AN ACT Relating to requiring policies addressing surgical smoke; adding a new section to chapter 49.17 RCW; and providing effective dates.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. A new section is added to chapter 49.17 RCW to read as follows:

(1) A health care employer shall 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 the occupants of the room.

(2) The health care employer may select any smoke evacuation system that accounts for surgical techniques and procedures vital to patient safety and that takes into account employee safety.

(3) The department shall ensure compliance with this section during any on-site inspection.

(4) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a) "Energy generating device" means a tool that performs a surgical function using heat, laser, electricity, or other form of energy.
(b) "Health care employer" means a hospital, as defined in RCW 70.41.020, or an ambulatory surgical facility, as defined in RCW 70.230.010.

(c) "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 the energy generating device or separate from the energy generating device.

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

(5) The department may adopt rules as necessary to administer this section.

NEW SECTION. Sec. 2. This act takes effect January 1, 2024, except that for the following hospitals, this act takes effect January 1, 2025:

(1) Hospitals certified as critical access hospitals under 42 U.S.C. Sec. 1395i-4;

(2) Hospitals with fewer than 25 acute care beds in operation; and

(3) Hospitals certified by the centers for medicare and medicaid services as sole community hospitals.

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