

SENATE BILL REPORT

SHB 1779

As of February 15, 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.

Brief Summary of Bill

- Requires hospitals and ambulatory surgical facilities to adopt policies requiring the use of smoke evacuation systems.

SENATE COMMITTEE ON LABOR, COMMERCE & TRIBAL AFFAIRS

Staff: Susan Jones (786-7404)

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.

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.

Summary of 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.

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, and hospitals certified by Centers for Medicare and Medicaid Services as sole community hospitals, 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.