Dear (full name and title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As one of your constituents and a registered nurse practicing in the specialty of perianesthesia nursing, I am writing to strongly request that you advocate for legislation that supports regulation of sequestering waste anesthetic gases (WAGs).

Halogenated anesthetic gases are used to keep the patient unconscious during certain kinds of surgery. During surgery the excess unused gas (WAG) is trapped and vented out of the surgical suite into the atmosphere. Depending on the gas, it remains in the atmosphere for 1 to 114 years. **WAGs are greenhouse gases that make up more than 5% of a hospital’s carbon footprint. The anesthetic gas in our atmosphere becomes a major contributor to global warming and ozone depletion. Devices exist that could be used to capture WAGs preventing them from contributing to global warming.** Scotland has become the first country in the world to stop its hospitals using the anesthetic desflurane because of the threat it poses to the environment. NHS data suggests the gas, used to keep people unconscious during surgery, has a global warming potential 2,500 times greater than carbon dioxide.

**WAGs are contributing to unhealthy environments in post anesthesia care units (PACU), other hospital units, and other places where they are administered such as dentist offices.** Patients recover from anesthetic gas by breathing it out. The WAG breathed out is 95% unchanged. This exhaled WAG is breathed in by nurses as they open and protect the unconscious patient’s airway and coach the patient to deep breathe. This happens throughout the day adding up to hours of cumulative exposure. It has been observed in the PACU that general dilution ventilation, at current air exchange rates, may not be enough to reduce WAG exposures below the National Institute for Occupational Safety and Health (NIOSH) Recommended Exposure Limits (RELs), or the American Conference of Governmental Industrial Hygienists (ACGIH), Threshold Limit Limits/Time-Weighted Averages (TLVs/TWAs). Other patients who are allergic to WAGs are being exposed to a potentially fatal dose. Some potential effects of exposure to waste anesthetic gases are DNA changes, nausea, dizziness, headaches, fatigue, and irritability, as well as sterility, miscarriages, birth defects, cancer, and liver and kidney disease, among those who had occupational exposure. **Market available source control scavenging systems that capture WAGs at the patient’s breathing zone have been proven to reduce and contain these emissions in the PACU.**

**There is limited monitoring and enforcement required by Occupational Safety and Health Administration (OSHA) for WAGs in procedure recovery areas from inhalation anesthetics. Monitoring regulation, and enforcement has been focused on the operating room. Despite OSHA’s lack of standards for WAGs, OSHA (1970b) may issue citations under the General Duty Clause (5a1), which states in part that that employers has a duty to furnish to each of their employees a place which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to their employees (osha.gov/laws-regs/oshact/section5-duties).** Hospitals are reluctant to incur the expense of implementing devices that control WAG without regulations in place.

The American Society of PeriAnesthesia Nurses (ASPAN) representing over 60,000 nurses partnering with the American Industrial Hygiene Association (AIHA) have written a White Paper. The American Nurses Association (ANA) representing the needs of America’s 4 million nurses have written position statements on the Nurses’ Role in Addressing Global Climate Change, Climate Justice, and Health. Global health and the common good are ideals that nurses must unite their efforts and energies to achieve. The Nursing Code of Ethics states that nurses must advocate for repair of the natural world.

**We strongly request your support of these policy measures:**

1. Encourage OSHA to extend current regulations of WAGS in the OR to the PACU.

2. Encourage the healthcare industry to implement these source control scavenging systems and prevent WAG exposures among nurses in the PACU.

3. Perform periodic monitoring of WAG levels near the patient’s breathing zone to assure these controls are working in addition to ambient air.

4. Develop a reporting system of nurse adverse health symptoms and trends due to exposure to WAGs.

Thank you for your consideration.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert your name and degrees)

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