



Department of Health

KATHY HOCHUL
Governor

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Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

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DHDTC DAL#: 23-05
Surgical Smoke

Dear Chief Executive Officer and Administrators:

This letter is to inform you about the amendment to New York State Public Health Law (PHL) § 2830, which takes effect on June 14, 2023. This law will require general hospitals and ambulatory surgery centers to adopt and implement policies to prevent exposure to surgical smoke through the use of an airborne contaminant evacuation system for each procedure that generates surgical smoke.

Surgical smoke is created by energy generating surgical devices, which release harmful by-products including, but not limited to, surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, and lung damaging dust. According to the Occupational Health and Safety Administration (OSHA), 500,000 surgeons, anesthesiologists, nurses, and surgical technicians are exposed to electrosurgical and laser smoke each year (see [OSHA, Hospitals eTool](#), 2023). OSHA indicates that surgical plume and/or smoke may:

- Generate infectious viral fragments, particularly following treatment of venereal warts.
- Act as a vector for cancerous cells when inhaled.
- Cause eye and upper respiratory tract irritation and lead to visual problems for the perioperative team.
- Contain toxic gases that have the potential for adverse health impacts including mutagenic (a change in the DNA of the cell) and carcinogenic effects.

To assist in your compliance with PHL § 2830, please review OSHA's controls and work practices below to adopt and implement policies to prevent exposure to by-products from the use of energy generating surgical devices.

- Using portable local smoke evacuators and room suction systems with in-line filters.
- Keeping the smoke evacuator or room suction hose nozzle inlet within 2 inches of the surgical site to effectively capture airborne contaminants.
- Having a smoke evacuator available for every operating room where plume is generated.
- Evacuating all smoke, no matter how much is generated.
- Keeping the smoke evacuator "ON" (activated) at all times when airborne particles are produced during all surgical or other procedures.

- Use new tubing before each procedure and replace the smoke evacuator filter as recommended by the manufacturer.
- Inspecting smoke evacuator systems regularly to ensure proper functioning.

For more additional information, please visit OSHA's website at [OSHA](#).

Questions regarding this correspondence may be referred to hospinfo@health.ny.gov.

Sincerely,

Stephanie Shulman, DrPH, MS
Director
Division of Hospitals and
Diagnostic & Treatment Centers