**SCOPE/APPLICABILITY:**

This Policy is intended to apply to:

|  |  |  |  |
| --- | --- | --- | --- |
| **X** | All CTCA Stakeholders | **X** | All CTCA Outpatient Care Center Stakeholders |
| **X** | All CTCA Stakeholders and Contractors | **X** | All CTCA Outpatient Care Center Stakeholders and Contractors |

**PURPOSE**:

To protect patients and healthcare workers from the potential hazards of surgical smoke with the intension of minimizing exposure of surgical smoke plume that is produced by energy-based devices.

**POLICY:**

When surgical smoke plume is generated by surgical energy devices during operative or other invasive procedures, the reduction or removal of surgical smoke will be accomplished through the use of dedicated smoke evacuation systems, in-line filters positioned on suction lines, or the use of laparoscopic smoke evacuation devices, whichever is most appropriate for the surgery or procedure being performed. In the rare event that the process of removing surgical smoke poses a patient safety risk or harm, the surgeon may proceed for the period of time necessary without the use of a smoke plume removal device until he/she deems it safe again to remove smoke plume mechanically.

The perioperative RN in collaboration with the surgical team will assess each surgical procedure that requires the use of surgical energy devices that could produce surgical smoke plume and will select the most appropriate smoke evacuation system or in-line surgical smoke filter. The perioperative RN will document the type of surgical smoke evacuation used in the surgical record.

**TRAINING:**

Staffcompetency to be performed initially and ongoing as needed.

**REFERENCES: AORN, Surgical Smoke Evacuation 2022.**

**Illinois General Assembly, SB1908**

**INITIAL APPROVAL DATE: 2022**

**SUBSEQUENT REVIEW/REVISION(S) DATE(S):**

**REPLACES:** N/A

**APPROVING BODIES:** OPERATIVE AND INVASIVE/MEC

**RETIREMENT DATE: N/A**