:37:08.430

Jane Thomason / CNA: Thank you.

1408

03:37:09.530 --> 03:37:12.670

Meeting Manager: Okay, our next hand raise is Gabriela Morales-Fortega.

1409

03:37:16.420 --> 03:37:31.070

Gabriela Morales-Ortega: Hi, so the training, I... I feel like it's a critical portion of this section. When I initially started at USC, there was no initial training at all.

1410

03:37:31.070 --> 03:37:37.040

Gabriela Morales-Ortega: But now, with me being involved with UPC, I've been involved in training.

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1411

03:37:37.040 --> 03:37:48.419

Gabriela Morales-Ortega: And... or our staff, and on... on the effective surgical plume, and I've actually had to be the one to bring out a rep for the manufacturer rep.

1412

03:37:48.420 --> 03:38:04.769

Gabriela Morales-Ortega: to give some type of training to the equipment that we actually have. So I think this needs to be more programmatic, and more program... programmatic approach. So the training requirements in the discussion draft is essential.

1413

03:38:04.860 --> 03:38:17.399

Gabriela Morales-Ortega: In particular, I do appreciate the requirement to have an interactive Q&A portion with a person who's knowledgeable of the plume equipment and the exposure.

1414

03:38:17.400 --> 03:38:28.079

Gabriela Morales-Ortega: This is, I believe, especially important for new staff. Our staff usually have two days of, like, health stream, and they just sit down on the computer for 2 days.

1415

03:38:28.080 --> 03:38:36.280

Gabriela Morales-Ortega: There's no person who can answer questions regarding, this information, so I feel like hands-on is important.

1416

03:38:36.280 --> 03:38:48.600

Gabriela Morales-Ortega: And then the... I agree with the annual refresher training. This is also important. It just keeps everyone up to date, on the important issues of surgical plumb and how to evacuate, just like you do

1417

03:38:48.600 --> 03:38:58.279

Gabriela Morales-Ortega: on the floor with, like, pumps and, like, other things that they need annual training for, I feel like this can be something that's part of the annual training for OR nurses.

1418

03:38:58.280 --> 03:38:59.689

Gabriela Morales-Ortega: So, thank you.

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1419

03:38:59.870 --> 03:39:00.830

Eric Berg - Cal/OSHA: Alright, thanks a lot.

1420

03:39:03.880 --> 03:39:06.519

Meeting Manager: Our next hand raised is Rosslyn DeLeon Minch.

1421

03:39:08.190 --> 03:39:22.819

Rocelyn de Leon-Minch, CNA/NNU: Thank you, Rosalind, with CNA and Anu. I'm reading on behalf of Sharon Sy. Sharon says, I have never received formal training on surgical plume hazards or on the proper use of plume evacuation equipment.

1422

03:39:22.830 --> 03:39:37.389

Rocelyn de Leon-Minch, CNA/NNU: When my facility, which is at West Anaheim Medical Center, obtained an evacuation device approximately 2 years ago, no training was provided. CalOSHA should require initial and annual refresher training on surgical plume hazards and controls.

1423

03:39:37.390 --> 03:39:47.770

Rocelyn de Leon-Minch, CNA/NNU: Additionally, when employers introduce new equipment or modify exposure control plans or work practices, additional training should be required before employees are expected to use the new systems.

1424

03:39:47.770 --> 03:39:53.560

Rocelyn de Leon-Minch, CNA/NNU: Clear training requirements are essential to ensure that the standard is implemented as it is intended.

1425

03:39:53.760 --> 03:39:54.630

Rocelyn de Leon-Minch, CNA/NNU: Thank you.

1426

03:39:55.240 --> 03:39:55.960

Eric Berg - Cal/OSHA: Thank you.

1427

03:39:58.460 --> 03:40:01.189

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Meeting Manager: Our next hand raise is Angela Robertson.

1428

03:40:03.850 --> 03:40:05.960

Angela Robertson: Yeah, just to,

1429

03:40:07.140 --> 03:40:20.979

Angela Robertson: make a quick comment here, just that, you know, training is such a key component when it comes to the smoke evacuation and health and safety in general, and, like, my unit, Practice Council.

1430

03:40:21.030 --> 03:40:28.200

Angela Robertson: In our department, we've been educating ourselves, we are initiating education, to our staff.

1431

03:40:28.510 --> 03:40:33.950

Eric Berg - Cal/OSHA: And that... that ultimately should be the employer's obligation. So it's good that this is.

1432

03:40:33.950 --> 03:40:48.990

Angela Robertson: that it's clear in the draft standard. I also agree with it's important to have the interactive portion of training. At my facility, we do this on a regular basis, and in other areas, we have, like,

1433

03:40:48.990 --> 03:41:05.520

Angela Robertson: safety champions, we have our nurse educator that are points of contact on these different issues. So, you know, people are able to get refresher training, people are able to, you know, someone that's approachable to, if they have any additional questions.

1434

03:41:05.660 --> 03:41:19.660

Angela Robertson: So it is definitely great to have someone that's knowledgeable about these systems to, so, to serve in that role of answering questions and making sure that the training is also consistent.

1435

03:41:26.080 --> 03:41:28.060

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Meeting Manager: Okay, Nikki Washington is next.

1436

03:41:31.650 --> 03:41:39.390

Nikki Washington: Okay, hello again, everyone. I just want to just, to echo... what, Jane...

1437

03:41:39.710 --> 03:41:47.779

Nikki Washington: Rosalind, in what has been stated about the education, I do agree that, there needs to be some verbiage upon

1438

03:41:48.120 --> 03:41:57.840

Nikki Washington: I think upon hire and to transition to the, to the department, and whenever new devices are introduced to the environment.

1439

03:41:58.000 --> 03:42:17.730

Nikki Washington: having a language of at least annually, or at minimum annually, would be great, but that way it would not limit things to annually. Sometimes employees go out on leave, and that education could have taken place. They should be allowed to, have the education

1440

03:42:17.980 --> 03:42:29.959

Nikki Washington: provided to them, even if it's after that annual period. Annually is very broad, and it's open for interpretation of what that means. So I think adding some type of distinction there

1441

03:42:29.960 --> 03:42:42.660

Nikki Washington: would be great for the employees, as I stated again, and as it was brought up before, who are transitioning into the department, who are newer to the department, or when newer devices are introduced into the environment.

1442

03:42:43.890 --> 03:42:44.960

Nikki Washington: Thank you.

1443

03:42:48.640 --> 03:42:50.490

Meeting Manager: Eric Frank is our next commenter.

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1444

03:42:52.300 --> 03:42:53.430

Erika Frank: Thank you.

1445

03:42:53.760 --> 03:43:07.839

Erika Frank: Okay, just a couple clarifying points. Under Section E with training, it starts off by requiring training to all employees who have occupational exposure to Plume.

1446

03:43:08.130 --> 03:43:17.560

Erika Frank: No issue with that. It's the last sentence that mentions training shall include at least the following elements as applicable to the employee's assignment.

1447

03:43:17.920 --> 03:43:25.660

Erika Frank: It's as applicable to the employee's assignment. The term assignment throws us off a little bit. You know, every time a nurse

1448

03:43:25.840 --> 03:43:32.579

Erika Frank: may have a new assignment, are they required to go through this training? I don't think that was the intent. I think it was more of...

1449

03:43:32.810 --> 03:43:36.479

Erika Frank: You know, what your facility is doing to...

1450

03:43:36.620 --> 03:43:51.900

Erika Frank: address surgical smoke in its ORs, and that should be sufficient. If there's a nurse that's going to be exposed to it, then, of course, that's... they're going to need to receive the training as opposed to each assignment, so just more technical nature, but for clarity's purposes.

1451

03:43:52.990 --> 03:43:53.590

Eric Berg - Cal/OSHA: Yeah.

1452

03:43:54.370 --> 03:43:59.119

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Eric Berg - Cal/OSHA: Oh, I was gonna say, the intent is, like, if there's something that's... Has nothing to do with...

1453

03:43:59.410 --> 03:44:02.969

Eric Berg - Cal/OSHA: What the employee's exposed to, or their job, then you wouldn't have to include it.

1454

03:44:03.510 --> 03:44:09.289

Eric Berg - Cal/OSHA: So, that's what the... applicable to the employee's assignment means, like, if there's, I don't know, something here that...

1455

03:44:09.810 --> 03:44:16.459

Eric Berg - Cal/OSHA: Just because whatever their work is and the nature of the operations, that it doesn't apply.

1456

03:44:16.770 --> 03:44:17.860

Eric Berg - Cal/OSHA: Still.

1457

03:44:17.860 --> 03:44:27.930

Erika Frank: Yeah, I mean, I think you're... you're reaching the same place you want to be if you just said training shall include at least the following elements. Okay. Without that additional sentence, just for...

1458

03:44:28.770 --> 03:44:30.139

Eric Berg - Cal/OSHA: No, we can... we can do that.

1459

03:44:30.420 --> 03:44:42.800

Erika Frank: And then just a couple other things. I know in other cases, Kelish has done a really good job at providing model training programs, and that's something that we think would be really helpful here.

1460

03:44:42.800 --> 03:44:52.480

Erika Frank: Particularly to some of our members that are... they're resource limited, they may not have a lot of staff on hand to be able to facilitate the training or to be able to develop.

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1461

03:44:52.800 --> 03:45:01.070

Erika Frank: the requirements that, that we have here. So something like that would be significantly encouraged. And then also.

1462

03:45:01.560 --> 03:45:06.509

Erika Frank: I don't know if it necessarily needs to go into the regulations themselves, but some flexibility on how.

1463

03:45:06.510 --> 03:45:06.870

Eric Berg - Cal/OSHA: on that.

1464

03:45:06.870 --> 03:45:15.710

Erika Frank: trainings achieved. So, is it in person? Is it interactive, webinar, computer-based? Is it the manufacturer's training?

1465

03:45:15.930 --> 03:45:18.009

Erika Frank: You know, if it's...

1466

03:45:18.400 --> 03:45:22.800

Erika Frank: all of the above, I don't think there's too much of a concern, but if there was any

1467

03:45:23.630 --> 03:45:30.489

Erika Frank: thought behind what type of training it would be helpful to know, so that our hospitals have that ability to

1468

03:45:30.680 --> 03:45:44.300

Erika Frank: satisfy the training, and of course, we would always adhere and advocate for flexibility, so if it's in person, if it's interactive-based through the computer, if it's various ways to do that to accomplish the training.

1469

03:45:44.990 --> 03:45:47.240

Erika Frank: So those are our comments with regard.

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1470

03:45:47.240 --> 03:45:49.830

Eric Berg - Cal/OSHA: Okay. I mean, if it doesn't say...

1471

03:45:50.010 --> 03:45:56.169

Eric Berg - Cal/OSHA: It doesn't say it has to be in person, so it doesn't have to be in person, but number 8, you do have to have, you know, provide

1472

03:45:56.280 --> 03:45:59.010

Eric Berg - Cal/OSHA: Opportunity for people to ask questions with the knowledgeable.

1473

03:45:59.310 --> 03:46:17.340

Erika Frank: Right, and I think that was part of where, you know, for example, sexual harassment prevention training, the interactive piece is so long as there's an opportunity for, if it's web-based, for the employee to interact and answer questions, and it'd be very intuitive, so I'm assuming that would be the same here as well.

1474

03:46:17.910 --> 03:46:20.210

Eric Berg - Cal/OSHA: Yeah, as long as I can ask questions and...

1475

03:46:20.360 --> 03:46:23.259

Eric Berg - Cal/OSHA: Of a knowledgeable person, and get answers, yeah.

1476

03:46:24.100 --> 03:46:24.420

Erika Frank: Thanks, Eric.

1477

03:46:24.520 --> 03:46:25.490

Eric Berg - Cal/OSHA: Alright, thanks.

1478

03:46:27.100 --> 03:46:28.760

Meeting Manager: Patricia Owens is next.

1479

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03:46:32.400 --> 03:46:36.859

Patricia Owens: Thank you again, and I appreciate everyone's comments and testimony.

1480

03:46:37.120 --> 03:46:41.870

Patricia Owens: I do want to just add, one more item, maybe number 9.

1481

03:46:42.280 --> 03:46:47.750

Patricia Owens: Would be if, training and education would also cover the disposal

1482

03:46:47.970 --> 03:46:55.970

Patricia Owens: Of these, smoke evacuation, tubing, or any sort of accessories that were used with

1483

03:46:56.510 --> 03:47:02.350

Patricia Owens: The system per manufacturer's IFU, or information for use.

1484

03:47:02.500 --> 03:47:08.129

Patricia Owens: Because, bacteria, HIV, HPV can be viable up to 14 days.

1485

03:47:08.160 --> 03:47:09.990

Eric Berg - Cal/OSHA: Has been found.

1486

03:47:10.050 --> 03:47:13.849

Patricia Owens: In the tubing system alone, I know some facilities...

1487

03:47:13.970 --> 03:47:17.470

Patricia Owens: And that's from NIOSH, and I know some facilities have

1488

03:47:17.940 --> 03:47:22.729

Patricia Owens: Have a policy where they just re... keep on reusing the tubing.

1489

03:47:23.210 --> 03:47:25.940

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Patricia Owens: In order to save costs.

1490

03:47:26.300 --> 03:47:32.960

Patricia Owens: Regardless of what the, recommendations are of the manufacturer, and obviously science.

1491

03:47:33.170 --> 03:47:44.409

Patricia Owens: And on a side note, there are educational tools for smoke evacuation. ARN has them as one, but they can also be created.

1492

03:47:44.650 --> 03:47:55.200

Patricia Owens: for the California Department here, for OSHA, Cal OSHA, so there will be and can be tools available for hospitals that don't have the resources to develop those internally.

1493

03:47:55.870 --> 03:47:56.940

Patricia Owens: Okay, thank you.

1494

03:47:57.140 --> 03:47:58.129

Eric Berg - Cal/OSHA: Alright, thanks a lot.

1495

03:48:01.830 --> 03:48:03.800

Meeting Manager: Okay, Nikki Washington is next.

1496

03:48:07.330 --> 03:48:10.090

Nikki Washington: Hi, I just wanted to,

1497

03:48:10.500 --> 03:48:17.810

Nikki Washington: Just to circle back and just add to, the comment about The ways,

1498

03:48:19.530 --> 03:48:33.790

Nikki Washington: for the interactive portion, how that would be, conducted. I would also just like to say, and just echo, I agree with that, that it needs to be some clarification, but I think we also, it also needs to be...

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1499

03:48:34.420 --> 03:48:44.330

Nikki Washington: Understood and provided, that whatever the process would be for that, whatever, that the hospitals or organizations should be able to.

1500

03:48:44.350 --> 03:48:52.609

Nikki Washington: Allow the employees to ask clarifying questions, and that those questions should be answered prior to them proceeding

1501

03:48:52.610 --> 03:49:05.440

Nikki Washington: Into their work area. I think one thing... I know we're looking at flexibility and convenience, and that's great because of the times that we're in. Everything is innovative, and we have to look forward, but we also have to remember

1502

03:49:05.490 --> 03:49:09.419

Nikki Washington: If a person is asking a clarifying question.

1503

03:49:09.840 --> 03:49:25.689

Nikki Washington: Of how to use something, if something is safe, they should be able to be provided with those answers in... either in real time, or prior to being exposed into the environment, so that they are not being placed in harm's way.

1504

03:49:27.650 --> 03:49:31.690

Eric Berg - Cal/OSHA: Okay, so basically they need... they need to answer the question before the person's exposed.

1505

03:49:31.690 --> 03:49:35.470

Nikki Washington: Yes, if they... absolutely, if they're asking a question.

1506

03:49:36.130 --> 03:49:52.609

Nikki Washington: They need to have that question answered, because it could very well be something that they're not doing appropriately, or something that could expose or place them in a position to get exposed if those questions are not answered in a timely manner.

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1507

03:49:53.980 --> 03:49:56.720

Eric Berg - Cal/OSHA: Okay, yeah, we can clarify this subsection.

1508

03:49:59.640 --> 03:50:01.930

Meeting Manager: At this time, there are no additional hands raised.

1509

03:50:04.140 --> 03:50:06.729

Eric Berg - Cal/OSHA: Okay, I'm gonna go down, subsection F.

1510

03:50:07.340 --> 03:50:14.229

Eric Berg - Cal/OSHA: Which is... record keeping... So there's record-keeping requirements for training.

1511

03:50:14.370 --> 03:50:17.670

Eric Berg - Cal/OSHA: Or the written exposure control plan is one, train records.

1512

03:50:18.100 --> 03:50:26.160

Eric Berg - Cal/OSHA: is 2... 3 is, records on the actual Plume evacuation systems...

1513

03:50:27.430 --> 03:50:31.360

Eric Berg - Cal/OSHA: Testing, and other records, and...

1514

03:50:31.980 --> 03:50:34.060

Eric Berg - Cal/OSHA: So that's the three types of records.

1515

03:50:34.620 --> 03:50:38.439

Eric Berg - Cal/OSHA: Any comments on subsection F, record keeping?

1516

03:50:42.160 --> 03:50:46.059

Meeting Manager: We do have a couple hands raised. Dr. Emily Jones is the first.

1517

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03:50:47.540 --> 03:51:01.989

Dr. Emily Jones: Hello again, thank you, again for allowing comments, and, appreciate and acknowledge all of the others' comments today, on this important topic. Under, section F,

1518

03:51:03.170 --> 03:51:17.509

Dr. Emily Jones: Three, we suggest changing the language to make clear, that this document is referring to both portable and to permanently installed, systems.

1519

03:51:19.830 --> 03:51:23.370

Eric Berg - Cal/OSHA: Okay, yeah, you mentioned that in the other part, so we'll have to add that here, too.

1520

03:51:23.520 --> 03:51:24.259

Dr. Emily Jones: Thank you.

1521

03:51:27.370 --> 03:51:29.510

Meeting Manager: Next commenter is Jane Thomason.

1522

03:51:31.460 --> 03:51:47.319

Jane Thomason / CNA: Hi, I think that this section is looking really good, especially compared to the first discussion draft from a few years ago. I think one of the things that CNA would encourage Cal OSHA to add

1523

03:51:48.240 --> 03:51:54.089

Jane Thomason / CNA: Is records... is that employers maintain records of implementation of their plan?

1524

03:51:54.240 --> 03:52:03.549

Jane Thomason / CNA: So, things like records of the annual review, and what their plans for correcting the issues identified in the annual reviews.

1525

03:52:03.690 --> 03:52:12.749

Jane Thomason / CNA: I think that would be important to support the division's ability to do enforcement. Like, if you were doing an inspection, you would need to be able to see

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1526

03:52:12.890 --> 03:52:24.430

Jane Thomason / CNA: a record of whether the employer had done the annual review and what it had covered. They would also be important for nurses and other healthcare workers and the union to be able to access.

1527

03:52:24.600 --> 03:52:41.530

Jane Thomason / CNA: to fully engage in the interactive portions where employers have to get, employees' input in the process, nurses would benefit from having access to those previous annual reviews on those records to understand, kind of, the history, at the facility.

1528

03:52:41.910 --> 03:52:44.950

Jane Thomason / CNA: So that's, one element that we would suggest.

1529

03:52:46.600 --> 03:52:49.450

Eric Berg - Cal/OSHA: Okay, yeah, we... we forgot that on the...

1530

03:52:50.010 --> 03:52:52.080

Eric Berg - Cal/OSHA: The review of the plan, so thank you.

1531

03:52:54.800 --> 03:52:57.660

Meeting Manager: Our next hand raised is Gabriela Morales-Ortega.

1532

03:53:00.330 --> 03:53:13.609

Gabriela Morales-Ortega: Hi, so I, I think, record keeping is an important requirement. Records are, important in holding employers accountable, for our protection.

1533

03:53:13.680 --> 03:53:27.359

Gabriela Morales-Ortega: Accountability, it's important. Let's say, like, my migraines get worse, they worsen over time. I would want an employee to investigate whether there were issues with the plume evacuation system that we used.

1534

03:53:27.360 --> 03:53:35.490

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Gabriela Morales-Ortega: maybe, like, the filter wasn't changed on time, and also, like I shared earlier, EVS is responsible, with

1535

03:53:35.570 --> 03:53:46.490

Gabriela Morales-Ortega: changing out the filters. We've gotten pushback before from them saying, like, it's not time yet, even though, like, it's visibly falling apart. So...

1536

03:53:46.490 --> 03:54:03.729

Gabriela Morales-Ortega: record keeping, like, keeping this, like, accountable, like, yeah, it was changed, or no, it wasn't changed, even though, like, it was... it was falling apart, and you didn't change it. This... this helps, us know, like, that... that you were exposed to... to the surgical smoke.

1537

03:54:03.970 --> 03:54:18.249

Gabriela Morales-Ortega: Cna would like to see a requirement added for our employers to be tracking when we are exposed to surgical plumes, so I would like to know, like, something went wrong, or something didn't go right.

1538

03:54:18.250 --> 03:54:27.529

Gabriela Morales-Ortega: with changing something out, or the filters weren't working, something like that. Maybe having that record, we can... they can let us know that we were exposed to it.

1539

03:54:27.610 --> 03:54:39.029

Gabriela Morales-Ortega: Another thing I feel that is missing in the discussion draft is a timeframe when our employers are required to provide records after we request them.

1540

03:54:39.030 --> 03:54:49.660

Gabriela Morales-Ortega: Like, other Cal-OSHA standards require employers to respond within 15 days, which would be a good standard to include, I believe, in this draft.

1541

03:54:49.730 --> 03:55:04.179

Gabriela Morales-Ortega: without a clear time frame, employers could delay or refuse to grant employees and our union reps any access to important records. So, maybe adding that 15-day standard would be something good that we can add here.

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1542

03:55:05.480 --> 03:55:06.249

Eric Berg - Cal/OSHA: Okay, thank you.

1543

03:55:10.600 --> 03:55:12.089

Meeting Manager: Erica Frank is next.

1544

03:55:16.900 --> 03:55:29.939

Erika Frank: Hi, thank you. Just a clarif- clarification, point of clarification under the Plume Evacuation System 3A, and maintaining a record that the system conforms to the minimum requirements.

1545

03:55:30.260 --> 03:55:33.729

Erika Frank: I'm just curious about how we would show conformity.

1546

03:55:34.760 --> 03:55:44.470

Erika Frank: a little guidance on what you had in mind, or maybe there's a discussion of how to demonstrate conformity, that... would it be that we complied with the Section DA1A?

1547

03:55:44.600 --> 03:55:51.290

Erika Frank: That we, followed manufacturer's instructions, just a little guidance would be helpful.

1548

03:55:51.290 --> 03:55:53.590

Eric Berg - Cal/OSHA: Okay, let me look at D1A real quick.

1549

03:55:58.830 --> 03:55:59.999

Eric Berg - Cal/OSHA: I guess we'll have to give...

1550

03:56:00.000 --> 03:56:07.480

Erika Frank: Would it be, like, an attestation, or a form or something that they would... Or just... we conform.

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1551

03:56:08.160 --> 03:56:13.870

Eric Berg - Cal/OSHA: Yeah, we'll have to get back to you then on that, I think. Maybe we develop some sort of form like you're suggesting, or...

1552

03:56:14.250 --> 03:56:17.589

Eric Berg - Cal/OSHA: Like, another non-mandatory appendix?

1553

03:56:18.480 --> 03:56:19.780

Eric Berg - Cal/OSHA: We can work on that.

1554

03:56:20.010 --> 03:56:21.140

Erika Frank: Okay, thanks.

1555

03:56:21.140 --> 03:56:21.800

Eric Berg - Cal/OSHA: Okay.

1556

03:56:24.330 --> 03:56:26.370

Meeting Manager: There are no additional hands raised at this time.

1557

03:56:26.740 --> 03:56:32.509

Eric Berg - Cal/OSHA: Alright, thank you. Any other comments on other things with that?

1558

03:56:33.420 --> 03:56:36.230

Eric Berg - Cal/OSHA: We haven't discussed anything else that anyone wants to discuss today?

1559

03:56:36.900 --> 03:56:38.090

Eric Berg - Cal/OSHA: Feel free.

1560

03:56:38.750 --> 03:56:42.300

Eric Berg - Cal/OSHA: To speak up now, or you can always reach us afterwards, too.

1561

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03:56:44.240 --> 03:56:48.930

Eric Berg - Cal/OSHA: And then, I guess also, what people are thinking about, if they want anything else.

1562

03:56:49.080 --> 03:56:50.639

Eric Berg - Cal/OSHA: Just the next steps.

1563

03:56:51.420 --> 03:56:58.010

Eric Berg - Cal/OSHA: So we'll post, when it's ready, post the transcript of the meeting, and

1564

03:56:58.710 --> 03:57:00.730

Eric Berg - Cal/OSHA: A link to the video of the meeting.

1565

03:57:01.640 --> 03:57:10.419

Eric Berg - Cal/OSHA: And then we'll work on... and you can... you can send in further comments if you like, but we'll work on an updated draft based on these comments and the written comments.

1566

03:57:10.770 --> 03:57:13.880

Eric Berg - Cal/OSHA: And get that posted as soon as it's ready, I'm not sure...

1567

03:57:14.070 --> 03:57:17.320

Eric Berg - Cal/OSHA: How long they'll take will depend on other projects and such, but...

1568

03:57:17.470 --> 03:57:21.530

Eric Berg - Cal/OSHA: Hopefully, in the next couple months, we'll have another... draft posted...

1569

03:57:22.000 --> 03:57:24.929

Eric Berg - Cal/OSHA: And then get more written comments on that, and we can...

1570

03:57:25.260 --> 03:57:27.520

Eric Berg - Cal/OSHA: Always have another meeting if people like.

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1571

03:57:28.670 --> 03:57:31.170

Eric Berg - Cal/OSHA: So that's kind of the next steps.

1572

03:57:32.500 --> 03:57:35.220

Eric Berg - Cal/OSHA: Any other comments? Any other hands, John?

1573

03:57:37.040 --> 03:57:42.080

Meeting Manager: Let's see, this time... We do not have any other hands raised.

1574

03:57:43.930 --> 03:57:49.519

Eric Berg - Cal/OSHA: Okay, and then, if, if anyone knows, on our webpage, we have...

1575

03:57:49.770 --> 03:57:54.190

Eric Berg - Cal/OSHA: They call the advisory committees, so anything that gets posted will get posted there, and then we...

1576

03:57:54.330 --> 03:57:55.889

Eric Berg - Cal/OSHA: We send out,

1577

03:57:56.460 --> 03:58:00.460

Eric Berg - Cal/OSHA: An email to the list, so if you can... if you want to subscribe to your...

1578

03:58:01.060 --> 03:58:06.340

Eric Berg - Cal/OSHA: To our list to get notified, I can send instructions to...

1579

03:58:06.570 --> 03:58:10.330

Eric Berg - Cal/OSHA: Dev1 on how to do that, but it's pretty simple, you just go to one of our webpages and...

1580

03:58:10.520 --> 03:58:12.980

Eric Berg - Cal/OSHA: Click a box, and put in your email, and you get notified.

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1581

03:58:14.090 --> 03:58:15.629

Meeting Manager: We do have a hand that came up from.

1582

03:58:15.630 --> 03:58:16.130

Eric Berg - Cal/OSHA: Okay.

1583

03:58:16.130 --> 03:58:16.790

Meeting Manager: What's...

1584

03:58:17.870 --> 03:58:22.279

Patricia Owens: I was just wondering what the timeline you might be looking at as far as...

1585

03:58:22.690 --> 03:58:26.749

Patricia Owens: Your revisions and reposting this.

1586

03:58:27.110 --> 03:58:29.549

Patricia Owens: Is this a month?

1587

03:58:29.980 --> 03:58:32.180

Patricia Owens: Several months? Week?

1588

03:58:32.490 --> 03:58:35.270

Eric Berg - Cal/OSHA: I think our goal will be, like, within 2 months to get,

1589

03:58:35.270 --> 03:58:36.199

Patricia Owens: Two months, okay.

1590

03:58:36.200 --> 03:58:36.930

Eric Berg - Cal/OSHA: in here.

1591

03:58:37.270 --> 03:58:38.590

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Patricia Owens: Okay, thank you.

1592

03:58:38.590 --> 03:58:39.150

Eric Berg - Cal/OSHA: Check.

1593

03:58:42.250 --> 03:58:44.120

Meeting Manager: No other hands raised at this time.

1594

03:58:46.070 --> 03:58:55.500

Eric Berg - Cal/OSHA: Alright, well, thank you, everybody, for your time, really appreciate it, and really appreciate all your comments and all your input to help improve this draft, so...

1595

03:58:55.790 --> 03:58:58.980

Eric Berg - Cal/OSHA: And... Talk to y'all pretty soon, hopefully.

1596

03:59:00.880 --> 03:59:01.940

Eric Berg - Cal/OSHA: Thanks a lot.