

SENATE BILL REPORT

SHB 1779

As Passed Senate - Amended, March 1, 2022

Title: An act relating to requiring policies addressing surgical smoke.

Brief Description: Requiring policies addressing surgical smoke.

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

Brief History: Passed House: 2/9/22, 80-16.

Committee Activity: Labor, Commerce & Tribal Affairs: 2/16/22, 2/21/22 [DP, DNP, w/oRec].

Floor Activity: Passed Senate - Amended: 3/1/22, 44-5.

<p style="text-align: center;">Brief Summary of Bill (As Amended by Senate)</p> <ul style="list-style-type: none">• Requires hospitals and ambulatory surgical facilities to adopt policies requiring the use of smoke evacuation systems.
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SENATE COMMITTEE ON LABOR, COMMERCE & TRIBAL AFFAIRS

Majority Report: Do pass.

Signed by Senators Keiser, Chair; Conway, Vice Chair, Labor; Stanford, Vice Chair, Commerce & Tribal Affairs; King, Ranking Member; Robinson and Saldaña.

Minority Report: Do not pass.

Signed by Senator Schoesler.

Minority Report: That it be referred without recommendation.

Signed by Senator Braun.

Staff: Susan Jones (786-7404)

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.

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 (L&I), through the Division of Occupational Safety and Health, administers and enforces the WISHA.

The use of lasers or other electrosurgical equipment used on tissue during surgery can create a smoke byproduct. There are currently no specific OSHA or WISHA standards governing surgical smoke. Rhode Island, Colorado, Kentucky, Illinois, and Oregon passed legislation that requires hospitals to have policies addressing surgical smoke.

Summary of Amended Bill: Hospitals and ambulatory surgical facilities must adopt policies that require the use of a smoke evacuation system during any planned surgical procedure that is likely to generate surgical smoke which 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.

"Surgical smoke" means the by-product that results from contact with tissue by an energy generating device. "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 energy generating device.

L&I must ensure compliance with this requirement during any on-site inspection and may adopt rules to implement the provision.

An account is created to provide reimbursement to certain hospitals for the costs of purchasing and installing smoke evacuation systems until the funds in the account are exhausted.

The act takes effect January 1, 2024, for most hospitals and ambulatory surgical facilities. For 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 act takes effect January 1, 2025.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony: PRO: We have spent a lot of time trying to keep our health care workers and patients safe. Surgical smoke is a dangerous workplace hazard resulting in short and long-term health impacts to everyone in the operating room. We have solution for this hazard. Surgical smoke evacuation needs to be utilized but currently few facilities use them during all surgical procedures. This bill provides the needed protection for health care workers and patients. A story was told about a technologist who was subject to surgical smoke, which resulted in lung cancer and many surgeries. Heat related tools are used resulting in burning tissue that you can see and smell. It can contain toxic chemicals and live viruses. The point is to catch the smoke before it can get to workers and patients.

Two colleagues started using these cauterizing tools and both had repeated respiratory problems. Surgical smoke from one gram of tissue is equivalent to smoking six cigarettes.

A filter is key for attachment to the cauterizing tool. This is reasonable for small and large hospitals. Often the system, the expensive part, is already in the operating rooms. They are just not connected. The deadline is later to try to be able to provide some resources, especially for smaller hospitals.

Persons Testifying: PRO: Representative Lisa Callan, Prime Sponsor; Jennifer Pennock, Association of periOperative Registered Nurses; Dr. Peter Neligan, Surgeon; Christopher Peredney.

Persons Signed In To Testify But Not Testifying: No one.