

FINAL BILL REPORT

SHB 1779

C 129 L 22
Synopsis as Enacted

Brief Description: Requiring policies addressing surgical smoke.

Sponsors: House Committee on Labor & Workplace Standards (originally sponsored by Representatives Callan, Bronoske, Sells, Dolan and Ramos).

House Committee on Labor & Workplace Standards
Senate Committee on Labor, Commerce & Tribal Affairs

Background:

Washington is a "state-plan state" for purposes of the federal Occupational Safety and Health Administration (OSHA), which means Washington administers its own workplace health and safety program. The state's program, the Washington Industrial Safety and Health Act (WISHA), must be at least as effective as the OSHA standards. The WISHA covers nearly all employers and employees in the state, including state, county, and city employees. The Department of Labor and Industries (Department), through the Division of Occupational Safety and Health (DOSH), administers and enforces the WISHA.

The use of lasers or other electrosurgical equipment used on tissue during surgery can create a smoke byproduct. Although the DOSH and OSHA have educational bulletins regarding surgical smoke, there are no specific regulations or standards governing surgical smoke.

Summary:

Hospitals and ambulatory surgical facilities must adopt policies requiring the use of a smoke evacuation system during planned surgical procedures likely to generate surgical smoke that would otherwise make contact with the eyes or respiratory tract of occupants in the room. The hospital or ambulatory surgical facility may select any smoke evacuation system that accounts for surgical techniques and procedures vital to patient safety and that takes into account employee safety.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

"Smoke evacuation system" means equipment designed to capture and neutralize surgical smoke at the point of origin before the smoke makes contact with the eyes or the respiratory tract of occupants in the room. Smoke evacuation systems may be integrated with, or separate from, the surgical tool.

The Department must ensure compliance with this requirement during any on-site inspection and may adopt rules for implementation.

For most hospitals and ambulatory surgical facilities, the act takes effect January 1, 2024. However, for the following hospitals the act takes effect January 1, 2025:

- critical access hospitals;
- hospitals with fewer than 25 acute care beds in operation;
- hospitals certified by Centers for Medicare and Medicaid Services as sole community hospitals; and
- hospitals that qualify as a Medicare dependent hospital.

The Surgical Smoke Evacuation Account is created as a nonappropriated account in the custody of the State Treasurer. The Director of the Department may make expenditures from the account. Beginning January 2, 2025, and subject to funds available in the account, hospitals for which the act takes effect January 1, 2025, may apply to the Department for reimbursement for costs of purchasing and installing smoke evacuation systems. Reimbursements may not exceed \$1,000 for each operation room in the hospital. Reimbursements are available until moneys in the account are exhausted.

Votes on Final Passage:

House	80	16	
Senate	44	5	(Senate amended)
House	81	17	(House concurred)

Effective: January 1, 2024