Title 246 WAC

HEALTH, DEPARTMENT OF

Chapters

DISPOSITION OF CHAPTERS FORMERLY CODIFIED IN THIS TITLE

Chapter 246-762
SCOLIOSIS SCREENING—SCHOOL DISTRICTS

246-762-001 What is the purpose of scoliosis screening in public schools? [Statutory Authority: RCW 28A.210.200. 02-20-076, § 246-762-001, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-010, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-010, filed 10/31/79.] Repealed by 09-24-112, filed 12/2/09, effective 1/2/10. Statutory Authority: 2009 c 41.

246-762-010 What words and terms are defined for this chapter? [Statutory Authority: RCW 28A.210.200. 02-20-076, § 246-762-010, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 28A.210.200 and [28A.210].220. 92-06-067 (Order 249B), § 246-762-010, filed 3/3/92, effective 4/3/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-020, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-020, filed 10/31/79.] Repealed by 09-24-112, filed 12/2/09, effective 1/2/10. Statutory Authority: 2009 c 41.

246-762-020 When are students screened for scoliosis? [Statutory Authority: RCW 28A.210.200. 02-20-076, § 246-762-020, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 28A.210.200 and [28A.210].220. 92-06-067 (Order 249B), § 246-762-020, filed 3/3/92, effective 4/3/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-030, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-030, filed 10/31/79.] Repealed by 09-24-112, filed 12/2/09, effective 1/2/10. Statutory Authority: 2009 c 41.

246-762-030 What are the qualifications for persons who do screening? [Statutory Authority: RCW 28A.210.200. 02-20-076, § 246-762-030, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-040, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-040, filed 10/31/79.] Repealed by 09-24-112, filed 12/2/09, effective 1/2/10. Statutory Authority: 2009 c 41.

246-762-040 What are the medical standards for screening? [Statutory Authority: RCW 28A.210.200. 02-20-076, § 246-762-040, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 28A.210.200 and [28A.210].220. 92-06-067 (Order 249B), § 246-762-040, filed 3/3/92, effective 4/3/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-050, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-050, filed 10/31/79.] Repealed by 09-24-112, filed 12/2/09, effective 1/2/10. Statutory Authority: 2009 c 41.

246-762-050 What happens to screening results? [Statutory Authority: RCW 28A.210.200. 02-20-076, § 246-762-050, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-060, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-15-060 (codified as WAC 248-150-060), filed 10/31/79.] Repealed by 09-24-112, filed 12/2/09, effective 1/2/10. Statutory Authority: 2009 c 41.

Chapter 246-08 WAC
PRACTICE AND PROCEDURE

WAC

WAC 246-08-400 How much can a medical provider charge for searching and duplicating medical records? RCW 70.02.010(15) allows medical providers to charge fees for searching and duplicating medical records. The fees a provider may charge cannot exceed the fees listed below:

(1) Copying charge per page:

(a) No more than one dollar and two cents per page for the first thirty pages;

(b) No more than seventy-eight cents per page for all other pages.

(2) Additional charges:

(a) The provider can charge a twenty-three dollar clerical fee for searching and handling records;

(b) If the provider personally edits confidential information from the record, as required by statute, the provider can charge the usual fee for a basic office visit.

(3) This section is effective July 1, 2009, through June 30, 2011.

(4) HIPAA covered entities: See HIPAA regulation Section 164.524 (c)(4) to determine applicability of this rule.

[Statutory Authority: RCW 70.02.010(15) and 43.70.040. 09-13-102, § 246-08-400, filed 6/17/09, effective 7/1/09; 07-12-029, § 246-08-400, filed 5/30/07, effective 7/1/07. Statutory Authority: RCW 70.02.010(14) and 43.70.040. 06-11-166, § 246-08-400, filed 5/24/06, effective 6/24/06. Statutory Authority: RCW 70.02.010(12) and 43.70.040. 05-12-013, § 246-08-400, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 70.02.010(12), 43-70-040 [43.70.040] and 70.02.900. 03-14-036, § 246-08-400, filed 6/23/03, effective 7/24/03. Statutory Authority: RCW 70.02.010 and 43.70.040. 01-16-009, § 246-08-400, filed 7/19/01, effective 8/19/01; 99-13-083, § 246-08-400, filed 6/14/99, effective 7/15/99. Statutory Authority: RCW 70.02.010(12) and 43.70.040. 97-12-087, § 246-08-400, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 43.70.040 and 70.02.101(12). 95-20-080, § 246-08-400, filed 10/4/95, effective 11/4/95.]

Chapter 246-10 WAC
ADMINISTRATIVE PROCEDURE—ADJUDICATIVE PROCEEDINGS

WAC

WAC 246-10-102 Definitions. As used in these rules of practice and procedure, the following terms shall have the meaning set forth in this section unless the context clearly indicates otherwise. Other terms shall have their ordinary meaning unless defined elsewhere in this chapter.

"Adjudicative clerk office" shall mean the unit with responsibility for: Docketing; service of orders; and maintaining custody of the adjudicative proceeding record, whose address is:

Department of Health
Adjudicative Clerk Office
310 Israel Rd. S.E.
P.O. Box 47879
Olympia, WA 98504-7879

"Adjudicative proceeding" or "hearing" shall mean a proceeding required by statute or constitutional right and conducted under the rules of this chapter, which provides an opportunity to be heard by the department prior to the entry of a final order under this chapter.

"Brief adjudicative proceeding" shall mean an adjudicative proceeding or hearing, the scope or conduct of which is limited as provided in this chapter.

"Department" shall mean the Washington state department of health and, where appropriate, the secretary of the Washington state department of health or the secretary's designee.

"Docket" or "docketing" shall mean the list or calendar of causes set to be heard at a specified time, prepared by the adjudicative clerk office for the use of the department.

"Filing" shall mean receipt by the adjudicative clerk office.

"Initiating document" shall mean a written agency document which initiates action against a license holder or applicant for license or recipient of benefits and which creates the right to an adjudicative proceeding. It may be entitled a statement of charges, notice of intent to deny, order, or by any other designation indicating the action or proposed action to be taken.

"License" shall have the meaning set forth in RCW 34.05.010, and includes any license, certification, registration, permit, approval, or any similar form of authorization required by law to be obtained from the department.

"Office of professional standards" shall mean the unit responsible for conducting adjudicative proceedings.

"Presiding officer" shall mean the person who is assigned to conduct an adjudicative proceeding. The presiding officer may be an employee of the department who is authorized to issue a final decision as designee of the secretary, or an administrative law judge employed by the office of administrative hearings.

"Presiding officer for brief adjudicative proceedings" shall mean an employee of the department who is authorized to conduct brief adjudicative proceedings.

"Program" shall mean the administrative unit within the department responsible for implementation of a particular statute or rule.

"Prompt adjudicative proceeding" or "prompt hearing" shall mean a hearing conducted at the request of the respondent following summary action taken in accord with this chapter.

"Protective order" shall mean an order issued under this chapter which limits the use of, access to, or disclosure of information or evidence.

"Recipient of benefits" shall mean an individual who has qualified for benefits administered by the department.

"Respondent" shall mean a person eligible to request an adjudicative proceeding in a program under the jurisdiction of the department who is named in an initiating document.

"Secretary" shall mean the secretary of the department of health or his/her designee.

"Summary action" shall mean an agency action to address an immediate danger to the public health, safety, or welfare and shall include, but not be limited to, a cease and desist order, an order of summary suspension, and an order of summary restriction of a license.

[Statutory Authority: RCW 18.130.135 and 43.70.040. 09-03-089, § 246-10-102, filed 1/20/09, effective 2/20/09. Statutory Authority: RCW 18.155.-040. 97-12-089, § 246-10-102, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 43.70.040. 94-04-079, § 246-10-102, filed 1/31/94, effective 3/3/94; 93-13-005 (Order 369), § 246-10-102, filed 6/3/93, effective 7/4/93.]

WAC 246-10-304 Adjudicative proceedings upon summary action. (1) Except as identified in subsection (2) of this section, following a summary action taken by the department, the respondent may:

(a) Request a prompt adjudicative proceeding conducted in accordance with this chapter; or

(b) Waive the prompt adjudicative proceeding and request a regularly scheduled adjudicative proceeding conducted in accordance with this chapter; or

(c) Waive the right to an adjudicative proceeding and submit a written statement to be considered prior to the entry of the final order; or

(d) Waive the opportunity to be heard.

(2) For summary actions to suspend, restrict or limit the practice of a license holder of a secretary profession, the respondent may:

(a) Request a hearing as provided in RCW 18.130.090 and request a show cause hearing conducted in accordance with RCW 18.130.135 and WAC 246-10-307; or

(b) Request a regularly scheduled adjudicative proceeding conducted in accordance with this chapter; or

(c) Waive the right to an adjudicative proceeding and submit a written statement to be considered prior to the entry of the final order; or

(d) Waive the opportunity to be heard.

(3) In this section, "secretary profession" means a health care profession for which the secretary of health is the disciplining authority under RCW 18.130.040 (2)(a).

[Statutory Authority: RCW 18.130.135 and 43.70.040. 09-03-089, § 246-10-304, filed 1/20/09, effective 2/20/09. Statutory Authority: RCW 43.70.-040. 94-04-079, § 246-10-304, filed 1/31/94, effective 3/3/94; 93-13-005 (Order 369), § 246-10-304, filed 6/3/93, effective 7/4/93.]

WAC 246-10-305 Opportunity for prompt adjudicative proceeding. Except as provided in WAC 246-10-304(2), any respondent affected by a summary action shall be provided the opportunity to request a prompt adjudicative proceeding.

(1) Notice of the opportunity shall be provided in the notice of opportunity to defend against the allegations that are the basis for the summary action. The form for requesting an adjudicative proceeding shall include the option of requesting a prompt adjudicative proceeding.

(2) Any respondent affected by a summary action may request a prompt adjudicative proceeding, may elect a regularly scheduled adjudicative proceeding instead of a prompt adjudicative proceeding, or may waive the opportunity for adjudicative proceeding in accordance with WAC 246-10-203.

(3) Any request for a prompt adjudicative proceeding must be filed within ten days of the service of the summary action.

(4) If requested by the respondent, a prompt adjudicative proceeding shall be conducted within twenty days of service of a summary action.

(5) Regardless of whether a prompt adjudicative proceeding is requested, the matter shall be resolved as quickly as feasible in accordance with all other applicable rules.

[Statutory Authority: RCW 18.130.135 and 43.70.040. 09-03-089, § 246-10-305, filed 1/20/09, effective 2/20/09. Statutory Authority: RCW 43.70.-040. 94-04-079, § 246-10-305, filed 1/31/94, effective 3/3/94; 93-13-005 (Order 369), § 246-10-305, filed 6/3/93, effective 7/4/93.]

WAC 246-10-307 Show cause hearing. (1) A license holder's request for a show cause hearing must be filed within twenty days of the service of the summary action. A license holder must also respond to the statement of charges by requesting a hearing or an extension of time as provided in RCW 18.130.090.

(2) The show cause hearing will be conducted within fourteen days of the license holder filing the show cause hearing request.

(3) By noon on the fourth calendar day after filing the show cause hearing request, the license holder must file, and deliver a copy to the department's attorney, any documents or written testimony to be admitted into evidence at the show cause hearing.

(4) By noon on the eighth calendar day after the date the show cause hearing request was filed, but no less than the close of business two business days before the show cause hearing, the department must file, and deliver a copy to the license holder's attorney or to the license holder if not represented by counsel, any rebuttal documents or written testimony to be admitted into evidence at the show cause hearing.

(5) In reviewing the order of summary action, the presiding officer will consider the statement of charges, the motions and documents supporting the request for summary action, the license holder's answer to the statement of charges, any documentary evidence or written testimony presented by the license holder and department in rebuttal, and unless waived, the parties will be given an opportunity for oral argument.

(6) At the show cause hearing, the department has the burden of proving it is more probable than not that the license holder poses an immediate threat to the public health and safety.

(7) The presiding officer will issue an order and may overturn, uphold, or amend the summary suspension or restriction.

(8) Within forty-five days of a determination by the secretary to sustain the summary suspension or place restrictions on the license, the license holder may request a full hearing on the merits of the disciplining authority's decision to suspend or restrict the license. A full hearing must be provided within forty-five days of receipt of the request for a hearing, unless stipulated otherwise.

[Statutory Authority: RCW 18.130.135 and 43.70.040. 09-03-089, § 246-10-307, filed 1/20/09, effective 2/20/09.]

Chapter 246-11 WAC
MODEL PROCEDURAL RULES FOR BOARDS

WAC

WAC 246-11-010 Definitions. As used in these rules of practice and procedure, the following terms shall have the meaning set forth in this section unless the context clearly indicates otherwise. Other terms shall have their ordinary meaning unless defined elsewhere in this chapter.

"Adjudicative clerk office" shall mean the unit with responsibility for: Docketing; service of orders; and maintaining custody of the adjudicative proceeding record, whose address is:

Department of Health
Adjudicative Clerk Office
310 Israel Rd. S.E.
P.O. Box 47879
Olympia, WA 98504-7879

"Adjudicative proceeding" or "hearing" shall mean a proceeding required by statute or constitutional right and conducted under the rules of this chapter, which provides an opportunity to be heard by the board prior to the entry of a final order under this chapter.

"Board" shall mean a disciplining authority under RCW 18.130.040 (2)(b) and (3).

"Brief adjudicative proceeding" shall mean an adjudicative proceeding or hearing, the scope or conduct of which is limited as provided in this chapter.

"Department" shall mean the Washington state department of health and, where appropriate, the secretary of the Washington state department of health or the secretary's designee.

"Docket" or "docketing" shall mean the list or calendar of causes set to be heard at a specified time, prepared by the adjudicative clerk office for the use of the department.

"Filing" shall mean receipt by the adjudicative clerk office.

"Initiating document" shall mean a written agency document which initiates action against a license holder or applicant for license and which creates the right to an adjudicative proceeding. It may be entitled a statement of charges, notice of intent to deny, or by any other designation indicating the action or proposed action to be taken.

"License" shall have the meaning set forth in RCW 34.05.010 and includes license to practice the profession for which the board is the disciplining authority and any approval of school or curriculum required by law or rule to be obtained from the board.

"Presiding officer" shall mean the person who is assigned to conduct an adjudicative proceeding and who may either be a member of the board, an individual appointed pursuant to RCW 18.130.095(3), or an administrative law judge employed by the office of administrative hearings.

"Presiding officer for brief adjudicative proceedings" shall mean an employee of the department authorized by the board to conduct brief adjudicative proceedings.

"Program" shall mean the administrative unit within the department responsible for implementation of that chapter of Title 18 RCW establishing the board or its powers and responsibilities.

"Protective order" shall mean an order issued under this chapter which limits the use of, access to, or disclosure of information or evidence.

"Respondent" shall mean a license holder or applicant for license under the jurisdiction of the board who is named in an initiating document.

"Secretary" shall mean the secretary of the department of health or his/her designee.

"Summary action" shall mean an agency action to address an immediate danger to the public health, safety, or welfare and shall include, but not be limited to, an order of summary suspension, and an order of summary restriction of a license.

[Statutory Authority: RCW 18.130.135 and 43.70.040. 09-03-089, § 246-11-010, filed 1/20/09, effective 2/20/09. Statutory Authority: RCW 18.155.040. 97-13-015, § 246-11-010, filed 6/6/97, effective 7/7/97. Statutory Authority: RCW 18.130.050(1) and 18.130.060(3). 94-04-078, § 246-11-010, filed 1/31/94, effective 3/3/94. Statutory Authority: RCW 18.130.050(1) and 34.05.220. 93-08-003 (Order 347), § 246-11-010, filed 3/24/93, effective 4/24/93.]

WAC 246-11-330 Adjudicative proceedings upon summary action. Following summary action taken by the board, the respondent may:

(1) Request a hearing as provided in RCW 18.130.090 and request a show cause hearing conducted in accordance with RCW 18.130.135 and WAC 246-11-340; or

(2) Request a regularly scheduled adjudicative proceeding conducted in accordance with this chapter; or

(3) Waive the right to an adjudicative proceeding and submit a written statement to be considered prior to the entry of the final order; or

(4) Waive the opportunity to be heard.

[Statutory Authority: RCW 18.130.135 and 43.70.040. 09-03-089, § 246-11-330, filed 1/20/09, effective 2/20/09. Statutory Authority: RCW 18.130.050(1) and 18.130.060(3). 94-04-078, § 246-11-330, filed 1/31/94, effective 3/3/94. Statutory Authority: RCW 18.130.050(1) and 34.05.479. 93-08-003 (Order 347), § 246-11-330, filed 3/24/93, effective 4/24/93.]

WAC 246-11-340 Opportunity for show cause hearing. (1) A license holder's request for a show cause hearing must be filed within twenty days of the service of the summary action. A license holder must also respond to the statement of charges by requesting a hearing or an extension of time as provided in RCW 18.130.090.

(2) The show cause hearing will be conducted by a panel of the board within fourteen days of the license holder filing the show cause hearing request.

(3) By noon on the fourth calendar day after filing the show cause hearing request, the license holder must file, and deliver a copy to the department's attorney, any documents or written testimony to be admitted into evidence at the show cause hearing.

(4) By noon on the eighth calendar day after the date the show cause hearing request was filed, but no less than the close of business two business days before the show cause hearing, the department must file, and deliver a copy to the license holder's attorney or to the license holder if not represented by counsel, any rebuttal documents or written testimony to be admitted into evidence at the show cause hearing.

(5) In reviewing the order of summary action, the show cause hearing panel will consider the statement of charges, the motions and documents supporting the request for summary action, the license holder's answer to the statement of charges, any documentary evidence or written testimony pre-

sented by the license holder and department in rebuttal, and unless waived, the parties will be given an opportunity for oral argument.

(6) At the show cause hearing, the department has the burden of proving it is more probable than not that the license holder poses an immediate threat to the public health and safety.

(7) The show cause panel will issue an order and may overturn, uphold or amend the summary suspension or restriction.

(8) Within forty-five days of a determination by the panel of the board to sustain the summary suspension or place restrictions on the license, the license holder may request a full hearing on the merits of the disciplining authority's decision to suspend or restrict the license. A full hearing must be provided within forty-five days of receipt of the request for a hearing, unless stipulated otherwise.

[Statutory Authority: RCW 18.130.135 and 43.70.040. 09-03-089, § 246-11-340, filed 1/20/09, effective 2/20/09. Statutory Authority: RCW 18.130.-050(1) and 18.130.060(3). 94-04-078, § 246-11-340, filed 1/31/94, effective 3/3/94. Statutory Authority: RCW 18.130.050(1) and 34.05.479. 93-08-003 (Order 347), § 246-11-340, filed 3/24/93, effective 4/24/93.]

Chapter 246-12 WAC

ADMINISTRATIVE PROCEDURES AND REQUIREMENTS FOR CREDENTIALED HEALTH CARE PROVIDERS

WAC

WAC 246-12-050 How to obtain a temporary practice permit. Fingerprint-based national background checks may cause a delay in licensing. Individuals who satisfy all other licensing requirements and qualifications may receive a temporary practice permit while the national background check is completed. This section applies to any profession listed in RCW 18.130.040 (2)(a) that does not currently issue a temporary practice permit under the profession's specific statute or rule, unless the profession prohibits temporary practice permits by statute or rule.

(1) A temporary practice permit may be issued to an applicant who:

(a) Holds an unrestricted, active license in another state that has substantially equivalent licensing standards for the same profession to those in Washington;

(b) Is not subject to denial of a license or issuance of a conditional or restricted license; and

(c) Does not have a criminal record in Washington.

(2) A temporary practice permit grants the individual the full scope of practice for the profession.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision on application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application, fee(s), and documentation for the license.

(b) Meet all requirements and qualifications for the license, except the results from a fingerprint-based national background check, if required.

(c) Provide verification of having an active unrestricted license in the same profession from another state that has substantially equivalent licensing standards for the profession in Washington.

(d) Submit the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

[Statutory Authority: RCW 18.130.064 and 18.130.075. 09-23-082, § 246-12-050, filed 11/16/09, effective 12/17/09.]

Chapter 246-16 WAC

STANDARDS OF PROFESSIONAL CONDUCT

WAC

WAC 246-16-270 Mandatory reporting—Reports by employers of license holders. (1) Every license holder, corporation, organization, health care facility, and state and local governmental agency that employs a license holder shall report to the department of health when the employed license holder's services have been terminated or restricted based on a final determination or finding that the license holder:

(a) Has committed an act or acts that may constitute unprofessional conduct; or

(b) May not be able to practice his or her profession with reasonable skill and safety due to a mental or physical condition.

(2) Reports under this section must be submitted to the department of health as soon as possible but no later than twenty days after a final determination or finding is made. The report should contain the information described in WAC 246-16-220(2).

(3) Reports made by a hospital according to RCW 70.41.210 and reports by ambulatory surgical facilities according to RCW 70.230.120 meet the requirement of this section.

(4) If a license holder fails to submit a report required by this section, a civil penalty of up to five hundred dollars may be imposed and the disciplining authority may take action against the license holder for unprofessional conduct.

[Statutory Authority: RCW 18.130.080. 09-04-050, § 246-16-270, filed 1/30/09, effective 3/2/09.]

WAC 246-16-800 Sanctions—General provisions. (1) Applying these rules.

(a) The disciplining authorities listed in RCW 18.130.-040(2) will apply these rules to determine sanctions imposed for unprofessional conduct by a license holder in any active, inactive, or expired status. The rules do not apply to applicants.

(b) The disciplining authorities will apply the rules in:

(i) Orders under RCW 18.130.110 or 18.130.160; and

(ii) Stipulations to informal disposition under RCW 18.130.172.

(c) Sanctions will begin on the effective date of the order.

(2) Selecting sanctions.

(a) The disciplining authority will select sanctions to protect the public and, if possible, rehabilitate the license holder.

(b) The disciplining authority may impose the full range of sanctions listed in RCW 18.130.160 for orders and RCW 18.130.172 for stipulations to informal dispositions.

(i) Suspension or revocation will be imposed when the license holder cannot practice with reasonable skill or safety.

(ii) Permanent revocation may be imposed when the disciplining authority finds the license holder can never be rehabilitated or can never regain the ability to practice safely.

(iii) Surrender of a credential may be imposed when the license holder is at the end of his or her effective practice and surrender alone is enough to protect the public. The license holder must agree to retire and not resume practice.

(iv) Indefinite suspension may be imposed in default and waiver of hearing orders. If indefinite suspension is not imposed in a default or waiver of hearing order, the disciplining authority shall impose sanctions determined according to these rules.

(v) "Oversight" means a period of time during which respondent must engage in on-going affirmative conduct intended to encourage rehabilitation and ensure public safety. It also includes active compliance monitoring by the disciplining authority. The passage of time without additional complaints or violations, with or without payment of a fine or costs, is not, by itself, oversight.

(c) The disciplining authority may deviate from the sanction schedules in these rules if the schedule does not adequately address the facts in a case. The disciplining authority will acknowledge the deviation and state its reasons for deviating from the sanction schedules in the order or stipulation to informal disposition.

(d) If the unprofessional conduct is not described in a schedule, the disciplining authority will use its judgment to determine appropriate sanctions. The disciplining authority will state in the order or stipulation to informal disposition that no sanction schedule applies.

(3) Using sanction schedules.

(a) Step 1: The findings of fact in an order or the allegations in an informal disposition describe the unprofessional conduct. The disciplining authority uses the unprofessional conduct described to select the appropriate sanction schedule contained in WAC 246-16-810 through 246-16-860.

(i) If the act of unprofessional conduct falls in more than one sanction schedule, the greater sanction is imposed.

(ii) If different acts of unprofessional conduct fall in the same sanction schedule, the highest sanction is imposed and the other acts of unprofessional conduct are considered aggravating factors.

(b) Step 2: The disciplining authority identifies the severity of the unprofessional conduct and identifies a tier using the sanction schedule tier descriptions.

(c) Step 3: The disciplining authority identifies aggravating or mitigating factors using the list in WAC 246-16-890. The disciplining authority describes the factors in the order or stipulation to informal disposition.

(d) Step 4: The disciplining authority selects sanctions within the identified tier. The starting point for duration of the sanctions is the middle of the tier range.

(i) Aggravating factors move the appropriate sanctions towards the maximum end of the tier range.

(ii) Mitigating factors move the appropriate sanctions towards the minimum end of the tier range.

(iii) Mitigating or aggravating factors may result in determination of a sanction outside the range in the tier. The disciplining authority will state its reasons for deviating from the tier range in the sanction schedule in the order or stipulation to informal disposition. The disciplining authority has complied with these rules if it acknowledges the deviation and states its reasons for deviating from the sanction schedules in the order or stipulation to informal disposition.

[Statutory Authority: RCW 18.130.390. 09-15-190, § 246-16-800, filed 7/22/09, effective 8/22/09.]

WAC 246-16-810 Sanction schedule—Practice below standard of care.

PRACTICE BELOW STANDARD OF CARE				
Severity	**Tier / Conduct**	**Sanction Range In consideration of Aggravating & Mitigating Circumstances**		**Duration**
		Minimum	Maximum	
least  greatest	**A** – Caused no or minimal patient harm or a risk of minimal patient harm	Conditions that may include reprimand, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 3 years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, etc.	0-3 years
	B – Caused moderate patient harm or risk of moderate to severe patient harm	Oversight for 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 5 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. OR revocation.	2 years - 5 years unless revocation
	C – Caused severe harm or death to a human patient	Oversight for 3 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. In addition - demonstration of knowledge or competency.	Permanent conditions, restrictions or revocation.	3 years - permanent

[Statutory Authority: RCW 18.130.390. 09-15-190, § 246-16-810, filed 7/22/09, effective 8/22/09.]

WAC 246-16-820 Sanction schedule—Sexual misconduct or contact.

SEXUAL MISCONDUCT OR CONTACT (including convictions for sexual misconduct)				
Severity	**Tier / Conduct**	**Sanction Range In consideration of Aggravating & Mitigating Circumstances**		**Duration**
		Minimum	Maximum	
least	**A** –Inappropriate conduct, contact, or statements of a sexual or romantic nature	Conditions that may include reprimand, training, monitoring, probation, supervision, evaluation, etc.	Oversight for 3 years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, etc.	0-3 years
	B – Sexual contact, romantic relationship, or sexual statements that risk or result in patient harm	Oversight for 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 5 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. OR revocation.	2 years - 5 years unless revocation
greatest	**C** – Sexual contact, including but not limited to contact involving force and/or intimidation, and convictions of sexual offenses in RCW 9.94A.030.	1 year suspension AND oversight for 5 additional years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. AND demonstration of successful completion of evaluation and treatment.	Permanent conditions, restrictions, or revocation.	6 years - permanent

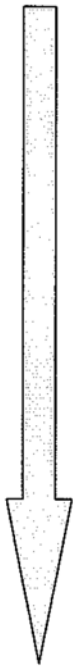
[Statutory Authority: RCW 18.130.390. 09-15-190, § 246-16-820, filed 7/22/09, effective 8/22/09.]

WAC 246-16-830 Sanction schedule—Abuse—Physical and emotional.

ABUSE -- Physical and/or Emotional				
Severity	**Tier / Conduct**	**Sanction Range In consideration of Aggravating & Mitigating Circumstances**		**Duration**
		Minimum	Maximum	
least  greatest	**A** – Verbal or nonverbal intimidation, forceful contact, or disruptive or demeaning behavior, including general behavior not necessarily directed at a specific patient or patients	Conditions that may include reprimand, training, monitoring, probation, supervision, evaluation, etc.	Oversight for 3 years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, etc.	0-3 years
	B – Abusive unnecessary or forceful contact or disruptive or demeaning behavior causing or risking moderate mental or physical harm, including general behavior not directed at a specific patient or patients.	Oversight for 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 5 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. OR revocation.	2 years - 5 years unless revocation
	C – Severe physical, verbal, or forceful contact, or emotional disruptive behavior, that results in or risks significant harm or death	1 year suspension AND oversight for 5 additional years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. AND demonstration of successful completion of evaluation and treatment.	Permanent conditions, restrictions, or revocation.	6 years - permanent

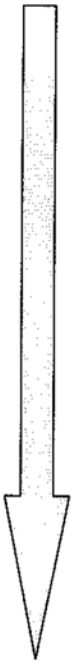
[Statutory Authority: RCW 18.130.390. 09-15-190, § 246-16-830, filed 7/22/09, effective 8/22/09.]

WAC 246-16-840 Sanction schedule—Diversion of controlled substances or legend drugs.

DIVERSION OF CONTROLLED SUBSTANCES OR LEGEND DRUGS				
Severity	**Tier/Conduct**	**Sanction Range In consideration of Aggravating & Mitigating Circumstances**		**Duration**
		Minimum	Maximum	
least  greatest	**A** – Diversion with no or minimal patient harm or risk of harm	Conditions that may include reprimand, training, monitoring, probation, supervision, evaluation, treatment, etc.	Oversight for 5 years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, treatment etc.	0-5 years
	B – Diversion with moderate patient harm or risk of harm or for distribution	Oversight for 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, treatment, etc.	Oversight for 7 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, treatment, etc. OR revocation.	2 - 7 years unless revocation
	C – Diversion with severe physical injury or death of a patient or a risk of severe physical injury or death or for substantial distribution to others	1 year suspension AND oversight for 5 additional years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. AND demonstration of successful completion of evaluation and treatment.	Permanent conditions, restrictions OR revocation.	6 years - permanent

[Statutory Authority: RCW 18.130.390. 09-15-190, § 246-16-840, filed 7/22/09, effective 8/22/09.]

WAC 246-16-850 Sanction schedule—Substance abuse.

SUBSTANCE ABUSE				
Severity	**Tier / Conduct**	**Sanction Range In consideration of Aggravating & Mitigating Circumstances**		**Duration**
		Minimum	Maximum	
least  greatest	**A** – Misuse of drugs or alcohol with no to minimal patient harm or risk of harm	Conditions that may include reprimand, training, monitoring, probation, supervision, evaluation, treatment, etc.	Oversight for 5 years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, treatment, etc.	0-5 years
	B –Misuse of drugs or alcohol with moderate patient harm or risk of harm	Oversight for 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, treatment, etc.	Oversight for 7 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, treatment, etc. OR revocation.	2 - 7 years unless revocation
	C –Misuse of drugs or alcohol with severe physical injury or death of a patient or a risk of significant physical injury or death	1 year suspension AND oversight for 5 additional years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. AND demonstration of successful completion of evaluation and treatment.	Permanent conditions, restrictions OR revocation.	6 years - permanent

[Statutory Authority: RCW 18.130.390. 09-15-190, § 246-16-850, filed 7/22/09, effective 8/22/09.]

WAC 246-16-860 Sanction schedule—Criminal convictions.

CRIMINAL CONVICTIONS (excluding sexual misconduct)				
Severity	Tier / Conviction	Sanction Range In consideration of Aggravating & Mitigating Circumstances		Duration
		Minimum	Maximum	
least ↓	**A** – Conviction of a Gross Misdemeanor except sexual offenses in RCW 9.94A.030	Conditions that may include reprimand, training, monitoring, probation, supervision, evaluation, etc.	Oversight for 5 years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, etc.	0-5 years
	B – Conviction of a Class B, C, OR Unclassified Felony, except sexual offenses in RCW 9.94A.030	Oversight for 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 5 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. OR revocation.	2 years - 5 years unless revocation
greatest	**C** – Conviction of a Class A Felony, except sexual offenses in RCW 9.94A.030	5 years suspension	Permanent revocation	5 years - permanent revocation

[Statutory Authority: RCW 18.130.390. 09-15-190, § 246-16-860, filed 7/22/09, effective 8/22/09.]

WAC 246-16-890 Sanctions—Aggravating and mitigating factors. The following nonexclusive list identifies factors that may mitigate or aggravate the sanctions that should be imposed in an order or stipulation to informal disposition.

(1) Factors related to the unprofessional conduct:

(a) Gravity of the unprofessional conduct;

(b) Age, capacity and/or vulnerability of the patient, client or victim;

(c) Number or frequency of the acts of unprofessional conduct;

(d) Injury caused by the unprofessional conduct;

(e) Potential for injury to be caused by the unprofessional conduct;

(f) Degree of responsibility for the outcome;

(g) Abuse of trust;

(h) Intentional or inadvertent act(s);

(i) Motivation is criminal, immoral, dishonest or for personal gain;

(j) Length of time since the unprofessional conduct occurred.

(2) Factors related to the license holder:

(a) Experience in practice;

(b) Past disciplinary record;

(c) Previous character;

(d) Mental and/or physical health;

(e) Personal circumstances;

(f) Personal problems having a nexus with the unprofessional conduct.

(3) Factors related to the disciplinary process:

(a) Admission of key facts;

(b) Full and free disclosure to the disciplining authority;

(c) Voluntary restitution or other remedial action;

(d) Bad faith obstruction of the investigation or discipline process or proceedings;

(e) False evidence, statements or deceptive practices during the investigation or discipline process or proceedings;

(f) Remorse or awareness that the conduct was wrong;

(g) Impact on the patient, client, or victim.

(4) General factors:

(a) License holder's knowledge, intent, and degree of responsibility;

(b) Presence or pattern of other violations;

(c) Present moral fitness of the license holder;

(d) Potential for successful rehabilitation;

(e) Present competence to practice;

(f) Dishonest or selfish motives;

(g) Illegal conduct;

(h) Heinousness of the unprofessional conduct;

(i) Ill repute upon the profession;

(j) Isolated incident unlikely to reoccur.

[Statutory Authority: RCW 18.130.390. 09-15-190, § 246-16-890, filed 7/22/09, effective 8/22/09.]

Chapter 246-100 WAC

COMMUNICABLE AND CERTAIN OTHER DISEASES

WAC

WAC 246-100-072 Rules for notification of partners at risk of human immunodeficiency virus (HIV) infection. (1) A local health officer or authorized representative shall:

(a) Within three working days of receipt of a report of a previously unreported case of HIV infection, attempt to contact the principal health care provider to:

(i) Seek input on the best means of conducting a case investigation including partner notification; and

(ii) If appropriate, request that the provider contact the HIV-infected person as required in subsection (2) of this section.

(b) Contact the HIV-infected person to:

(i) Provide post-test counseling as described under WAC 246-100-209;

(ii) Discuss the need to notify sex or injection equipment-sharing partners, including spouses, that they may have been exposed to and infected with HIV and that they should seek HIV testing; and

(iii) Offer assistance with partner notification as appropriate.

(c) Unless the health officer or designated representative determines partner notification is not needed or the HIV-infected person refuses assistance with partner notification, assist with notifying partners in accordance with the "*Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection*" as published by the Centers for Disease Control and Prevention, October 2008.

(2) If the local health officer or designated representative informs the principal health care provider that he or she intends to conduct a partner notification case investigation, the principal health care provider shall attempt to inform the HIV-infected person that the local health officer or authorized representative will contact the HIV-infected person for the purpose of providing assistance with the notification of partners.

(3) A health care provider shall not disclose the identity of an HIV-infected individual or the identity of sex and injection equipment-sharing partners, including spouses, at risk of HIV infection, except as authorized in RCW 70.24.105 or in this section.

(4) Local health officers and authorized representatives shall:

(a) Use identifying information, according to this section, on HIV-infected individuals only to:

(i) Contact the HIV-infected individual to provide post-test counseling and, as appropriate, referral to medical care, or to contact sex and injection equipment-sharing partners, including spouses; or

(ii) Carry out an investigation of conduct endangering the public health or of behaviors presenting an imminent danger to the public health pursuant to RCW 70.24.022 or 70.24.024; and

(b) Destroy documentation of referral information established under this subsection, containing identities and identifying information on the HIV-infected individual and at-risk partners of that individual, immediately after notifying partners or within three months of the date information was received, whichever occurs first, unless such documentation is being used in an active investigation of conduct endangering the public health or of behaviors presenting an imminent danger to the public health pursuant to RCW 70.24.022 or 70.24.024.

(5) A health care provider may consult with the local health officer or an authorized representative about an HIV-infected individual and the need for notification of partners at any time.

[Statutory Authority: RCW 70.24.130. 10-01-082, § 246-100-072, filed 12/15/09, effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. 05-11-110, § 246-100-072, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.125 and 70.24.130. 99-17-077, § 246-100-072, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. 97-15-099, § 246-100-072, filed 7/21/97, effective 7/21/97. Statutory Authority: RCW 43.20.050 and 70.24.-130. 92-02-019 (Order 225B), § 246-100-072, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-072, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. 89-02-008 (Order 324), § 248-100-072, filed 12/27/88.]

WAC 246-100-202 Special diseases—Sexually transmitted diseases—Duties and authorities. (1) Health care providers shall:

(a) Report each case of sexually transmitted disease as required in chapter 246-101 WAC; and

(b) At each medical encounter, when providing treatment for an infectious sexually transmitted disease, provide instruction, appropriate to each patient regarding:

(i) Communicability of the disease; and

(ii) Requirements to refrain from acts that may transmit the disease to another; and

(c) Ensure completion of a prenatal serologic test for syphilis in each pregnant woman pursuant to RCW 70.24.090 including:

(i) Submitting a blood sample for syphilis to a laboratory approved to perform prenatal serologic tests for syphilis, as required in RCW 70.24.090, at the time of the first prenatal visit; and

(ii) Deciding whether or not to omit the serologic test for syphilis if the test was performed elsewhere during the current pregnancy; and

(d) When diagnosing or caring for a patient with gonococcal or chlamydial ophthalmia neonatorum, reporting the case to the local health officer or local health department in accordance with the provisions of chapter 246-101 WAC; and

(e) Instill a prophylactic ophthalmic agent into both eyes of the newborn as prophylaxis against ophthalmia neonatorum up to two hours after the delivery, whether the delivery occurred vaginally or by Cesarean section. Acceptable ophthalmic prophylactic agents are application of erythromycin or tetracycline. In the event the U.S. Food and Drug Administration declares a shortage of these prophylactic ophthalmic agents health care providers may substitute alternative prophylactic ophthalmic agents recommended by the Centers for Disease Control and Prevention. If the newborn's parent(s) or legal guardian refuses this procedure, the health care provider will document the refusal in the newborn's medical record.

(2) Laboratories, health care providers, and other persons shall deny issuance of a certificate or statement implying an individual is free from sexually transmitted disease.

(3) State and local health officers or their authorized representatives shall have authority to conduct or cause to be conducted an interview and investigation of persons infected or reasonably believed to be infected with a sexually transmitted disease.

(a) For the purpose of this section, "reasonable belief" and "reasonably believed" shall mean a health officer's belief based upon a credible report from an identifiable individual indicating another person is likely to have a sexually transmitted disease (STD) or to have been exposed to a STD;

(b) Investigations shall be conducted using procedures and measures described in WAC 246-100-036(4).

(4) Local health officers, health care providers, and others shall comply with the provisions in chapter 70.24 RCW, in addition to requirements in chapters 246-100 and 246-101 WAC.

(5) Any person who violates a rule adopted by the board for the control and treatment of a sexually transmitted disease is subject to penalty under RCW 70.24.080.

[Statutory Authority: RCW 70.24.130. 09-22-097, § 246-100-202, filed 11/4/09, effective 12/5/09. Statutory Authority: RCW 70.24.130 and 70.24.380. 05-11-110, § 246-100-202, filed 5/18/05, effective 6/18/05.]

WAC 246-100-207 Human immunodeficiency virus (HIV) testing—Ordering—Laboratory screening—Interpretation—Reporting. (1) Except for persons conducting seroprevalent studies under chapter 70.24 RCW, or ordering or prescribing an HIV test for another individual under subsections (4) and (5) of this section or under WAC 246-100-208(1), any person ordering or prescribing an HIV test for another individual, shall:

(a) Obtain the informed consent of the individual, separately or as part of the consent for a battery of other routine tests provided that the individual is specifically informed verbally or in writing that a test for HIV is included; and

(b) Offer the individual an opportunity to ask questions and decline testing; and

(c) If the HIV test is positive for or suggestive of HIV infection, provide the name of the individual and locating information to the local health officer for follow-up to provide post-test counseling as required by WAC 246-100-209.

(2) The local and state health officer or authorized representative shall periodically make efforts to inform providers in their respective jurisdiction about the September 2006 Centers for Disease Control and Prevention "*Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings*."

(3) Health care providers may obtain a sample brochure about the September 2006 Centers for Disease Control and Prevention "*Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings*" by contacting the department's HIV prevention program at P.O. Box 47840, Olympia, WA 98504.

(4) Any person authorized to order or prescribe an HIV test for another individual may offer anonymous HIV testing without restriction.

(5) Blood banks, tissue banks, and others collecting or processing blood, sperm, tissues, or organs for transfusion/transplanting shall:

(a) Obtain or ensure informed specific consent of the individual prior to ordering or prescribing an HIV test, unless excepted under provisions in chapter 70.24 RCW;

(b) Explain that the reason for HIV testing is to prevent contamination of the blood supply, tissue, or organ bank donations;

(c) At the time of notification regarding a positive HIV test, provide or ensure at least one individual counseling session; and

(d) Inform the individual that the name of the individual testing positive for HIV infection will be confidentially reported to the state or local health officer.

(6) Persons subject to regulation under Title 48 RCW and requesting an insured, subscriber, or potential insured or subscriber to furnish the results of an HIV test for underwriting purposes, as a condition for obtaining or renewing coverage under an insurance contract, health care service contract, or health maintenance organization agreement shall:

(a) Before obtaining a specimen to perform an HIV test, provide written information to the individual tested explaining:

(i) What an HIV test is;

(ii) Behaviors placing a person at risk for HIV infection;

(iii) The purpose of HIV testing in this setting is to determine eligibility for coverage;

(iv) The potential risks of HIV testing; and

(v) Where to obtain HIV pretest counseling.

(b) Obtain informed specific written consent for an HIV test. The written informed consent shall include:

(i) An explanation of confidential treatment of test result reports limited to persons involved in handling or determining applications for coverage or claims for the applicant or claimant; and

(ii) That the name of the individual testing positive for HIV infection will be confidentially reported to the state or local health officer; and

(iii) At the time of notification regarding a positive HIV test, provide or ensure at least one individual counseling session.

(c) Establish procedures to inform an applicant of the following:

(i) Post-test counseling specified under WAC 246-100-209 is required if an HIV test is positive or indeterminate;

(ii) Post-test counseling is done at the time any positive or indeterminate HIV test result is given to the tested individual;

(iii) The applicant is required to designate a health care provider or health care agency to whom positive or indeterminate HIV test results are to be provided for interpretation and post-test counseling; and

(iv) When an individual applicant does not identify a designated health care provider or health care agency and the applicant's HIV test results are positive or indeterminate, the insurer, health care service contractor, or health maintenance organization shall provide the test results to the state or local health department for interpretation and post-test counseling.

(7) Laboratories and other places where HIV testing is performed must demonstrate compliance with all of the requirements in the Medical test site rules, chapter 246-338 WAC.

(8) The department laboratory quality assurance section shall accept substitutions for enzyme immunoassay (EIA) screening only as approved by the United States Food and Drug Administration (FDA) and a published list or other written FDA communication.

(9) Persons informing a tested individual of positive laboratory test results indicating HIV infection shall do so only when:

(a) The test or sequence of tests has been approved by the FDA or the Federal Centers for Disease Control and Prevention as a confirmed positive test result; and

(b) Such information consists of relevant facts communicated in such a way that it will be readily understood by the recipient.

(10) Persons may inform a tested individual of the unconfirmed reactive results of an FDA-approved rapid HIV test provided the test result is interpreted as preliminarily positive for HIV antibodies, and the tested individual is informed that:

(a) Further testing is necessary to confirm the reactive screening test result;

(b) The meaning of reactive screening test result is explained in simple terms, avoiding technical jargon;

(c) The importance of confirmatory testing is emphasized and a return visit for confirmatory test results is scheduled; and

(d) The importance of taking precautions to prevent transmitting infection to others while awaiting results of confirmatory testing is stressed.

[Statutory Authority: RCW 70.24.130. 10-01-082, § 246-100-207, filed 12/15/09, effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. 05-11-110, § 246-100-207, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.380. 02-12-106, § 246-100-207, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.24.125 and 70.24.130. 99-17-077, § 246-100-207, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.380. 97-04-041, § 246-100-207, filed 1/31/97, effective 3/3/97. Statutory Authority: RCW 43.20.050 and 70.24.130. 92-02-019 (Order 225B), § 246-100-207, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-207, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW and RCW 70.24.130. 89-20-006 (Order 334), § 248-100-207, filed 9/22/89, effective 10/23/89. Statutory Authority: Chapter 70.24 RCW. 89-14-003 (Order 329), § 248-100-207, filed 6/22/89; 88-17-058 (Order 318), § 248-100-207, filed 8/17/88.]

WAC 246-100-208 Counseling standard—AIDS counseling. (1) Principal health care providers providing care to a pregnant woman who intends to continue the pregnancy and is not seeking care to terminate the pregnancy or as a result of a terminated pregnancy shall:

(a) Provide or ensure the provision of AIDS counseling as defined in WAC 246-100-011(2);

(b) When ordering or prescribing an HIV test, obtain the informed consent of the pregnant woman for confidential human immunodeficiency virus (HIV) testing, separately or as part of the consent for a battery of other routine tests provided that the pregnant woman is specifically informed verbally or in writing that a test for HIV is included;

(c) Offer the pregnant woman an opportunity to ask questions and decline testing;

(d) Order or prescribe HIV testing if the pregnant woman consents;

(e) If the pregnant woman refuses to consent, discuss and address her reasons for refusal and document in the medical record both her refusal and the provision of education on the benefits of HIV testing; and

(f) If an HIV test is positive for or suggestive of HIV infection, provide the follow-up and reporting as required by WAC 246-100-209.

(2) Health care providers may obtain a sample brochure addressing the elements of subsection (1) of this section by contacting the department of health's HIV prevention program at P.O. Box 47840, Olympia, WA 98504-7840.

(3) Principal health care providers shall counsel or ensure AIDS counseling as defined in WAC 246-100-011(2) and offer and encourage HIV testing for each patient seeking treatment of a sexually transmitted disease.

(4) Drug treatment programs under chapter 70.96A RCW shall provide or ensure provision of AIDS counseling as defined in WAC 246-100-011(2) for each person in a drug treatment program.

[Statutory Authority: RCW 70.24.130. 10-01-082, § 246-100-208, filed 12/15/09, effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. 05-11-110, § 246-100-208, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.380. 02-12-106, § 246-100-208, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.24.125 and 70.24.130. 99-17-077, § 246-100-208, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 43.20.050 and 70.24.130. 92-02-019 (Order 225B), § 246-100-208, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-208, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. 88-17-058 (Order 318), § 248-100-208, filed 8/17/88.]

WAC 246-100-209 Counseling standards—Human immunodeficiency virus (HIV) pretest counseling—HIV post-test counseling. Health care providers and other persons providing pretest or post-test counseling shall assess the individual's risk of acquiring and transmitting human immunodeficiency virus (HIV) by evaluating information about the individual's possible risk-behaviors and unique circumstances, and as appropriate:

(1) Base counseling on the recommendations of the Federal Centers for Disease Control and Prevention as published in the *Revised Guidelines for HIV Counseling, November 2001*; and

(2) Assist the individual to set a realistic behavior-change goal and establish strategies for reducing their risk of acquiring or transmitting HIV; and

(3) Provide appropriate risk reduction skills-building opportunities to support the behavior change goal; and

(4) Provide or refer for other appropriate prevention, support or medical services, including those services for other bloodborne pathogens; and

(5) If the individual being counseled tested positive for HIV infection:

(a) Provide or arrange for at least one individual in-person counseling session consistent with the requirements in subsection (1) through (4) of this section; and

(b) Unless testing was anonymous, inform the individual that the identity of the individual testing positive for HIV infection will be confidentially reported to the state or local health officer; and

(c) Ensure compliance with the partner notification provisions contained in WAC 246-100-072, and inform the tested person of those requirements; and

(d) Develop or adopt a system to avoid documenting the names of referred partners in the permanent record of the individual being counseled; and

(e) Offer referral for alcohol and drug and mental health counseling, including suicide prevention, if appropriate; and

(f) Provide or refer for medical evaluation including services for other bloodborne pathogens, antiretroviral treatment, HIV prevention and other support services; and

(g) Provide or refer for tuberculosis screening.

[Statutory Authority: RCW 70.24.130. 10-01-082, § 246-100-209, filed 12/15/09, effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. 05-11-110, § 246-100-209, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.125 and 70.24.130. 99-17-077, § 246-100-209, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. 97-15-099, § 246-100-209, filed 7/21/97, effective 7/21/97. Statutory Authority: RCW 43.20.050 and 70.24.-130. 92-02-019 (Order 225B), § 246-100-209, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-209, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. 89-02-008 (Order 324), § 248-100-209, filed 12/27/88; 88-17-058 (Order 318), § 248-100-209, filed 8/17/88.]

Chapter 246-205 WAC

DECONTAMINATION OF ILLEGAL DRUG MANUFACTURING OR STORAGE SITES

WAC

WAC 246-205-021 Training provider certification. (1) Persons wanting to become an illegal drug lab decontamination training provider must obtain department approval of instructors and courses. The types of drug lab decontamination courses that may be approved by the department are:

(a) Basic worker;

(b) Basic supervisor; and

(c) Refresher worker and supervisor.

(2) To be certified as a training provider for the refresher training course, applicants must be certified as a training provider for the basic worker and basic supervisor courses.

(3) To obtain approval of instructors, the applicant must demonstrate that the person has the breadth of knowledge and experience necessary to properly train workers and supervisors.

(4) To obtain approval of course work, the applicant must demonstrate the:

(a) Adequacy and accuracy of content; and

(b) Adequacy of training techniques.

(5) Applicants for training provider certification shall:

(a) Submit a completed training provider application as specified under subsection (6) of this section;

(b) Submit the required fee as specified under WAC 246-205-990; and

(c) Ensure the department receives the application sixty or more days before the requested approval date.

(6) A training provider application includes, but is not limited to:

(a) A completed training provider application form provided by the department;

(b) A list of all personnel involved in course presentation and a description of their qualifications;

(c) A detailed description of course content and the amount of time allotted to each major topic;

(d) A description of teaching methods;

(e) A list of questions for development of an examination; and

(f) Copies of all materials proposed for use, when requested from the department.

(7) Training provider certification is valid for two years from the date of issuance. All training provider certificates issued after December 1, 2009, will expire on the same day: November 30, 2011, and on November 30th in every odd-numbered year thereafter. Certification fees will be prorated by the month for applications submitted during the two-year period.

(8) Training provider certification may be terminated if the training provider fails to:

(a) Maintain the course content and quality as approved by the department; and

(b) Make changes to a course as required by the department.

[Statutory Authority: RCW 64.44.070, 64.44.060, and 43.70.250. 09-21-049, § 246-205-021, filed 10/14/09, effective 11/14/09. Statutory Authority: RCW 64.44.070. 03-02-022, § 246-205-021, filed 12/23/02, effective 1/23/03.]

WAC 246-205-061 Training provider certification renewal. (1) Training provider certificate renewal is valid for two years from the date of issuance. All training provider certificates issued after December 1, 2009, will expire on the same day: November 30, 2011, and on November 30th in every odd-numbered year thereafter. Certification fees will be prorated by the month for applications submitted during the two-year period.

(2) Training providers seeking renewal certification shall submit the following to the department thirty or more days before expiration of the current certificate:

(a) A completed training provider application as described in WAC 246-205-021(5); and

(b) A fee as prescribed in WAC 246-205-990.

(3) If a training provider fails to renew his or her certificate before it expires, the department shall notify the trainer that the certificate is temporarily valid for sixty days beginning on the expiration date of the trainer's certificate.

(4) If a training provider renews his or her certificate during the sixty-day period, he or she shall pay the full two-year certificate renewal fee.

(5) If the training provider fails to renew the certificate within the sixty-day period, the certificate is invalid. The department shall notify the trainer in writing of an invalid certificate.

(6) A training provider who fails to renew his or her certificate while it is valid may reapply for certification, but must meet the requirements for a new applicant established in WAC 246-205-021.

[Statutory Authority: RCW 64.44.070, 64.44.060, and 43.70.250. 09-21-049, § 246-205-061, filed 10/14/09, effective 11/14/09. Statutory Authority: RCW 64.44.070. 03-02-022, § 246-205-061, filed 12/23/02, effective 1/23/03.]

WAC 246-205-071 Worker and supervisor certification. (1) Applicants seeking certification as a decontamination worker shall ensure the department receives the following within ninety days of completing the basic worker course:

(a) A completed decontamination worker application;

(b) A fee as prescribed in WAC 246-205-990;

(c) Evidence of satisfying the requirements of WAC 296-62-30410;

(d) Evidence of successful completion of a department sponsored or approved basic decontamination worker course; and

(e) Evidence of passing the basic decontamination worker examination administered by the department with a score of seventy percent or higher.

(2) Applicants seeking certification as a decontamination supervisor shall ensure the department receives the following within ninety days of completing the basic supervisor course:

(a) A completed decontamination supervisor application;

(b) A fee as prescribed in WAC 246-205-990;

(c) Evidence of a valid Washington state decontamination worker certificate;

(d) Evidence of forty or more hours of on-site experience in hazardous material or illegal drug manufacturing or storage site decontamination projects;

(e) Evidence of satisfying the requirements of WAC 296-62-30415.

(f) Evidence of successful completion of a department sponsored or approved basic decontamination supervisor course; and

(g) Evidence of passing the basic decontamination supervisor examination administered by the department with a score of seventy percent or higher.

(3) If a previously certified worker applies for certification following expiration of the previous certificate, but less than two years after expiration of the previous certificate, the worker shall:

(a) Submit to the department a completed application form for certificate renewal;

(b) Submit to the department a fee prescribed in WAC 246-205-990; and

(c) Retake the entire basic worker course.

(4) Worker and supervisor certificates are valid for two years from the date of issuance. All worker and supervisor certificates issued after December 1, 2009, will expire on the same day: November 30, 2011, and on November 30th in every odd-numbered year thereafter. Certification fees will be prorated by the month for applications submitted during the two-year period.

(5) Workers and supervisors shall make certificates available for inspection at all times during an illegal drug manufacturing or storage site decontamination project.

(6) The certificate may be denied, suspended, or revoked as described in WAC 246-205-121 and RCW 64.44.060.

(7) If a previously certified supervisor applies for certification following expiration of the previous certificate, but less than two years after expiration of the previous certificate, the supervisor shall:

(a) Submit to the department a completed application form for certificate renewal;

(b) Submit to the department a fee prescribed in WAC 246-205-990; and

(c) Retake the entire basic supervisor course.

[Statutory Authority: RCW 64.44.070, 64.44.060, and 43.70.250. 09-21-049, § 246-205-071, filed 10/14/09, effective 11/14/09. Statutory Authority: RCW 64.44.070. 03-02-022, § 246-205-071, filed 12/23/02, effective 1/23/03.]

WAC 246-205-081 Worker and supervisor certification renewal. (1) Worker and supervisor certificate renewal is valid for two years from the date of issuance. All worker and supervisor certificates issued after December 1, 2009, will expire on the same day: November 30, 2011, and on November 30th in every odd-numbered year thereafter. Certification fees will be prorated by the month for applications submitted during the two-year period.

(2) Certified workers and supervisors seeking certificate renewal shall submit to the department thirty or more days before expiration of the current certificate:

(a) A completed application form for certificate renewal;

(b) A fee prescribed in WAC 246-205-990; and

(c) Evidence of successful completion of a department sponsored or approved refresher training course.

(3) If a worker or supervisor fails to renew his or her certificate before it expires, the department shall notify the worker or supervisor that the certificate is temporarily valid for sixty days beginning on the expiration date of the worker's or supervisor's certificate.

(4) If a worker or supervisor renews his or her certificate during the sixty-day period, he or she shall pay the full two-year certificate renewal fee.

(5) If the worker or supervisor fails to renew the certificate within the sixty-day period, the certificate is invalid. The department shall notify the worker or supervisor in writing of an invalid certificate.

(6) A worker or supervisor who fails to renew his or her certificate while it is valid may reapply for certification, but must meet the requirements for a previously certified worker or supervisor established in WAC 246-205-071.

[Statutory Authority: RCW 64.44.070, 64.44.060, and 43.70.250. 09-21-049, § 246-205-081, filed 10/14/09, effective 11/14/09. Statutory Authority: RCW 64.44.070. 03-02-022, § 246-205-081, filed 12/23/02, effective 1/23/03.]

WAC 246-205-990 Fees. (1) Fees are nonrefundable and must be paid by check or money order made payable to the department.

(2) Fees shall be prorated by the month for certificates issued for less than two years.

(3) An applicant must pay the following fees based on a two-year certification period when submitting an application:

(a) $100 for each initial or reciprocal worker certificate application.

(b) $50 for each renewal worker certificate application.

(c) $200 for each initial or reciprocal supervisor certificate application.

(d) $150 for each renewal supervisor certificate application.

(e) $1,000 for each initial application and $500 for each renewal application for training provider certification for the worker drug lab decontamination course.

(f) $1,000 for each initial application and $500 for each renewal application for training provider certification for the supervisor drug lab decontamination course.

(g) There is no fee for application as a training provider for the refresher training course.

(4) An applicant must pay $1,125 for each initial, renewal, or reciprocal authorized contractor certificate application, based on a one-year certification period. The applicant's certificate shall expire annually on the expiration date of the contractor's license issued under chapter 18.27 RCW.

[Statutory Authority: RCW 64.44.070, 64.44.060, and 43.70.250. 09-21-049, § 246-205-990, filed 10/14/09, effective 11/14/09. Statutory Authority: RCW 43.70.250 and 64.44.060. 06-16-119, § 246-205-990, filed 8/1/06, effective 9/1/06. Statutory Authority: RCW 43.70.250 and 43.70.110. 03-13-123, § 246-205-990, filed 6/18/03, effective 7/19/03. Statutory Authority: RCW 43.70.250, 70.90.150, and 43.20B.250. 01-14-047, § 246-205-990, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 43.70.250. 00-02-016, § 246-205-990, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-205-990, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 64.44.-060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-990, filed 1/24/91, effective 4/1/91.]

Chapter 246-220 WAC

RADIATION PROTECTION—GENERAL PROVISIONS

WAC

WAC 246-220-010 Definitions. As used in chapters 246-220 through 246-254 WAC, these terms have the definitions set forth below. Additional definitions used only in a certain chapter will be found in that chapter.

"Absorbed dose" means the energy imparted by ionizing radiation per unit mass of irradiated material. The units of absorbed dose are the gray (Gy) and the rad.

"Accelerator produced material" means any material made radioactive by exposing it in a particle accelerator.

"Act" means Nuclear energy and radiation, chapter 70.98 RCW.

"Activity" means the rate of disintegration or transformation or decay of radioactive material. The units of activity are the becquerel (Bq) and the curie (Ci).

"Adult" means an individual eighteen or more years of age.

"Agreement state" means any state with which the United States Nuclear Regulatory Commission has entered into an effective agreement under section 274 b. of the Atomic Energy Act of 1954, as amended (73 Stat. 689).

"Airborne radioactive material" means any radioactive material dispersed in the air in the form of particulates, dusts, fumes, mists, vapors, or gases.

"Airborne radioactivity area" means a room, enclosure, or operating area in which airborne radioactive material exists in concentrations (a) in excess of the derived air concentration (DAC) specified in WAC 246-221-290, Appendix A, or (b) to the degree that an individual present in the area without respiratory protective equipment could exceed, during the hours an individual is present in a week, an intake of 0.6 percent of the annual limit on intake (ALI) or twelve DAC-hours.

"Air purifying respirator" means a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

"Alert" means events may occur, are in progress, or have occurred that could lead to a release of radioactive material but that the release is not expected to require a response by offsite response organizations to protect persons offsite.

"Annual limit on intake" (ALI) means the derived limit for the amount of radioactive material taken into the body of an adult worker by inhalation or ingestion in a year. ALI is the smaller value of intake of a given radionuclide in a year by the reference man that would result in a committed effective dose equivalent of 0.05 Sv (5 rem) or a committed dose equivalent of 0.5 Sv (50 rem) to any individual organ or tissue. ALI values for intake by ingestion and by inhalation of selected radionuclides are given in WAC 246-221-290.

"Assigned protection factor" (APF) means the expected workplace level of respiratory protection that would be provided by a properly functioning respirator or a class of respirators to properly fitted and trained users. Operationally, the inhaled concentration can be estimated by dividing the ambient airborne concentration by the APF.

"Atmosphere-supplying respirator" means a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

"Background radiation" means radiation from cosmic sources; naturally occurring radioactive materials, including radon, except as a decay product of source or special nuclear material, and including global fallout as it exists in the environment from the testing of nuclear explosive devices or from past nuclear accidents such as Chernobyl that contribute to background radiation and are not under the control of the licensee. "Background radiation" does not include sources of radiation from radioactive materials regulated by the department.

"Becquerel" (Bq) means the SI unit of activity. One becquerel is equal to 1 disintegration or transformation per second (s^{-1}).

"Bioassay" means the determination of kinds, quantities or concentrations, and, in some cases, the locations of radioactive material in the human body, whether by direct measurement, in vivo counting, or by analysis and evaluation of

materials excreted or removed from the human body. For purposes of these regulations, "radiobioassay" is an equivalent term.

"Byproduct material" means: (a) Any radioactive material (except special nuclear material) yielded in or made radioactive by exposure to the radiation incident to the process of producing or utilizing special nuclear material; (b) the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its source material content, including discrete surface wastes resulting from uranium or thorium solution extraction processes. Underground ore bodies depleted by these solution extraction operations do not constitute "byproduct material" within this definition; (c) any material that has been made radioactive by use of a particle accelerator; (d) any discrete source of radium 226 that is produced, extracted, or converted after extraction for commercial, medical or research use; and (e) any discrete source of naturally occurring radioactive materials which pose a threat similar to the threat posed by a discrete source of radium 226 to the health and safety or the common defense and security, that is produced, extracted, or converted after extraction for use for commercial, medical or research activities.

"Calendar quarter" means at least twelve but no more than fourteen consecutive weeks. The first calendar quarter of each year begins in January and subsequent calendar quarters shall be arranged so that no day is included in more than one calendar quarter and no day in any one year is omitted from inclusion within a calendar quarter. A licensee or registrant may not change the method of determining calendar quarters for purposes of these regulations.

"Calibration" means the determination of (a) the response or reading of an instrument relative to a series of known radiation values over the range of the instrument, or (b) the strength of a source of radiation relative to a standard.

"CFR" means Code of Federal Regulations.

"Class" means a classification scheme for inhaled material according to its rate of clearance from the pulmonary region of the lung. Materials are classified as D, W, or Y, which applies to a range of clearance half-times: For Class D, Days, of less than ten days, for Class W, Weeks, from ten to one hundred days, and for Class Y, Years, of greater than one hundred days. For purposes of these regulations, "lung class" and "inhalation class" are equivalent terms. For "class of waste" see WAC 246-249-040.

"Collective dose" means the sum of the individual doses received in a given period of time by a specified population from exposure to a specified source of radiation.

"Committed dose equivalent" ($H_{T,50}$) means the dose equivalent to organs or tissues of reference (T) that will be received from an intake of radioactive material by an individual during the fifty-year period following the intake.

"Committed effective dose equivalent" ($H_{E,50}$) is the sum of the products of the weighting factors applicable to each of the body organs or tissues that are irradiated and the committed dose equivalent to each of these organs or tissues ($H_{E,50} = \&S_{gr}; w_T H_{T,50}$).

"Consortium" means an association of medical use licensees and a PET radionuclide production facility in the same geographical area that jointly own or share in the operation and maintenance cost of the PET radionuclide production facility that produces PET radionuclides for use in producing radioactive drugs within the consortium for noncommercial distributions among its associated members for medical use. The PET radionuclide production facility within the consortium must be located at an educational institution or a federal facility or a medical facility.

"Constraint" or dose constraint means a value above which specified licensee actions are required.

"Controlled area." See "Restricted area."

"Curie" means a unit of quantity of radioactivity. One curie (Ci) is that quantity of radioactive material which decays at the rate of 3.7×10^{10} transformations per second (tps).

"Declared pregnant woman" means a woman who has voluntarily informed the licensee or registrant, in writing, of her pregnancy, and the estimated date of conception. The declaration remains in effect until the declared pregnant woman withdraws the declaration in writing or is no longer pregnant.

"Deep dose equivalent" (H_d), which applies to external whole body exposure, means the dose equivalent at a tissue depth of 1 centimeter (1000 mg/cm^2).

"Demand respirator" means an atmosphere-supplying respirator that admits breathing air to the facepiece only when a negative pressure is created inside the facepiece by inhalation.

"Department" means the Washington state department of health, which has been designated as the state radiation control agency under chapter 70.98 RCW.

"Depleted uranium" means the source material uranium in which the isotope Uranium-235 is less than 0.711 percent by weight of the total uranium present. Depleted uranium does not include special nuclear material.

"Derived air concentration" (DAC) means the concentration of a given radionuclide in air which, if breathed by the reference man for a working year of two thousand hours under conditions of light work, results in an intake of one ALI. For purposes of these regulations, the condition of light work is an inhalation rate of 1.2 cubic meters of air per hour for two thousand hours in a year. DAC values are given in WAC 246-221-290.

"Derived air concentration-hour" (DAC-hour) means the product of the concentration of radioactive material in air, expressed as a fraction or multiple of the derived air concentration for each radionuclide, and the time of exposure to that radionuclide, in hours. A licensee or registrant may take two thousand DAC-hours to represent one ALI, equivalent to a committed effective dose equivalent of 0.05 Sv (5 rem).

"Discrete source" means a radionuclide that has been processed so that its concentration within a material has been purposely increased for use for commercial, medical or research activities.

"Disposable respirator" means a respirator for which maintenance is not intended and that is designed to be discarded after excessive breathing resistance, sorbent exhaustion, physical damage, or end-of-service-life renders it unsuitable for use. Examples of this type of respirator are a disposable half-mask respirator or a disposable escape-only self-contained breathing apparatus (SCBA).

"Dose" is a generic term that means absorbed dose, dose equivalent, effective dose equivalent, committed dose equivalent, committed effective dose equivalent, total organ dose equivalent, or total effective dose equivalent. For purposes of these rules, "radiation dose" is an equivalent term.

"Dose commitment" means the total radiation dose to a part of the body that will result from retention in the body of radioactive material. For purposes of estimating the dose commitment, it is assumed that from the time of intake the period of exposure to retained material will not exceed fifty years.

"Dose equivalent" (H_T) means the product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest. The units of dose equivalent are the sievert (Sv) and rem.

"Dose limits" means the permissible upper bounds of radiation doses established in accordance with these regulations. For purposes of these regulations, "limits" is an equivalent term.

"Dosimetry processor" means a person that processes and evaluates individual monitoring devices in order to determine the radiation dose delivered to the monitoring devices.

"dpm" means disintegrations per minute. See also "curie."

"Effective dose equivalent" (H_E) means the sum of the products of the dose equivalent to each organ or tissue (H_T) and the weighting factor (w_T) applicable to each of the body organs or tissues that are irradiated ($H_E = \&S_{gr}; w_T H_T$).

"Embryo/fetus" means the developing human organism from conception until the time of birth.

"Entrance or access point" means any opening through which an individual or extremity of an individual could gain access to radiation areas or to licensed radioactive materials. This includes entry or exit portals of sufficient size to permit human entry, without respect to their intended use.

"Exposure" means (a) being exposed to ionizing radiation or to radioactive material, or (b) the quotient of ΔQ by Δm where "ΔQ" is the absolute value of the total charge of the ions of one sign produced in air when all the electrons (negatrons and positrons) liberated by photons in a volume element of air having mass "Δm" are completely stopped in air. The special unit of exposure is the roentgen (R) and the SI equivalent is the coulomb per kilogram. One roentgen is equal to 2.58×10^{-4} coulomb per kilogram of air.

"Exposure rate" means the exposure per unit of time, such as roentgen per minute and milliroentgen per hour.

"External dose" means that portion of the dose equivalent received from any source of radiation outside the body.

"Extremity" means hand, elbow, arm below the elbow, foot, knee, and leg below the knee.

"Filtering facepiece" (dust mask) means a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium, not equipped with elastomeric sealing surfaces and adjustable straps.

"Fit factor" means a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

"Fit test" means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.

"Former United States Atomic Energy Commission (AEC) or United States Nuclear Regulatory Commission (NRC) licensed facilities" means nuclear reactors, nuclear fuel reprocessing plants, uranium enrichment plants, or critical mass experimental facilities where AEC or NRC licenses have been terminated.

"Generally applicable environmental radiation standards" means standards issued by the United States Environmental Protection Agency (EPA) under the authority of the Atomic Energy Act of 1954, as amended, that impose limits on radiation exposures or levels, or concentrations or quantities of radioactive material, in the general environment outside the boundaries of locations under the control of persons possessing or using radioactive material.

"Gray" (Gy) means the SI unit of absorbed dose. One gray is equal to an absorbed dose of 1 joule/kilogram (100 rad).

"Healing arts" means the disciplines of medicine, dentistry, osteopathy, chiropractic, podiatry, and veterinary medicine.

"Helmet" means a rigid respiratory inlet covering that also provides head protection against impact and penetration.

"High radiation area" means any area, accessible to individuals, in which radiation levels from radiation sources external to the body could result in an individual receiving a dose equivalent in excess of 1 mSv (0.1 rem) in one hour at 30 centimeters from any source of radiation or 30 centimeters from any surface that the radiation penetrates. For purposes of these regulations, rooms or areas in which diagnostic X-ray systems are used for healing arts purposes are not considered high radiation areas.

"Hood" means a respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.

"Human use" means the intentional internal or external administration of radiation or radioactive material to human beings.

"Immediate" or **"immediately"** means as soon as possible but no later than four hours after the initiating condition.

"IND" means investigatory new drug for which an exemption has been claimed under the United States Food, Drug and Cosmetic Act (Title 21 CFR).

"Individual" means any human being.

"Individual monitoring" means the assessment of:

(a) Dose equivalent (i) by the use of individual monitoring devices or (ii) by the use of survey data; or

(b) Committed effective dose equivalent (i) by bioassay or (ii) by determination of the time-weighted air concentrations to which an individual has been exposed, that is, DAC-hours.

"Individual monitoring devices" (individual monitoring equipment) means devices designed to be worn by a single individual for the assessment of dose equivalent e.g., as film badges, thermoluminescent dosimeters (TLDs), pocket ionization chambers, and personal ("lapel") air sampling devices.

"Inspection" means an official examination or observation by the department including but not limited to, tests, sur-

veys, and monitoring to determine compliance with rules, orders, requirements and conditions of the department.

"Interlock" means a device arranged or connected so that the occurrence of an event or condition is required before a second event or condition can occur or continue to occur.

"Internal dose" means that portion of the dose equivalent received from radioactive material taken into the body.

"Irretrievable source" means any sealed source containing licensed material which is pulled off or not connected to the wireline downhole and for which all reasonable effort at recovery, as determined by the department, has been expended.

"Lens dose equivalent" (LDE) applies to the external exposure of the lens of the eye and is taken as the dose equivalent at a tissue depth of 0.3 centimeters (300 mg/cm^2).

"License" means a license issued by the department.

"Licensed material" means radioactive material received, possessed, used, transferred, or disposed under a general or specific license issued by the department.

"Licensee" means any person who is licensed by the department under these rules and the act.

"Licensing state" means any state with regulations equivalent to the suggested state regulations for control of radiation relating to, and an effective program for, the regulatory control of NARM and which has been granted final designation by the Conference of Radiation Control Program Directors, Inc.

"Loose-fitting facepiece" means a respiratory inlet covering that is designed to form a partial seal with the face.

"Lost or missing licensed material" means licensed material whose location is unknown. This definition includes licensed material that has been shipped but has not reached its planned destination and whose location cannot be readily traced in the transportation system.

"Member of the public" means an individual except when the individual is receiving an occupational dose.

"Minor" means an individual less than eighteen years of age.

"Monitoring" means the measurement of radiation, radioactive material concentrations, surface area activities or quantities of radioactive material and the use of the results of these measurements to evaluate potential exposures and doses. For purposes of these regulations, radiation monitoring and radiation protection monitoring are equivalent terms.

"NARM" means any naturally occurring or accelerator-produced radioactive material. It does not include by-product, source, or special nuclear material. For the purpose of meeting the definition of a licensing state by the Conference of Radiation Control Program Directors, Inc. (CRCPD), NARM refers only to discrete sources of NARM. Diffuse sources of NARM are excluded from consideration by the CRCPD for Licensing State designation purposes.

"Nationally tracked source" means a sealed source containing a quantity equal to or greater than Category 1 or Category 2 levels of any radioactive material listed in WAC 246-221-236. In this context a sealed source is defined as radioactive material that is sealed in a capsule or closely bonded, in a solid form and which is not exempt from regulatory control. It does not mean material encapsulated solely for disposal, or nuclear material contained in any fuel assembly, subassembly, fuel rod, or fuel pellet. Category 1 nationally tracked sources are those containing radioactive material at a quantity equal to or greater than the Category 1 threshold. Category 2 nationally tracked sources are those containing radioactive material at a quantity equal to or greater than the Category 2 threshold but less than the Category 1 threshold.

"Natural radioactivity" means radioactivity of naturally occurring nuclides.

"NDA" means a new drug application which has been submitted to the United States Food and Drug Administration.

"Negative pressure respirator" (tight-fitting) means a respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator.

"Nonstochastic effect" means a health effect, the severity of which varies with the dose and for which a threshold is believed to exist. Radiation-induced cataract formation is an example of a nonstochastic effect. For purposes of these rules, a "deterministic effect" is an equivalent term.

"Nuclear Regulatory Commission" (NRC) means the United States Nuclear Regulatory Commission or its duly authorized representatives.

"Occupational dose" means the dose received by an individual in the course of employment in which the individual's assigned duties involve exposure to radiation or to radioactive material from licensed and unlicensed sources of radiation, whether in the possession of the licensee, registrant, or other person. Occupational dose does not include dose received: From background radiation, from any medical administration the individual has received, from exposure to individuals administered radioactive material and released under chapter 246-240 WAC, from voluntary participation in medical research programs, or as a member of the public.

"Ore refineries" means all processors of a radioactive material ore.

"Particle accelerator" means any machine capable of accelerating electrons, protons, deuterons, or other charged particles in a vacuum and of discharging the resultant particulate or other radiation into a medium at energies usually in excess of 1 MeV. For purposes of this definition, "accelerator" is an equivalent term.

"Permittee" means a person who has applied for, and received, a valid site use permit for use of the low-level waste disposal facility at Hanford, Washington.

"Person" means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this state, any other state or political subdivision or agency thereof, and any legal successor, representative, agent or agency of the foregoing, but shall not include federal government agencies.

"Personal supervision" means supervision where the supervisor is physically present at the facility and in sufficient proximity that contact can be maintained and immediate assistance given as required.

"Personnel monitoring equipment." See individual monitoring devices.

"PET" means positron emission tomography.

"Pharmacist" means an individual licensed by this state to compound and dispense drugs, and poisons.

"Physician" means a medical doctor or doctor of osteopathy licensed by this state to prescribe and dispense drugs in the practice of medicine.

"Planned special exposure" means an infrequent exposure to radiation, separate from and in addition to the annual occupational dose limits.

"Positive pressure respirator" means a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

"Powered air-purifying respirator" (PAPR) means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

"Practitioner" means an individual licensed by the state in the practice of a healing art (i.e., physician, dentist, podiatrist, chiropractor, etc.).

"Pressure demand respirator" means a positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation.

"Public dose" means the dose received by a member of the public from exposure to sources of radiation under the licensee's or registrant's control or to radiation or radioactive material released by the licensee. Public dose does not include occupational dose or doses received from background radiation, from any medical administration the individual has received, from exposure to individuals administered radioactive material and released under chapter 246-240 WAC, or from voluntary participation in medical research programs.

"Qualified expert" means an individual who has demonstrated to the satisfaction of the department he/she has the knowledge, training, and experience to measure ionizing radiation, to evaluate safety techniques, and to advise regarding radiation protection needs. The department reserves the right to recognize the qualifications of an individual in specific areas of radiation protection.

"Qualitative fit test" (QLFT) means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

"Quality factor" (Q) means the modifying factor, listed in Tables I and II, that is used to derive dose equivalent from absorbed dose.

TABLE I
QUALITY FACTORS AND ABSORBED DOSE EQUIVALENCIES

TYPE OF RADIATION	Quality Factor (Q)	Absorbed Dose Equal to A Unit Dose Equivalent[a]
X, gamma, or beta radiation and high-speed electrons	1	1
Alpha particles, multiple-charged particles, fission fragments and heavy particles of unknown charge	20	0.05
Neutrons of unknown energy	10	0.1
High-energy protons	10	0.1

[a] Absorbed dose in rad equal to 1 rem or the absorbed dose in gray equal to 1 Sv.

If it is more convenient to measure the neutron fluence rate rather than to determine the neutron dose equivalent rate in sievert per hour or rem per hour as required for Table I, then 0.01 Sv (1 rem) of neutron radiation of unknown energies may, for purposes of these regulations, be assumed to result from a total fluence of 25 million neutrons per square centimeter incident upon the body. If sufficient information exists to estimate the approximate energy distribution of the neutrons, the licensee or registrant may use the fluence rate per unit dose equivalent or the appropriate Q value from Table II to convert a measured tissue dose in gray or rad to dose equivalent in sievert or rem.

TABLE II
MEAN QUALITY FACTORS, Q, AND FLUENCE PER UNIT DOSE EQUIVALENT FOR MONOENERGETIC NEUTRONS

Neutron Energy (MeV)	Quality Factor[a] (Q)	Fluence per Unit Dose Equivalent[b] (neutrons cm^{-2} rem^{-1})	Fluence per Unit Dose Equivalent[b] (neutrons cm^{-2} Sv^{-1})
(thermal) 2.5×10^{-8}	2	980×10^{6}	980×10^{8}
1×10^{-7}	2	980×10^{6}	980×10^{8}
1×10^{-6}	2	810×10^{6}	810×10^{8}
1×10^{-5}	2	810×10^{6}	810×10^{8}
1×10^{-4}	2	840×10^{6}	840×10^{8}
1×10^{-3}	2	980×10^{6}	980×10^{8}
1×10^{-2}	2.5	1010×10^{6}	1010×10^{8}
1×10^{-1}	7.5	170×10^{6}	170×10^{8}
5×10^{-1}	11	39×10^{6}	39×10^{8}
1	11	27×10^{6}	27×10^{8}
2.5	9	29×10^{6}	29×10^{8}
5	8	23×10^{6}	23×10^{8}
7	7	24×10^{6}	24×10^{8}
10	6.5	24×10^{6}	24×10^{8}
14	7.5	17×10^{6}	17×10^{8}
20	8	16×10^{6}	16×10^{8}
40	7	14×10^{6}	14×10^{8}
60	5.5	16×10^{6}	16×10^{8}
1×10^{2}	4	20×10^{6}	20×10^{8}
2×10^{2}	3.5	19×10^{6}	19×10^{8}
3×10^{2}	3.5	16×10^{6}	16×10^{8}
4×10^{2}	3.5	14×10^{6}	14×10^{8}

[a] Value of quality factor (Q) at the point where the dose equivalent is maximum in a 30-cm diameter cylinder tissue-equivalent phantom.

[b] Monoenergetic neutrons incident normally on a 30-cm diameter cylinder tissue-equivalent phantom.

"Quantitative fit test" (QNFT) means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

"Quarter" means a period of time equal to one-fourth of the year observed by the licensee, approximately thirteen consecutive weeks, providing that the beginning of the first quarter in a year coincides with the starting date of the year and that no day is omitted or duplicated in consecutive quarters.

"Rad" means the special unit of absorbed dose. One rad equals one-hundredth of a joule per kilogram of material; for example, if tissue is the material of interest, then 1 rad equals 100 ergs per gram of tissue. One rad is equal to an absorbed dose of 100 erg/gram or 0.01 joule/kilogram (0.01 gray).

"Radiation" means alpha particles, beta particles, gamma rays, X rays, neutrons, high-speed electrons, high-speed protons, and other particles capable of producing ions. For purposes of these regulations, ionizing radiation is an equivalent term. Radiation, as used in these regulations, does not include magnetic fields or nonionizing radiation, like radiowaves or microwaves, visible, infrared, or ultraviolet light.

"Radiation area" means any area, accessible to individuals, in which radiation levels could result in an individual receiving a dose equivalent in excess of 0.05 mSv (0.005 rem) in one hour at thirty centimeters from the source of radiation or from any surface that the radiation penetrates.

"Radiation machine" means any device capable of producing ionizing radiation except those devices with radioactive materials as the only source of radiation.

"Radiation safety officer" means an individual who has the knowledge and responsibility to apply appropriate radiation protection regulations and has been assigned that responsibility by the licensee or registrant.

"Radiation source." See "Source of radiation."

"Radioactive material" means any material (solid, liquid, or gas) which emits radiation spontaneously.

"Radioactive waste" means any radioactive material which is no longer of use and intended for disposal or treatment for the purposes of disposal.

"Radioactivity" means the transformation of unstable atomic nuclei by the emission of radiation.

"Reference man" means a hypothetical aggregation of human physical and physiological characteristics determined by international consensus. These characteristics may be used by researchers and public health workers to standardize results of experiments and to relate biological insult to a common base.

"Registrable item" means any radiation machine except those exempted by RCW 70.98.180 or exempted by the department under the authority of RCW 70.98.080.

"Registrant" means any person who is registered by the department or is legally obligated to register with the department in accordance with these rules and the act.

"Registration" means registration with the department in accordance with the regulations adopted by the department.

"Regulations of the United States Department of Transportation" means the regulations in 49 CFR Parts 170-189, 14 CFR Part 103, and 46 CFR Part 146.

"Rem" means the special unit of any of the quantities expressed as dose equivalent. The dose equivalent in rem is equal to the absorbed dose in rad multiplied by the quality factor (1 rem = 0.01 Sv).

"Research and development" means: (a) Theoretical analysis, exploration, or experimentation; or (b) the extension of investigative findings and theories of a scientific or technical nature into practical application for experimental and demonstration purposes, including the experimental production and testing of models, devices, equipment, materials, and processes. Research and development does not include the internal or external administration of radiation or radioactive material to human beings.

"Respiratory protective equipment" means an apparatus, such as a respirator, used to reduce an individual's intake of airborne radioactive materials.

"Restricted area" means any area to which access is limited by the licensee or registrant for purposes of protecting individuals against undue risks from exposure to radiation and radioactive material. "Restricted area" does not include any areas used for residential quarters, although a separate room or rooms in a residential building may be set apart as a restricted area.

"Roentgen" (R) means the special unit of exposure. One roentgen equals 2.58 x 10^{-4} coulombs/kilogram of air.

"Sanitary sewerage" means a system of public sewers for carrying off waste water and refuse, but excluding sewage treatment facilities, septic tanks, and leach fields owned or operated by the licensee or registrant.

"Sealed source" means any radioactive material that is encased in a capsule designed to prevent leakage or the escape of the radioactive material.

"Self-contained breathing apparatus" (SCBA) means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

"Shallow dose equivalent" (H_s), which applies to the external exposure of the skin of the whole body or the skin of an extremity, means the dose equivalent at a tissue depth of 0.007 centimeter (7 mg/cm^2).

"SI" means an abbreviation of the International System of Units.

"Sievert" means the SI unit of any of the quantities expressed as dose equivalent. The dose equivalent in sievert is equal to the absorbed dose in gray multiplied by the quality factor (1 Sv = 100 rem).

"Site area emergency" means events may occur, are in progress, or have occurred that could lead to a significant release of radioactive material and that could require a response by offsite response organizations to protect persons offsite.

"Site boundary" means that line beyond which the land or property is not owned, leased, or otherwise controlled by the licensee or registrant.

"Source container" means a device in which radioactive material is transported or stored.

"Source material" means: (a) Uranium or thorium, or any combination thereof, in any physical or chemical form, or (b) ores which contain by weight one-twentieth of one percent (0.05 percent) or more of (i) uranium, (ii) thorium, or (iii) any combination thereof. Source material does not include special nuclear material.

"Source material milling" means the extraction or concentration of uranium or thorium from any ore processing primarily for its source material content.

"Source of radiation" means any radioactive material, or any device or equipment emitting or capable of producing ionizing radiation.

"Special nuclear material" means:

(a) Plutonium, uranium-233, uranium enriched in the isotope 233 or in the isotope 235, and any other material that the United States Nuclear Regulatory Commission, under the provisions of section 51 of the Atomic Energy Act of 1954, as amended, determines to be special nuclear material, but does not include source material; or

(b) Any material artificially enriched in any of the foregoing, but does not include source material.

"Special nuclear material in quantities not sufficient to form a critical mass" means uranium enriched in the isotope U-235 in quantities not exceeding three hundred fifty grams of contained U-235; uranium-233 in quantities not exceeding two hundred grams; plutonium in quantities not exceeding two hundred grams; or any combination of them in accordance with the following formula: For each kind of special nuclear material, determine the ratio between the quan-

tity of that special nuclear material and the quantity specified above for the same kind of special nuclear material. The sum of the ratios for all of the kinds of special nuclear material in combination shall not exceed "1" (i.e., unity). For example, the following quantities in combination would not exceed the limitation and are within the formula:

$$\frac{175 \text{ (grams contained U-235)}}{350} + \frac{50 \text{ (grams U-233)}}{200} + \frac{50 \text{ (grams Pu)}}{200} < 1$$

"Stochastic effect" means a health effect that occurs randomly and for which the probability of the effect occurring, rather than its severity, is assumed to be a linear function of dose without threshold. Hereditary effects and cancer incidence are examples of stochastic effects. For purposes of these regulations, probabilistic effect is an equivalent term.

"Supplied-air respirator" (SAR) or "airline respirator" means an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

"Survey" means an evaluation of the radiological conditions and potential hazards incident to the production, use, release, disposal, or presence of sources of radiation. When appropriate, the evaluation includes, but is not limited to, tests, physical examinations, calculations and measurements of levels of radiation or concentration of radioactive material present.

"Test" means (a) the process of verifying compliance with an applicable regulation, or (b) a method for determining the characteristics or condition of sources of radiation or components thereof.

"These rules" mean all parts of the rules for radiation protection of the state of Washington.

"Tight-fitting facepiece" means a respiratory inlet covering that forms a complete seal with the face.

"Total effective dose equivalent" (TEDE) means the sum of the deep dose equivalent for external exposures and the committed effective dose equivalent for internal exposures.

"Total organ dose equivalent" (TODE) means the sum of the deep dose equivalent and the committed dose equivalent to the organ or tissue receiving the highest dose.

"United States Department of Energy" means the Department of Energy established by Public Law 95-91, August 4, 1977, 91 Stat. 565, 42 U.S.C. 7101 et seq., to the extent that the department exercises functions formerly vested in the United States Atomic Energy Commission, its chairman, members, officers and components and transferred to the United States Energy Research and Development Administration and to the administrator thereof under sections 104 (b), (c) and (d) of the Energy Reorganization Act of 1974 (Public Law 93-438, October 11, 1974, 88 Stat. 1233 at 1237, 42 U.S.C. 5814 effective January 19, 1975) and retransferred to the Secretary of Energy under section 301(a) of the Department of Energy Organization Act (Public Law 95-91, August 4, 1977, 91 Stat. 565 at 577-578, 42 U.S.C. 7151, effective October 1, 1977).

"Unrefined and unprocessed ore" means ore in its natural form prior to any processing, such as grinding, roasting, beneficiating, or refining.

"Unrestricted area" (uncontrolled area) means any area which is not a restricted area. Areas where the external dose exceeds 2 mrem in any one hour or where the public dose, taking into account occupancy factors, will exceed 100 mrem total effective dose equivalent in any one year must be restricted.

"User seal check" (fit check) means an action conducted by the respirator user to determine if the respirator is properly seated to the face. Examples include negative pressure check, positive pressure check, irritant smoke check, or isoamyl acetate check.

"Very high radiation area" means an area, accessible to individuals, in which radiation levels from radiation sources external to the body could result in an individual receiving an absorbed dose in excess of 5 Gy (500 rad) in one hour at one meter from a source of radiation or one meter from any surface that the radiation penetrates.

"Waste" means those low-level radioactive wastes containing source, special nuclear or byproduct material that are acceptable for disposal in a land disposal facility. For purposes of this definition, low-level radioactive waste means radioactive waste not classified as high-level radioactive waste, transuranic waste, spent nuclear fuel, or byproduct material as defined in this section.

"Waste handling licensees" mean persons licensed to receive and store radioactive wastes prior to disposal and/or persons licensed to dispose of radioactive waste.

"Week" means seven consecutive days starting on Sunday.

"Weighting factor" w_T for an organ or tissue (T) means the proportion of the risk of stochastic effects resulting from irradiation of that organ or tissue to the total risk of stochastic effects when the whole body is irradiated uniformly. For calculating the effective dose equivalent, the values of w_T are:

ORGAN DOSE WEIGHTING FACTORS

Organ or Tissue	w_T
Gonads	0.25
Breast	0.15
Red bone marrow	0.12
Lung	0.12
Thyroid	0.03
Bone surfaces	0.03
Remainder	0.30[a]
Whole Body	1.00[b]

[a] 0.30 results form 0.06 for each of 5 "remainder" organs, excluding the skin and the lens of the eye, that receive the highest doses.

[b] For the purpose of weighting the external whole body dose, for adding it to the internal dose, a single weighting factor, $w_T = 1.0$, has been specified. The use of other weighting factors for external exposure will be approved on a case-by-case basis until such time as specific guidance is issued.

"Whole body" means, for purposes of external exposure, head, trunk including male gonads, arms above the elbow, or legs above the knee.

"Worker" means an individual engaged in activities under a license or registration issued by the department and controlled by a licensee or registrant but does not include the licensee or registrant. Where the licensee or registrant is an individual rather than one of the other legal entities defined under "person," the radiation exposure limits for the worker also apply to the individual who is the licensee or registrant. If students of age eighteen years or older are subjected routinely to work involving radiation, then the students are considered to be workers. Individuals of less than eighteen years of age shall meet the requirements of WAC 246-221-050.

"Working level" (WL) means any combination of short-lived radon daughters in 1 liter of air that will result in the ultimate emission of 1.3×10^5 MeV of potential alpha particle energy. The short-lived radon daughters are — for radon-222: Polonium-218, lead-214, bismuth-214, and polonium-214; and for radon-220: Polonium-216, lead-212, bismuth-212, and polonium-212.

"Working level month" (WLM) means an exposure to one working level for one hundred seventy hours — two thousand working hours per year divided by twelve months per year is approximately equal to one hundred seventy hours per month.

"Year" means the period of time beginning in January used to determine compliance with the provisions of these regulations. The licensee or registrant may change the starting date of the year used to determine compliance by the licensee or registrant provided that the change is made at the beginning of the year and that no day is omitted or duplicated in consecutive years.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-220-010, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 06-05-019, § 246-220-010, filed 2/6/06, effective 3/9/06; 04-23-093, § 246-220-010, filed 11/17/04, effective 12/18/04; 01-05-110, § 246-220-010, filed 2/21/01, effective 3/24/01; 00-08-013, § 246-220-010, filed 3/24/00, effective 4/24/00; 99-15-105, § 246-220-010, filed 7/21/99, effective 8/21/99; 98-13-037, § 246-220-010, filed 6/8/98, effective 7/9/98; 95-01-108, § 246-220-010, filed 12/21/94, effective 1/21/95; 94-01-073, § 246-220-010, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.-050 and 70.98.080. 91-15-112 (Order 184), § 246-220-010, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-12-050, filed 12/11/86; 83-19-050 (Order 2026), § 402-12-050, filed 9/16/83. Statutory Authority: Chapter 70.121 RCW. 81-16-031 (Order 1683), § 402-12-050, filed 7/28/81. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-12-050, filed 12/8/80; Order 1095, § 402-12-050, filed 2/6/76; Order 708, § 402-12-050, filed 8/24/72; Order 1, § 402-12-050, filed 7/2/71; Order 1, § 402-12-050, filed 1/8/69; Rules (part), filed 10/26/66.]

Chapter 246-221 WAC
RADIATION PROTECTION STANDARDS

WAC

WAC 246-221-235 Reports of transactions involving nationally tracked sources. Each licensee who manufactures, transfers, receives, disassembles, or disposes of a nationally tracked source shall complete and submit a National Source Tracking Transaction Report as specified in subsections (1) through (5) of this section for each type of transaction.

(1) Each licensee who manufactures a nationally tracked source shall complete and submit a National Source Tracking Transaction Report. The report must include the following information:

(a) The name, address, and license number of the reporting licensee;

(b) The name of the individual preparing the report;

(c) The manufacturer, model, and serial number of the source;

(d) The radioactive material in the source;

(e) The initial source strength in becquerels (curies) at the time of manufacture; and

(f) The manufacture date of the source.

(2) Each licensee that transfers a nationally tracked source to another person shall complete and submit a National Source Tracking Transaction Report. The report must include the following information:

(a) The name, address, and license number of the reporting licensee;

(b) The name of the individual preparing the report;

(c) The name and license number of the recipient facility and the shipping address;

(d) The manufacturer, model, and serial number of the source or, if not available, other information to uniquely identify the source;

(e) The radioactive material in the source;

(f) The initial or current source strength in becquerels (curies);

(g) The date for which the source strength is reported;

(h) The shipping date;

(i) The estimated arrival date; and

(j) For nationally tracked sources transferred as waste under a Uniform Low-Level Radioactive Waste Manifest, the waste manifest number and the container identification of the container with the nationally tracked source.

(3) Each licensee that receives a nationally tracked source shall complete and submit a National Source Tracking Transaction Report. The report must include the following information:

(a) The name, address, and license number of the reporting licensee;

(b) The name of the individual preparing the report;

(c) The name, address, and license number of the person that provided the source;

(d) The manufacturer, model, and serial number of the source or, if not available, other information to uniquely identify the source;

(e) The radioactive material in the source;

(f) The initial or current source strength in becquerels (curies);

(g) The date for which the source strength is reported;

(h) The date of receipt; and

(i) For material received under a Uniform Low-Level Radioactive Waste Manifest, the waste manifest number and the container identification with the nationally tracked source.

(4) Each licensee that disassembles a nationally tracked source shall complete and submit a National Source Tracking

Transaction Report. The report must include the following information:

(a) The name, address, and license number of the reporting licensee;

(b) The name of the individual preparing the report;

(c) The manufacturer, model, and serial number of the source or, if not available, other information to uniquely identify the source;

(d) The radioactive material in the source;

(e) The initial or current source strength in becquerels (curies);

(f) The date for which the source strength is reported;

(g) The disassemble date of the source.

(5) Each licensee who disposes of a nationally tracked source shall complete and submit a National Source Tracking Transaction Report. The report must include the following information:

(a) The name, address, and license number of the reporting licensee;

(b) The name of the individual preparing the report;

(c) The waste manifest number;

(d) The container identification with the nationally tracked source;

(e) The date of disposal; and

(f) The method of disposal.

(6) The reports discussed in subsections (1) through (5) of this section must be submitted by the close of the next business day after the transaction. A single report may be submitted for multiple sources and transactions. The reports must be submitted to the National Source Tracking System by using:

(a) The on-line National Source Tracking System;

(b) Electronically using a computer-readable format;

(c) By facsimile;

(d) By mail to the address on the National Source Tracking Transaction Report Form (NRC Form 748); or

(e) By telephone with follow-up by facsimile or mail.

(7) Each licensee shall correct any error in previously filed reports or file a new report for any missed transaction within five business days of the discovery of the error or missed transaction. Such errors may be detected by a variety of methods such as administrative reviews or by physical inventories required by regulation. In addition, each licensee shall reconcile the inventory of nationally tracked sources possessed by the licensee against that licensee's data in the National Source Tracking System. The reconciliation must be conducted during the month of January in each year. The reconciliation process must include resolving any discrepancies between the National Source Tracking System and the actual inventory by filing the reports identified by subsections (1) through (5) of this section. By January 31, of each year, each licensee must submit to the National Source Tracking System confirmation that the data in the National Source Tracking System is correct.

(8) Each licensee that possesses Category 1 or 2 nationally tracked sources shall report its initial inventory of Category 1 or 2 nationally tracked sources to the National Source Tracking System by January 31, 2009. The information may be submitted by using any of the methods identified in subsection (6)(a) through (d) of this section. The initial inventory report shall include the following information:

(a) The name, address, and license number of the reporting licensee;

(b) The name of the individual preparing the report;

(c) The manufacturer, model, and serial number of each nationally tracked source or, if not available, other information to uniquely identify the source;

(d) The radioactive material in the sealed source;

(e) The initial or current source strength in becquerels (curies); and

(f) The date for which the source strength is reported.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-221-235, filed 2/18/09, effective 3/21/09.]

WAC 246-221-236 Nationally tracked source thresholds. The Terabecquerel (TBq) values are the regulatory standard. The curie (Ci) values specified are obtained by converting from the TBq value. The curie values are provided for practical usefulness only and are rounded after conversion.

Radioactive Material	Category 1 (TBq)	Category 1 (Ci)	Category 2 (TBq)	Category 2 (Ci)
Actinium-227	20	540	0.2	5.4
Americium-241	60	1,600	0.6	16
Americium-241/Be	60	1,600	0.6	16
Californium-252	20	540	0.2	5.4
Cobalt-60	30	810	0.3	8.1
Cesium-137	100	2,700	1	27
Curium-244	50	1,400	0.5	14
Gadolinium-153	1,000	27,000	10	270
Iridium-192	80	2,200	0.8	22
Plutonium-238	60	1,600	0.6	16
Plutonium-239/Be	60	1,600	0.6	16
Polonium-210	60	1,600	0.6	16
Promethium-147	40,000	1,100,000	400	11,000
Radium-226	40	1,100	0.4	11
Selenium-75	200	5,400	2	54
Strontium-90	1,000	27,000	10	270
Thorium-228	20	540	0.2	5.4

Radioactive Material	Category 1 (TBq)	Category 1 (Ci)	Category 2 (TBq)	Category 2 (Ci)
Thorium-229	20	540	0.2	5.4
Thulium-170	20,000	540,000	200	5,400
Ytterbium-169	300	8,100	3	81

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-221-236, filed 2/18/09, effective 3/21/09.]

WAC 246-221-290 Appendix A—Annual limits on intake (ALI) and derived air concentrations (DAC) of radionuclides for occupational exposure; effluent concentrations; concentrations for release to sanitary sewerage. For each radionuclide, Table I indicates the chemical form which is to be used for selecting the appropriate ALI or DAC value. The ALIs and DACs for inhalation are given for an aerosol with an activity median aerodynamic diameter (AMAD) of 1 μm (micron) and for three classes (D,W,Y) of radioactive material, which refer to their retention (approximately days, weeks or years) in the pulmonary region of the lung. This classification applies to a range of clearance half-times for D if less than ten days, for W from ten to one hundred days, and for Y greater than one hundred days. Table II provides concentration limits for airborne and liquid effluents released to the general environment. Table III provides concentration limits for discharges to sanitary sewerage.

Note: The values in Tables I, II, and III are presented in the computer "E" notation. In this notation a value of 6E-02 represents a value of 6×10^{-2} or 0.06, 6E+2 represents 6×10^{2} or 600, and 6E+0 represents 6×10^{0} or 6.

Table I "Occupational Values"

Note that the columns in Table I of this appendix captioned "Oral Ingestion ALI," "Inhalation ALI," and "DAC," are applicable to occupational exposure to radioactive material.

The ALIs in this appendix are the annual intakes of given radionuclide by "Reference Man" which would result in either: A committed effective dose equivalent of 0.05 Sv (5 rem), stochastic ALI; or a committed dose equivalent of 0.5 Sv (50 rem) to an organ or tissue, nonstochastic ALI. The stochastic ALIs were derived to result in a risk, due to irradiation of organs and tissues, comparable to the risk associated with deep dose equivalent to the whole body of 0.05 Sv (5 rem). The derivation includes multiplying the committed dose equivalent to an organ or tissue by a weighting factor, w_T. This weighting factor is the proportion of the risk of stochastic effects resulting from irradiation of the organ or tissue, T, to the total risk of stochastic effects when the whole body is irradiated uniformly. The values of w_T are listed under the definition of weighting factor in WAC 246-221-005. The nonstochastic ALIs were derived to avoid nonstochastic effects, such as prompt damage to tissue or reduction in organ function.

A value of $w_T = 0.06$ is applicable to each of the five organs or tissues in the "remainder" category receiving the highest dose equivalents, and the dose equivalents of all other remaining tissues may be disregarded. The following portions of the GI tract — stomach, small intestine, upper large intestine, and lower large intestine — are to be treated as four separate organs.

Note that the dose equivalents for an extremity, elbows, arms below the elbows, feet and lower legs, knees, and legs below the knees, skin, and lens of the eye are not considered in computing the committed effective dose equivalent, but are subject to limits that must be met separately.

When an ALI is defined by the stochastic dose limit, this value alone is given. When an ALI is determined by the nonstochastic dose limit to an organ, the organ or tissue to which the limit applies is shown, and the ALI for the stochastic limit is shown in parentheses. Abbreviated organ or tissue designations are used:

LLI wall = lower large intestine wall;
St. wall = stomach wall;
Blad wall = bladder wall; and
Bone surf = bone surface.

The use of the ALIs listed first, the more limiting of the stochastic and nonstochastic ALIs, will ensure that nonstochastic effects are avoided and that the risk of stochastic effects is limited to an acceptably low value. If, in a particular situation involving a radionuclide for which the nonstochastic ALI is limiting, use of that nonstochastic ALI is considered unduly conservative, the licensee may use the stochastic ALI to determine the committed effective dose equivalent. However, the licensee shall also ensure that the 0.5 Sv (50 rem) dose equivalent limit for any organ or tissue is not exceeded by the sum of the external deep dose equivalent plus the internal committed dose equivalent to that organ, not the effective dose. For the case where there is no external dose contribution, this would be demonstrated if the sum of the fractions of the nonstochastic ALIs (ALI_{ns}) that contribute to the committed dose equivalent to the organ receiving the highest dose does not exceed unity, that is, $\sum$ (intake (in μCi) of each radionuclide/ALI_{ns}) ≤ 1.0. If there is an external deep dose equivalent contribution of H_d, then this sum must be less than $1 - (H_d/50)$, instead of ≤ 1.0.

The derived air concentration (DAC) values are derived limits intended to control chronic occupational exposures. The relationship between the DAC and the ALI is given by:

DAC = ALI (in μCi)/(2000 hours per working year x 60 minutes/hour x 2 x 10^4 ml per minute) = [ALI/2.4 x 10^9] μCi/ml,
where 2 x 10^4 ml per minute is the volume of air breathed per minute at work by Reference Man under working conditions of light work.

The DAC values relate to one of two modes of exposure: Either external submersion or the internal committed dose

equivalents resulting from inhalation of radioactive materials. DACs based upon submersion are for immersion in a semi-infinite cloud of uniform concentration and apply to each radionuclide separately.

The ALI and DAC values include contributions to exposure by the single radionuclide named and any in-growth of daughter radionuclides produced in the body by decay of the parent. However, intakes that include both the parent and daughter radionuclides should be treated by the general method appropriate for mixtures.

The values of ALI and DAC do not apply directly when the individual both ingests and inhales a radionuclide, when the individual is exposed to a mixture of radionuclides by either inhalation or ingestion or both, or when the individual is exposed to both internal and external irradiation. See WAC 246-221-015. When an individual is exposed to radioactive materials which fall under several of the translocation classifications of the same radionuclide, such as, Class D, Class W, or Class Y, the exposure may be evaluated as if it were a mixture of different radionuclides.

It should be noted that the classification of a compound as Class D, W, or Y is based on the chemical form of the compound and does not take into account the radiological half-life of different radionuclides. For this reason, values are given for Class D, W, and Y compounds, even for very short-lived radionuclides.

Table II "Effluent Concentrations"

The columns in Table II of this appendix captioned "Effluents," "Air" and "Water" are applicable to the assessment and control of dose to the public, particularly in the implementation of the provisions of WAC 246-221-070. The concentration values given in Columns 1 and 2 of Table II are equivalent to the radionuclide concentrations which, if inhaled or ingested continuously over the course of a year, would produce a total effective dose equivalent of 0.50 mSv (0.05 rem).

Consideration of nonstochastic limits has not been included in deriving the air and water effluent concentration limits because nonstochastic effects are presumed not to occur at or below the dose levels established for individual members of the public. For radionuclides, where the nonstochastic limit was governing in deriving the occupational DAC, the stochastic ALI was used in deriving the corresponding airborne effluent limit in Table II. For this reason, the DAC and airborne effluent limits are not always proportional as was the case in the previous Appendix A of this chapter.

The air concentration values listed in Table II, Column 1 were derived by one of two methods. For those radionuclides for which the stochastic limit is governing, the occupational stochastic inhalation ALI was divided by 2.4×10^9, relating the inhalation ALI to the DAC, as explained above, and then divided by a factor of three hundred. The factor of three hundred includes the following components: A factor of fifty to relate the 0.05 Sv (5 rem) annual occupational dose limit to the 1 mSv (0.1 rem) limit for members of the public, a factor of three to adjust for the difference in exposure time and the inhalation rate for a worker and that for members of the public; and a factor of two to adjust the occupational values, derived for adults, so that they are applicable to other age groups.

For those radionuclides for which submersion, that is external dose, is limiting, the occupational DAC in Table I, Column 3 was divided by two hundred nineteen. The factor of two hundred nineteen is composed of a factor of fifty, as described above, and a factor of 4.38 relating occupational exposure for two thousand hours per year to full-time exposure (eight thousand seven hundred sixty hours per year). Note that an additional factor of two for age considerations is not warranted in the submersion case.

The water concentrations were derived by taking the most restrictive occupational stochastic oral ingestion ALI and dividing by 7.3×10^7. The factor of 7.3×10^7 (ml) includes the following components: The factors of fifty and two described above and a factor of 7.3×10^5 (ml) which is the annual water intake of Reference Man.

Note 2 of this appendix provides groupings of radionuclides which are applicable to unknown mixtures of radionuclides. These groupings, including occupational inhalation ALIs and DACs, air and water effluent concentrations and releases to sewer, require demonstrating that the most limiting radionuclides in successive classes are absent. The limit for the unknown mixture is defined when the presence of one of the listed radionuclides cannot be definitely excluded as being present either from knowledge of the radionuclide composition of the source or from actual measurements.

Table III "Releases to Sewers"

The monthly average concentrations for release to sanitary sewerage are applicable to the provisions in WAC 246-221-190. The concentration values were derived by taking the most restrictive occupational stochastic oral ingestion ALI and dividing by 7.3×10^6 (ml). The factor of 7.3×10^6 (ml) is composed of a factor of 7.3×10^5 (ml), the annual water intake by Reference Man, and a factor of ten, such that the concentrations, if the sewage released by the licensee were the only source of water ingested by a Reference Man during a year, would result in a committed effective dose equivalent of 5 mSv (0.5 rem).

LIST OF ELEMENTS

Name	Symbol	Atomic Number	Name	Symbol	Atomic Number
Actinium	Ac	89	Molybdenum	Mo	42
Aluminum	Al	13	Neodymium	Nd	60
Americium	Am	95	Neptunium	Np	93
Antimony	Sb	51	Nickel	Ni	28

LIST OF ELEMENTS

Name	Symbol	Atomic Number	Name	Symbol	Atomic Number
Argon	Ar	18	Nitrogen	N	7
Arsenic	As	33	Niobium	Nb	41
Astatine	At	85	Osmium	Os	76
Barium	Ba	56	Oxygen	O	8
Berkelium	Bk	97	Palladium	Pd	46
Beryllium	Be	4	Phosphorus	P	15
Bismuth	Bi	83	Platinum	Pt	78
Bromine	Br	35	Plutonium	Pu	94
Cadmium	Cd	48	Polonium	Po	84
Calcium	Ca	20	Potassium	K	19
Californium	Cf	98	Praseodymium	Pr	59
Carbon	C	6	Promethium	Pm	61
Cerium	Ce	58	Protactinium	Pa	91
Cesium	Cs	55	Radium	Ra	88
Chlorine	Cl	17	Radon	Rn	86
Chromium	Cr	24	Rhenium	Re	75
Cobalt	Co	27	Rhodium	Rh	45
Copper	Cu	29	Rubidium	Rb	37
Curium	Cm	96	Ruthenium	Ru	44
Dysprosium	Dy	66	Samarium	Sm	62
Einsteinium	Es	99	Scandium	Sc	21
Erbium	Er	68	Selenium	Se	34
Europium	Eu	63	Silicon	Si	14
Fermium	Fm	100	Silver	Ag	47
Fluorine	F	9	Sodium	Na	11
Francium	Fr	87	Strontium	Sr	38
Gadolinium	Gd	64	Sulfur	S	16
Gallium	Ga	31	Tantalum	Ta	73
Germanium	Ge	32	Technetium	Tc	43
Gold	Au	79	Tellurium	Te	52
Hafnium	Hf	72	Terbium	Tb	65
Holmium	Ho	67	Thallium	Tl	81
Hydrogen	H	1	Thorium	Th	90
Indium	In	49	Thulium	Tm	69
Iodine	I	53	Tin	Sn	50
Iridium	Ir	77	Titanium	Ti	22
Iron	Fe	26	Tungsten	W	74
Krypton	Kr	36	Uranium	U	92
Lanthanum	La	57	Vanadium	V	23
Lead	Pb	82	Xenon	Xe	54
Lutetium	Lu	71	Ytterbium	Yb	70
Magnesium	Mg	12	Yttrium	Y	39
Manganese	Mn	25	Zinc	Zn	30
Mendelevium	Md	101	Zirconium	Zr	40
Mercury	Hg	80			

			Table 1 Occupational Values			Table II Effluent Concentration		Table III Releases to Sewers
			Col. 1	Col. 2	Col. 3	Col. 1	Col. 2	
			Oral Ingestion	Inhalation				Monthly Average Concentration
Atomic No.	Radionuclide	Class	ALI µCi	ALI µCi	DAC µCi/ml	Air µCi/ml	Water µCi/ml	µCi/ml
1	Hydrogen-3	Water, DAC includes skin absorption	8E+4	8E+4	2E-5	1E-7	1E-3	1E-2

Gas (HT or T_2) Submersion[1]: Use above values as HT and T_2 oxidize in air and in the body to HTO.

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
4	Beryllium-7	W, all compounds except those given for Y	4E+4	2E+4	9E-6	3E-8	6E-4	6E-3
		Y, oxides, halides, and nitrates	-	2E+4	8E-6	3E-8	-	-
4	Beryllium-10	W, see ^{7}Be	1E+3	2E+2	6E-8	2E-10	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		Y, see ^{7}Be	-	1E+1	6E-9	2E-11	-	-
6	Carbon-11[2]	Monoxide	-	1E+6	5E-4	2E-6	-	-
		Dioxide	-	6E+5	3E-4	9E-7	-	-
		Compounds	4E+5	4E+5	2E-4	6E-7	6E-3	6E-2
6	Carbon-14	Monoxide	-	2E+6	7E-4	2E-6	-	-
		Dioxide	-	2E+5	9E-5	3E-7	-	-
		Compounds	2E+3	2E+3	1E-6	3E-9	3E-5	3E-4
7	Nitrogen-13[2]	Submersion[1]	-	-	4E-6	2E-8	-	-
8	Oxygen-15[2]	Submersion[1]	-	-	4E-6	2E-8	-	-
9	Fluorine-18[2]	D, fluorides of H, Li, Na, K, Rb, Cs, and Fr	5E+4	7E+4	3E-5	1E-7	-	-
			St wall (5E+4)	-	-	-	7E-4	7E-3
		W, fluorides of Be, Mg, Ca, Sr, Ba, Ra, Al, Ga, In, Tl, As, Sb, Bi, Fe, Ru, Os, Co, Ni, Pd, Pt, Cu, Ag, Au, Zn, Cd, Hg, Sc, Y, Ti, Zr, V, Nb, Ta, Mn, Tc, and Re Y, lanthanum fluoride	-	9E+4	4E-5	1E-7	-	-
			-	8E+4	3E-5	1E-7	-	-
11	Sodium-22	D, all compounds	4E+2	6E+2	3E-7	9E-10	6E-6	6E-5
11	Sodium-24	D, all compounds	4E+3	5E+3	2E-6	7E-9	5E-5	5E-4
12	Magnesium-28	D, all compounds except those given for W	7E+2	2E+3	7E-7	2E-9	9E-6	9E-5
		W, oxides, hydroxides, carbides, halides, and nitrates	-	1E+3	5E-7	2E-9	-	-
13	Aluminum-26	D, all compounds except those given for W	4E+2	6E+1	3E-8	9E-11	6E-6	6E-5
		W, oxides, hydroxides, carbides, halides, and nitrates	-	9E+1	4E-8	1E-10	-	-
14	Silicon-31	D, all compounds except those given for W and Y	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, oxides, hydroxides, carbides, and nitrates Y, aluminosilicate	-	3E+4	1E-5	5E-8	-	-
		glass	-	3E+4	1E-5	4E-8	-	-
14	Silicon-32	D, see ^{31}Si	2E+3	2E+2	1E-7	3E-10	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
		W, see ^{31}Si	-	1E+2	5E-8	2E-10	-	-
		Y, see ^{31}Si	-	5E+0	2E-9	7E-12	-	-
15	Phosphorus-32	D, all compounds except phosphates given for W	6E+2	9E+2	4E-7	1E-9	9E-6	9E-5
		W, phosphates of Zn^{2+}, S^{3+}, Mg^{2+}, Fe^{3+}, Bi^{3+}, and lanthanides	-	4E+2	2E-7	5E-10	-	-
15	Phosphorus-33	D, see ^{32}P	6E+3	8E+3	4E-6	1E-8	8E-5	8E-4
		W, see ^{32}P	-	3E+3	1E-6	4E-9	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Table 1 Occupational Values Col. 2 Inhalation ALI µCi	Table 1 Occupational Values Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Table II Effluent Concentration Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
16	Sulfur-35	Vapor	-	1E+4	6E-6	2E-8	-	-
		D, sulfides and sulfates except those given for W	1E+4	2E+4	7E-6	2E-8	-	-
			LLI wall (8E+3)	-	-	-	1E-4	1E-3
		W, elemental sulfur, sulfides of Sr, Ba, Ge, Sn, Pb, As, Sb, Bi, Cu, Ag, Au, Zn, Cd, Hg, W, and Mo.	6E+3					
		Sulfates of Ca, Sr, Ba, Ra, As, Sb, and Bi	-	2E+3	9E-7	3E-9	-	-
17	Chlorine-36	D, chlorides of H, Li, Na, K, Rb, Cs, and Fr	2E+3	2E+3	1E-6	3E-9	2E-5	2E-4
		W, chlorides of lanthanides, Be, Mg, Ca, Sr, Ba, Ra, Al, Ga, In, Tl, Ge, Sn, Pb, As, Sb, Bi, Fe, Ru, Os, Co, Rh, Ir, Ni, Pd, Pt, Cu, Ag, Au, Zn, Cd, Hg, Sc, Y, Ti, Zr, Hf, V, Nb, Ta, Cr, Mo, W, Mn, Tc, and Re	-	2E+2	1E-7	3E-10	-	-
17	Chlorine-38[2]	D, see ^{36}Cl	2E+4	4E+4	2E-5	6E-8	-	-
			St wall (3E+4)	-	-	-	3E-4	3E-3
		W, see ^{36}Cl	-	5E+4	2E-5	6E-8	-	-
17	Chlorine-39[2]	D, see ^{36}Cl	2E+4	5E+4	2E-5	7E-8	-	-
			St wall (4E+4)	-	-	-	5E-4	5E-3
		W, see ^{36}Cl	-	6E+4	2E-5	8E-8	-	-
18	Argon-37	Submersion[1]	-	-	1E+0	6E-3	-	-
18	Argon-39	Submersion[1]	-	-	2E-4	8E-7	-	-
18	Argon-41	Submersion[1]	-	-	3E-6	1E-8	-	-
19	Potassium-40	D, all compounds	3E+2	4E+2	2E-7	6E-10	4E-6	4E-5
19	Potassium-42	D, all compounds	5E+3	5E+3	2E-6	7E-9	6E-5	6E-4
19	Potassium-43	D, all compounds	6E+3	9E+3	4E-6	1E-8	9E-5	9E-4
19	Potassium-44[2]	D, all compounds	2E+4	7E+4	3E-5	9E-8	-	-
			St wall (4E+4)	-	-	-	5E-4	5E-3
19	Potassium-45[2]	D, all compounds	3E+4	1E+5	5E-5	2E-7	-	-
			St wall (5E+4)	-	-	-	7E-4	7E-3
20	Calcium-41	W, all compounds	3E+3	4E+3	2E-6	-	-	-
			Bone surf (4E+3)	Bone surf (4E+3)	-	5E-9	6E-5	6E-4
20	Calcium-45	W, all compounds	2E+3	8E+2	4E-7	1E-9	2E-5	2E-4
20	Calcium-47	W, all compounds	8E+2	9E+2	4E-7	1E-9	1E-5	1E-4
21	Scandium-43	Y, all compounds	7E+3	2E+4	9E-6	3E-8	1E-4	1E-3
21	Scandium-44m	Y, all compounds	5E+2	7E+2	3E-7	1E-9	7E-6	7E-5
21	Scandium-44	Y, all compounds	4E+3	1E+4	5E-6	2E-8	5E-5	5E-4
21	Scandium-46	Y, all compounds	9E+2	2E+2	1E-7	3E-10	1E-5	1E-4

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
21	Scandium-47	Y, all compounds	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
21	Scandium-48	Y, all compounds	8E+2	1E+3	6E-7	2E-9	1E-5	1E-4
21	Scandium-49[2]	Y, all compounds	2E+4	5E+4	2E-5	8E-8	3E-4	3E-3
22	Titanium-44	D, all compounds except those given for W and Y	3E+2	1E+1	5E-9	2E-11	4E-6	4E-5
		W, oxides, hydroxides, carbides, halides, and nitrates	-	3E+1	1E-8	4E-11	-	-
		Y, SrTi0	-	6E+0	2E-9	8E-12	-	-
22	Titanium-45	D, see ^{44}Ti	9E+3	3E+4	1E-5	3E-8	1E-4	1E-3
		W, see ^{44}Ti	-	4E+4	1E-5	5E-8	-	-
		Y, see ^{44}Ti	-	3E+4	1E-5	4E-8	-	-
23	Vanadium-472	D, all compounds except those given for W	3E+4	8E+4	3E-5	1E-7	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		W, oxides, hydroxides, carbides, and halides	-	1E+5	4E-5	1E-7	-	-
23	Vanadium-48	D, see ^{47}V	6E+2	1E+3	5E-7	2E-9	9E-6	9E-5
		W, see ^{47}V	-	6E+2	3E-7	9E-10	-	-
23	Vanadium-49	D, see ^{47}V	7E+4	3E+4	1E-5	-	-	-
			LLI wall (9E+4)	Bone surf (3E+4)	-	5E-8	1E-3	1E-2
		W, see ^{47}V	-	2E+4	8E-6	2E-8	-	-
24	Chromium-48	D, all compounds except those given for W and Y	6E+3	1E+4	5E-6	2E-8	8E-5	8E-4
		W, halides and nitrates	-	7E+3	3E-6	1E-8	-	-
		Y, oxides and hydroxides	-	7E+3	3E-6	1E-8	-	-
24	Chromium-49[2]	D, see ^{48}Cr	3E+4	8E+4	4E-5	1E-7	4E-4	4E-3
		W, see ^{48}Cr	-	1E+5	4E-5	1E-7	-	-
		Y, see ^{48}Cr	-	9E+4	4E-5	1E-7	-	-
24	Chromium-51	D, see ^{48}Cr	4E+4	5E+4	2E-5	6E-8	5E-4	5E-3
		W, see ^{48}Cr	-	2E+4	1E-5	3E-8	-	-
		Y, see ^{48}Cr	-	2E+4	8E-6	3E-8	-	-
25	Manganese-51[2]	D, all compounds except those given for W	2E+4	5E+4	2E-5	7E-8	3E-4	3E-3
		W, oxides, hydroxides, halides, and nitrates	-	6E+4	3E-5	8E-8	-	-
25	Manganese-52m[2]	D, see ^{51}Mn	3E+4	9E+4	4E-5	1E-7	-	-
			St wall (4E+4)	-	-	-	5E-4	5E-3
		W, see ^{51}Mn	-	1E+5	4E-5	1E-7	-	-
25	Manganese-52	D, see ^{51}Mn	7E+2	1E+3	5E-7	2E-9	1E-5	1E-4
		W, see ^{51}Mn	-	9E+2	4E-7	1E-9	-	-
25	Manganese-53	D, see ^{51}Mn	5E+4	1E+4	5E-6	-	7E-4	7E-3
			-	Bone surf (2E+4)	-	3E-8	-	-
		W, see ^{51}Mn	-	1E+4	5E-6	2E-8	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
25	Manganese-54	D, see ^{51}Mn	2E+3	9E+2	4E-7	1E-9	3E-5	3E-4
		W, see ^{51}Mn	-	8E+2	3E-7	1E-9	-	-
25	Manganese-56	D, see ^{51}Mn	5E+3	2E+4	6E-6	2E-8	7E-5	7E-4
		W, see ^{51}Mn	-	2E+4	9E-6	3E-8	-	-
26	Iron-52	D, all compounds except those given for W	9E+2	3E+3	1E-6	4E-9	1E-5	1E-4
		W, oxides, hydroxides, and halides	-	2E+3	1E-6	3E-9	-	-
26	Iron-55	D, see ^{52}Fe	9E+3	2E+3	8E-7	3E-9	1E-4	1E-3
		W, see ^{52}Fe	-	4E+3	2E-6	6E-9	-	-
26	Iron-59	D, see ^{52}Fe	8E+2	3E+2	1E-7	5E-10	1E-5	1E-4
		W, see ^{52}Fe	-	5E+2	2E-7	7E-10	-	-
26	Iron-60	D, see ^{52}Fe	3E+1	6E+0	3E-9	9E-12	4E-7	4E-6
		W, see ^{52}Fe	-	2E+1	8E-9	3E-11	-	-
27	Cobalt-55	W, all compounds except those given for Y	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		Y, oxides, hydroxides, halides, and nitrates	-	3E+3	1E-6	4E-9	-	-
27	Cobalt-56	W, see ^{55}Co	5E+2	3E+2	1E-7	4E-10	6E-6	6E-5
		Y, see ^{55}Co	4E+2	2E+2	8E-8	3E-10	-	-
27	Cobalt-57	W, see ^{55}Co	8E+3	3E+3	1E-6	4E-9	6E-5	6E-4
		Y, see ^{55}Co	4E+3	7E+2	3E-7	9E-10	-	-
27	Cobalt-58m	W, see ^{55}Co	6E+4	9E+4	4E-5	1E-7	8E-4	8E-3
		Y, see ^{55}Co	-	6E+4	3E-5	9E-8	-	-
27	Cobalt-58	W, see ^{55}Co	2E+3	1E+3	5E-7	2E-9	2E-5	2E-4
		Y, see ^{55}Co	1E+3	7E+2	3E-7	1E-9	-	-
27	Cobalt-60m[2]	W, see ^{55}Co	1E+6	4E+6	2E-3	6E-6	-	-
			St wall (1E+6)	-	-	-	2E-2	2E-1
		Y, see ^{55}Co	-	3E+6	1E-3	4E-6	-	-
27	Cobalt-60	W, see ^{55}Co	5E+2	2E+2	7E-8	2E-10	3E-6	3E-5
		Y, see ^{55}Co	2E+2	3E+1	1E-8	5E-11	-	-
27	Cobalt-61[2]	W, see ^{55}Co	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		Y, see ^{55}Co	2E+4	6E+4	2E-5	8E-8	-	-
27	Cobalt-62m[2]	W, see ^{55}Co	4E+4	2E+5	7E-5	2E-7	-	-
			St wall (5E+4)	-	-	-	7E-4	7E-3
		Y, see ^{55}Co	-	2E+5	6E-5	2E-7	-	-
28	Nickel-56	D, all compounds except those given for W	1E+3	2E+3	8E-7	3E-9	2E-5	2E-4
		W, oxides, hydroxides, and carbides	-	1E+3	5E-7	2E-9	-	-
		Vapor	-	1E+3	5E-7	2E-9	-	-
28	Nickel-57	D, see ^{56}Ni	2E+3	5E+3	2E-6	7E-9	2E-5	2E-4
		W, see ^{56}Ni	-	3E+3	1E-6	4E-9	-	-
		Vapor	-	6E+3	3E-6	9E-9	-	-
28	Nickel-59	D, see ^{56}Ni	2E+4	4E+3	2E-6	5E-9	3E-4	3E-3
		W, see ^{56}Ni	-	7E+3	3E-6	1E-8	-	-
		Vapor	-	2E+3	8E-7	3E-9	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
28	Nickel-63	D, see ^{56}Ni	9E+3	2E+3	7E-7	2E-9	1E-4	1E-3
		W, see ^{56}Ni	-	3E+3	1E-6	4E-9	-	-
		Vapor	-	8E+2	3E-7	1E-9	-	-
28	Nickel-65	D, see ^{56}Ni	8E+3	2E+4	1E-5	3E-8	1E-4	1E-3
		W, see ^{56}Ni	-	3E+4	1E-5	4E-8	-	-
		Vapor	-	2E+4	7E-6	2E-8	-	-
28	Nickel-66	D, see ^{56}Ni	4E+2	2E+3	7E-7	2E-9	-	-
			LLI wall (5E+2)	-	-	-	6E-6	6E-5
		W, see ^{56}Ni	-	6E+2	3E-7	9E-10	-	-
		Vapor	-	3E+3	1E-6	4E-9	-	-
29	Copper-60[2]	D, all compounds except those given for W and Y	3E+4	9E+4	4E-5	1E-7	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		W, sulfides, halides, and nitrates	-	1E+5	5E-5	2E-7	-	-
		Y, oxides and hydroxides	-	1E+5	4E-5	1E-7	-	-
29	Copper-61	D, see ^{60}Cu	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
		W, see ^{60}Cu	-	4E+4	2E-5	6E-8	-	-
		Y, see ^{60}Cu	-	4E+4	1E-5	5E-8	-	-
29	Copper-64	D, see ^{60}Cu	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
		W, see ^{60}Cu	-	2E+4	1E-5	3E-8	-	-
		Y, see ^{60}Cu	-	2E+4	9E-6	3E-8	-	-
29	Copper-67	D, see ^{60}Cu	5E+3	8E+3	3E-6	1E-8	6E-5	6E-4
		W, see ^{60}Cu	-	5E+3	2E-6	7E-9	-	-
		Y, see ^{60}Cu	-	5E+3	2E-6	6E-9	-	-
30	Zinc-62	Y, all compounds	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
30	Zinc-63[2]	Y, all compounds	2E+4	7E+4	3E-5	9E-8	-	-
			St wall (3E+4)	-	-	-	3E-4	3E-3
30	Zinc-65	Y, all compounds	4E+2	3E+2	1E-7	4E-10	5E-6	5E-5
30	Zinc-69m	Y, all compounds	4E+3	7E+3	3E-6	1E-8	6E-5	6E-4
30	Zinc-69[2]	Y, all compounds	6E+4	1E+5	6E-5	2E-7	8E-4	8E-3
30	Zinc-71m	Y, all compounds	6E+3	2E+4	7E-6	2E-8	8E-5	8E-4
30	Zinc-72	Y, all compounds	1E+3	1E+3	5E-7	2E-9	1E-5	1E-4
31	Gallium-65[2]	D, all compounds except those given for W	5E+4	2E+5	7E-5	2E-7	-	-
			St wall (6E+4)	-	-	-	9E-4	9E-3
		W, oxides, hydroxides, carbides, halides, and nitrates	-	2E+5	8E-5	3E-7	-	-
31	Gallium-66	D, see ^{65}Ga	1E+3	4E+3	1E-6	5E-9	1E-5	1E-4
		W, see ^{65}Ga	-	3E+3	1E-6	4E-9	-	-
31	Gallium-67	D, see ^{65}Ga	7E+3	1E+4	6E-6	2E-8	1E-4	1E-3
		W, see ^{65}Ga	-	1E+4	4E-6	1E-8	-	-
31	Gallium-68[2]	D, see ^{65}Ga	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{65}Ga	-	5E+4	2E-5	7E-8	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Table 1 Occupational Values Col. 2 Inhalation ALI µCi	Table 1 Occupational Values Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Table II Effluent Concentration Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
31	Gallium-70[2]	D, see ^{65}Ga	5E+4	2E+5	7E-5	2E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
		W, see ^{65}Ga	-	2E+5	8E-5	3E-7	-	-
31	Gallium-72	D, see ^{65}Ga	1E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		W, see ^{65}Ga	-	3E+3	1E-6	4E-9	-	-
31	Gallium-73	D, see ^{65}Ga	5E+3	2E+4	6E-6	2E-8	7E-5	7E-4
		W, see ^{65}Ga	-	2E+4	6E-6	2E-8	-	-
32	Germanium-66	D, all compounds except those given for W	2E+4	3E+4	1E-5	4E-8	3E-4	3E-3
		W, oxides, sulfides, and halides	-	2E+4	8E-6	3E-8	-	-
32	Germanium-67[2]	D, see ^{66}Ge	3E+4	9E+4	4E-5	1E-7	-	-
			St wall (4E+4)	-	-	-	6E-4	6E-3
		W, see ^{66}Ge	-	1E+5	4E-5	1E-7	-	-
32	Germanium-68	D, see ^{66}Ge	5E+3	4E+3	2E-6	5E-9	6E-5	6E-4
		W, see ^{66}Ge	-	1E+2	4E-8	1E-10	-	-
32	Germanium-69	D, see ^{66}Ge	1E+4	2E+4	6E-6	2E-8	2E-4	2E-3
		W, see ^{66}Ge	-	8E+3	3E-6	1E-8	-	-
32	Germanium-71	D, see ^{66}Ge	5E+5	4E+5	2E-4	6E-7	7E-3	7E-2
		W, see ^{66}Ge	-	4E+4	2E-5	6E-8	-	-
32	Germanium-75[2]	D, see ^{66}Ge	4E+4	8E+4	3E-5	1E-7	-	-
			St wall (7E+4)	-	-	-	9E-4	9E-3
		W, see ^{66}Ge	-	8E+4	4E-5	1E-7	-	-
32	Germanium-77	D, see ^{66}Ge	9E+3	1E+4	4E-6	1E-8	1E-4	1E-3
		W, see ^{66}Ge	-	6E+3	2E-6	8E-9	-	-
32	Germanium-78[2]	D, see ^{66}Ge	2E+4	2E+4	9E-6	3E-8	-	-
			St wall (2E+4)	-	-	-	3E-4	3E-3
		W, see ^{66}Ge	-	2E+4	9E-6	3E-8	-	-
33	Arsenic-69[2]	W, all compounds	3E+4	1E+5	5E-5	2E-7	-	-
			St wall (4E+4)	-	-	-	6E-4	6E-3
33	Arsenic-70[2]	W, all compounds	1E+4	5E+4	2E-5	7E-8	2E-4	2E-3
33	Arsenic-71	W, all compounds	4E+3	5E+3	2E-6	6E-9	5E-5	5E-4
33	Arsenic-72	W, all compounds	9E+2	1E+3	6E-7	2E-9	1E-5	1E-4
33	Arsenic-73	W, all compounds	8E+3	2E+3	7E-7	2E-9	1E-4	1E-3
33	Arsenic-74	W, all compounds	1E+3	8E+2	3E-7	1E-9	2E-5	2E-4
33	Arsenic-76	W, all compounds	1E+3	1E+3	6E-7	2E-9	1E-5	1E-4
33	Arsenic-77	W, all compounds	4E+3	5E+3	2E-6	7E-9	-	-
			LLI wall (5E+3)	-	-	-	6E-5	6E-4
33	Arsenic-78[2]	W, all compounds	8E+3	2E+4	9E-6	3E-8	1E-4	1E-3

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
34	Selenium-70[2]	D, all compounds except those given for W	2E+4	4E+4	2E-5	5E-8	1E-4	1E-3
		W, oxides, hydroxides, carbides, and elemental Se	1E+4	4E+4	2E-5	6E-8	-	-
34	Selenium-73m[2]	D, see ^{70}Se	6E+4	2E+5	6E-5	2E-7	4E-4	4E-3
		W, see ^{70}Se	3E+4	1E+5	6E-5	2E-7	-	-
34	Selenium-73	D, see ^{70}Se	3E+3	1E+4	5E-6	2E-8	4E-5	4E-4
		W, see ^{70}Se	-	2E+4	7E-6	2E-8	-	-
34	Selenium-75	D, see ^{70}Se	5E+2	7E+2	3E-7	1E-9	7E-6	7E-5
		W, see ^{70}Se	-	6E+2	3E-7	8E-10	-	-
34	Selenium-79	D, see ^{70}Se	6E+2	8E+2	3E-7	1E-9	8E-6	8E-5
		W, see ^{70}Se	-	6E+2	2E-7	8E-10	-	-
34	Selenium-81m[2]	D, see ^{70}Se	4E+4	7E+4	3E-5	9E-8	3E-4	3E-3
		W, see ^{70}Se	2E+4	7E+4	3E-5	1E-7	-	-
34	Selenium-81[2]	D, see ^{70}Se	6E+4	2E+5	9E-5	3E-7	-	-
			St wall (8E+4)	-	-	-	1E-3	1E-2
		W, see ^{70}Se	-	2E+5	1E-4	3E-7	-	-
34	Selenium-83[2]	D, see ^{70}Se	4E+4	1E+5	5E-5	2E-7	4E-4	4E-3
		W, see ^{70}Se	3E+4	1E+5	5E-5	2E-7	-	-
35	Bromine-74m[2]	D, bromides of H, Li, Na, K, Rb, Cs, and Fr	1E+4	4E+4	2E-5	5E-8	-	-
			St wall (2E+4)	-	-	-	3E-4	3E-3
		W, bromides of lanthanides, Be, Mg, Ca, Sr, Ba, Ra, Al, Ga, In, Tl, Ge, Sn, Pb, As, Sb, Bi, Fe, Ru, Os, Co, Rh, Ir, Ni, Pd, Pt, Cu, Ag, Au, Zn, Cd, Hg, Sc, Y, Ti, Zr, Hf, V, Nb, Ta, Mn,Tc, and Re	-	4E+4	2E-5	6E-8	-	-
35	Bromine-74[2]	D, see ^{74m}Br	2E+4	7E+4	3E-5	1E-7	-	-
			St wall (4E+4)	-	-	-	5E-45E-3	-
		W, see ^{74m}Br	-	8E+4	4E-5	1E-7	-	-
35	Bromine-75[2]	D, see ^{74m}Br	3E+4	5E+4	2E-5	7E-8	-	-
			St wall (4E+4)	-	-	-	5E-4	5E-3
		W, see ^{74m}Br	-	5E+4	2E-5	7E-8	-	-
35	Bromine-76	D, see ^{74m}Br	4E+3	5E+3	2E-6	7E-9	5E-5	5E-4
		W, see ^{74m}Br	-	4E+3	2E-6	6E-9	-	-
35	Bromine-77	D, see ^{74m}Br	2E+4	2E+4	1E-5	3E-8	2E-4	2E-3
		W, see ^{74m}Br	-	2E+4	8E-6	3E-8	-	-
35	Bromine-80m	D, see ^{74m}Br	2E+4	2E+4	7E-6	2E-8	3E-4	3E-3
		W, see ^{74m}Br	-	1E+4	6E-6	2E-8	-	-
35	Bromine-80[2]	D, see ^{74m}Br	5E+4	2E+5	8E-5	3E-7	-	-
			St wall (9E+4)	-	-	-	1E-3	1E-2
		W, see ^{74m}Br	-	2E+5	9E-5	3E-7	-	-
35	Bromine-82	D, see ^{74m}Br	3E+3	4E+3	2E-6	6E-9	4E-5	4E-4
		W, see ^{74m}Br	-	4E+3	2E-6	5E-9	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
35	Bromine-83	D, see ^{74m}Br	5E+4	6E+4	3E-5	9E-8	-	-
			St wall (7E+4)	-	-	-	9E-4	9E-3
		W, see ^{74m}Br	-	6E+4	3E-5	9E-8	-	-
35	Bromine-84[2]	D, see ^{74m}Br	2E+4	6E+4	2E-5	8E-8	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		W, see ^{74m}Br	-	6E+4	3E-5	9E-8	-	-
36	Krypton-74[2]	Submersion[1]	-	-	3E-6	1E-8	-	-
36	Krypton-76	Submersion[1]	-	-	9E-6	4E-8	-	-
36	Krypton-77[2]	Submersion[1]	-	-	4E-6	2E-8	-	-
36	Krypton-79	Submersion[1]	-	-	2E-5	7E-8	-	-
36	Krypton-81	Submersion[1]	-	-	7E-4	3E-6	-	-
36	Krypton-83m[2]	Submersion[1]	-	-	1E-2	5E-5	-	-
36	Krypton-85m	Submersion[1]	-	-	2E-5	1E-7	-	-
36	Krypton-85	Submersion[1]	-	-	1E-4	7E-7	-	-
36	Krypton-87[2]	Submersion[1]	-	-	5E-6	2E-8	-	-
36	Krypton-88	Submersion[1]	-	-	2E-6	9E-9	-	-
37	Rubidium-79[2]	D, all compounds	4E+4	1E+5	5E-5	2E-7	-	-
			St wall (6E+4)	-	-	-	8E-4	8E-3
37	Rubidium-81m[2]	D, all compounds	2E+5	3E+5	1E-4	5E-7	-	-
			St wall (3E+5)	-	-	-	4E-3	4E-2
37	Rubidium-81	D, all compounds	4E+4	5E+4	2E-5	7E-8	5E-4	5E-3
37	Rubidium-82m	D, all compounds	1E+4	2E+4	7E-6	2E-8	2E-4	2E-3
37	Rubidium-83	D, all compounds	6E+2	1E+3	4E-7	1E-9	9E-6	9E-5
37	Rubidium-84	D, all compounds	5E+2	8E+2	3E-7	1E-9	7E-6	7E-5
37	Rubidium-86	D, all compounds	5E+2	8E+2	3E-7	1E-9	7E-6	7E-5
37	Rubidium-87	D, all compounds	1E+3	2E+3	6E-7	2E-9	1E-5	1E-4
37	Rubidium-88[2]	D, all compounds	2E+4	6E+4	3E-5	9E-8	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
37	Rubidium-89[2]	D, all compounds	4E+4	1E+5	6E-5	2E-7	-	-
			St wall (6E+4)	-	-	-	9E-4	9E-3
38	Strontium-80[2]	D, all soluble compounds except SrTiO	4E+3	1E+4	5E-6	2E-8	6E-5	6E-4
		Y, all insoluble compounds and SrTi0	-	1E+4	5E-6	2E-8	-	-
38	Strontium-81[2]	D, see ^{80}Sr	3E+4	8E+4	3E-5	1E-7	3E-4	3E-3
		Y, see ^{80}Sr	2E+4	8E+4	3E-5	1E-7	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
38	Strontium-82	D, see ^{80}Sr	3E+2	4E+2	2E-7	6E-10	-	-
			LLI wall (2E+2)	-	-	-	3E-6	3E-5
		Y, see ^{80}Sr	2E+2	9E+1	4E-8	1E-10	-	-
38	Strontium-83	D, see ^{80}Sr	3E+3	7E+3	3E-6	1E-8	3E-5	3E-4
		Y, see ^{80}Sr	2E+3	4E+3	1E-6	5E-9	-	-
38	Strontium-85m[2]	D, see ^{80}Sr	2E+5	6E+5	3E-4	9E-7	3E-3	3E-2
		Y, see ^{80}Sr	-	8E+5	4E-4	1E-6	-	-
38	Strontium-85	D, see ^{80}Sr	3E+3	3E+3	1E-6	4E-9	4E-5	4E-4
		Y, see ^{80}Sr	-	2E+3	6E-7	2E-9	-	-
38	Strontium-87m	D, see ^{80}Sr	5E+4	1E+5	5E-5	2E-7	6E-4	6E-3
		Y, see ^{80}Sr	4E+4	2E+5	6E-5	2E-7	-	-
38	Strontium-89	D, see ^{80}Sr	6E+2	8E+2	4E-7	1E-9	-	-
			LLI wall (6E+2)	-	-	-	8E-6	8E-5
		Y, see ^{80}Sr	5E+2	1E+2	6E-8	2E-10	-	-
38	Strontium-90	D, see ^{80}Sr	3E+1	2E+1	8E-9	-	-	-
			Bone surf (4E+1)	Bone surf (2E+1)	-	3E-11	5E-7	5E-6
		Y, see ^{80}Sr	-	4E+0	2E-9	6E-12	-	-
38	Strontium-91	D, see ^{80}Sr	2E+3	6E+3	2E-6	8E-9	2E-5	2E-4
		Y, see ^{80}Sr	-	4E+3	1E-6	5E-9	-	-
38	Strontium-92	D, see ^{80}Sr	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		Y, see ^{80}Sr	-	7E+3	3E-6	9E-9	-	-
39	Yttrium-86m[2]	W, all compounds except those given for Y	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
		Y, oxides and hydroxides	-	5E+4	2E-5	8E-8	-	-
39	Yttrium-86	W, see ^{86m}Y	1E+3	3E+3	1E-6	5E-9	2E-5	2E-4
		Y, see ^{86m}Y	-	3E+3	1E-6	5E-9	-	-
39	Yttrium-87	W, see ^{86m}Y	2E+3	3E+3	1E-6	5E-9	3E-5	3E-4
		Y, see ^{86m}Y	-	3E+3	1E-6	5E-9	-	-
39	Yttrium-88	W, see ^{86m}Y	1E+3	3E+2	1E-7	3E-10	1E-5	1E-4
		Y, see ^{86m}Y	-	2E+2	1E-7	3E-10	-	-
39	Yttrium-90m	W, see ^{86m}Y	8E+3	1E+4	5E-6	2E-8	1E-4	1E-3
		Y, see ^{86m}Y	-	1E+4	5E-6	2E-8	-	-
39	Yttrium-90	W, see ^{86m}Y	4E+2	7E+2	3E-7	9E-10	-	-
			LLI wall (5E+2)	-	-	-	7E-6	7E-5
		Y, see ^{86m}Y	-	6E+2	3E-7	9E-10	-	-
39	Yttrium-91m[2]	W, see ^{86m}Y	1E+5	2E+5	1E-4	3E-7	2E-3	2E-2
		Y, see ^{86m}Y	-	2E+5	7E-5	2E-7	-	-
39	Yttrium-91	W, see ^{86m}Y	5E+2	2E+2	7E-8	2E-10	-	-
			LLI wall (6E+2)	-	-	-	8E-6	8E-5
		Y, see ^{86m}Y	-	1E+2	5E-8	2E-10	-	-
39	Yttrium-92	W, see ^{86m}Y	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		Y, see ^{86m}Y	-	8E+3	3E-6	1E-8	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Table 1 Occupational Values Col. 2 Inhalation ALI µCi	Table 1 Occupational Values Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Table II Effluent Concentration Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
39	Yttrium-93	W, see ^{86m}Y	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		Y, see ^{86m}Y	-	2E+3	1E-6	3E-9	-	-
39	Yttrium-94[2]	W, see ^{86m}Y	2E+4	8E+4	3E-5	1E-7	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		Y, see ^{86m}Y	-	8E+4	3E-5	1E-7	-	-
39	Yttrium-95[2]	W, see ^{86m}Y	4E+4	2E+5	6E-5	2E-7	-	-
			St wall (5E+4)	-	-	-	7E-4	7E-3
		Y, see ^{86m}Y	-	1E+5	6E-5	2E-7	-	-
40	Zirconium-86	D, all compounds except those given for W and Y	1E+3	4E+3	2E-6	6E-9	2E-5	2E-4
		W, oxides, hydroxides, halides, and nitrates	-	3E+3	1E-6	4E-9	-	-
		Y, carbide	-	2E+3	1E-6	3E-9	-	-
40	Zirconium-88	D, see ^{86}Zr	4E+3	2E+2	9E-8	3E-10	5E-5	5E-4
		W, see ^{86}Zr	-	5E+2	2E-7	7E-10	-	-
		Y, see ^{86}Zr	-	3E+2	1E-7	4E-10	-	-
40	Zirconium-89	D, see ^{86}Zr	2E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		W, see ^{86}Zr	-	2E+3	1E-6	3E-9	-	-
		Y, see ^{86}Zr	-	2E+3	1E-6	3E-9	-	-
40	Zirconium-93	D, see ^{86}Zr	1E+3	6E+0	3E-9	-	-	-
			Bone surf (3E+3)	Bone surf (2E+1)	-	2E-11	4E-5	4E-4
		W, see ^{86}Zr	-	2E+1	1E-8	-	-	-
			-	Bone surf (6E+1)	-	9E-11	-	-
		Y, see ^{86}Zr	-	6E+1	2E-8	-	-	-
			-	Bone surf (7E+1)	-	9E-11	-	-
40	Zirconium-95	D, see ^{86}Zr	1E+3	1E+2	5E-8	-	2E-5	2E-4
			-	Bone surf (3E+2)	-	4E-10	-	-
		W, see ^{86}Zr	-	4E+2	2E-7	5E-10	-	-
		Y, see ^{86}Zr	-	3E+2	1E-7	4E-10	-	-
40	Zirconium-97	D, see ^{86}Zr	6E+2	2E+3	8E-7	3E-9	9E-6	9E-5
		W, see ^{86}Zr	-	1E+3	6E-7	2E-9	-	-
		Y, see ^{86}Zr	-	1E+3	5E-7	2E-9	-	-
41	Niobium-88[2]	W, all compounds except those given for Y	5E+4	2E+5	9E-5	3E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
		Y, oxides and hydroxides	-	2E+5	9E-5	3E-7	-	-
41	Niobium-89[2] (66 min)	W, see ^{88}Nb	1E+4	4E+4	2E-5	6E-8	1E-4	1E-3
		Y, see ^{88}Nb	-	4E+4	2E-5	5E-8	-	-
41	Niobium-89 (122 min)	W, see ^{88}Nb	5E+3	2E+4	8E-6	3E-8	7E-5	7E-4
		Y, see ^{88}Nb	-	2E+4	6E-6	2E-8	-	-
41	Niobium-90	W, see ^{88}Nb	1E+3	3E+3	1E-6	4E-9	1E-5	1E-4
		Y, see ^{88}Nb	-	2E+3	1E-6	3E-9	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
41	Niobium-93m	W, see ^{88}Nb	9E+3	2E+3	8E-7	3E-9	-	-
			LLI wall (1E+4)	-	-	-	2E-4	2E-3
		Y, see ^{88}Nb	-	2E+2	7E-8	2E-10	-	-
41	Niobium-94	W, see ^{88}Nb	9E+2	2E+2	8E-8	3E-10	1E-5	1E-4
		Y, see ^{88}Nb	-	2E+1	6E-9	2E-11	-	-
41	Niobium-95m	W, see ^{88}Nb	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
		Y, see ^{88}Nb	-	2E+3	9E-7	3E-9	-	-
41	Niobium-95	W, see ^{88}Nb	2E+3	1E+3	5E-7	2E-9	3E-5	3E-4
		Y, see ^{88}Nb	-	1E+3	5E-7	2E-9	-	-
41	Niobium-96	W, see ^{88}Nb	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		Y, see ^{88}Nb	-	2E+3	1E-6	3E-9	-	-
41	Niobium-97[2]	W, see ^{88}Nb	2E+4	8E+4	3E-5	1E-7	3E-4	3E-3
		Y, see ^{88}Nb	-	7E+4	3E-5	1E-7	-	-
41	Niobium-98[2]	W, see ^{88}Nb	1E+4	5E+4	2E-5	8E-8	2E-4	2E-3
		Y, see ^{88}Nb	-	5E+4	2E-5	7E-8	-	-
42	Molybdenum-90	D, all compounds except those given for Y	4E+3	7E+3	3E-6	1E-8	3E-5	3E-4
		Y, oxides, hydroxides, and MoS	2E+3	5E+3	2E-6	6E-9	-	-
42	Molybdenum-93m	D, see ^{90}Mo	9E+3	2E+4	7E-6	2E-8	6E-5	6E-4
		Y, see ^{90}Mo	4E+3	1E+4	6E-6	2E-8	-	-
42	Molybdenum-93	D, see ^{90}Mo	4E+3	5E+3	2E-6	8E-9	5E-5	5E-4
		Y, see ^{90}Mo	2E+4	2E+2	8E-8	2E-10	-	-
42	Molybdenum-99	D, see ^{90}Mo	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		Y, see ^{90}Mo	1E+3	1E+3	6E-7	2E-9	-	-
42	Molybdenum-101[2]	D, see ^{90}Mo	4E+4	1E+5	6E-5	2E-7	-	-
			St wall (5E+4)	-	-	-	7E-4	7E-3
		Y, see ^{90}Mo	-	1E+5	6E-5	2E-7	-	-
43	Technetium-93m[2]	D, all compounds except those given for W	7E+4	2E+5	6E-5	2E-7	1E-3	1E-2
		W, oxides, hydroxides, halides, and nitrates	-	3E+5	1E-4	4E-7	-	-
43	Technetium-93	D, see ^{93m}Tc	3E+4	7E+4	3E-5	1E-7	4E-4	4E-3
		W, see ^{93m}Tc	-	1E+5	4E-5	1E-7	-	-
43	Technetium-94m[2]	D, see ^{93m}Tc	2E+4	4E+4	2E-5	6E-8	3E-4	3E-3
		W, see ^{93m}Tc	-	6E+4	2E-5	8E-8	-	-
43	Technetium-94	D, see ^{93m}Tc	9E+3	2E+4	8E-6	3E-8	1E-4	1E-3
		W, see ^{93m}Tc	-	2E+4	1E-5	3E-8	-	-
43	Technetium-95m	D, see ^{93m}Tc	4E+3	5E+3	2E-6	8E-9	5E-5	5E-4
		W, see ^{93m}Tc	-	2E+3	8E-7	3E-9	-	-
43	Technetium-95	D, see ^{93m}Tc	1E+4	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see ^{93m}Tc	-	2E+4	8E-6	3E-8	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
43	Technetium-96m[2]	D, see ^{93m}Tc	2E+5	3E+5	1E-4	4E-7	2E-3	2E-2
		W, see ^{93m}Tc	-	2E+5	1E-4	3E-7	-	-
43	Technetium-96	D, see ^{93m}Tc	2E+3	3E+3	1E-6	5E-9	3E-5	3E-4
		W, see ^{93m}Tc	-	2E+3	9E-7	3E-9	-	-
43	Technetium-97m	D, see ^{93m}Tc	5E+3	7E+3	3E-6	-	6E-5	6E-4
			-	St wall (7E+3)	-	1E-8	-	-
		W, see ^{93m}Tc	-	1E+3	5E-7	2E-9	-	-
43	Technetium-97	D, see ^{93m}Tc	4E+4	5E+4	2E-5	7E-8	5E-4	5E-3
		W, see ^{93m}Tc	-	6E+3	2E-6	8E-9	-	-
43	Technetium-98	D, see ^{93m}Tc	1E+3	2E+3	7E-7	2E-9	1E-5	1E-4
		W, see ^{93m}Tc	-	3E+2	1E-7	4E-10	-	-
43	Technetium-99m	D, see ^{93m}Tc	8E+4	2E+5	6E-5	2E-7	1E-3	1E-2
		W, see ^{93m}Tc	-	2E+5	1E-4	3E-7	-	-
43	Technetium-99	D, see ^{93m}Tc	4E+3	5E+3	2E-6	-	6E-5	6E-4
			-	St wall (6E+3)	-	8E-9	-	-
		W, see ^{93m}Tc	-	7E+2	3E-7	9E-10	-	-
43	Technetium-101[2]	D, see ^{93m}Tc	9E+4	3E+5	1E-4	5E-7	-	-
			St wall (1E+5)	-	-	-	2E-3	2E-2
		W, see ^{93m}Tc	-	4E+5	2E-4	5E-7	-	-
43	Technetium-104[2]	D, see ^{93m}Tc	2E+4	7E+4	3E-5	1E-7	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		W, see ^{93m}Tc	-	9E+4	4E-5	1E-7	-	-
44	Ruthenium-94[2]	D, all compounds except those given for W and Y	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, halides	-	6E+4	3E-5	9E-8	-	-
		Y, oxides and hydroxides	-	6E+4	2E-5	8E-8	-	-
44	Ruthenium-97	D, see ^{94}Ru	8E+3	2E+4	8E-6	3E-8	1E-4	1E-3
		W, see ^{94}Ru	-	1E+4	5E-6	2E-8	-	-
		Y, see ^{94}Ru	-	1E+4	5E-6	2E-8	-	-
44	Ruthenium-103	D, see ^{94}Ru	2E+3	2E+3	7E-7	2E-9	3E-5	3E-4
		W, see ^{94}Ru	-	1E+3	4E-7	1E-9	-	-
		Y, see ^{94}Ru	-	6E+2	3E-7	9E-10	-	-
44	Ruthenium-105	D, see ^{94}Ru	5E+3	1E+4	6E-6	2E-8	7E-5	7E-4
		W, see ^{94}Ru	-	1E+4	6E-6	2E-8	-	-
		Y, see ^{94}Ru	-	1E+4	5E-6	2E-8	-	-
44	Ruthenium-106	D, see ^{94}Ru	2E+2	9E+1	4E-8	1E-10	-	-
			LLI wall (2E+2)	-	-	-	3E-6	3E-5
		W, see ^{94}Ru	-	5E+1	2E-8	8E-11	-	-
		Y, see ^{94}Ru	-	1E+1	5E-9	2E-11	-	-
45	Rhodium-99m	D, all compounds except those given for W and Y	2E+4	6E+4	2E-5	8E-8	2E-4	2E-3
		W, halides	-	8E+4	3E-5	1E-7	-	-
		Y, oxides and hydroxides	-	7E+4	3E-5	9E-8	-	-
45	Rhodium-99	D, see ^{99m}Rh	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
		W, see ^{99m}Rh	-	2E+3	9E-7	3E-9	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
		Y, see ^{99m}Rh	-	2E+3	8E-7	3E-9	-	-
45	Rhodium-100	D, see ^{99m}Rh	2E+3	5E+3	2E-6	7E-9	2E-5	2E-4
		W, see ^{99m}Rh	-	4E+3	2E-6	6E-9	-	-
		Y, see ^{99m}Rh	-	4E+3	2E-6	5E-9	-	-
45	Rhodium-101m	D, see ^{99m}Rh	6E+3	1E+4	5E-6	2E-8	8E-5	8E-4
		W, see ^{99m}Rh	-	8E+3	4E-6	1E-8	-	-
		Y, see ^{99m}Rh	-	8E+3	3E-6	1E-8	-	-
45	Rhodium-101	D, see ^{99m}Rh	2E+3	5E+2	2E-7	7E-10	3E-5	3E-4
		W, see ^{99m}Rh	-	8E+2	3E-7	1E-9	-	-
		Y, see ^{99m}Rh	-	2E+2	6E-8	2E-10	-	-
45	Rhodium-102m	D, see ^{99m}Rh	1E+3	5E+2	2E-7	7E-10	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		W, see ^{99m}Rh	-	4E+2	2E-7	5E-10	-	-
		Y, see ^{99m}Rh	-	1E+2	5E-8	2E-10	-	-
45	Rhodium-102	D, see ^{99m}Rh	6E+2	9E+1	4E-8	1E-10	8E-6	8E-5
		W, see ^{99m}Rh	-	2E+2	7E-8	2E-10	-	-
		Y, see ^{99m}Rh	-	6E+1	2E-8	8E-11	-	-
45	Rhodium-103m[2]	D, see ^{99m}Rh	4E+5	1E+6	5E-4	2E-6	6E-3	6E-2
		W, see ^{99m}Rh	-	1E+6	5E-4	2E-6	-	-
		Y, see ^{99m}Rh	-	1E+6	5E-4	2E-6	-	-
45	Rhodium-105	D, see ^{99m}Rh	4E+3	1E+4	5E-6	2E-8	-	-
			LLI wall (4E+3)	-	-	-	5E-5	5E-4
		W, see ^{99m}Rh	-	6E+3	3E-6	9E-9	-	-
		Y, see ^{99m}Rh	-	6E+3	2E-6	8E-9	-	-
45	Rhodium-106m	D, see ^{99m}Rh	8E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, see ^{99m}Rh	-	4E+4	2E-5	5E-8	-	-
		Y, see ^{99m}Rh	-	4E+4	1E-5	5E-8	-	-
45	Rhodium-107[2]	D, see ^{99m}Rh	7E+4	2E+5	1E-4	3E-7	-	-
			St wall (9E+4)	-	-	-	1E-3	1E-2
		W, see ^{99m}Rh	-	3E+5	1E-4	4E-7	-	-
		Y, see ^{99m}Rh	-	3E+5	1E-4	3E-7	-	-
46	Palladium-100	D, all compounds except those given for W and Y	1E+3	1E+3	6E-7	2E-9	2E-5	2E-4
		W, nitrates	-	1E+3	5E-7	2E-9	-	-
		Y, oxides and hydroxides	-	1E+3	6E-7	2E-9	-	-
46	Palladium-101	D, see ^{100}Pd	1E+4	3E+4	1E-5	5E-8	2E-4	2E-3
		W, see ^{100}Pd	-	3E+4	1E-5	5E-8	-	-
		Y, see ^{100}Pd	-	3E+4	1E-5	4E-8	-	-
46	Palladium-103	D, see ^{100}Pd	6E+3	6E+3	3E-6	9E-9	-	-
			LLI wall (7E+3)	-	-	-	1E-4	1E-3
		W, see ^{100}Pd	-	4E+3	2E-6	6E-9	-	-
		Y, see ^{100}Pd	-	4E+3	1E-6	5E-9	-	-
46	Palladium-107	D, see ^{100}Pd	3E+4	2E+4	9E-6	-	-	-
			LLI wall (4E+4)	Kidneys (2E+4)	-	3E-8	5E-4	5E-3
		W, see ^{100}Pd	-	7E+3	3E-6	1E-8	-	-
		Y, see ^{100}Pd	-	4E+2	2E-7	6E-10	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Table 1 Occupational Values Col. 2 Inhalation ALI µCi	Table 1 Occupational Values Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Table II Effluent Concentration Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
46	Palladium-109	D, see ^{100}Pd	2E+3	6E+3	3E-6	9E-9	3E-5	3E-4
		W, see ^{100}Pd	-	5E+3	2E-6	8E-9	-	-
		Y, see ^{100}Pd	-	5E+3	2E-6	6E-9	-	-
47	Silver-102[2]	D, all compounds except those given for W and Y	5E+4	2E+5	8E-5	2E-7	-	-
			St wall (6E+4)	-	-	-	9E-4	9E-3
		W, nitrates and sulfides	-	2E+5	9E-5	3E-7	-	-
		Y, oxides and hydroxides	-	2E+5	8E-5	3E-7	-	-
47	Silver-103[2]	D, see ^{102}Ag	4E+4	1E+5	4E-5	1E-7	5E-4	5E-3
		W, see ^{102}Ag	-	1E+5	5E-5	2E-7	-	-
		Y, see ^{102}Ag	-	1E+5	5E-5	2E-7	-	-
47	Silver-104m[2]	D, see ^{102}Ag	3E+4	9E+4	4E-5	1E-7	4E-4	4E-3
		W, see ^{102}Ag	-	1E+5	5E-5	2E-7	-	-
		Y, see ^{102}Ag	-	1E+5	5E-5	2E-7	-	-
47	Silver-104[2]	D, see ^{102}Ag	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
		W, see ^{102}Ag	-	1E+5	6E-5	2E-7	-	-
		Y, see ^{102}Ag	-	1E+5	6E-5	2E-7	-	-
47	Silver-105	D, see ^{102}Ag	3E+3	1E+3	4E-7	1E-9	4E-5	4E-4
		W, see ^{102}Ag	-	2E+3	7E-7	2E-9	-	-
		Y, see ^{102}Ag	-	2E+3	7E-7	2E-9	-	-
47	Silver-106m	D, see ^{102}Ag	8E+2	7E+2	3E-7	1E-9	1E-5	1E-4
		W, see ^{102}Ag	-	9E+2	4E-7	1E-9	-	-
		Y, see ^{102}Ag	-	9E+2	4E-7	1E-9	-	-
47	Silver-106[2]	D, see ^{102}Ag	6E+4	2E+5	8E-5	3E-7	-	-
			St. wall (6E+4)	-	-	-	9E-4	9E-3
		W, see ^{102}Ag	-	2E+5	9E-5	3E-7	-	-
		Y, see ^{102}Ag	-	2E+5	8E-5	3E-7	-	-
47	Silver-108m	D, see ^{102}Ag	6E+2	2E+2	8E-8	3E-10	9E-6	9E-5
		W, see ^{102}Ag	-	3E+2	1E-7	4E-10	-	-
		Y, see ^{102}Ag	-	2E+1	1E-8	3E-11	-	-
47	Silver-110m	D, see ^{102}Ag	5E+2	1E+2	5E-8	2E-10	6E-6	6E-5
		W, see ^{102}Ag	-	2E+2	8E-8	3E-10	-	-
		Y, see ^{102}Ag	-	9E+1	4E-8	1E-10	-	-
47	Silver-111	D, see ^{102}Ag	9E+2	2E+3	6E-7	-	-	-
			LLI wall (1E+3)	Liver (2E+3)	-	2E-9	2E-5	2E-4
		W, see ^{102}Ag	-	9E+2	4E-7	1E-9	-	-
		Y, see ^{102}Ag	-	9E+2	4E-7	1E-9	-	-
47	Silver-112	D, see ^{102}Ag	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
		W, see ^{102}Ag	-	1E+4	4E-6	1E-8	-	-
		Y, see ^{102}Ag	-	9E+3	4E-6	1E-8	-	-
47	Silver-115[2]	D, see ^{102}Ag	3E+4	9E+4	4E-5	1E-7	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		W, see ^{102}Ag	-	9E+4	4E-5	1E-7	-	-
		Y, see ^{102}Ag	-	8E+4	3E-5	1E-7	-	-
48	Cadmium-104[2]	D, all compounds except those given for W and Y	2E+4	7E+4	3E-5	9E-8	3E-4	3E-3
		W, sulfides, halides, and nitrates	-	1E+5	5E-5	2E-7	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
		Y, oxides and hydroxides	-	1E+5	5E-5	2E-7	-	-
48	Cadmium-107	D, see ^{104}Cd	2E+4	5E+4	2E-5	8E-8	3E-4	3E-3
		W, see ^{104}Cd	-	6E+4	2E-5	8E-8	-	-
		Y, see ^{104}Cd	-	5E+4	2E-5	7E-8	-	-
48	Cadmium-109	D, see ^{104}Cd	3E+2	4E+1	1E-8	-	-	-
			Kidneys (4E+2)	Kidneys (5E+1)	-	7E-11	6E-6	6E-5
		W, see ^{104}Cd	-	1E+2	5E-8	-	-	-
			-	Kidneys (1E+2)	-	2E-10	-	-
		Y, see ^{104}Cd	-	1E+2	5E-8	2E-10	-	-
48	Cadmium-113m	D, see ^{104}Cd	2E+1	2E+0	1E-9	-	-	-
			Kidneys (4E+1)	Kidneys (4E+0)	-	5E-12	5E-7	5E-6
		W, see ^{104}Cd	-	8E+0	4E-9	-	-	-
			-	Kidneys (1E+1)	-	2E-11	-	-
		Y, see ^{104}Cd	-	1E+1	5E-9	2E-11	-	-
48	Cadmium-113	D, see ^{104}Cd	2E+1	2E+0	9E-10	-	-	-
			Kidneys (3E+1)	Kidneys (3E+0)	-	5E-12	4E-7	4E-6
		W, see ^{104}Cd	-	8E+0	3E-9	-	-	-
			-	Kidneys (1E+1)	-	2E-11	-	-
		Y, see ^{104}Cd	-	1E+1	6E-9	2E-11	-	-
48	Cadmium-115m	D, see ^{104}Cd	3E+2	5E+1	2E-8	-	4E-6	4E-5
			-	Kidneys (8E+1)	-	1E-10	-	-
		W, see ^{104}Cd	-	1E+2	5E-8	2E-10	-	-
		Y, see ^{104}Cd	-	1E+2	6E-8	2E-10	-	-
48	Cadmium-115	D, see ^{104}Cd	9E+2	1E+3	6E-7	2E-9	-	-
			LLI wall (1E+3)	-	-	-	1E-5	1E-4
		W, see ^{104}Cd	-	1E+3	5E-7	2E-9	-	-
		Y, see ^{104}Cd	-	1E+3	6E-7	2E-9	-	-
48	Cadmium-117m	D, see ^{104}Cd	5E+3	1E+4	5E-6	2E-8	6E-5	6E-4
		W, see ^{104}Cd	-	2E+4	7E-6	2E-8	-	-
		Y, see ^{104}Cd	-	1E+4	6E-6	2E-8	-	-
48	Cadmium-117	D, see ^{104}Cd	5E+3	1E+4	5E-6	2E-8	6E-5	6E-4
		W, see ^{104}Cd	-	2E+4	7E-6	2E-8	-	-
		Y, see ^{104}Cd	-	1E+4	6E-6	2E-8	-	-
49	Indium-109	D, all compounds except those given for W	2E+4	4E+4	2E-5	6E-8	3E-4	3E-3
		W, oxides, hydroxides, halides, and nitrates	-	6E+4	3E-5	9E-8	-	-
49	Indium-110[2] (69.1 min)	D, see ^{109}In	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{109}In	-	6E+4	2E-5	8E-8	-	-
49	Indium-110 (4.9 h)	D, see ^{109}In	5E+3	2E+4	7E-6	2E-8	7E-5	7E-4
		W, see ^{109}In	-	2E+4	8E-6	3E-8	-	-
49	Indium-111	D, see ^{109}In	4E+3	6E+3	3E-6	9E-9	6E-5	6E-4
		W, see ^{109}In	-	6E+3	3E-6	9E-9	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Table 1 Occupational Values Col. 2 Inhalation ALI µCi	Table 1 Occupational Values Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Table II Effluent Concentration Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
49	Indium-112[2]	D, see ^{109}In	2E+5	6E+5	3E-4	9E-7	2E-3	2E-2
		W, see ^{109}In	-	7E+5	3E-4	1E-6	-	-
49	Indium-113m[2]	D, see ^{109}In	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
		W, see ^{109}In	-	2E+5	8E-5	3E-7	-	-
49	Indium-114m	D, see ^{109}In	3E+2	6E+1	3E-8	9E-11	-	-
			LLI wall (4E+2)	-	-	-	5E-6	5E-5
		W, see ^{109}In	-	1E+2	4E-8	1E-10	-	-
49	Indium-115m	D, see ^{109}In	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{109}In	-	5E+4	2E-5	7E-8	-	-
49	Indium-115	D, see ^{109}In	4E+1	1E+0	6E-10	2E-12	5E-7	5E-6
		W, see ^{109}In	-	5E+0	2E-9	8E-12	-	-
49	Indium-116m[2]	D, see ^{109}In	2E+4	8E+4	3E-5	1E-7	3E-4	3E-3
		W, see ^{109}In	-	1E+5	5E-5	2E-7	-	-
49	Indium-117m[2]	D, see ^{109}In	1E+4	3E+4	1E-5	5E-8	2E-4	2E-3
		W, see ^{109}In	-	4E+4	2E-5	6E-8	-	-
49	Indium-117[2]	D, see ^{109}In	6E+4	2E+5	7E-5	2E-7	8E-4	8E-3
		W, see ^{109}In	-	2E+5	9E-5	3E-7	-	-
49	Indium-119m[2]	D, see ^{109}In	4E+4	1E+5	5E-5	2E-7	-	-
			St wall (5E+4)	-	-	-	7E-4	7E-3
		W, see ^{109}In	-	1E+5	6E-5	2E-7	-	-
50	Tin-110	D, all compounds except those given for W	4E+3	1E+4	5E-6	2E-8	5E-5	5E-4
		W, sulfides, oxides, hydroxides, halides, nitrates, and stannic phosphate	-	1E+4	5E-6	2E-8	-	-
50	Tin-111[2]	D, see ^{110}Sn	7E+4	2E+5	9E-5	3E-7	1E-3	1E-2
		W, see ^{110}Sn	-	3E+5	1E-4	4E-7	-	-
50	Tin-113	D, see ^{110}Sn	2E+3	1E+3	5E-7	2E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
		W, see ^{110}Sn	-	5E+2	2E-7	8E-10	-	-
50	Tin-117m	D, see ^{110}Sn	2E+3	1E+3	5E-7	-	-	-
			LLI wall (2E+3)	Bone surf (2E+3)	-	3E-9	3E-5	3E-4
		W, see ^{110}Sn	-	1E+3	6E-7	2E-9	-	-
50	Tin-119m	D, see ^{110}Sn	3E+3	2E+3	1E-6	3E-9	-	-
			LLI wall (4E+3)	-	-	-	6E-5	6E-4
		W, see ^{110}Sn	-	1E+3	4E-7	1E-9	-	-
50	Tin-121m	D, see ^{110}Sn	3E+3	9E+2	4E-7	1E-9	-	-
			LLI wall (4E+3)	-	-	-	5E-5	5E-4
		W, see ^{110}Sn	-	5E+2	2E-7	8E-10	-	-
50	Tin-121	D, see ^{110}Sn	6E+3	2E+4	6E-6	2E-8	-	-
			LLI wall (6E+3)	-	-	-	8E-5	8E-4
		W, see ^{110}Sn	-	1E+4	5E-6	2E-8	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
50	Tin-123m[2]	D, see ^{110}Sn	5E+4	1E+5	5E-5	2E-7	7E-4	7E-3
		W, see ^{110}Sn	-	1E+5	6E-5	2E-7	-	-
50	Tin-123	D, see ^{110}Sn	5E+2	6E+2	3E-7	9E-10	-	-
			LLI wall (6E+2)	-	-	-	9E-6	9E-5
		W, see ^{110}Sn	-	2E+2	7E-8	2E-10	-	-
50	Tin-125	D, see ^{110}Sn	4E+2	9E+2	4E-7	1E-9	-	-
			LLI wall (5E+2)	-	-	-	6E-6	6E-5
		W, see ^{110}Sn	-	4E+2	1E-7	5E-10	-	-
50	Tin-126	D, see ^{110}Sn	3E+2	6E+1	2E-8	8E-11	4E-6	4E-5
		W, see ^{110}Sn	-	7E+1	3E-8	9E-11	-	-
50	Tin-127	D, see ^{110}Sn	7E+3	2E+4	8E-6	3E-8	9E-5	9E-4
		W, see ^{110}Sn	-	2E+4	8E-6	3E-8	-	-
50	Tin-128[2]	D, see ^{110}Sn	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, see ^{110}Sn	-	4E+4	1E-5	5E-8	-	-
51	Antimony-115[2]	D, all compounds except those given for W	8E+4	2E+5	1E-4	3E-7	1E-3	1E-2
		W, oxides, hydroxides, halides, sulfides, sulfates, and nitrates	-	3E+5	1E-4	4E-7	-	-
51	Antimony-116m[2]	D, see ^{115}Sb	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
		W, see ^{115}Sb	-	1E+5	6E-5	2E-7	-	-
51	Antimony-116[2]	D, see ^{115}Sb	7E+4	3E+5	1E-4	4E-7	-	-
			St wall (9E+4)	-	-	-	1E-3	1E-2
		W, see ^{115}Sb	-	3E+5	1E-4	5E-7	-	-
51	Antimony-117	D, see ^{115}Sb	7E+4	2E+5	9E-5	3E-7	9E-4	9E-3
		W, see ^{115}Sb	-	3E+5	1E-4	4E-7	-	-
51	Antimony-118m	D, see ^{115}Sb	6E+3	2E+4	8E-6	3E-8	7E-5	7E-4
		W, see ^{115}Sb	5E+3	2E+4	9E-6	3E-8	-	-
51	Antimony-119	D, see ^{115}Sb	2E+4	5E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{115}Sb	2E+4	3E+4	1E-5	4E-8	-	-
51	Antimony-120[2] (16 min)	D, see ^{115}Sb	1E+5	4E+5	2E-4	6E-7	-	-
			St wall (2E+5)	-	-	-	2E-3	2E-2
		W, see ^{115}Sb	-	5E+5	2E-4	7E-7	-	-
51	Antimony-120 (5.76 d)	D, see ^{115}Sb	1E+3	2E+3	9E-7	3E-9	1E-5	1E-4
		W, see ^{115}Sb	9E+2	1E+3	5E-7	2E-9	-	-
51	Antimony-122	D, see ^{115}Sb	8E+2	2E+3	1E-6	3E-9	-	-
			LLI wall (8E+2)	-	-	-	1E-5	1E-4
		W, see ^{115}Sb	7E+2	1E+3	4E-7	2E-9	-	-
51	Antimony-124m[2]	D, see ^{115}Sb	3E+5	8E+5	4E-4	1E-6	3E-3	3E-2
		W, see ^{115}Sb	2E+5	6E+5	2E-4	8E-7	-	-
51	Antimony-124	D, see ^{115}Sb	6E+2	9E+2	4E-7	1E-9	7E-6	7E-5
		W, see ^{115}Sb	5E+2	2E+2	1E-7	3E-10	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
51	Antimony-125	D, see ^{115}Sb	2E+3	2E+3	1E-6	3E-9	3E-5	3E-4
		W, see ^{115}Sb	-	5E+2	2E-7	7E-10	-	-
51	Antimony-126m[2]	D, see ^{115}Sb	5E+4	2E+5	8E-5	3E-7	-	-
			St wall (7E+4)	-	-	-	9E-4	9E-3
		W, see ^{115}Sb	-	2E+5	8E-5	3E-7	-	-
51	Antimony-126	D, see ^{115}Sb	6E+2	1E+3	5E-7	2E-9	7E-6	7E-5
		W, see ^{115}Sb	5E+2	5E+2	2E-7	7E-10	-	-
51	Antimony-127	D, see ^{115}Sb	8E+2	2E+3	9E-7	3E-9	-	-
			LLI wall (8E+2)	-	-	-	1E-5	1E-4
		W, see ^{115}Sb	7E+2	9E+2	4E-7	1E-9	-	-
51	Antimony-128[2] (10.4 min)	D, see ^{115}Sb	8E+4	4E+5	2E-4	5E-7	-	-
			St wall (1E+5)	-	-	-	1E-3	1E-2
		W, see ^{115}Sb	-	4E+5	2E-4	6E-7	-	-
51	Antimony-128 (9.01 h)	D, see ^{115}Sb	1E+3	4E+3	2E-6	6E-9	2E-5	2E-4
		W, see ^{115}Sb	-	3E+3	1E-6	5E-9	-	-
51	Antimony-129	D, see ^{115}Sb	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		W, see ^{115}Sb	-	9E+3	4E-6	1E-8	-	-
51	Antimony-130[2]	D, see ^{115}Sb	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		W, see ^{115}Sb	-	8E+4	3E-5	1E-7	-	-
51	Antimony-131[2]	D, see ^{115}Sb	1E+4	2E+4	1E-5	-	-	-
			Thyroid (2E+4)	Thyroid (4E+4)	-	6E-8	2E-4	2E-3
		W, see ^{115}Sb	-	2E+4	1E-5		-	-
			-	Thyroid (4E+4)	-	6E-8	-	-
52	Tellurium-116	D, all compounds except those given for W	8E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, oxides, hydroxides, and nitrates	-	3E+4	1E-5	4E-8	-	-
52	Tellurium-121m	D, see ^{116}Te	5E+2	2E+2	8E-8	-	-	-
			Bone surf (7E+2)	Bone surf (4E+2)	-	5E-10	1E-5	1E-4
		W, see ^{116}Te	-	4E+2	2E-7	6E-10	-	-
52	Tellurium-121	D, see ^{116}Te	3E+3	4E+3	2E-6	6E-9	4E-5	4E-4
		W, see ^{116}Te	-	3E+3	1E-6	4E-9	-	-
52	Tellurium-123m	D, see ^{116}Te	6E+2	2E+2	9E-8	-	-	-
			Bone surf (1E+3)	Bone surf (5E+2)	-	8E-10	1E-5	1E-4
		W, see ^{116}Te	-	5E+2	2E-7	8E-10	-	-
52	Tellurium-123	D, see ^{116}Te	5E+2	2E+2	8E-8	-	-	-
			Bone surf (1E+3)	Bone surf (5E+2)	-	7E-10	2E-5	2E-4
		W, see ^{116}Te	-	4E+2	2E-7	-	-	-
			-	Bone surf (1E+3)	-	2E-9	-	-
52	Tellurium-125m	D, see ^{116}Te	1E+3	4E+2	2E-7	-	-	-
			Bone surf (1E+3)	Bone surf (1E+3)	-	1E-9	2E-5	2E-4

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
		W, see ^{116}Te	-	7E+2	3E-7	1E-9	-	-
52	Tellurium-127m	D, see ^{116}Te	6E+2	3E+2	1E-7	-	9E-6	9E-5
			-	Bone surf (4E+2)	-	6E-10	-	-
		W, see ^{116}Te	-	3E+2	1E-7	4E-10	-	-
52	Tellurium-127	D, see ^{116}Te	7E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see ^{116}Te	-	2E+4	7E-6	2E-8	-	-
52	Tellurium-129m	D, see ^{116}Te	5E+2	6E+2	3E-7	9E-10	7E-6	7E-5
		W, see ^{116}Te	-	2E+2	1E-7	3E-10	-	-
52	Tellurium-129[2]	D, see ^{116}Te	3E+4	6E+4	3E-5	9E-8	4E-4	4E-3
		W, see ^{116}Te	-	7E+4	3E-5	1E-7	-	-
52	Tellurium-131m	D, see ^{116}Te	3E+2 Thyroid (6E+2)	4E+2 Thyroid (1E+3)	2E-7 -	- 2E-9	- 8E-6	- 8E-5
		W, see ^{116}Te	-	4E+2	2E-7	-	-	-
			-	Thyroid (9E+2)	-	1E-9	-	-
52	Tellurium-131[2]	D, see ^{116}Te	3E+3 Thyroid (6E+3)	5E+3 Thyroid (1E+4)	2E-6 -	- 2E-8	- 8E-5	- 8E-4
		W, see ^{116}Te	-	5E+3	2E-6	-	-	-
			-	Thyroid (1E+4)	-	2E-8	-	-
52	Tellurium-132	D, see ^{116}Te	2E+2 Thyroid (7E+2)	2E+2 Thyroid (8E+2)	9E-8 -	- 1E-9	- 9E-6	- 9E-5
		W, see ^{116}Te	-	2E+2	9E-8	-	-	-
			-	Thyroid (6E+2)	-	9E-10	-	-
52	Tellurium-133m[2]	D, see ^{116}Te	3E+3 Thyroid (6E+3)	5E+3 Thyroid (1E+4)	2E-6 -	- 2E-8	- 9E-5	- 9E-4
		W, see ^{116}Te	-	5E+3	2E-6	-	-	-
			-	Thyroid (1E+4)	-	2E-8	-	-
52	Tellurium-133[2]	D, see ^{116}Te	1E+4 Thyroid (3E+4)	2E+4 Thyroid (6E+4)	9E-6 -	- 8E-8	- 4E-4	- 4E-3
		W, see ^{116}Te	-	2E+4	9E-6	-	-	-
			-	Thyroid (6E+4)	-	8E-8	-	-
52	Tellurium-134[2]	D, see ^{116}Te	2E+4 Thyroid (2E+4)	2E+4 Thyroid (5E+4)	1E-5 -	- 7E-8	- 3E-4	- 3E-3
		W, see ^{116}Te	-	2E+4	1E-5	-	-	-
			-	Thyroid (5E+4)	-	7E-8	-	-
53	Iodine-120m[2]	D, all compounds	1E+4 Thyroid (1E+4)	2E+4 -	9E-6 -	3E-8 -	- 2E-4	- 2E-3

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
53	Iodine-120[2]	D, all compounds	4E+3 Thyroid (8E+3)	9E+3 Thyroid (1E+4)	4E-6 -	- 2E-8	- 1E-4	- 1E-3
53	Iodine-121	D, all compounds	1E+4 Thyroid (3E+4)	2E+4 Thyroid (5E+4)	8E-6 -	- 7E-8	- 4E-4	- 4E-3
53	Iodine-123	D, all compounds	3E+3 Thyroid (1E+4)	6E+3 Thyroid (2E+4)	3E-6 -	- 2E-8	- 1E-4	- 1E-3
53	Iodine-124	D, all compounds	5E+1 Thyroid (2E+2)	8E+1 Thyroid (3E+2)	3E-8 -	- 4E-10	- 2E-6	- 2E-5
53	Iodine-125	D, all compounds	4E+1 Thyroid (1E+2)	6E+1 Thyroid (2E+2)	3E-8 -	- 3E-10	- 2E-6	- 2E-5
53	Iodine-126	D, all compounds	2E+1 Thyroid (7E+1)	4E+1 Thyroid (1E+2)	1E-8 -	- 2E-10	- 1E-6	- 1E-5
53	Iodine-128[2]	D, all compounds	4E+4 St wall (6E+4)	1E+5 -	5E-5 -	2E-7 -	- 8E-4	- 8E-3
53	Iodine-129	D, all compounds	5E+0 Thyroid (2E+1)	9E+0 Thyroid (3E+1)	4E-9 -	- 4E-11	- 2E-7	- 2E-6
53	Iodine-130	D, all compounds	4E+2 Thyroid (1E+3)	7E+2 Thyroid (2E+3)	3E-7 -	- 3E-9	- 2E-5	- 2E-4
53	Iodine-131	D, all compounds	3E+1 Thyroid (9E+1)	5E+1 Thyroid (2E+2)	2E-8 -	- 2E-10	- 1E-6	- 1E-5
53	Iodine-132m[2]	D, all compounds	4E+3 Thyroid (1E+4)	8E+3 Thyroid (2E+4)	4E-6 -	- 3E-8	- 1E-4	- 1E-3
53	Iodine-132	D, all compounds	4E+3 Thyroid (9E+3)	8E+3 Thyroid (1E+4)	3E-6 -	- 2E-8	- 1E-4	- 1E-3
53	Iodine-133	D, all compounds	1E+2 Thyroid (5E+2)	3E+2 Thyroid (9E+2)	1E-7 -	- 1E-9	- 7E-6	- 7E-5
53	Iodine-134[2]	D, all compounds	2E+4 Thyroid (3E+4)	5E+4 -	2E-5 -	6E-8 -	- 4E-4	- 4E-3
53	Iodine-135	D, all compounds	8E+2 Thyroid (3E+3)	2E+3 Thyroid (4E+3)	7E-7 -	- 6E-9	- 3E-5	- 3E-4
54	Xenon-120[2]	Submersion[1]	-	-	1E-5	4E-8	-	-
54	Xenon-121[2]	Submersion[1]	-	-	2E-6	1E-8	-	-
54	Xenon-122	Submersion[1]	-	-	7E-5	3E-7	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Table 1 Occupational Values Col. 2 Inhalation ALI µCi	Table 1 Occupational Values Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Table II Effluent Concentration Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
54	Xenon-123	Submersion[1]	-	-	6E-6	3E-8	-	-
54	Xenon-125	Submersion[1]	-	-	2E-5	7E-8	-	-
54	Xenon-127	Submersion[1]	-	-	1E-5	6E-8	-	-
54	Xenon-129m	Submersion[1]	-	-	2E-4	9E-7	-	-
54	Xenon-131m	Submersion[1]	-	-	4E-4	2E-6	-	-
54	Xenon-133m	Submersion[1]	-	-	1E-4	6E-7	-	-
54	Xenon-133	Submersion[1]	-	-	1E-4	5E-7	-	-
54	Xenon-135m[2]	Submersion[1]	-	-	9E-6	4E-8	-	-
54	Xenon-135	Submersion[1]	-	-	1E-5	7E-8	-	-
54	Xenon-138[2]	Submersion[1]	-	-	4E-6	2E-8	-	-
55	Cesium-125[2]	D, all compounds	5E+4	1E+5	6E-5	2E-7	-	-
			St wall (9E+4)	-	-	-	1E-3	1E-2
55	Cesium-127	D, all compounds	6E+4	9E+4	4E-5	1E-7	9E-4	9E-3
55	Cesium-129	D, all compounds	2E+4	3E+4	1E-5	5E-8	3E-4	3E-3
55	Cesium-130[2]	D, all compounds	6E+4	2E+5	8E-5	3E-7	-	-
			St wall (1E+5)	-	-	-	1E-3	1E-2
55	Cesium-131	D, all compounds	2E+4	3E+4	1E-5	4E-8	3E-4	3E-3
55	Cesium-132	D, all compounds	3E+3	4E+3	2E-6	6E-9	4E-5	4E-4
55	Cesium-134m	D, all compounds	1E+5	1E+5	6E-5	2E-7	-	-
			St wall (1E+5)	-	-	-	2E-3	2E-2
55	Cesium-134	D, all compounds	7E+1	1E+2	4E-8	2E-10	9E-7	9E-6
55	Cesium-135m[2]	D, all compounds	1E+5	2E+5	8E-5	3E-7	1E-3	1E-2
55	Cesium-135	D, all compounds	7E+2	1E+3	5E-7	2E-9	1E-5	1E-4
55	Cesium-136	D, all compounds	4E+2	7E+2	3E-7	9E-10	6E-6	6E-5
55	Cesium-137	D, all compounds	1E+2	2E+2	6E-8	2E-10	1E-6	1E-5
55	Cesium-138[2]	D, all compounds	2E+4	6E+4	2E-5	8E-8	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
56	Barium-126[2]	D, all compounds	6E+3	2E+4	6E-6	2E-8	8E-5	8E-4
56	Barium-128	D, all compounds	5E+2	2E+3	7E-7	2E-9	7E-6	7E-5
56	Barium-131m[2]	D, all compounds	4E+5	1E+6	6E-4	2E-6	-	-
			St wall (5E+5)	-	-	-	7E-3	7E-2
56	Barium-131	D, all compounds	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
56	Barium-133m	D, all compounds	2E+3	9E+3	4E-6	1E-8	-	-
			LLI wall (3E+3)	-	-	-	4E-4	4E-4
56	Barium-133	D, all compounds	2E+3	7E+2	3E-7	9E-10	2E-5	2E-4
56	Barium-135m	D, all compounds	3E+3	1E+4	5E-6	2E-8	4E-5	4E-4
56	Barium-139[2]	D, all compounds	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
56	Barium-140	D, all compounds	5E+2	1E+3	6E-7	2E-9	-	-
			LLI wall (6E+2)	-	-	-	8E-6	8E-5
56	Barium-141[2]	D, all compounds	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
56	Barium-142[2]	D, all compounds	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
57	Lanthanum-131[2]	D, all compounds except those given for W	5E+4	1E+5	5E-5	2E-7	6E-4	6E-3
		W, oxides and hydroxides	-	2E+5	7E-5	2E-7	-	-
57	Lanthanum-132	D, see ^{131}La	3E+3	1E+4	4E-6	1E-8	4E-5	4E-4
		W, see ^{131}La	-	1E+4	5E-6	2E-8	-	-
57	Lanthanum-135	D, see ^{131}La	4E+4	1E+5	4E-5	1E-7	5E-4	5E-3
		W, see ^{131}La	-	9E+4	4E-5	1E-7	-	-
57	Lanthanum-137	D, see ^{131}La	1E+4	6E+1	3E-8	-	2E-4	2E-3
			-	Liver (7E+1)	-	1E-10	-	-
		W, see ^{131}La	-	3E+2	1E-7	-	-	-
			-	Liver (3E+2)	-	4E-10	-	-
57	Lanthanum-138	D, see ^{131}La	9E+2	4E+0	1E-9	5E-12	1E-5	1E-4
		W, see ^{131}La	-	1E+1	6E-9	2E-11	-	-
57	Lanthanum-140	D, see ^{131}La	6E+2	1E+3	6E-7	2E-9	9E-6	9E-5
		W, see ^{131}La	-	1E+3	5E-7	2E-9	-	-
57	Lanthanum-141	D, see ^{131}La	4E+3	9E+3	4E-6	1E-8	5E-5	5E-4
		W, see ^{131}La	-	1E+4	5E-6	2E-8	-	-
57	Lanthanum-142[2]	D, see ^{131}La	8E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see ^{131}La	-	3E+4	1E-5	5E-8	-	-
57	Lanthanum-143[2]	D, see ^{131}La	4E+4	1E+5	4E-5	1E-7	-	-
			St wall (4E+4)	-	-	-	5E-4	5E-3
		W, see ^{131}La	-	9E+4	4E-5	1E-7	-	-
58	Cerium-134	W, all compounds except those given for Y	5E+2	7E+2	3E-7	1E-9	-	-
			LLI wall (6E+2)	-	-	-	8E-6	8E-5
		Y, oxides, hydroxides, and fluorides	-	7E+2	3E-7	9E-10	-	-
58	Cerium-135	W, see ^{134}Ce	2E+3	4E+3	2E-6	5E-9	2E-5	2E-4
		Y, see ^{134}Ce	-	4E+3	1E-6	5E-9	-	-
58	Cerium-137m	W, see ^{134}Ce	2E+3	4E+3	2E-6	6E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
		Y, see ^{134}Ce	-	4E+3	2E-6	5E-9	-	-
58	Cerium-137	W, see ^{134}Ce	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
		Y, see ^{134}Ce	-	1E+5	5E-5	2E-7	-	-
58	Cerium-139	W, see ^{134}Ce	5E+3	8E+2	3E-7	1E-9	7E-5	7E-4
		Y, see ^{134}Ce	-	7E+2	3E-7	9E-10	-	-
58	Cerium-141	W, see ^{134}Ce	2E+3	7E+2	3E-7	1E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
		Y, see ^{134}Ce	-	6E+2	2E-7	8E-10	-	-
58	Cerium-143	W, see ^{134}Ce	1E+3	2E+3	8E-7	3E-9	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		Y, see ^{134}Ce	-	2E+3	7E-7	2E-9	-	-
58	Cerium-144	W, see ^{134}Ce	2E+2	3E+1	1E-8	4E-11	-	-
			LLI wall (3E+2)	-	-	-	3E-6	3E-5
		Y, see ^{134}Ce	-	1E+1	6E-9	2E-11	-	-
59	Praseodymium-136[2]	W, all compounds except those given for Y	5E+4	2E+5	1E-4	3E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
		Y, oxides, hydroxides, carbides, and fluorides	-	2E+5	9E-5	3E-7	-	-
59	Praseodymium-137[2]	W, see ^{136}Pr	4E+4	2E+5	6E-5	2E-7	5E-4	5E-3
		Y, see ^{136}Pr	-	1E+5	6E-5	2E-7	-	-
59	Praseodymium-138m	W, see ^{136}Pr	1E+4	5E+4	2E-5	8E-8	1E-4	1E-3
		Y, see ^{136}Pr	-	4E+4	2E-5	6E-8	-	-
59	Praseodymium-139	W, see ^{136}Pr	4E+4	1E+5	5E-5	2E-7	6E-4	6E-3
		Y, see ^{136}Pr	-	1E+5	5E-5	2E-7	-	-
59	Praseodymium-142m[2]	W, see ^{136}Pr	8E+4	2E+5	7E-5	2E-7	1E-3	1E-2
		Y, see ^{136}Pr	-	1E+5	6E-5	2E-7	-	-
59	Praseodymium-142	W, see ^{136}Pr	1E+3	2E+3	9E-7	3E-9	1E-5	1E-4
		Y, see ^{136}Pr	-	2E+3	8E-7	3E-9	-	-
59	Praseodymium-143	W, see ^{136}Pr	9E+2	8E+2	3E-7	1E-9	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		Y, see ^{136}Pr	-	7E+2	3E-7	9E-10	-	-
59	Praseodymium-144[2]	W, see ^{136}Pr	3E+4	1E+5	5E-5	2E-7	-	-
			St wall (4E+4)	-	-	-	6E-4	6E-3
		Y, see ^{136}Pr	-	1E+5	5E-5	2E-7	-	-
59	Praseodymium-145	W, see ^{136}Pr	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		Y, see ^{136}Pr	-	8E+3	3E-6	1E-8	-	-
59	Praseodymium-147[2]	W, see ^{136}Pr	5E+4	2E+5	8E-5	3E-7	-	-
			St wall (8E+4)	-	-	-	1E-3	1E-2
		Y, see ^{136}Pr	-	2E+5	8E-5	3E-7	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
60	Neodymium-136[2]	W, all compounds except those given for Y	1E+4	6E+4	2E-5	8E-8	2E-4	2E-3
		Y, oxides, hydroxides, carbides, and fluorides	-	5E+4	2E-5	8E-8	-	-
60	Neodymium-138	W, see ^{136}Nd	2E+3	6E+3	3E-6	9E-9	3E-5	3E-4
		Y, see ^{136}Nd	-	5E+3	2E-6	7E-9	-	-
60	Neodymium-139m	W, see ^{136}Nd	5E+3	2E+4	7E-6	2E-8	7E-5	7E-4
		Y, see ^{136}Nd	-	1E+4	6E-6	2E-8	-	-
60	Neodymium-139[2]	W, see ^{136}Nd	9E+4	3E+5	1E-4	5E-7	1E-3	1E-2
		Y, see ^{136}Nd	-	3E+5	1E-4	4E-7	-	-
60	Neodymium-141	W, see ^{136}Nd	2E+5	7E+5	3E-4	1E-6	2E-3	2E-2
		Y, see ^{136}Nd	-	6E+5	3E-4	9E-7	-	-
60	Neodymium-147	W, see ^{136}Nd	1E+3	9E+2	4E-7	1E-9	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		Y, see ^{136}Nd	-	8E+2	4E-7	1E-9	-	-
60	Neodymium-149[2]	W, see ^{136}Nd	1E+4	3E+4	1E-5	4E-8	1E-4	1E-3
		Y, see ^{136}Nd	-	2E+4	1E-5	3E-8	-	-
60	Neodymium-151[2]	W, see ^{136}Nd	7E+4	2E+5	8E-5	3E-7	9E-4	9E-3
		Y, see ^{136}Nd	-	2E+5	8E-5	3E-7	-	-
61	Promethium-141[2]	W, all compounds except those given for Y	5E+4	2E+5	8E-5	3E-7	-	-
			St wall (6E+4)	-	-	-	8E-4	8E-3
		Y, oxides, hydroxides, carbides, and fluorides	-	2E+5	7E-5	2E-7	-	-
61	Promethium-143	W, see ^{141}Pm	5E+3	6E+2	2E-7	8E-10	7E-5	7E-4
		Y, see ^{141}Pm	-	7E+2	3E-7	1E-9	-	-
61	Promethium-144	W, see ^{141}Pm	1E+3	1E+2	5E-8	2E-10	2E-5	2E-4
		Y, see ^{141}Pm	-	1E+2	5E-8	2E-10	-	-
61	Promethium-145	W, see ^{141}Pm	1E+4	2E+2	7E-8	-	1E-4	1E-3
			-	Bone surf (2E+2)	-	3E-10	-	-
		Y, see ^{141}Pm	-	2E+2	8E-8	3E-10	-	-
61	Promethium-146	W, see ^{141}Pm	2E+3	5E+1	2E-8	7E-11	2E-5	2E-4
		Y, see ^{141}Pm	-	4E+1	2E-8	6E-11	-	-
61	Promethium-147	W, see ^{141}Pm	4E+3	1E+2	5E-8	-	-	-
			LLI wall (5E+3)	Bone surf (2E+2)	-	3E-10	7E-5	7E-4
		Y, see ^{141}Pm	-	1E+2	6E-8	2E-10	-	-
61	Promethium-148m	W, see ^{141}Pm	7E+2	3E+2	1E-7	4E-10	1E-5	1E-4
		Y, see ^{141}Pm	-	3E+2	1E-7	5E-10	-	-
61	Promethium-148	W, see ^{141}Pm	4E+2	5E+2	2E-7	8E-10	-	-
			LLI wall (5E+2)	-	-	-	7E-6	7E-5
		Y, see ^{141}Pm	-	5E+2	2E-7	7E-10	-	-
61	Promethium-149	W, see ^{141}Pm	1E+3	2E+3	8E-7	3E-9	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
		Y, see ^{141}Pm	-	2E+3	8E-7	2E-9	-	-
61	Promethium-150	W, see ^{141}Pm	5E+3	2E+4	8E-6	3E-8	7E-5	7E-4
		Y, see ^{141}Pm	-	2E+4	7E-6	2E-8	-	-
61	Promethium-151	W, see ^{141}Pm	2E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		Y, see ^{141}Pm	-	3E+3	1E-6	4E-9	-	-
62	Samarium-141m[2]	W, all compounds	3E+4	1E+5	4E-5	1E-7	4E-4	4E-3
62	Samarium-141[2]	W, all compounds	5E+4	2E+5	8E-5	2E-7	-	-
			St wall (6E+4)	-	-	-	8E-4	8E-3
62	Samarium-142[2]	W, all compounds	8E+3	3E+4	1E-5	4E-8	1E-4	1E-3
62	Samarium-145	W, all compounds	6E+3	5E+2	2E-7	7E-10	8E-5	8E-4
62	Samarium-146	W, all compounds	1E+1	4E-2	1E-11	-	-	-
			Bone surf (3E+1)	Bone surf (6E-2)	-	9E-14	3E-7	3E-6
62	Samarium-147	W, all compounds	2E+1	4E-2	2E-11	-	-	-
			Bone surf (3E+1)	Bone surf (7E-2)	-	1E-13	4E-7	4E-6
62	Samarium-151	W, all compounds	1E+4	1E+2	4E-8	-	-	-
			LLI wall (1E+4)	Bone surf (2E+2)	-	2E-10	2E-4	2E-3
62	Samarium-153	W, all compounds	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
62	Samarium-155[2]	W, all compounds	6E+4	2E+5	9E-5	3E-7	-	-
			St wall (8E+4)	-	-	-	1E-3	1E-2
62	Samarium-156	W, all compounds	5E+3	9E+3	4E-6	1E-8	7E-5	7E-4
63	Europium-145	W, all compounds	2E+3	2E+3	8E-7	3E-9	2E-5	2E-4
63	Europium-146	W, all compounds	1E+3	1E+3	5E-7	2E-9	1E-5	1E-4
63	Europium-147	W, all compounds	3E+3	2E+3	7E-7	2E-9	4E-5	4E-4
63	Europium-148	W, all compounds	1E+3	4E+2	1E-7	5E-10	1E-5	1E-4
63	Europium-149	W, all compounds	1E+4	3E+3	1E-6	4E-9	2E-4	2E-3
63	Europium-150 (12.62h)	W, all compounds	3E+3	8E+3	4E-6	1E-8	4E-5	4E-4
63	Europium-150 (34.2 y)	W, all compounds	8E+2	2E+1	8E-9	3E-11	1E-5	1E-4
63	Europium-152m	W, all compounds	3E+3	6E+3	3E-6	9E-9	4E-5	4E-4
63	Europium-152	W, all compounds	8E+2	2E+1	1E-8	3E-11	1E-5	1E-4
63	Europium-154	W, all compounds	5E+2	2E+1	8E-9	3E-11	7E-6	7E-5
63	Europium-155	W, all compounds	4E+3	9E+1	4E-8	-	5E-5	5E-4
			-	Bone surf (1E+2)	-	2E-10	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
63	Europium-156	W, all compounds	6E+2	5E+2	2E-7	6E-10	8E-6	8E-5
63	Europium-157	W, all compounds	2E+3	5E+3	2E-6	7E-9	3E-5	3E-4
63	Europium-158[2]	W, all compounds	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
64	Gadolinium-145[2]	D, all compounds except those given for W	5E+4	2E+5	6E-5	2E-7	-	-
			St wall (5E+4)	-	-	-	6E-4	6E-3
		W, oxides, hydroxides, and fluorides	-	2E+5	7E-5	2E-7	-	-
64	Gadolinium-146	D, see ^{145}Gd	1E+3	1E+2	5E-8	2E-10	2E-5	2E-4
		W, see ^{145}Gd	-	3E+2	1E-7	4E-10	-	-
64	Gadolinium-147	D, see ^{145}Gd	2E+3	4E+3	2E-6	6E-9	3E-5	3E-4
		W, see ^{145}Gd	-	4E+3	1E-6	5E-9	-	-
64	Gadolinium-148	D, see ^{145}Gd	1E+1	8E+3	3E-12	-	-	-
			Bone surf (2E+1)	Bone surf (2E+2)	-	2E-14	3E-7	3E-6
		W, see ^{145}Gd	-	3E-2	1E-11	-	-	-
			-	Bone surf (6E-2)	-	8E-14	-	-
64	Gadolinium-149	D, see ^{145}Gd	3E+3	2E+3	9E-7	3E-9	4E-5	4E-4
		W, see ^{145}Gd	-	2E+3	1E-6	3E-9	-	-
64	Gadolinium-151	D, see ^{145}Gd	6E+3	4E+2	2E-7	-	9E-5	9E-4
			-	Bone surf (6E+2)	-	9E-10	-	-
		W, see ^{145}Gd	-	1E+3	5E-7	2E-9	-	-
64	Gadolinium-152	D, see ^{145}Gd	2E+1	1E-2	4E-12	-	-	-
			Bone surf (3E+1)	Bone surf (2E-2)	-	3E-14	4E-7	4E-6
		W, see ^{145}Gd	-	4E-2	2E-11	-	-	-
			-	Bone surf (8E-2)	-	1E-13	-	-
64	Gadolinium-153	D, see ^{145}Gd	5E+3	1E+2	6E-8	-	6E-5	6E-4
			-	Bone surf (2E+2)	-	3E-10	-	-
		W, see ^{145}Gd	-	6E+2	2E-7	8E-10	-	-
64	Gadolinium-159	D, see ^{145}Gd	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
		W, see ^{145}Gd	-	6E+3	2E-6	8E-9	-	-
65	Terbium-147[2]	W, all compounds	9E+3	3E+4	1E-5	5E-8	1E-4	1E-3
65	Terbium-149	W, all compounds	5E+3	7E+2	3E-7	1E-9	7E-5	7E-4
65	Terbium-150	W, all compounds	5E+3	2E+4	9E-6	3E-8	7E-5	7E-4
65	Terbium-151	W, all compounds	4E+3	9E+3	4E-6	1E-8	5E-5	5E-4
65	Terbium-153	W, all compounds	5E+3	7E+3	3E-6	1E-8	7E-5	7E-4
65	Terbium-154	W, all compounds	2E+3	4E+3	2E-6	6E-9	2E-5	2E-4
65	Terbium-155	W, all compounds	6E+3	8E+3	3E-6	1E-8	8E-5	8E-4
65	Terbium-156m (5.0 h)	W, all compounds	2E+4	3E+4	1E-5	4E-8	2E-4	2E-3

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Table 1 Occupational Values Col. 2 Inhalation ALI µCi	Table 1 Occupational Values Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Table II Effluent Concentration Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
65	Terbium-156m (24.4 h)	W, all compounds	7E+3	8E+3	3E-6	1E-8	1E-4	1E-3
65	Terbium-156	W, all compounds	1E+3	1E+3	6E-7	2E-9	1E-5	1E-4
65	Terbium-157	W, all compounds	5E+4	3E+2	1E-7	-	-	-
			LLI wall (5E+4)	Bone surf (6E+2)	-	8E-10	7E-4	7E-3
65	Terbium-158	W, all compounds	1E+3	2E+1	8E-9	3E-11	2E-5	2E-4
65	Terbium-160	W, all compounds	8E+2	2E+2	9E-8	3E-10	1E-5	1E-4
65	Terbium-161	W, all compounds	2E+3	2E+3	7E-7	2E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
66	Dysprosium-155	W, all compounds	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
66	Dysprosium-157	W, all compounds	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
66	Dysprosium-159	W, all compounds	1E+4	2E+3	1E-6	3E-9	2E-4	2E-3
66	Dysprosium-165	W, all compounds	1E+4	5E+4	2E-5	6E-8	2E-4	2E-3
66	Dysprosium-166	W, all compounds	6E+2	7E+2	3E-7	1E-9	-	-
			LLI wall (8E+2)	-	-	-	1E-5	1E-4
67	Holmium-155[2]	W, all compounds	4E+4	2E+5	6E-5	2E-7	6E-4	6E-3
67	Holmium-157[2]	W, all compounds	3E+5	1E+6	6E-4	2E-6	4E-3	4E-2
67	Holmium-159[2]	W, all compounds	2E+5	1E+6	4E-4	1E-6	3E-3	3E-2
67	Holmium-161	W, all compounds	1E+5	4E+5	2E-4	6E-7	1E-3	1E-2
67	Holmium-162m[2]	W, all compounds	5E+4	3E+5	1E-4	4E-7	7E-4	7E-3
67	Holmium-162[2]	W, all compounds	5E+5	2E+6	1E-3	3E-6	-	-
			St wall (8E+5)	-	-	-	1E-2	1E-1
67	Holmium-164m[2]	W, all compounds	1E+5	3E+5	1E-4	4E-7	1E-3	1E-2
67	Holmium-164[2]	W, all compounds	2E+5	6E+5	3E-4	9E-7	-	-
			St wall (2E+5)	-	-	-	3E-3	3E-2
67	Holmium-166m	W, all compounds	6E+2	7E+0	3E-9	9E-12	9E-6	9E-5
67	Holmium-166	W, all compounds	9E+2	2E+3	7E-7	2E-9	-	-
			LLI wall (9E+2)	-	-	-	1E-5	1E-4
67	Holmium-167	W, all compounds	2E+4	6E+4	2E-5	8E-8	2E-4	2E-3
68	Erbium-161	W, all compounds	2E+4	6E+4	3E-5	9E-8	2E-4	2E-3
68	Erbium-165	W, all compounds	6E+4	2E+5	8E-5	3E-7	9E-4	9E-3
68	Erbium-169	W, all compounds	3E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (4E+3)	-	-	-	5E-5	5E-4
68	Erbium-171	W, all compounds	4E+3	1E+4	4E-6	1E-8	5E-5	5E-4

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
68	Erbium-172	W, all compounds	1E+3	1E+3	6E-7	2E-9	-	-
			LLI wall (E+3)	-	-	-	2E-5	2E-4
69	Thulium-162[2]	W, all compounds	7E+4	3E+5	1E-4	4E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
69	Thulium-166	W, all compounds	4E+3	1E+4	6E-6	2E-8	6E-5	6E-4
69	Thulium-167	W, all compounds	2E+3	2E+3	8E-7	3E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
69	Thulium-170	W, all compounds	8E+2	2E+2	9E-8	3E-10	-	-
			LLI wall (1E+3)	-	-	-	1E-5	1E-4
69	Thulium-171	W, all compounds	1E+4	3E+2	1E-7	-	-	-
			LLI wall (1E+4)	Bone surf (6E+2)	-	8E-10	2E-4	2E-3
69	Thulium-172	W, all compounds	7E+2	1E+3	5E-7	2E-9	-	-
			LLI wall (8E+2)	-	-	-	1E-5	1E-4
69	Thulium-173	W, all compounds	4E+3	1E+4	5E-6	2E-8	6E-5	6E-4
69	Thulium-175[2]	W, all compounds	7E+4	3E+5	1E-4	4E-7	-	-
			St wall (9E+4)	-	-	-	1E-3	1E-2
70	Ytterbium-162[2]	W, all compounds except those given for Y	7E+4	3E+5	1E-4	4E-7	1E-3	1E-2
		Y, oxides, hydroxides, and fluorides	-	3E+5	1E-4	4E-7	-	-
70	Ytterbium-166	W, see ^{162}Yb	1E+3	2E+3	8E-7	3E-9	2E-5	2E-4
		Y, see ^{162}Yb	-	2E+3	8E-7	3E-9	-	-
70	Ytterbium-167[2]	W, see ^{162}Yb	3E+5	8E+5	3E-4	1E-6	4E-3	4E-2
		Y, see ^{162}Yb	-	7E+5	3E-4	1E-6	-	-
70	Ytterbium-169	W, see ^{162}Yb	2E+3	8E+2	4E-7	1E-9	2E-5	2E-4
		Y, see ^{162}Yb	-	7E+2	3E-7	1E-9	-	-
70	Ytterbium-175	W, see ^{162}Yb	3E+3	4E+3	1E-6	5E-9	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
		Y, see ^{162}Yb	-	3E+3	1E-6	5E-9	-	-
70	Ytterbium-177[2]	W, see ^{162}Yb	2E+4	5E+4	2E-5	7E-8	2E-4	2E-3
		Y, see ^{162}Yb	-	5E+4	2E-5	6E-8	-	-
70	Ytterbium-178[2]	W, see ^{162}Yb	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		Y, see ^{162}Yb	-	4E+4	2E-5	5E-8	-	-
71	Lutetium-169	W, all compounds except those given for Y	3E+3	4E+3	2E-6	6E-9	3E-5	3E-4
		Y, oxides, hydroxides, and fluorides	-	4E+3	2E-6	6E-9	-	-
71	Lutetium-170	W, see ^{169}Lu	1E+3	2E+3	9E-7	3E-9	2E-5	2E-4
		Y, see ^{169}Lu	-	2E+3	8E-7	3E-9	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
71	Lutetium-171	W, see ^{169}Lu	2E+3	2E+3	8E-7	3E-9	3E-5	3E-4
		Y, see ^{169}Lu	-	2E+3	8E-7	3E-9	-	-
71	Lutetium-172	W, see ^{169}Lu	1E+3	1E+3	5E-7	2E-9	1E-5	1E-4
		Y, see ^{169}Lu	-	1E+3	5E-7	2E-9	-	-
71	Lutetium-173	W, see ^{169}Lu	5E+3	3E+2	1E-7	-	7E-5	7E-4
			-	Bone surf (5E+2)	-	6E-10	-	-
		Y, see ^{169}Lu	-	3E+2	1E-7	4E-10	-	-
71	Lutetium-174m	W, see ^{169}Lu	2E+3	2E+2	1E-7	-	-	-
			LLI wall (3E+3)	Bone surf (3E+2)	-	5E-10	4E-5	4E-4
		Y, see ^{169}Lu	-	2E+2	9E-8	3E-10	-	-
71	Lutetium-174	W, see ^{169}Lu	5E+3	1E+2	5E-8	-	7E-5	7E-4
			-	Bone surf (2E+2)	-	3E-10	-	-
		Y, see ^{169}Lu	-	2E+2	6E-8	2E-10	-	-
71	Lutetium-176m	W, see ^{169}Lu	8E+3	3E+4	1E-5	3E-8	1E-4	1E-3
		Y, see ^{169}Lu	-	2E+4	9E-6	3E-8	-	-
71	Lutetium-176	W, see ^{169}Lu	7E+2	5E+0	2E-9	-	1E-5	1E-4
			-	Bone surf (1E+1)	-	2E-11	-	-
		Y, see ^{169}Lu	-	8E+0	3E-9	1E-11	-	-
71	Lutetium-177m	W, see ^{169}Lu	7E+2	1E+2	5E-8	-	1E-5	1E-4
			-	Bone surf (1E+2)	-	2E-10	-	-
		Y, see ^{169}Lu	-	8E+1	3E-8	1E-10	-	-
71	Lutetium-177	W, see ^{169}Lu	2E+3	2E+3	9E-7	3E-9	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
		Y, see ^{169}Lu	-	2E+3	9E-7	3E-9	-	-
71	Lutetium-178m[2]	W, see ^{169}Lu	5E+4	2E+5	8E-5	3E-7	-	-
			St. wall (6E+4)	-	-	-	8E-4	8E-3
		Y, see ^{169}Lu	-	2E+5	7E-5	2E-7	-	-
71	Lutetium-178[2]	W, see ^{169}Lu	4E+4	1E+5	5E-5	2E-7	-	-
			St wall (4E+4)	-	-	-	6E-4	6E-3
		Y, see ^{169}Lu	-	1E+5	5E-5	2E-7	-	-
71	Lutetium-179	W, see ^{169}Lu	6E+3	2E+4	8E-6	3E-8	9E-5	9E-4
		Y, see ^{169}Lu	-	2E+4	6E-6	3E-8	-	-
72	Hafnium-170	D, all compounds except those given for W	3E+3	6E+3	2E-6	8E-9	4E-5	4E-4
		W, oxides, hydroxides, carbides, and nitrates	-	5E+3	2E-6	6E-9	-	-
72	Hafnium-172	D, see ^{170}Hf	1E+3	9E+0	4E-9	-	2E-5	2E-4
			-	Bone surf (2E+1)	-	3E-11	-	-
		W, see ^{170}Hf	-	4E+1	2E-8	-	-	-
			-	Bone surf (6E+1)	-	8E-11	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
72	Hafnium-173	D, see ^{170}Hf	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
		W, see ^{170}Hf	-	1E+4	5E-6	2E-8	-	-
72	Hafnium-175	D, see ^{170}Hf	3E+3	9E+2	4E-7	-	4E-5	4E-4
			-	Bone surf (1E+3)	-	1E-9	-	-
		W, see ^{170}Hf	-	1E+3	5E-7	2E-9	-	-
72	Hafnium-177m[2]	D, see ^{170}Hf	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
		W, see ^{170}Hf	-	9E+4	4E-5	1E-7	-	-
72	Hafnium-178m	D, see ^{170}Hf	3E+2	1E+0	5E-10	-	3E-6	3E-5
			-	Bone surf (2E+0)	-	3E-12	-	-
		W, see ^{170}Hf	-	5E+0	2E-9	-	-	-
			-	Bone surf (9E+0)	-	1E-11	-	-
72	Hafnium-179m	D, see ^{170}Hf	1E+3	3E+2	1E-7	-	1E-5	1E-4
			-	Bone surf (6E+2)	-	8E-10	-	-
		W, see ^{170}Hf	-	6E+2	3E-7	8E-10	-	-
72	Hafnium-180m	D, see ^{170}Hf	7E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see ^{170}Hf	-	3E+4	1E-5	4E-8	-	-
72	Hafnium-181	D, see ^{170}Hf	1E+3	2E+2	7E-8	-	2E-5	2E-4
			-	Bone surf (4E+2)	-	6E-10	-	-
		W, see ^{170}Hf	-	4E+2	2E-7	6E-10	-	-
72	Hafnium-182m[2]	D, see ^{170}Hf	4E+4	9E+4	4E-5	1E-7	5E-4	5E-3
		W, see ^{170}Hf	-	1E+5	6E-5	2E-7	-	-
72	Hafnium-182	D, see ^{170}Hf	2E+2	8E-1	3E-10	-	-	-
			Bone surf (4E+2)	Bone surf (2E+0)	-	2E-12	5E-6	5E-5
		W, see ^{170}Hf	-	3E+0	1E-9	-	-	-
			-	Bone surf (7E+0)	-	1E-11	-	-
72	Hafnium-183[2]	D, see ^{170}Hf	2E+4	5E+4	2E-5	6E-8	3E-4	3E-3
		W, see ^{170}Hf	-	6E+4	2E-5	8E-8	-	-
72	Hafnium-184	D, see ^{170}Hf	2E+3	8E+3	3E-6	1E-8	3E-5	3E-4
		W, see ^{170}Hf	-	6E+3	3E-6	9E-9	-	-
73	Tantalum-172[2]	W, all compounds except those given for Y	4E+4	1E+5	5E-5	2E-7	5E-4	5E-3
		Y, elemental Ta, oxides, hydroxides, halides, carbides, nitrates, and nitrides	-	1E+5	4E-5	1E-7	-	-
73	Tantalum-173	W, see ^{172}Ta	7E+3	2E+4	8E-6	3E-8	9E-5	9E-4
		Y, see ^{172}Ta	-	2E+4	7E-6	2E-8	-	-
73	Tantalum-174[2]	W, see ^{172}Ta	3E+4	1E+5	4E-5	1E-7	4E-4	4E-3
		Y, see ^{172}Ta	-	9E+4	4E-5	1E-7	-	-
73	Tantalum-175	W, see ^{172}Ta	6E+3	2E+4	7E-6	2E-8	8E-5	8E-4
		Y, see ^{172}Ta	-	1E+4	6E-6	2E-8	-	-
73	Tantalum-176	W, see ^{172}Ta	4E+3	1E+4	5E-6	2E-8	5E-5	5E-4
		Y, see ^{172}Ta	-	1E+4	5E-6	2E-8	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
73	Tantalum-177	W, see ^{172}Ta	1E+4	2E+4	8E-6	3E-8	2E-4	2E-3
		Y, see ^{172}Ta	-	2E+4	7E-6	2E-8	-	-
73	Tantalum-178	W, see ^{172}Ta	2E+4	9E+4	4E-5	1E-7	2E-4	2E-3
		Y, see ^{172}Ta	-	7E+4	3E-5	1E-7	-	-
73	Tantalum-179	W, see ^{172}Ta	2E+4	5E+3	2E-6	8E-9	3E-4	3E-3
		Y, see ^{172}Ta	-	9E+2	4E-7	1E-9	-	-
73	Tantalum-180m	W, see ^{172}Ta	2E+4	7E+4	3E-5	9E-8	3E-4	3E-3
		Y, see ^{172}Ta	-	6E+4	2E-5	8E-8	-	-
73	Tantalum-180	W, see ^{172}Ta	1E+3	4E+2	2E-7	6E-10	2E-5	2E-4
		Y, see ^{172}Ta	-	2E+1	1E-8	3E-11	-	-
73	Tantalum-182m[2]	W, see ^{172}Ta	2E+5	5E+5	2E-4	8E-7	-	-
			St wall (2E+5)	-	-	-	3E-3	3E-2
		Y, see ^{172}Ta	-	4E+5	2E-4	6E-7	-	-
73	Tantalum-182	W, see ^{172}Ta	8E+2	3E+2	1E-7	5E-10	1E-5	1E-4
		Y, see ^{172}Ta	-	1E+2	6E-8	2E-10	-	-
73	Tantalum-183	W, see ^{172}Ta	9E+2	1E+3	5E-7	2E-9	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		Y, see ^{172}Ta	-	1E+3	4E-7	1E-9	-	-
73	Tantalum-184	W, see ^{172}Ta	2E+3	5E+3	2E-6	8E-9	3E-5	3E-4
		Y, see ^{172}Ta	-	5E+3	2E-6	7E-9	-	-
73	Tantalum-185[2]	W, see ^{172}Ta	3E+4	7E+4	3E-5	1E-7	4E-4	4E-3
		Y, see ^{172}Ta	-	6E+4	3E-5	9E-8	-	-
73	Tantalum-186[2]	W, see ^{172}Ta	5E+4	2E+5	1E-4	3E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
		Y, see ^{172}Ta	-	2E+5	9E-5	3E-7	-	-
74	Tungsten-176	D, all compounds	1E+4	5E+4	2E-5	7E-8	1E-4	1E-3
74	Tungsten-177	D, all compounds	2E+4	9E+4	4E-5	1E-7	3E-4	3E-3
74	Tungsten-178	D, all compounds	5E+3	2E+4	8E-6	3E-8	7E-5	7E-4
74	Tungsten-179[2]	D, all compounds	5E+5	2E+6	7E-4	2E-6	7E-3	7E-2
74	Tungsten-181	D, all compounds	2E+4	3E+4	1E-5	5E-8	2E-4	2E-3
74	Tungsten-185	D, all compounds	2E+3	7E+3	3E-6	9E-9	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
74	Tungsten-187	D, all compounds	2E+3	9E+3	4E-6	1E-8	3E-5	3E-4
74	Tungsten-188	D, all compounds	4E+2	1E+3	5E-7	2E-9	-	-
			LLI wall (5E+2)	-	-	-	7E-6	7E-5
75	Rhenium-177[2]	D, all compounds except those given for W	9E+4	3E+5	1E-4	4E-7	-	-
			St wall (1E+5)	-	-	-	2E-3	2E-2
		W, oxides, hydroxides, and nitrates	-	4E+5	1E-4	5E-7	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Table 1 Occupational Values Col. 2 Inhalation ALI µCi	Table 1 Occupational Values Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Table II Effluent Concentration Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
75	Rhenium-178[2]	D, see ^{177}Re	7E+4	3E+5	1E-4	4E-7	-	-
			St wall (1E+5)	-	-	-	1E-3	1E-2
		W, see ^{177}Re	-	3E+5	1E-4	4E-7	-	-
75	Rhenium-181	D, see ^{177}Re	5E+3	9E+3	4E-6	1E-8	7E-5	7E-4
		W, see ^{177}Re	-	9E+3	4E-6	1E-8	-	-
75	Rhenium-182 (12.7 h)	D, see ^{177}Re	7E+3	1E+4	5E-6	2E-8	9E-5	9E-4
		W, see ^{177}Re	-	2E+4	6E-6	2E-8	-	-
75	Rhenium-182 (64.0 h)	D, see ^{177}Re	1E+3	2E+3	1E-6	3E-9	2E-5	2E-4
		W, see ^{177}Re	-	2E+3	9E-7	3E-9	-	-
75	Rhenium-184m	D, see ^{177}Re	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
		W, see ^{177}Re	-	4E+2	2E-7	6E-10	-	-
75	Rhenium-184	D, see ^{177}Re	2E+3	4E+3	1E-6	5E-9	3E-5	3E-4
		W, see ^{177}Re	-	1E+3	6E-7	2E-9	-	-
75	Rhenium-186m	D, see ^{177}Re	1E+3	2E+3	7E-7	-	-	-
			St wall (2E+3)	St wall (2E+3)	-	3E-9	2E-5	2E-4
		W, see ^{177}Re	-	2E+2	6E-8	2E-10	-	-
75	Rhenium-186	D, see ^{177}Re	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
		W, see ^{177}Re	-	2E+3	7E-7	2E-9	-	-
75	Rhenium-187	D, see ^{177}Re	6E+5	8E+5	4E-4	-	8E-3	8E-2
			-	St wall (9E+5)	-	1E-6	-	-
		W, see ^{177}Re	-	1E+5	4E-5	1E-7	-	-
75	Rhenium-188m[2]	D, see ^{177}Re	8E+4	1E+5	6E-5	2E-7	1E-3	1E-2
		W, see ^{177}Re	-	1E+5	6E-5	2E-7	-	-
75	Rhenium-188	D, see ^{177}Re	2E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		W, see ^{177}Re	-	3E+3	1E-6	4E-9	-	-
75	Rhenium-189	D, see ^{177}Re	3E+3	5E+3	2E-6	7E-9	4E-5	4E-4
		W, see ^{177}Re	-	4E+3	2E-6	6E-9	-	-
76	Osmium-180[2]	D, all compounds except those given for W and Y	1E+5	4E+5	2E-4	5E-7	1E-3	1E-2
		W, halides and nitrates	-	5E+5	2E-4	7E-7	-	-
		Y, oxides and hydroxides	-	5E+5	2E-4	6E-7	-	-
76	Osmium-181[2]	D, see ^{180}Os	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{180}Os	-	5E+4	2E-5	6E-8	-	-
		Y, see ^{180}Os	-	4E+4	2E-5	6E-8	-	-
76	Osmium-182	D, see ^{180}Os	2E+3	6E+3	2E-6	8E-9	3E-5	3E-4
		W, see ^{180}Os	-	4E+3	2E-6	6E-9	-	-
		Y, see ^{180}Os	-	4E+3	2E-6	6E-9	-	-
76	Osmium-185	D, see ^{180}Os	2E+3	5E+2	2E-7	7E-10	3E-5	3E-4
		W, see ^{180}Os	-	8E+2	3E-7	1E-9	-	-
		Y, see ^{180}Os	-	8E+2	3E-7	1E-9	-	-
76	Osmium-189m	D, see ^{180}Os	8E+4	2E+5	1E-4	3E-7	1E-3	1E-2
		W, see ^{180}Os	-	2E+5	9E-5	3E-7	-	-
		Y, see ^{180}Os	-	2E+5	7E-5	2E-7	-	-
76	Osmium-191m	D, see ^{180}Os	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
		W, see ^{180}Os	-	2E+4	8E-6	3E-8	-	-
		Y, see ^{180}Os	-	2E+4	7E-6	2E-8	-	-
76	Osmium-191	D, see ^{180}Os	2E+3	2E+3	9E-7	3E-9	-	-
			LLI wall (3E+3)	-	-	-	3E-5	3E-4
		W, see ^{180}Os	-	2E+3	7E-7	2E-9	-	-
		Y, see ^{180}Os	-	1E+3	6E-7	2E-9	-	-
76	Osmium-193	D, see ^{180}Os	2E+3	5E+3	2E-6	6E-9	-	-
			LLI wall (2E+3)	-	-	-	2E-5	2E-4
		W, see ^{180}Os	-	3E+3	1E-6	4E-9	-	-
		Y, see ^{180}Os	-	3E+3	1E-6	4E-9	-	-
76	Osmium-194	D, see ^{180}Os	4E+2	4E+1	2E-8	6E-11	-	-
			LLI wall (6E+2)	-	-	-	8E-6	8E-5
		W, see ^{180}Os	-	6E+1	2E-8	8E-11	-	-
		Y, see ^{180}Os	-	8E+0	3E-9	1E-11	-	-
77	Iridium-182[2]	D, all compounds except those given for W and Y	4E+4	1E+5	6E-5	2E-7	-	-
			St wall (4E+4)	-	-	-	6E-4	6E-3
		W, halides, nitrates, and metallic iridium	-	2E+5	6E-5	2E-7	-	-
		Y, oxides and hydroxides	-	1E+5	5E-5	2E-7	-	-
77	Iridium-184	D, see ^{182}Ir	8E+3	2E+4	1E-5	3E-8	1E-4	1E-3
		W, see ^{182}Ir	-	3E+4	1E-5	5E-8	-	-
		Y, see ^{182}Ir	-	3E+4	1E-5	4E-8	-	-
77	Iridium-185	D, see ^{182}Ir	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
		W, see ^{182}Ir	-	1E+4	5E-6	2E-8	-	-
		Y, see ^{182}Ir	-	1E+4	4E-6	1E-8	-	-
77	Iridium-186	D, see ^{182}Ir	2E+3	8E+3	3E-6	1E-8	3E-5	3E-4
		W, see ^{182}Ir	-	6E+3	3E-6	9E-9	-	-
		Y, see ^{182}Ir	-	6E+3	2E-6	8E-9	-	-
77	Iridium-187	D, see ^{182}Ir	1E+4	3E+4	1E-5	5E-8	1E-4	1E-3
		W, see ^{182}Ir	-	3E+4	1E-5	4E-8	-	-
		Y, see ^{182}Ir	-	3E+4	1E-5	4E-8	-	-
77	Iridium-188	D, see ^{182}Ir	2E+3	5E+3	2E-6	6E-9	3E-5	3E-4
		W, see ^{182}Ir	-	4E+3	1E-6	5E-9	-	-
		Y, see ^{182}Ir	-	3E+3	1E-6	5E-9	-	-
77	Iridium-189	D, see ^{182}Ir	5E+3	5E+3	2E-6	7E-9	-	-
			LLI wall (5E+3)	-	-	-	7E-5	7E-4
		W, see ^{182}Ir	-	4E+3	2E-6	5E-9	-	-
		Y, see ^{182}Ir	-	4E+3	1E-6	5E-9	-	-
77	Iridium-190m[2]	D, see ^{182}Ir	2E+5	2E+5	8E-5	3E-7	2E-3	2E-2
		W, see ^{182}Ir	-	2E+5	9E-5	3E-7	-	-
		Y, see ^{182}Ir	-	2E+5	8E-5	3E-7	-	-
77	Iridium-190	D, see ^{182}Ir	1E+3	9E+2	4E-7	1E-9	1E-5	1E-4
		W, see ^{182}Ir	-	1E+3	4E-7	1E-9	-	-
		Y, see ^{182}Ir	-	9E+2	4E-7	1E-9	-	-
77	Iridium-192m	D, see ^{182}Ir	3E+3	9E+1	4E-8	1E-10	4E-5	4E-4

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
		W, see ^{182}Ir	-	2E+2	9E-8	3E-10	-	-
		Y, see ^{182}Ir	-	2E+1	6E-9	2E-11	-	-
77	Iridium-192	D, see ^{182}Ir	9E+2	3E+2	1E-7	4E-10	1E-5	1E-4
		W, see ^{182}Ir	-	4E+2	2E-7	6E-10	-	-
		Y, see ^{182}Ir	-	2E+2	9E-8	3E-10	-	-
77	Iridium-194m	D, see ^{182}Ir	6E+2	9E+1	4E-8	1E-10	9E-6	9E-5
		W, see ^{182}Ir	-	2E+2	7E-8	2E-10	-	-
		Y, see ^{182}Ir	-	1E+2	4E-8	1E-10	-	-
77	Iridium-194	D, see ^{182}Ir	1E+3	3E+3	1E-6	4E-9	1E-5	1E-4
		W, see ^{182}Ir	-	2E+3	9E-7	3E-9	-	-
		Y, see ^{182}Ir	-	2E+3	8E-7	3E-9	-	-
77	Iridium-195m	D, see ^{182}Ir	8E+3	2E+4	1E-5	3E-8	1E-4	1E-3
		W, see ^{182}Ir	-	3E+4	1E-5	4E-8	-	-
		Y, see ^{182}Ir	-	2E+4	9E-6	3E-8	-	-
77	Iridium-195	D, see ^{182}Ir	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{182}Ir	-	5E+4	2E-5	7E-8	-	-
		Y, see ^{182}Ir	-	4E+4	2E-5	6E-8	-	-
78	Platinum-186	D, all compounds	1E+4	4E+4	2E-5	5E-8	2E-4	2E-3
78	Platinum-188	D, all compounds	2E+3	2E+3	7E-7	2E-9	2E-5	2E-4
78	Platinum-189	D, all compounds	1E+4	3E+4	1E-5	4E-8	1E-4	1E-3
78	Platinum-191	D, all compounds	4E+3	8E+3	4E-6	1E-8	5E-5	5E-4
78	Platinum-193m	D, all compounds	3E+3	6E+3	3E-6	8E-9	-	-
			LLI wall (3E+4)	-	-	-	4E-5	4E-4
78	Platinum-193	D, all compounds	4E+4	2E+4	1E-5	3E-8	-	-
			LLI wall (5E+4)	-	-	-	6E-4	6E-3
78	Platinum-195m	D, all compounds	2E+3	4E+3	2E-6	6E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
78	Platinum-197m[2]	D, all compounds	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
78	Platinum-197	D, all compounds	3E+3	1E+4	4E-6	1E-8	4E-5	4E-4
78	Platinum-199[2]	D, all compounds	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
78	Platinum-200	D, all compounds	1E+3	3E+3	1E-6	5E-9	2E-5	2E-4
79	Gold-193	D, all compounds except those given for W and Y	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, halides and nitrates	-	2E+4	9E-6	3E-8	-	-
		Y, oxides and hydroxides	-	2E+4	8E-6	3E-8	-	-
79	Gold-194	D, see ^{193}Au	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
		W, see ^{193}Au	-	5E+3	2E-6	8E-9	-	-
		Y, see ^{193}Au	-	5E+3	2E-6	7E-9	-	-
79	Gold-195	D, see ^{193}Au	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
		W, see ^{193}Au	-	1E+3	6E-7	2E-9	-	-
		Y, see ^{193}Au	-	4E+2	2E-7	6E-10	-	-
79	Gold-198m	D, see ^{193}Au	1E+3	3E+3	1E-6	4E-9	1E-5	1E-4
		W, see ^{193}Au	-	1E+3	5E-7	2E-9	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
		Y, see ^{193}Au	-	1E+3	5E-7	2E-9	-	-
79	Gold-198	D, see ^{193}Au	1E+3	4E+3	2E-6	5E-9	2E-5	2E-4
		W, see ^{193}Au	-	2E+3	8E-7	3E-9	-	-
		Y, see ^{193}Au	-	2E+3	7E-7	2E-9	-	-
79	Gold-199	D, see ^{193}Au	3E+3	9E+3	4E-6	1E-8	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
		W, see ^{193}Au	-	4E+3	2E-6	6E-9	-	-
		Y, see ^{193}Au	-	4E+3	2E-6	5E-9	-	-
79	Gold-200m	D, see ^{193}Au	1E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		W, see ^{193}Au	-	3E+3	1E-6	4E-9	-	-
		Y, see ^{193}Au	-	2E+4	1E-6	3E-9	-	-
79	Gold-200[2]	D, see ^{193}Au	3E+4	6E+4	3E-5	9E-8	4E-4	4E-3
		W, see ^{193}Au	-	8E+4	3E-5	1E-7	-	-
		Y, see ^{193}Au	-	7E+4	3E-5	1E-7	-	-
79	Gold-201[2]	D, see ^{193}Au	7E+4	2E+5	9E-5	3E-7	-	-
			St wall (9E+4)	-	-	-	1E-3	1E-2
		W, see ^{193}Au	-	2E+5	1E-4	3E-7	-	-
		Y, see ^{193}Au	-	2E+5	9E-5	3E-7	-	-
80	Mercury-193m	Vapor	-	8E+3	4E-6	1E-8	-	-
		Organic D	4E+3	1E+4	5E-6	2E-8	6E-5	6E-4
		D, sulfates	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		W, oxides, hydroxides, halides, nitrates, and sulfides	-	8E+3	3E-6	1E-8	-	-
80	Mercury-193	Vapor	-	3E+4	1E-5	4E-8	-	-
		Organic D	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		D, see ^{193m}Hg	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{193m}Hg	-	4E+4	2E-5	6E-8	-	-
80	Mercury-194	Vapor	-	3E+1	1E-8	4E-11	-	-
		Organic D	2E+1	3E+1	1E-8	4E-11	2E-7	2E-6
		D, see ^{193m}Hg	8E+2	4E+1	2E-8	6E-11	1E-5	1E-4
		W, see ^{193m}Hg	-	1E+2	5E-8	2E-10	-	-
80	Mercury-195m	Vapor	-	4E+3	2E-6	6E-9	-	-
		Organic D	3E+3	6E+3	3E-6	8E-9	4E-5	4E-4
		D, see ^{193m}Hg	2E+3	5E+3	2E-6	7E-9	3E-5	3E-4
		W, see ^{193m}Hg	-	4E+3	2E-6	5E-9	-	-
80	Mercury-195	Vapor	-	3E+4	1E-5	4E-8	-	-
		Organic D	2E+4	5E+4	2E-5	6E-8	2E-4	2E-3
		D, see ^{193m}Hg	1E+4	4E+4	1E-5	5E-8	2E-4	2E-3
		W, see ^{193m}Hg	-	3E+4	1E-5	5E-8	-	-
80	Mercury-197m	Vapor	-	5E+3	2E-6	7E-9	-	-
		Organic D	4E+3	9E+3	4E-6	1E-8	5E-5	5E-4
		D, see ^{193m}Hg	3E+3	7E+3	3E-6	1E-8	4E-5	4E-4
		W, see ^{193m}Hg	-	5E+3	2E-6	7E-9	-	-
80	Mercury-197	Vapor	-	8E+3	4E-6	1E-8	-	-
		Organic D	7E+3	1E+4	6E-6	2E-8	9E-5	9E-4
		D, see ^{193m}Hg	6E+3	1E+4	5E-6	2E-8	8E-5	8E-4
		W, see ^{193m}Hg	-	9E+3	4E-6	1E-8	-	-
80	Mercury-199m[2]	Vapor	-	8E+4	3E-5	1E-7	-	-
		Organic D	6E+4	2E+5	7E-5	2E-7	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
		St wall	(1E+5)	-	-	-	1E-3	1E-2
		D, see ^{193m}Hg	6E+4	1E+5	6E-5	2E-7	8E-4	8E-3
		W, see ^{193m}Hg	-	2E+5	7E-5	2E-7	-	-
80	Mercury-203	Vapor	-	8E+2	4E-7	1E-9	-	-
		Organic D	5E+2	8E+2	3E-7	1E-9	7E-6	7E-5
		D, see ^{193m}Hg	2E+3	1E+3	5E-7	2E-9	3E-5	3E-4
		W, see ^{193m}Hg	-	1E+3	5E-7	2E-9	-	-
81	Thallium-194m[2]	D, all compounds	5E+4	2E+5	6E-5	2E-7	-	-
		St wall	(7E+4)	-	-	-	1E-3	1E-2
81	Thallium-194[2]	D, all compounds	3E+5	6E+5	2E-4	8E-7	-	-
		St wall	(3E+5)	-	-	-	4E-3	4E-2
81	Thallium-195[2]	D, all compounds	6E+4	1E+5	5E-5	2E-7	9E-4	9E-3
81	Thallium-197	D, all compounds	7E+4	1E+5	5E-5	2E-7	1E-3	1E-2
81	Thallium-198m[2]	D, all compounds	3E+4	5E+4	2E-5	8E-8	4E-4	4E-3
81	Thallium-198	D, all compounds	2E+4	3E+4	1E-5	5E-8	3E-4	3E-3
81	Thallium-199	D, all compounds	6E+4	8E+4	4E-5	1E-7	9E-4	9E-3
81	Thallium-200	D, all compounds	8E+3	1E+4	5E-6	2E-8	1E-4	1E-3
81	Thallium-201	D, all compounds	2E+4	2E+4	9E-6	3E-8	2E-4	2E-3
81	Thallium-202	D, all compounds	4E+3	5E+3	2E-6	7E-9	5E-5	5E-4
81	Thallium-204	D, all compounds	2E+3	2E+3	9E-7	3E-9	2E-5	2E-4
82	Lead-195m[2]	D, all compounds	6E+4	2E+5	8E-5	3E-7	8E-4	8E-3
82	Lead-198	D, all compounds	3E+4	6E+4	3E-5	9E-8	4E-4	4E-3
82	Lead-199[2]	D, all compounds	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
82	Lead-200	D, all compounds	3E+3	6E+3	3E-6	9E-9	4E-5	4E-4
82	Lead-201	D, all compounds	7E+3	2E+4	8E-6	3E-8	1E-4	1E-3
82	Lead-202m	D, all compounds	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
82	Lead-202	D, all compounds	1E+2	5E+1	2E-8	7E-11	2E-6	2E-5
82	Lead-203	D, all compounds	5E+3	9E+3	4E-6	1E-8	7E-5	7E-4
82	Lead-205	D, all compounds	4E+3	1E+3	6E-7	2E-9	5E-5	5E-4
82	Lead-209	D, all compounds	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
82	Lead-210	D, all compounds	6E-1	2E-1	1E-10	-	-	-
			Bone surf (1E+0)	Bone surf (4E-1)	-	6E-13	1E-8	1E-7
82	Lead-211[2]	D, all compounds	1E+4	6E+2	3E-7	9E-10	2E-4	2E-3
82	Lead-212	D, all compounds	8E+1	3E+1	1E-8	5E-11	-	-
			Bone surf (1E+2)	-	-	-	2E-6	2E-5

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
82	Lead-214[2]	D, all compounds	9E+3	8E+2	3E-7	1E-9	1E-4	1E-3
83	Bismuth-200[2]	D, nitrates	3E+4	8E+4	4E-5	1E-7	4E-4	4E-3
		W, all other compounds	-	1E+5	4E-5	1E-7	-	-
83	Bismuth-201[2]	D, see ^{200}Bi	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
		W, see ^{200}Bi	-	4E+4	2E-5	5E-8	-	-
83	Bismuth-202[2]	D, see ^{200}Bi	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{200}Bi	-	8E+4	3E-5	1E-7	-	-
83	Bismuth-203	D, see ^{200}Bi	2E+3	7E+3	3E-6	9E-9	3E-5	3E-4
		W, see ^{200}Bi	-	6E+3	3E-6	9E-9	-	-
83	Bismuth-205	D, see ^{200}Bi	1E+3	3E+3	1E-6	3E-9	2E-5	2E-4
		W, see ^{200}Bi	-	1E+3	5E-7	2E-9	-	-
83	Bismuth-206	D, see ^{200}Bi	6E+2	1E+3	6E-7	2E-9	9E-6	9E-5
		W, see ^{200}Bi	-	9E+2	4E-7	1E-9	-	-
83	Bismuth-207	D, see ^{200}Bi	1E+3	2E+3	7E-7	2E-9	1E-5	1E-4
		W, see ^{200}Bi	-	4E+2	1E-7	5E-10	-	-
83	Bismuth-210m	D, see ^{200}Bi	4E+1 Kidneys (6E+1)	5E+0 Kidneys (6E+0)	2E-9 -	- 9E-12	- 8E-7	- 8E-6
		W, see ^{200}Bi	-	7E-1	3E-10	9E-13	-	-
83	Bismuth-210	D, see ^{200}Bi	8E+2 -	2E+2 Kidneys	1E-7	-	1E-5	1E-4
			-	(4E+2)	-	5E-10	-	-
		W, see ^{200}Bi	-	3E+1	1E-8	4E-11	-	-
83	Bismuth-212[2]	D, see ^{200}Bi	5E+3	2E+2	1E-7	3E-10	7E-5	7E-4
		W, see ^{200}Bi	-	3E+2	1E-7	4E-10	-	-
83	Bismuth-213[2]	D, see ^{200}Bi	7E+3	3E+2	1E-7	4E-10	1E-4	1E-3
		W, see ^{200}Bi	-	4E+2	1E-7	5E-10	-	-
83	Bismuth-214[2]	D, see ^{200}Bi	2E+4 St wall (2E+4)	8E+2 -	3E-7 -	1E-9 -	- 3E-4	- 3E-3
		W, see ^{200}Bi	-	9E-2	4E-7	1E-9	-	-
84	Polonium-203[2]	D, all compounds except those given for W	3E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		W, oxides, hydroxides, and nitrates	-	9E+4	4E-5	1E-7	-	-
84	Polonium-205[2]	D, see ^{203}Po	2E+4	4E+4	2E-5	5E-8	3E-4	3E-3
		W, see ^{203}Po	-	7E+4	3E-5	1E-7	-	-
84	Polonium-207	D, see ^{203}Po	8E+3	3E+4	1E-5	3E-8	1E-4	1E-3
		W, see ^{203}Po	-	3E+4	1E-5	4E-8	-	-
84	Polonium-210	D, see ^{203}Po	3E+0	6E-1	3E-10	9E-13	4E-8	4E-7
		W, see ^{203}Po	-	6E-1	3E-10	9E-13	-	-
85	Astatine-207[2]	D, halides	6E+3	3E+3	1E-6	4E-9	8E-5	8E-4
		W	-	2E+3	9E-7	3E-9	-	-
85	Astatine-211	D, halides	1E+2	8E+1	3E-8	1E-10	2E-6	2E-5
		W	-	5E+1	2E-8	8E-11	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Table 1 Occupational Values Col. 2 Inhalation ALI µCi	Table 1 Occupational Values Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Table II Effluent Concentration Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
86	Radon-220	With daughters removed	-	2E+4	7E-6	2E-8	-	-
		With daughters present	-	2E+1 (or 12 working level months)	9E-9	3E-11 (or 1.0 working level)	-	-
86	Radon-222	With daughters removed	-	1E+4	4E-6	1E-8	-	-
		With daughters present	-	1E+2 (or 4 working level months)	3E-8	1E-10 (or 0.33 working level)	-	-
87	Francium-222[2]	D, all compounds	2E+3	5E+2	2E-7	6E-10	3E-5	3E-4
87	Francium-223[2]	D, all compounds	6E+2	8E+2	3E-7	1E-9	8E-6	8E-5
88	Radium-223	W, all compounds	5E+0 Bone surf (9E+0)	7E-1	3E-10	9E-13	-	-
				-	-	-	1E-7	1E-6
88	Radium-224	W, all compounds	8E+0 Bone surf (2E+1)	2E+0	7E-10	2E-12	-	-
				-	-	-	2E-7	2E-6
88	Radium-225	W, all compounds	8E+0 Bone surf (2E+1)	7E-1	3E-10	9E-13	-	-
				-	-	-	2E-7	2E-6
88	Radium-226	W, all compounds	2E+0 Bone surf (5E+0)	6E-1	3E-10	9E-13	-	-
				-	-	-	6E-8	6E-7
88	Radium-227[2]	W, all compounds	2E+4 Bone surf (2E+4)	1E+4 Bone surf (2E+4)	6E-6	-	-	-
					-	3E-8	3E-4	3E-3
88	Radium-228	W, all compounds	2E+0 Bone surf (4E+0)	1E+0	5E-10	2E-12	-	-
				-	-	-	6E-8	6E-7
89	Actinium-224	D, all compounds except those given for W and Y	2E+3 LLI wall (2E+3)	3E+1 Bone surf (4E+1)	1E-8	-	-	-
					-	5E-11	3E-5	3E-4
		W, halides and nitrates	-	5E+1	2E-8	7E-11	-	-
		Y, oxides and hydroxides	-	5E+1	2E-8	6E-11	-	-
89	Actinium-225	D, see ^{224}Ac	5E+1 LLI wall (5E+1)	3E-1 Bone surf (5E-1)	1E-10	-	-	-
					-	7E-13	7E-7	7E-6
		W, see ^{224}Ac	-	6E-1	3E-10	9E-13	-	-
		Y, see ^{224}Ac	-	6E-1	3E-10	9E-13	-	-
89	Actinium-226	D, see ^{224}Ac	1E+2 LLI wall (1E+2)	3E+0 Bone surf (4E+0)	1E-9	-	-	-
					-	5E-12	2E-6	2E-5
		W, see ^{224}Ac	-	5E+0	2E-9	7E-12	-	-
		Y, see ^{224}Ac	-	5E+0	2E-9	6E-12	-	-
89	Actinium-227	D, see ^{224}Ac	2E-1 Bone surf (4E-1)	4E-4 Bone surf (8E-4)	2E-13	-	-	-
					-	1E-15	5E-9	5E-8
		W, see ^{224}Ac	-	2E-3	7E-13	-	-	-
			-	Bone surf (3E-3)	-	4E-15	-	-
		Y, see ^{224}Ac	-	4E-3	2E-12	6E-15	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
89	Actinium-228	D, see ^{224}Ac	2E+3	9E+0 Bone surf	4E-9	-	3E-5	3E-4
			-	(2E+1)	-	2E-11	-	-
		W, see ^{224}Ac	-	4E+1 Bone surf	2E-8	-	-	-
			-	(6E+1)	-	8E-11	-	-
		Y, see ^{224}Ac	-	4E+1	2E-8	6E-11	-	-
90	Thorium-226[2]	W, all compounds except those given for Y	5E+3	2E+2	6E-8	2E-10	-	-
			St wall (5E+3)	-	-	-	7E-5	7E-4
		Y, oxides and hydroxides	-	1E+2	6E-8	2E-10	-	-
90	Thorium-227	W, see ^{226}Th	1E+2	3E-1	1E-10	5E-13	2E-6	2E-5
		Y, see ^{226}Th	-	3E-1	1E-10	5E-13	-	-
90	Thorium-228	W, see ^{226}Th	6E+0	1E-2	4E-12	-	-	-
			Bone surf (1E+1)	Bone surf (2E-2)	-	3E-14	2E-7	2E-6
		Y, see ^{226}Th	-	2E-2	7E-12	2E-14	-	-
90	Thorium-229	W, see ^{226}Th	6E-1	9E-4	4E-13	-	-	-
			Bone surf (1E+0)	Bone surf (2E-3)	-	3E-15	2E-8	2E-7
		Y, see ^{226}Th	-	2E-3	1E-12	-	-	-
			-	Bone surf (3E-3)	-	4E-15	-	-
90	Thorium-230	W, see ^{226}Th	4E+0	6E-3	3E-12	-	-	-
			Bone surf (9E+0)	Bone surf (2E-2)	-	2E-14	1E-7	1E-6
		Y, see ^{226}Th	-	2E-2	6E-12	-	-	-
			-	Bone surf (2E-2)	-	3E-14	-	-
90	Thorium-231	W, see ^{226}Th	4E+3	6E+3	3E-6	9E-9	5E-5	5E-4
		Y, see ^{226}Th	-	6E+3	3E-6	9E-9	-	-
90	Thorium-232	W, see ^{226}Th	7E-1	1E-3	5E-13	-	-	-
			Bone surf (2E+0)	Bone surf (3E-3)	-	4E-15	3E-8	3E-7
		Y, see ^{226}Th	-	3E-3	1E-12	-	-	-
			-	Bone surf (4E-3)	-	6E-15	-	-
90	Thorium-234	W, see ^{226}Th	3E+2	2E+2	8E-8	3E-10	-	-
			LLI wall (4E+2)	-	-	-	5E-6	5E-5
		Y, see ^{226}Th	-	2E+2	6E-8	2E-10	-	-
91	Protactinium-227[2]	W, all compounds except those given for Y	4E+3	1E+2	5E-8	2E-10	5E-5	5E-4
		Y, oxides and hydroxides	-	1E+2	4E-8	1E-10	-	-
91	Protactinium-228	W, see ^{227}Pa	1E+3	1E+1	5E-9	-	2E-5	2E-4
			-	Bone surf (2E+1)	-	3E-11	-	-
		Y, see ^{227}Pa	-	1E+1	5E-9	2E-11	-	-
91	Protactinium-230	W, see ^{227}Pa	6E+2	5E+0	2E-9	7E-12	-	-
			Bone surf (9E+2)	-	-	-	1E-5	1E-4
		Y, see ^{227}Pa	-	4E+0	1E-9	5E-12	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
91	Protactinium-231	W, see ^{227}Pa	2E-1	2E-3	6E-13	-	-	-
			Bone surf (5E-1)	Bone surf (4E-3)	-	6E-15	6E-9	6E-8
		Y, see ^{227}Pa	-	4E-3	2E-12	-	-	-
			-	Bone surf (6E-3)	-	8E-15	-	-
91	Protactinium-232	W, see ^{227}Pa	1E+3	2E+1	9E-9	-	2E-5	2E-4
			-	Bone surf (6E+1)	-	8E-11	-	-
		Y, see ^{227}Pa	-	6E+1	2E-8	-	-	-
			-	Bone surf (7E+1)	-	1E-10	-	-
91	Protactinium-233	W, see ^{227}Pa	1E+3	7E+2	3E-7	1E-9	-	-
			LLI wall (2E+3)	-	-	-	2E-5	2E-4
		Y, see ^{227}Pa	-	6E+2	2E-7	8E-10	-	-
91	Protactinium-234	W, see ^{227}Pa	2E+3	8E+3	3E-6	1E-8	3E-5	3E-4
		Y, see ^{227}Pa	-	7E+3	3E-6	9E-9	-	-
92	Uranium-230	D, UF_6, UO_2F_2, $UO_2(NO_3)_2$	4E+0	4E-1	2E-10	-	-	-
			Bone surf (6E+0)	Bone surf (6E-1)	-	8E-13	8E-8	8E-7
		W, UO_3, UF_4, UCl_4	-	4E-1	1E-10	5E-13	-	-
		Y, UO_2, U_3O_8	-	3E-1	1E-10	4E-13	-	-
92	Uranium-231	D, see ^{230}U	5E+3	8E+3	3E-6	1E-8	-	-
			LLI wall (4E+3)	-	-	-	6E-5	6E-4
		W, see ^{230}U	-	6E+3	2E-6	8E-9	-	-
		Y, see ^{230}U	-	5E+3	2E-6	6E-9	-	-
92	Uranium-232	D, see ^{230}U	2E+0	2E-1	9E-11	-	-	-
			Bone surf (4E+0)	Bone surf (4E-1)	-	6E-13	6E-8	6E-7
		W, see ^{230}U	-	4E-1	2E-10	5E-13	-	-
		Y, see ^{230}U	-	8E-3	3E-12	1E-14	-	-
92	Uranium-233	D, see ^{230}U	1E+1	1E+0	5E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	7E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	5E-14	-	-
92	Uranium-234[3]	D, see ^{230}U	1E+1	1E+0	5E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	7E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	5E-14	-	-
92	Uranium-235[3]	D, see ^{230}U	1E+1	1E+0	6E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	8E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	6E-14	-	-
92	Uranium-236	D, see ^{230}U	1E+1	1E+0	5E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	8E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	6E-14	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
92	Uranium-237	D, see ^{230}U	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
		W, see ^{230}U	-	2E+3	7E-7	2E-9	-	-
		Y, see ^{230}U	-	2E+3	6E-7	2E-9	-	-
92	Uranium-238[3]	D, see ^{230}U	1E+1	1E+0	6E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	8E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	6E-14	-	-
92	Uranium-239[2]	D, see ^{230}U	7E+4	2E+5	8E-5	3E-7	9E-4	9E-3
		W, see ^{230}U	-	2E+5	7E-5	2E-7	-	-
		Y, see ^{230}U	-	2E+5	6E-5	2E-7	-	-
92	Uranium-240	D, see ^{230}U	1E+3	4E+3	2E-6	5E-9	2E-5	2E-4
		W, see ^{230}U	-	3E+3	1E-6	4E-9	-	-
		Y, see ^{230}U	-	2E+3	1E-6	3E-9	-	-
92	Uranium-natural[3]	D, see ^{230}U	1E+1	1E+0	5E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	8E-1	3E-10	9E-13	-	-
		Y, see ^{230}U	-	5E-2	2E-11	9E-14	-	-
93	Neptunium-232[2]	W, all compounds	1E+5	2E+3	7E-7	-	2E-3	2E-2
			-	Bone surf (5E+2)	-	6E-9	-	-
93	Neptunium-233[2]	W, all compounds	8E+5	3E+6	1E-3	4E-6	1E-2	1E-1
93	Neptunium-234	W, all compounds	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
93	Neptunium-235	W, all compounds	2E+4	8E+2	3E-7	-	-	-
			LLI wall (2E+4)	Bone surf (1E+3)	-	2E-9	3E-4	3E-3
93	Neptunium-236 (1.15E+5 y)	W, all compounds	3E+0	2E-2	9E-12	-	-	-
			Bone surf (6E+0)	Bone surf (5E-2)	-	8E-14	9E-8	9E-7
93	Neptunium-236 (22.5 h)	W, all compounds	3E+3	3E+1	1E-8	-	-	-
			Bone surf (4E+3)	Bone surf (7E+1)	-	1E-10	5E-5	5E-4
93	Neptunium-237	W, all compounds	5E-1	4E-3	2E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	1E-14	2E-8	2E-7
93	Neptunium-238	W, all compounds	1E+3	6E+1	3E-8	-	2E-5	2E-4
			-	Bone surf (2E+2)	-	2E-10	-	-
93	Neptunium-239	W, all compounds	2E+3	2E+3	9E-7	3E-9	-	-
			LLI wall (2E+3)	-	-	-	2E-5	2E-4
93	Neptunium-240[2]	W, all compounds	2E+4	8E+4	3E-5	1E-7	3E-4	3E-3
94	Plutonium-234	W, all compounds except PuO_2	8E+3	2E+2	9E-8	3E-10	1E-4	1E-3
		Y, PuO_2	-	2E+2	8E-8	3E-10	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Table 1 Occupational Values Col. 2 Inhalation ALI µCi	Table 1 Occupational Values Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Table II Effluent Concentration Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
94	Plutonium-235[2]	W, see ^{234}Pu	9E+5	3E+6	1E-3	4E-6	1E-2	1E-1
		Y, see ^{234}Pu	-	3E+6	1E-3	3E-6	-	-
94	Plutonium-236	W, see ^{234}Pu	2E+0 Bone surf (4E+0)	2E-2 Bone surf (4E-2)	8E-12 -	- 5E-14	- 6E-8	- 6E-7
		Y, see ^{234}Pu	-	4E-2	2E-11	6E-14	-	-
94	Plutonium-237	W, see ^{234}Pu	1E+4	3E+3	1E-6	5E-9	2E-4	2E-3
		Y, see ^{234}Pu	-	3E+3	1E-6	4E-9	-	-
94	Plutonium-238	W, see ^{234}Pu	9E-1 Bone surf (2E+0)	7E-3 Bone surf (1E-2)	3E-12 -	- 2E-14	- 2E-8	- 2E-7
		Y, see ^{234}Pu	-	2E-2	8E-12	2E-14	-	-
94	Plutonium-239	W, see ^{234}Pu	8E-1 Bone surf (1E+0)	6E-3 Bone surf (1E-2)	3E-12 -	- 2E-14	- 2E-8	- 2E-7
		Y, see ^{234}Pu	- -	2E-2 Bone surf (2E-2)	7E-12 -	- 2E-14	- -	- -
94	Plutonium-240	W, see ^{234}Pu	8E-1 Bone surf (1E+0)	6E-3 Bone surf (1E-2)	3E-12 -	- 2E-14	- 2E-8	- 2E-7
		Y, see ^{234}Pu	- -	2E-2 Bone surf (2E-2)	7E-12 -	- 2E-14	- -	- -
94	Plutonium-241	W, see ^{234}Pu	4E+1 Bone surf (7E+1)	3E-1 Bone surf (6E-1)	1E-10 -	- 8E-13	- 1E-6	- 1E-5
		Y, see ^{234}Pu	- -	8E-1 Bone surf (1E+0)	3E-10 -	- 1E-12	- -	- -
94	Plutonium-242	W, see ^{234}Pu	8E-1 Bone surf (1E+0)	7E-3 Bone surf (1E-2)	3E-12 -	- 2E-14	- 2E-8	- 2E-7
		Y, see ^{234}Pu	- -	2E-2 Bone surf (2E-2)	7E-12 -	- 2E-14	- -	- -
94	Plutonium-243	W, see ^{234}Pu	2E+4	4E+4	2E-5	5E-8	2E-4	2E-3
		Y, see ^{234}Pu	-	4E+4	2E-5	5E-8	-	-
94	Plutonium-244	W, see ^{234}Pu	8E-1 Bone surf (2E+0)	7E-3 Bone surf (1E-2)	3E-12 -	- 2E-14	- 2E-8	- 2E-7
		Y, see ^{234}Pu	- -	2E-2 Bone surf (2E-2)	7E-12 -	- 2E-14	- -	- -
94	Plutonium-245	W, see ^{234}Pu	2E+3	5E+3	2E-6	6E-9	3E-5	3E-4
		Y, see ^{234}Pu	-	4E+3	2E-6	6E-9	-	-
94	Plutonium-246	W, see ^{234}Pu	4E+2 LLI wall (4E+2)	3E+2 -	1E-7 -	4E-10 -	- 6E-6	- 6E-5
		Y, see ^{234}Pu	-	3E+2	1E-7	4E-10	-	-
95	Americium-237[2]	W, all compounds	8E+4	3E+5	1E-4	4E-7	1E-3	1E-2

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
95	Americium-238[2]	W, all compounds	4E+4	3E+3	1E-6	-	5E-4	5E-3
			-	Bone surf (6E+3)	-	9E-9	-	-
95	Americium-239	W, all compounds	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
95	Americium-240	W, all compounds	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
95	Americium-241	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
95	Americium-242m	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
95	Americium-242	W, all compounds	4E+3	8E+1	4E-8	-	5E-5	5E-4
			-	Bone surf (9E+1)	-	1E-10	-	-
95	Americium-243	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
95	Americium-244m[2]	W, all compounds	6E+4	4E+3	2E-6	-	-	-
			St wall (8E+4)	Bone surf (7E+3)	-	1E-8	1E-3	1E-2
95	Americium-244	W, all compounds	3E+3	2E+2	8E-8	-	4E-5	4E-4
			-	Bone surf (3E+2)	-	4E-10	-	-
95	Americium-245	W, all compounds	3E+4	8E+4	3E-5	1E-7	4E-4	4E-3
95	Americium-246m[2]	W, all compounds	5E+4	2E+5	8E-5	3E-7	-	-
			St wall (6E+4)	-	-	-	8E-4	8E-3
95	Americium-246[2]	W, all compounds	3E+4	1E+5	4E-5	1E-7	4E-4	4E-3
96	Curium-238	W, all compounds	2E+4	1E+3	5E-7	2E-9	2E-4	2E-3
96	Curium-240	W, all compounds	6E+1	6E-1	2E-10	-	-	-
			Bone surf (8E+1)	Bone surf (6E-1)	-	9E-13	1E-6	1E-5
96	Curium-241	W, all compounds	1E+3	3E+1	1E-8	-	2E-5	2E-4
			-	Bone surf (4E+1)	-	5E-11	-	-
96	Curium-242	W, all compounds	3E+1	3E-1	1E-10	-	-	-
			Bone surf (5E+1)	Bone surf (3E-1)	-	4E-13	7E-7	7E-6
96	Curium-243	W, all compounds	1E+0	9E-3	4E-12	-	-	-
			Bone surf (2E+0)	Bone surf (2E-2)	-	2E-14	3E-8	3E-7
96	Curium-244	W, all compounds	1E+0	1E-2	5E-12	-	-	-
			Bone surf (3E+0)	Bone surf (2E-2)	-	3E-14	3E-8	3E-7
96	Curium-245	W, all compounds	7E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
96	Curium-246	W, all compounds	7E-1 Bone surf (1E+0)	6E-3 Bone surf (1E-2)	3E-12 -	-	-	- 2E-7
96	Curium-247	W, all compounds	8E-1 Bone surf (1E+0)	6E-3 Bone surf (1E-2)	3E-12 -	-	-	- 2E-7
96	Curium-248	W, all compounds	2E-1 Bone surf (4E-1)	2E-3 Bone surf (3E-3)	7E-13 -	-	-	- 5E-8
96	Curium-249[2]	W, all compounds	5E+4 -	2E+4 Bone surf (3E+4)	7E-6 -	-	7E-4	7E-3 -
96	Curium-250	W, all compounds	4E-2 Bone surf (6E-2)	3E-4 Bone surf (5E-4)	1E-13 -	-	-	- 9E-9
97	Berkelium-245	W, all compounds	2E+3	1E+3	5E-7	2E-9	3E-5	3E-4
97	Berkelium-246	W, all compounds	3E+3	3E+3	1E-6	4E-9	4E-5	4E-4
97	Berkelium-247	W, all compounds	5E-1 Bone surf (1E+0)	4E-3 Bone surf (9E-3)	2E-12 -	-	-	- 2E-7
97	Berkelium-249	W, all compounds	2E+2 Bone surf (5E+2)	2E+0 Bone surf (4E+0)	7E-10 -	-	-	- 6E-5
97	Berkelium-250	W, all compounds	9E+3 -	3E+2 Bone surf (7E+2)	1E-7 -	- 1E-9	1E-4 -	1E-3 -
98	Californium-244[2]	W, all compounds except those given for Y	3E+4 St wall (3E+4)	6E+2 -	2E-7 -	8E-10 -	- 4E-4	- 4E-3
		Y, oxides and hydroxides	-	6E+2	2E-7	8E-10	-	-
98	Californium-246	W, see ^{244}Cf	4E+2	9E+0	4E-9	1E-11	5E-6	5E-5
		Y, see ^{244}Cf	-	9E+0	4E-9	1E-11	-	-
98	Californium-248	W, see ^{244}Cf	8E+0 Bone surf (2E+1)	6E-2 Bone surf (1E-1)	3E-11 -	- 2E-13	- 2E-7	- 2E-6
		Y, see ^{244}Cf	-	1E-1	4E-11	1E-13	-	-
98	Californium-249	W, see ^{244}Cf	5E-1 Bone surf (1E+0)	4E-3 Bone surf (9E-3)	2E-12 -	- 1E-14	- 2E-8	- 2E-7
		Y, see ^{244}Cf	- -	1E-2 Bone surf (1E-2)	4E-12 -	- 2E-14	- -	- -
98	Californium-250	W, see ^{244}Cf	1E+0 Bone surf (2E+0)	9E-3 Bone surf (2E-2)	4E-12 -	- 3E-14	- 3E-8	- 3E-7
		Y, see ^{244}Cf	-	3E-2	1E-11	4E-14	-	-
98	Californium-251	W, see ^{244}Cf	5E-1 Bone surf (1E+0)	4E-3 Bone surf (9E-3)	2E-12 -	- 1E-14	- 2E-8	- 2E-7
		Y, see ^{244}Cf	-	1E-2	4E-12	-	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Col. 2 Inhalation ALI µCi	Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
			-	Bone surf (1E-2)	-	2E-14	-	-
98	Californium-252	W, see ^{244}Cf	2E+0	2E-2	8E-12	-	-	-
			Bone surf (5E+0)	Bone surf (4E-2)	-	5E-14	7E-8	7E-7
		Y, see ^{244}Cf	-	3E-2	1E-11	5E-14	-	-
98	Californium-253	W, see ^{244}Cf	2E+2	2E+0	8E-10	3E-12	-	-
			Bone surf (4E+2)	-	-	-	5E-6	5E-5
		Y, see ^{244}Cf	-	2E+0	7E-10	2E-12	-	-
98	Californium-254	W, see ^{244}Cf	2E+0	2E-2	9E-12	3E-14	3E-8	3E-7
		Y, see ^{244}Cf	-	2E-2	7E-12	2E-14	-	-
99	Einsteinium-250	W, all compounds	4E+4	5E+2	2E-7	-	6E-4	6E-3
			-	Bone surf (1E+3)	-	2E-9	-	-
99	Einsteinium-251	W, all compounds	7E+3	9E+2	4E-7	-	1E-4	1E-3
			-	Bone surf (1E+3)	-	2E-9	-	-
99	Einsteinium-253	W, all compounds	2E+2	1E+0	6E-10	2E-12	2E-6	2E-5
99	Einsteinium-254m	W, all compounds	3E+2	1E+1	4E-9	1E-11	-	-
			LLI wall (3E+2)	-	-	-	4E-6	4E-5
99	Einsteinium-254	W, all compounds	8E+0	7E-2	3E-11	-	-	-
			Bone surf (2E+1)	Bone surf (1E-1)	-	2E-13	2E-7	2E-6
100	Fermium-252	W, all compounds	5E+2	1E+1	5E-9	2E-11	6E-6	6E-5
100	Fermium-253	W, all compounds	1E+3	1E+1	4E-9	1E-11	1E-5	1E-4
100	Fermium-254	W, all compounds	3E+3	9E+1	4E-8	1E-10	4E-5	4E-4
100	Fermium-255	W, all compounds	5E+2	2E+1	9E-9	3E-11	7E-6	7E-5
100	Fermium-257	W, all compounds	2E+1	2E-1	7E-11	-	-	-
			Bone surf (4E+1)	Bone surf (2E-1)	-	3E-13	5E-7	5E-6
101	Mendelevium-257	W, all compounds	7E+3	8E+1	4E-8	-	1E-4	1E-3
			-	Bone surf (9E+1)	-	1E-10	-	-
101	Mendelevium-258	W, all compounds	3E+1	2E-1	1E-10	-	-	-
			Bone surf (5E+1)	Bone surf (3E-1)	-	5E-13	6E-7	6E-6
-	Any single radionuclide not listed above with decay mode other than alpha emission or spontaneous fission and with radioactive half-life less than 2 hours	Submersion[1]	-	2E+2	1E-7	1E-9	-	-

Atomic No.	Radionuclide	Class	Table 1 Occupational Values Col. 1 Oral Ingestion ALI µCi	Table 1 Occupational Values Col. 2 Inhalation ALI µCi	Table 1 Occupational Values Col. 3 Inhalation DAC µCi/ml	Table II Effluent Concentration Col. 1 Air µCi/ml	Table II Effluent Concentration Col. 2 Water µCi/ml	Table III Releases to Sewers Monthly Average Concentration µCi/ml
-	Any single radionuclide not listed above with decay mode other than alpha emission or spontaneous fission and with radioactive half-life less than 2 hours	. . . .	-	2E-1	1E-10	1E-12	1E-8	1E-7
-	Any single radionuclide not listed above that decays by alpha emission or spontaneous fission, or any mixture for which either the identity or the concentration of any radionuclide in the mixture is not known	. . . .	-	4E-4	2E-13	1E-15	2E-9	2E-8

FOOTNOTES:

[1]"Submersion" means that values given are for submersion in a hemispherical semi-infinite cloud of airborne material.

[2]These radionuclides have radiological half-lives of less than 2 hours. The total effective dose equivalent received during operations with these radionuclides might include a significant contribution from external exposure. The DAC values for all radionuclides, other than those designated Class "Submersion," are based upon the committed effective dose equivalent due to the intake of the radionuclide into the body and do NOT include potentially significant contributions to dose equivalent from external exposures. The licensee may substitute 1E-7 µCi/ml for the listed DAC to account for the submersion dose prospectively, but should use individual monitoring devices or other radiation measuring instruments that measure external exposure to demonstrate compliance with the limits. (See WAC 246-221-015(5).)

[3]For soluble mixtures of U-238, U-234, and U-235 in air, chemical toxicity may be the limiting factor (see WAC 246-221-010(5)). If the percent by weight (enrichment) of U-235 is not greater than 5, the concentration value for a 40-hour workweek is 0.2 milligrams uranium per cubic meter of air average. For any enrichment, the product of the average concentration and time of exposure during a 40-hour workweek shall not exceed 8E-3 (SA) µCi-hr/ml, where SA is the specific activity of the uranium inhaled. The specific activity for natural uranium is 6.77E-7 curies per gram U. The specific activity for other mixtures of U-238, U-235, and U-234, if not known, shall be:

SA = 3.6E-7 curies/gram U, U-depleted

SA = [0.4 + 0.38 (enrichment) + 0.0034 (enrichment)^2] E-6, enrichment ≥ 0.72

where enrichment is the percentage by weight of U-235, expressed as percent.

NOTE:

1. If the identity of each radionuclide in a mixture is known but the concentration of one or more of the radionuclides in the mixture is not known, the DAC for the mixture shall be the most restrictive DAC of any radionuclide in the mixture.
2. If the identity of each radionuclide in the mixture is not known, but it is known that certain radionuclides specified in this appendix are not present in the mixture, the inhalation ALI, DAC, and effluent and sewage concentrations for the mixture are the lowest values specified in this appendix for any radionuclide that is not known to be absent from the mixture; or

If it is known that Ac-227-D and Cm-250-W are not present	-	7E-4	3E-13	-	-	-
If, in addition, it is known that Ac-227-W,Y, Th-229-W,Y, Th-230-W, Th-232-W,Y, Pa-231-W,Y, Np-237-W, Pu-239-W, Pu-240-W, Pu-242-W, Am-241-W, Am-242m-W, Am-243-W, Cm-245-W, Cm-246-W, Cm-247-W, Cm-248-W, Bk-247-W, Cf-249-W, and Cf-251-W are not present	-	7E-3	3E-12	-	-	-
If, in addition, it is known that Sm-146-W, Sm-147-W, Gd-148-D,W, Gd-152-D,W, Th-228-W,Y, Th-230-Y, U-232-Y, U-233-Y, U-234-Y, U-235-Y, U-236-Y, U-238-Y, Np-236-W, Pu-236-W,Y, Pu-238-W,Y, Pu-239-Y, Pu-240-Y, Pu-242-Y, Pu-244-W,Y, Cm-243-W, Cm-244-W, Cf-248-W, Cf-249-Y, Cf-250-W,Y, Cf-251-Y, Cf-252-W,Y, and Cf-254-W,Y are not present	-	7E-2	3E-11	-	-	-
If, in addition, it is known that Pb-210-D, Bi-210m-W, Po-210-D,W, Ra-223-W, Ra-225-W, Ra-226-W, Ac-225-D,W,Y, Th-227-W,Y, U-230-D,W,Y, U-232-D,W, Pu-241-W, Cm-240-W, Cm-242-W, Cf-248-Y, Es-254-W, Fm-257-W, and Md-258-W are not present	-	7E-1	3E-10	-	-	-
If, in addition, it is known that Si-32-Y, Ti-44-Y, Fe-60-D, Sr-90-Y, Zr-93-D, Cd-113m-D, Cd-113-D, In-115-D,W, La-138-D, Lu-176-W, Hf-178m-D,W, Hf-182-D,W, Bi-210m-D, Ra-224-W, Ra-228-W, Ac-226-D,W,Y, Pa-230-W,Y, U-233-D,W, U-234-D,W, U-235-D,W, U-236-D,W, U-238-D,W, Pu-241-Y, Bk-249-W, Cf-253-W,Y, and Es-253-W are not present	-	7E+0	3E-9	-	-	-
If it is known that Ac-227-D,W,Y, Th-229-W,Y, Th-232-W,Y, Pa-231-W,Y, Cm-248-W, and Cm-250-W are not present	-	-	-	1E-14	-	-

If, in addition, it is known that Sm-146-W, Gd-148-D,W, Gd-152-D, Th-228-W,Y, Th-230-W,Y, U-232-Y, U-233-Y, U-234-Y, U-235-Y, U-236-Y, U-238-Y, U-Nat-Y, Np-236-W, Np-237-W, Pu-236-W,Y, Pu-238-W,Y, Pu-239-W,Y, Pu-240-W,Y, Pu-242-W,Y, Pu-244-W,Y, Am-241-W, Am-242m-W, Am-243-W, Cm-243-W, Cm-244-W, Cm-245-W, Cm-246-W, Cm-247-W, Bk-247-W, Cf-249-W,Y, Cf-250-W,Y, Cf-251-W,Y, Cf-252-W,Y, and Cf-254-W,Y are not present	-	-	-	1E-13	-	-
If, in addition, it is known that Sm-147-W, Gd-152-W, Pb-210-D, Bi-210m-W, Po-210-D,W, Ra-223-W, Ra-225-W, Ra-226-W, Ac-225-D,W,Y, Th-227-W,Y, U-230-D,W,Y, U-232-D,W, U-Nat-W, Pu-241-W, Cm-240-W, Cm-242-W, Cf-248-W,Y, Es-254-W, Fm-257-W, and Md-258-W are not present	-	-	-	-	1E-12	-
If, in addition, it is known that Fe-60, Sr-90, Cd-113m, Cd-113, In-115, I-129, Cs-134, Sm-145, Sm-147, Gd-148, Gd-152, Hg-194 (organic), Bi-210m, Ra-223, Ra-224, Ra-225, Ac-225, Th-228, Th-230, U-233, U-234, U-235, U-236, U-238, U-Nat, Cm-242, Cf-248, Es-254, Fm-257, and Md-258 are not present	-	-	-	-	1E-6	1E-5

3. If a mixture of radionuclides consists of uranium and its daughters in ore dust (10 μm AMAD particle distribution assumed) prior to chemical separation of the uranium from the ore, the following values may be used for the DAC of the mixture: 6E-11 μCi of gross alpha activity from uranium-238, uranium-234, thorium-230, and radium-226 per milliliter of air; 3E-11 μCi of natural uranium per milliliter of air; or 45 micrograms of natural uranium per cubic meter of air.
4. If the identity and concentration of each radionuclide in a mixture are known, the limiting values should be derived as follows: Determine, for each radionuclide in the mixture, the ratio between the concentration present in the mixture and the concentration otherwise established in this section for the specific radionuclide when not in a mixture. The sum of such ratios for all of the radionuclides in the mixture may not exceed "1" (i.e., "unity").
Example: If radionuclides "A," "B," and "C" are present in concentrations CA, CB, and CC, and if the applicable DACs are DAC_A, DAC_B, and DAC_C, respectively, then the concentrations shall be limited so that the following relationship exists:

$$\frac{C_A}{DAC_A} + \frac{C_B}{DAC_B} + \frac{C_C}{DAC_C} \leq 1$$

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-221-290, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-290, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70 040. 91-02-049 (Order 121), recodified as § 246-221-290, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-220, filed 12/8/80; Order 1095, § 402-24-220, filed 2/6/76; Order 1, § 402-24-220, filed 1/8/69; Rules (part), filed 10/26/66.]

Reviser's note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.

Chapter 246-232 WAC
RADIOACTIVE MATERIAL—LICENSING APPLICABILITY

WAC

WAC 246-232-006 Exemption of certain source material. (1) A person is exempt from this chapter and chapters 246-233 and 246-235 WAC to the extent that the person receives, possesses, uses, owns, or transfers source material in any chemical mixture, compound, solution or alloy in which the source material is by weight less than 1/20 of one percent (0.05 percent) of the mixture, compound, solution, or alloy.

(2) A person is exempt from this chapter and chapters 246-233 and 246-235 WAC to the extent that the person receives, possesses, uses or transfers unrefined and unprocessed ore containing source material, provided such person shall not refine or process such ore unless authorized to do so in a specific license.

(3) A person is exempt from this chapter and chapters 246-233 and 246-235 WAC to the extent that the person receives, possesses, uses or transfers:

(a) Any quantities of thorium contained in:

(i) Incandescent gas mantles;

(ii) Vacuum tubes;

(iii) Welding rods;

(iv) Electric lamps for illuminating purposes if each lamp contains fifty milligrams or less of thorium;

(v) Germicidal lamps, sunlamps and lamps for outdoor or industrial lighting if each lamp contains two grams or less of thorium;

(vi) Rare earth metals and compounds, mixtures, and products containing 0.25 percent or less by weight thorium, uranium, or any combination of these; or

(vii) Personnel neutron dosimeters if each dosimeter contains 1.85 gigabecquerels (50 milligrams) or less of thorium;

(b) Source material contained in the following products:

(i) Glazed ceramic tableware if the glaze contains twenty percent or less by weight source material; and

(ii) Piezoelectric ceramic containing two percent or less by weight source material;

(c) Photographic film, negatives and prints containing uranium or thorium;

(d) Any finished product or part fabricated of, or containing, tungsten-thorium or magnesium-thorium alloys if the thorium content of the alloy is four percent or less by weight. The exemption contained in this subparagraph shall not be deemed to authorize the chemical, physical or metallurgical treatment or processing of any such product or part;

(e) Thorium contained in finished optical lenses if each lens contains thirty percent or less by weight of thorium. The exemption contained in this subparagraph shall not be deemed to authorize either:

(i) The shaping, grinding or polishing of lens or manufacturing processes other than the assembly of such lens into optical systems and devices without alteration of the lens; or

(ii) The receipt, possession, use or transfer of thorium contained in contact lenses, or in spectacles, or in eyepieces in binoculars or other optical instruments;

(f) Uranium contained in detector heads for use in fire detection units if each detector head contains 185 becquerels (0.005 microcuries) or less of uranium; or

(g) Thorium contained in any finished aircraft engine part containing nickel-thoria alloy if:

(i) The thorium is dispersed in the nickel-thoria alloy in the form of finely divided thoria (thorium dioxide); and

(ii) The thorium content in the nickel-thoria alloy is four percent or less by weight.

(4) The exemptions in subsection (3) of this section do not authorize the manufacture of any of the products described.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-232-006, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. 01-02-068, § 246-232-006, filed 12/29/00, effective 1/29/01.]

WAC 246-232-008 Exemption of certain timepieces, hands or dials. A person is exempt from these regulations to the extent the person receives, possesses, uses, transfers, owns or acquires, and does not apply radioactive material to, or incorporate radioactive material into, the following timepieces or hands or dials containing the following specified quantities of radioactive material and the following specified levels of radiation*:

*Note: Authority to transfer possession or control by the manufacturer, processor, or producer of any equipment, device, commodity, or other product containing source material or byproduct material whose subsequent possession, use, transfer and disposal by all other persons who are exempted from regulatory requirements may be obtained only from the United States Nuclear Regulatory Commission, Washington, D.C. 20555.

(1)(a) 925 megabecquerels (25 millicuries) or less of tritium per timepiece;

(b) 185 megabecquerels (5 millicuries) or less of tritium per hand;

(c) 555 megabecquerels (15 millicuries) or less of tritium per dial (bezels when used shall be considered as part of the dial);

(d) 3.7 megabecquerels (100 microcuries) or less of promethium-147 per watch or 7.4 megabecquerels (200 microcuries) or less of promethium-147 per any other timepiece;

(e) 740 kilobecquerels (20 microcuries) or less of promethium-147 per watch hand or 1.48 megabecquerels (40 microcuries) or less of promethium-147 per other timepiece hand;

(f) 2.22 megabecquerels (60 microcuries) or less of promethium-147 per watch dial or 4.44 megabecquerels (120 microcuries) or less of promethium-147 per other timepiece dial (bezels when used shall be considered as part of the dial);

(2) The levels of radiation from hands and dials containing promethium-147 will not exceed, when measured through 50 milligrams per square centimeter of absorber:

(a) For wrist watches, 1 microgray (0.1 millirad) per hour at 10 centimeters from any surface;

(b) For pocket watches, 1 microgray (0.1 millirad) per hour at 1 centimeter from any surface;

(c) For any other timepiece, 2 micrograys (0.2 millirad) per hour at 10 centimeters from any surface.

(3) 37 kilobecquerels (1 microcurie) of radium-226 per timepiece in timepieces manufactured prior to the effective date of these regulations.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-232-008, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. 01-02-068, § 246-232-008, filed 12/29/00, effective 1/29/01.]

WAC 246-232-009 Exemption of certain items containing radioactive material. A person is exempt from these regulations to the extent the person receives, possesses, uses, transfers, owns or acquires, and does not apply radioactive material to, or incorporate radioactive material into, the following products:*

*Note: Authority to transfer possession or control by the manufacturer, processor, or producer of any equipment, device, commodity, or other product containing source material or byproduct material whose subsequent possession, use, transfer and disposal by all other persons who are exempted from regulatory requirements may be obtained only from the United States Nuclear Regulatory Commission, Washington, D.C. 20555.

(1) Lock illuminators containing 555 megabecquerels (15 millicuries) or less of tritium or 74 megabecquerels (2 millicuries) or less of promethium-147 installed in automobile locks. The levels of radiation from each lock illuminator containing promethium-147 will not exceed 10 micrograys (1 millirad) per hour at 1 centimeter from any surface when measured through 50 milligrams per square centimeter of absorber.

(2) Precision balances containing 37 megabecquerels (1 millicurie) or less of tritium per balance or 18.5 megabecquerels (0.5 millicurie) or less of tritium per balance part.

(3) Automobile shift quadrants containing 925 megabecquerels (25 millicuries) or less of tritium.

(4) Marine compasses containing 27.8 gigabecquerels (750 millicuries) or less of tritium gas and other marine navigational instruments containing 9.25 gigabecquerels (250 millicuries) or less of tritium gas.

(5) Thermostat dials and pointers containing 925 megabecquerels (25 millicuries) or less of tritium per thermostat.

(6) Electron tubes* if each tube contains no more than one of the following specified quantities of radioactive material and the levels of radiation from each electron tube do not exceed 10 micrograys (1 millirad) per hour at 1 centimeter from any surface when measured through 7 milligrams per square centimeter of absorber:

(a) 5.55 gigabecquerels (150 millicuries) or less of tritium per microwave receiver protector tube or 370 megabecquerels (10 millicuries) or less of tritium per any other electron tube;

(b) 37 kilobecquerels (1 microcurie) or less of cobalt-60;

(c) 185 kilobecquerels (5 microcuries) or less of nickel-63;

(d) 1.11 megabecquerels (30 microcuries) or less of krypton-85;

(e) 185 kilobecquerels (5 microcuries) or less of cesium-137;

(f) 1.11 megabecquerels (30 microcuries) or less of promethium-147;

(g) 37 kilobecquerels (1 microcurie) or less of radium-226:

*Note: For purposes of this subdivision, "electron tubes" include spark gap tubes, power tubes, gas tubes including glow lamps, receiving tubes, microwave tubes, indicator tubes, pick-up tubes, radiation detection tubes, and any other completely sealed tube that is designed to conduct or control electrical currents.

(7) Ionizing radiation measuring instruments containing, for purposes of internal calibration or standardization, one or more but not to exceed 10 exempt sources of radioactive material.

(a) Each individual source shall not exceed 1.85 kilobecquerels (0.05 microcuries) of americium-241 or the applicable exempt quantity set forth in WAC 246-232-120, Schedule B.

(b) An individual source may contain more than one radionuclide but the total quantity in the individual source shall not exceed unity based on the sum of the fractional parts of one or more of the exempt quantities set forth in WAC 246-232-120, Schedule B. For purposes of this subsection, 1.85 kilobecquerels (0.05 microcuries) of americium-241 is considered an exempt quantity.

(8) Spark gap irradiators containing 37 kilobecquerels (1 microcurie) or less of cobalt-60 per spark gap irradiator for use in electrically ignited fuel oil burners having a firing rate of at least three gallons (11.4 liters) per hour.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-232-009, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. 01-02-068, § 246-232-009, filed 12/29/00, effective 1/29/01.]

WAC 246-232-011 Exemption of certain self-luminous products containing radioactive material(s). (1) Tritium, krypton-85 or promethium-147. A person is exempt from these regulations to the extent that the person receives, possesses, uses, transfers, owns or acquires, and does not manufacture, process, produce, or initially transfer for sale or distribution, self-luminous products containing tritium, krypton-85 or promethium-147 in self-luminous products manufactured, processed, produced, imported or initially transferred in accordance with a specific license issued by the United States Nuclear Regulatory Commission under Section 32.22 of 10 C.F.R. Part 32, which license authorizes the transfer of the product to persons who are exempt from regulatory requirements. The exemption in this subsection does not apply to tritium, krypton-85 or promethium-147 used in products primarily for frivolous purposes or in toys or adornments.

(2) Radium-226. A person is exempt from these regulations to the extent that the person receives, possesses, uses, transfers or owns articles containing less than 3.7 kilobecquerels (0.1 microcurie) of radium-226 which were manufactured prior to October 1983.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-232-011, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 01-02-068, § 246-232-011, filed 12/29/00, effective 1/29/01.]

WAC 246-232-120 Schedule B, exempt quantities of radioactive materials. (See also WAC 246-232-010(2).)

Radioactive Material	Microcuries
Antimony-122 (Sb-122)	100
Antimony-124 (Sb-124)	10
Antimony-125 (Sb-125)	10
Arsenic-73 (As-73)	100
Arsenic-74 (As-74)	10
Arsenic-76 (As-76)	10
Arsenic-77 (As-77)	100
Barium-131 (Ba-131)	10
Barium-133 (Ba-133)	10
Barium-140 (Ba-140)	10
Bismuth-210 (Bi-210)	1
Bromine-82 (Br-82)	10
Cadmium-109 (Cd-109)	10
Cadmium-115m (Cd-115m)	10
Cadmium-115 (Cd-115)	100
Calcium-45 (Ca-45)	10
Calcium-47 (Ca-47)	10
Carbon-14 (C-14)	100
Cerium-141 (Ce-141)	100
Cerium-143 (Ce-143)	100
Cerium-144 (Ce-144)	1
Cesium-129 (Cs-129)	100
Cesium-131 (Cs-131)	1,000
Cesium-134m (Cs-134m)	100
Cesium-134 (Cs-134)	1
Cesium-135 (Cs-135)	10
Cesium-136 (Cs-136)	10
Cesium-137 (Cs-137)	10
Chlorine-36 (Cl-36)	10
Chlorine-38 (Cl-38)	10
Chromium-51 (Cr-51)	1,000
Cobalt-57 (Co-57)	100
Cobalt-58m (Co-58m)	10
Cobalt-58 (Co-58)	10
Cobalt-60 (Co-60)	1
Copper-64 (Cu-64)	100
Dysprosium-165 (Dy-165)	10
Dysprosium-166 (Dy-166)	100
Erbium-169 (Er-169)	100
Erbium-171 (Er-171)	100
Europium-152 (Eu-152) 9.2h	100
Europium-152 (Eu-152) 13 yr	1
Europium-154 (Eu-154)	1
Europium-155 (Eu-155)	10
Fluorine-18 (F-18)	1,000
Gadolinium-153 (Gd-153)	10
Gadolinium-159 (Gd-159)	100
Gallium-67 (Ga-67)	100
Gallium-72 (Ga-72)	10
Germanium-68 (Ge-68)	10
Germanium-71 (Ge-71)	100
Gold-195 (Au-195)	10
Gold-198 (Au-198)	100
Gold-199 (Au-199)	100
Hafnium-181 (Hf-181)	10
Holmium-166 (Ho-166)	100
Hydrogen-3 (H-3)	1,000

Radioactive Material	Microcuries
Indium-111 (In-111)	100
Indium-113m (In-113m)	100
Indium-114m (In-114m)	10
Indium-115m (In-115m)	100
Indium-115 (In-115)	10
Iodine-123 (I-123)	100
Iodine-125 (I-125)	1
Iodine-126 (I-126)	1
Iodine-129 (I-129)	0.1
Iodine-131 (I-131)	1
Iodine-132 (I-132)	10
Iodine-133 (I-133)	1
Iodine-134 (I-134)	10
Iodine-135 (I-135)	10
Iridium-192 (Ir-192)	10
Iridium-194 (Ir-194)	100
Iron-52 (Fe-52)	10
Iron-55 (Fe-55)	100
Iron-59 (Fe-59)	10
Krypton-85 (Kr-85)	100
Krypton-87 (Kr-87)	10
Lanthanum-140 (La-140)	10
Lutetium-177 (Lu-177)	100
Manganese-52 (Mn-52)	10
Manganese-54 (Mn-54)	10
Manganese-56 (Mn-56)	10
Mercury-197m (Hg-197m)	100
Mercury-197 (Hg-197)	100
Mercury-203 (Hg-203)	10
Molybdenum-99 (Mo-99)	100
Neodymium-147 (And-147)	100
Neodymium-149 (And-149)	100
Nickel-59 (Ni-59)	100
Nickel-63 (Ni-63)	10
Nickel-65 (Ni-65)	100
Niobium-93m (Nb-93m)	10
Niobium-95 (Nb-95)	10
Niobium-97 (Nb-97)	10
Osmium-185 (So-185)	10
Osmium-191m (So-191m)	100
Osmium-191 (So-191)	100
Osmium-193 (So-193)	100
Palladium-103 (Pd-103)	100
Palladium-109 (Pd-109)	100
Phosphorus-32 (P-32)	10
Platinum-191 (Pt-191)	100
Platinum-193m (Pt-193m)	100
Platinum-193 (Pt-193)	100
Platinum-197m (Pt-197m)	100
Platinum-197 (Pt-197)	100
Polonium-210 (Po-210)	0.1
Potassium-42 (K-42)	10
Potassium-43 (K-43)	10
Praseodymium-142 (Pr-142)	100
Praseodymium-143 (Pr-143)	100
Promethium-147 (Pm-147)	10
Promethium-149 (Pm-149)	10
Radium-226 (Ra-226)	0.1
Rhenium-186 (Re-186)	100
Rhenium-188 (Re-188)	100

Radioactive Material	Microcuries
Rhodium-103m (Rh-103m)	100
Rhodium-105 (Rh-105)	100
Rubidium-81 (Rb-81)	10
Rubidium-86 (Rb-86)	10
Rubidium-87 (Rb-87)	10
Ruthenium-97 (Ru-97)	100
Ruthenium-103 (Ru-103)	10
Ruthenium-105 (Ru-105)	10
Ruthenium-106 (Ru-106)	1
Samarium-151 (Sm-151)	10
Samarium-153 (Sm-153)	100
Scandium-46 (Sc-46)	10
Scandium-47 (Sc-47)	100
Scandium-48 (Sc-48)	10
Selenium-75 (Se-75)	10
Silicon-31 (Is-31)	100
Silver-105 (Ag-105)	10
Silver-110m (Ag-110m)	1
Silver-111 (Ag-111)	100
Sodium-22 (Na-22)	10
Sodium-24 (Na-24)	10
Strontium-85 (Sr-85)	10
Strontium-89 (Sr-89)	1
Strontium-90 (Sr-90)	0.1
Strontium-91 (Sr-91)	10
Strontium-92 (Sr-92)	10
Sulphur-35 (S-35)	100
Tantalum-182 (Ta-182)	10
Technetium-96 (Tc-96)	10
Technetium-97m (Tc-97m)	100
Technetium-97 (Tc-97)	100
Technetium-99m (Tc-99m)	100
Technetium-99 (Tc-99)	10
Tellurium-125m (Te-125m)	10
Tellurium-127m (Te-127m)	10
Tellurium-127 (Te-127)	100
Tellurium-129m (Te-129m)	10
Tellurium-129 (Te-129)	100
Tellurium-131m (Te-131m)	10
Tellurium-132 (Te-132)	10
Terbium-160 (Tb-160)	10
Thallium-200 (Tl-200)	100
Thallium-201 (Tl-201)	100
Thallium-202 (Tl-202)	100
Thallium-204 (Tl-204)	10
Thulium-170 (Tm-170)	10
Thulium-171 (Tm-171)	10
Tin-113 (Sn-113)	10
Tin-125 (Sn-125)	10
Tungsten-181 (W-181)	10
Tungsten-185 (W-185)	10
Tungsten-187 (W-187)	100
Vanadium-48 (V-48)	10
Xenon-131m (Xe-131m)	1,000
Xenon-133 (Xe-133)	100
Xenon-135 (Xe-135)	100
Ytterbium-169 (Yb-169)	10
Ytterbium-175 (Yb-175)	100
Yttrium-87 (Y-87)	10
Yttrium-88 (Y-88)	10

Radioactive Material	Microcuries
Yttrium-90 (Y-90)	10
Yttrium-91 (Y-91)	10
Yttrium-92 (Y-92)	100
Yttrium-93 (Y-93)	100
Zinc-65 (Zn-65)	10
Zinc-69m (Zn-69m)	100
Zinc-69 (Zn-69)	1,000
Zirconium-93 (Zr-93)	10
Zirconium-95 (Zr-95)	10
Zirconium-97 (Zr-97)	10
Any radioactive material not listed above other than alpha emitting radioactive material	0.1

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-232-120, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 01-02-068, § 246-232-120, filed 12/29/00, effective 1/29/01. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-232-120, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.-040. 91-02-049 (Order 121), recodified as § 246-232-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-19-550, filed 9/16/83; 79-12-073 (Order 1459), § 402-19-550, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-240.]

WAC 246-232-140 Schedule D.

ACCEPTABLE SURFACE CONTAMINATION LEVELS

NUCLIDES A	AVERAGE B C F	MAXIMUM B D F	REMOVABLE B E F WIPE LIMITS
U-nat, U-235, U-238, and associated decay products	5,000 dpm/100 cm^2	15,000 dpm/100 cm^2	1,000 dpm α/100 cm^2
Transuranics, Ra-226, Ra-228, Th-230, Th-228, Pa-231, Ac-227, I-125, I-129	100 dpm/100 cm^2	300 dpm/100 cm^2	20 dpm/100 cm^2
Th-nat, Th-232, Sr-90, Ra-223, Ra-224, U-232, I-126, I-131, I-133	1000 dpm/100 cm^2	3000 dpm/100 cm^2	200 dpm/100 cm^2
Beta-gamma emitters (nuclides with decay modes other than alpha emission or spontaneous fission) except SR-90 and others noted above	5000 dpm/100 cm^2	15,000 dpm/100 cm^2	1000 dpm $\beta\gamma$/100 cm^2

A Where surface contamination by both alpha- and beta-gamma-emitting nuclides exists, the limits established for alpha-and beta-gamma-emitting nuclides should apply independently.

B As used in this table, dpm (disintegrations per minute) means the rate of emission by radioactive material as determined by correcting the counts per minute observed by an appropriate detector for background, efficiency, and geometric factors associated with the instrumentation.

C Measurements of average contaminant should not be averaged over more than 1 square meter. For objects of less surface area, the average should be derived for each such object.

D The maximum contamination level applies to an area of not more than 100 cm^2.

E The amount of removable radioactive material per 100 cm^2 of surface area should be determined by wiping that area with dry filter or soft absorbent paper, applying moderate pressure, and assessing the amount of radioactive material on the wipe with an appropriate instrument of known efficiency. When removable contamination on objects of less surface area is determined, the pertinent levels should be reduced proportionally and the entire surface should be wiped.

F The average and maximum radiation levels associated with surface contamination resulting from beta-gamma emitters should not exceed 0.2 mrad/hr at 1 cm and 1.0 mrad/hr at 1 cm, respectively, measured through not more than 7 milligrams per square centimeter of total absorber.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-232-140, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 43.70.-040. 91-02-049 (Order 121), recodified as § 246-232-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-19-590, filed 12/11/86; 83-19-050 (Order 2026), § 402-19-590, filed 9/16/83.]

Chapter 246-233 WAC
RADIOACTIVE MATERIALS—GENERAL LICENSES

WAC

WAC 246-233-012 General license for certain items and self-luminous products containing radium-226. (1) A general license shall be issued to any person to acquire, receive, possess, use, or transfer, in accordance with the provisions of subsections (2), (3), and (4) of this section, radium-226 contained in:

(a) Antiquities originally intended for use by the general public. For the purposes of this subsection, antiquities mean products originally intended for use by the general public and distributed in the late 19th and early 20th centuries, such as radium emanator jars, revigators, radium water jars, radon generators, refrigerator cards, radium bath salts, and healing pads.

(b) Intact timepieces containing greater than 0.037 megabecquerel (1 microcurie), nonintact timepieces, and timepiece hands and dials no longer installed in timepieces.

(c) Luminous items installed in air, marine, or land vehicles.

(d) All other luminous products, provided that no more than one hundred items are used or stored at the same location at any one time.

(e) Small radium sources containing no more than 0.037 megabecquerel (1 microcurie) of radium-226. For the purposes of this subsection, "small radium sources" means discrete survey instrument check sources, sources contained in radiation measuring instruments, sources used in educational demonstrations (such as cloud chambers and spinthariscopes), electron tubes, lightning rods, ionization sources, static eliminators, or as designated by the department of health.

(2) Persons who acquire, receive, possess, use, or transfer radioactive materials under the general license issued in subsection (1) of this section are exempt from the provisions of chapters 246-221 and 246-222 WAC to the extent that such receipt, possession, use, or transfer is within the terms of such general license. This exemption shall not apply to any person who is also in possession of radioactive materials under a specific license issued under chapter 246-235 WAC.

(3) Any person who acquires, receives, possesses, uses, or transfers by-product material in accordance with the general license in subsection (1) of this section:

(a) Shall notify the department should there be any indication of possible damage to the product so that it appears it could result in a loss of the radioactive material. A report containing a brief description of the event, and the remedial action taken, must be furnished to the department within thirty days.

(b) Shall not abandon products containing radium-226. The product, and any radioactive material from the product, may only be transferred or disposed of in accordance with chapter 246-232 WAC, or as otherwise approved by the department.

(c) Shall not export products containing radium-226 except in accordance with chapter 246-231 WAC.

(d) Shall dispose of products containing radium-226 at a disposal facility authorized to dispose of radioactive material in accordance with any federal or state solid or hazardous waste law, including the Solid Waste Disposal Act, as authorized under the Energy Policy Act of 2005, by transfer to a person authorized to receive radium-226 by a specific license issued under chapter 246-235 WAC, or equivalent regulations of an agreement state, or as otherwise approved by the NRC.

(e) Shall respond to written requests from the department to provide information relating to the general license within thirty calendar days of the date of the request, or other time specified in the request. If the general licensee cannot provide the requested information within the allotted time, it shall, within that same time period, request a longer period to supply the information by providing a written justification for the request.

(4) The general license in subsection (1) of this section does not authorize the manufacture, assembly, disassembly, repair, or import of products containing radium-226, except that timepieces may be disassembled and repaired.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-233-012, filed 2/18/09, effective 3/21/09.]

WAC 246-233-015 Certain devices and equipment. A general license is hereby issued to transfer, receive, acquire, own, possess, and use radioactive material incorporated in the following devices or equipment which have been manufactured, tested and labeled by the manufacturer in accordance with a specific license issued to the manufacturer by the United States Nuclear Regulatory Commission for use pursuant to Section 31.3 of 10 CFR Part 31. This general license is subject to the provisions of WAC 246-220-020, 246-220-030, 246-220-040, 246-220-050, 246-220-060, 246-220-070, chapters 246-232, 246-221** and 246-222 WAC.

(1) *Static elimination device.* Devices designed for use as static eliminators which contain, as a sealed source or sources, radioactive material consisting of a total of not more than 18.5 megabecquerels (500 microcuries) of Polonium-210 per device.

(2) *Ion generating tube.* Devices designed for ionization of air which contain, as a sealed source or sources, radioactive material consisting of a total of not more than 18.5 megabecquerels (500 microcuries) of Polonium-210 per device or a total of not more than 18.5 megabecquerels (50 millicuries) of Hydrogen-3 (tritium) per device.

** Attention is directed particularly to the provisions of chapter 246-221 WAC which relate to the labeling of containers.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-233-015, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 04-04-055, § 246-233-015, filed 1/30/04, effective 3/1/04.]

WAC 246-233-020 General license—Certain measuring, gauging or controlling devices. (1) A general license is hereby issued to commercial and industrial firms and research, educational and medical institutions, individuals in the conduct of their business, and state or local government agencies to own, acquire, receive, possess, use or transfer, in accordance with the provisions of subsections (2), (3), and (4) of this section, radioactive material excluding special nuclear material contained in devices designed and manufactured for the purpose of detecting, measuring, gauging or controlling thickness, density, level, interface location, radiation, leakage, or qualitative or quantitative chemical composition, or for producing light or an ionized atmosphere.

(2) The general license in subsection (1) of this section applies only to radioactive material contained in devices which have been manufactured or initially transferred and labeled in accordance with the specifications contained in a specific license issued by the department pursuant to WAC 246-235-093 or in accordance with the Nuclear Regulatory Commission, an agreement state or a licensing state, which authorizes distribution or transfer of devices to persons generally licensed by the United States Nuclear Regulatory Commission, an agreement state or licensing state**. The devices shall have been received from one of the specific licensees described in this subsection or through a transfer made under subsection (3)(h) of this section.

**Note: Regulations under the Federal Food, Drug, and Cosmetic Act authorizing the use of radioactive control devices in food production require certain additional labeling thereon which is found in Section 179.21 of 21 CFR Part 179.

(3) Any person who owns, acquires, receives, possesses, uses or transfers radioactive material in a device pursuant to the general license in subsection (1) of this section:

(a) Shall assure that all labels affixed to the device at the time of receipt and bearing a statement that removal of the label is prohibited are maintained thereon and shall comply with all instructions and precautions provided by such labels;

(b) Shall assure that the device is tested for leakage of radioactive material and proper operation of the on-off mechanism and indicator, if any, at no longer than six-month intervals or at such other intervals as are specified in the label, however:

(i) Devices containing only krypton need not be tested for leakage of radioactive material; and

(ii) Devices containing only tritium or not more than 3.7 megabecquerels (100 microcuries) of other beta and/or gamma emitting material or 370 kilobecquerels (10 microcuries) of alpha emitting material need not be tested for any purpose. Devices held in storage in the original shipping container prior to initial installation need not be tested until immediately prior to use;

(c) Shall assure that the tests required by (b) of this subsection and other testing, installing, servicing, and removing from installation involving the radioactive materials, its shielding or containment, are performed:

(i) In accordance with the instructions provided by the labels; or

(ii) By a person holding a specific license from the department or from the United States Nuclear Regulatory Commission or from any agreement state or from a licensing state to perform such activities;

(d) Shall maintain records showing compliance with the requirements of (b) and (c) of this subsection. The records shall show the results of tests. The records also shall show the dates of performance and the names of persons performing, testing, installing, servicing, and removing from installation concerning the radioactive material, its shielding or containment. Records of tests for leakage of radioactive material required by (b) of this subsection shall be maintained for three years after the next required leak test is performed or the sealed source is transferred or disposed. Records of tests of the on/off mechanism and indicator required by (b) of this subsection shall be maintained for three years after the next required test of the on/off mechanism and indicator is performed or the sealed source is transferred or disposed. Records of other testing, installation, servicing, and removal from installation required by (c) of this subsection shall be maintained for a period of three years from the date of the recorded event or until the device is transferred or disposed;

(e) Upon the occurrence of a failure of or damage to, or any indication of a possible failure of or damage to, the shielding of the radioactive material or the on/off mechanism or indicator, or upon the detection of 185 becquerels (0.005 microcuries) or more removable radioactive material, shall immediately suspend operation of the device until it has been repaired by the manufacturer or other person holding a specific license from the department, the United States Nuclear Regulatory Commission, or from an agreement state or a licensing state to repair such devices, or disposed by transfer to a person authorized by a specific license to receive the radioactive material contained in the device and, within thirty days, furnish to the department a written report containing a brief description of the event and the remedial action taken; and, in the case of detection of 185 becquerels (0.005 microcuries) or more of removable radioactive material or failure of or damage to a source likely to result in contamination of the premises or the environs, a plan for ensuring that the premises and environs are acceptable for unrestricted use (see WAC 246-246-020);

(f) Shall not abandon the device containing radioactive material;

(g) Except as provided in (h) of this subsection, shall transfer or dispose the device containing radioactive material only by transfer to a person holding a specific license of the department, the United States Nuclear Regulatory Commission, or an agreement state, or a licensing state whose specific license authorizes the person to receive the device and within thirty days after transfer of a device to a specific licensee shall furnish to the department a report containing identification of the device by manufacturer's (or initial transferor's) name, model number, and serial number; the name, address, and license number of the person receiving the device, and the date of transfer. Prior written approval from the department is required before transferring the device to any other specific licensee not specifically identified in this subsection;

(h) Shall transfer the device to another general licensee only:

(i) Where the device remains in use at a particular location. In such case, the transferor shall give the transferee a copy of this section, a copy of WAC 246-221-240, 246-221-250, 246-232-050, and 246-232-060, and any safety documents identified in the label of the device and within thirty days of the transfer, report to the department the manufacturer's (or transferor's) name, model number, and serial number of device transferred, the transferee's name and mailing address for the location of use, and the name, title, and phone number of the responsible individual identified by the transferee in accordance with (j) of this subsection to have knowledge of and authority to take actions to ensure compliance with the appropriate regulations and requirements; or

(ii) Where the device is held in storage in the original shipping container at its intended location of use prior to initial use by a general licensee;

(i) Shall comply with the provisions of WAC 246-221-240 and 246-221-250 for reporting radiation incidents, theft or loss of licensed material, but shall be exempt from the other requirements of chapters 246-221 and 246-222 WAC;

(j) Shall appoint an individual responsible for having knowledge of the appropriate regulations and requirements and the authority for taking required actions to comply with appropriate regulations and requirements. The general licensee, through this individual, shall ensure the day-to-day compliance with appropriate regulations and requirements. This appointment does not relieve the general licensee of any of its responsibility in this regard;

(k)(i) Shall register, in accordance with (k)(ii) and (iii) of this subsection, devices containing at least 370 megabecquerels (10 millicuries) of Cesium-137, 3.7 megabecquerels (0.1 millicuries) of Strontium-90, 37 megabecquerels (1 millicurie) of Cobalt-60, or 37 megabecquerels (1 millicurie) of Americium-241, 3.7 megabecquerels (0.1 millicurie) of Radium-226, or any other transuranic (i.e., element with atomic number greater than uranium (92)), based on the activity indicated on the label. Each address for a location of use, as described under (k)(iii)(D) of this subsection, repre-

sents a separate general licensee and requires a separate registration and fee;

(ii) If in possession of a device meeting the criteria of (k)(i) of this subsection, shall register these devices annually with the department and shall pay the fee required by WAC 246-254-090. Registration must be done by verifying, correcting, and/or adding to the information provided in a request for registration received from the department. The registration information must be submitted to the department within thirty days of the date of the request for registration or as otherwise indicated in the request. In addition, a general licensee holding devices meeting the criteria of (k)(i) of this subsection is subject to the bankruptcy notification requirement in WAC 246-232-050;

(iii) In registering devices, the general licensee shall furnish the following information and any other information specifically requested by the department:

(A) Name and mailing address of the general licensee;

(B) Information about each device: The manufacturer (or initial transferor), model number, serial number, the radionuclide and activity (as indicated on the label);

(C) Name, title, and telephone number of the responsible person designated as a representative of the general licensee under (j) of this subsection;

(D) Address or location at which the device(s) are used and/or stored. For portable devices, the address of the primary place of storage;

(E) Certification by the responsible representative of the general licensee that the information concerning the device(s) has been verified through a physical inventory and checking of label information;

(F) Certification by the responsible representative of the general licensee that they are aware of the requirements of the general license;

(iv) Persons generally licensed by the U.S. Nuclear Regulatory Commission, or an agreement state with respect to devices meeting the criteria in (k)(i) of this subsection are not subject to registration requirements if the devices are used in areas subject to Washington state jurisdiction for a period less than one hundred eighty days in any calendar year. The department will not request registration information from such licensees;

(l) Shall report changes to the mailing address for the location of use (including change in name of general licensee) to the department within thirty days of the effective date of the change. For a portable device, a report of address change is only required for a change in the device's primary place of storage;

(m) Shall not hold devices that are not in use for longer than two years. If devices with shutters are not being used, the shutter must be locked in the closed position. The testing required by (b) of this subsection need not be performed during the period of storage only. However, when devices are put back into service or transferred to another person, and have not been tested within the required test interval, they must be tested for leakage before use or transfer and the shutter tested before use. Devices kept in standby for future use are excluded from the two-year time limit if the general licensee performs quarterly physical inventories of these devices while they are in standby.

(4) The general license in subsection (1) of this section does not authorize the manufacture, import or export of devices containing radioactive material.

(5) The general license provided in this subsection is subject to the provisions of WAC 246-220-020, 246-220-030, 246-220-040, 246-220-060, 246-220-070, 246-220-100, 246-221-240, 246-221-250, 246-232-050, 246-232-060, 246-232-070, 246-232-080, and 246-232-090.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-233-020, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 04-04-055, § 246-233-020, filed 1/30/04, effective 3/1/04; 98-13-037, § 246-233-020, filed 6/8/98, effective 7/9/98. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-233-020, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-233-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-21-050, filed 12/11/86; 83-19-050 (Order 2026), § 402-21-050, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-21-050, filed 12/8/80. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-21-050, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-040.]

WAC 246-233-025 General license—Luminous safety devices for aircraft. (1) A general license is hereby issued to own, receive, acquire, possess and use tritium or Promethium-147 contained in luminous safety devices for use in aircraft, provided:

(a) Each device contains not more than 370 gigabecquerels (10 curies) of tritium or 11.1 gigabecquerels (300 millicuries) of Promethium-147; and

(b) Each device has been manufactured, assembled or imported in accordance with a specific license issued by the United States Nuclear Regulatory Commission, or each device has been manufactured or assembled in accordance with the specifications contained in a specific license issued by the department or any agreement state to the manufacturer or assembler of such device pursuant to licensing requirements equivalent to those in Section 32.53 of 10 CFR Part 32 of the regulations of the United States Nuclear Regulatory Commission.

(2) Persons who own, receive, acquire, possess or use luminous safety devices pursuant to the general license in this subsection are exempt from the requirements of chapters 246-221 and 246-222 WAC except that they shall comply with the provisions of WAC 246-221-240 and 246-221-250.

(3) This general license does not authorize the manufacture, assembly, or repair of luminous safety devices containing tritium or Promethium-147.

(4) This general license does not authorize the ownership, receipt, acquisition, possession or use of Promethium-147 contained in instrument dials.

(5) This general license is subject to the provisions of WAC 246-220-020, 246-220-030, 246-220-040, 246-220-050, 246-220-060, 246-220-070, 246-220-100, 246-232-050, 246-232-070, 246-232-080, and 246-232-090.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-233-025, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 04-04-055, § 246-233-025, filed 1/30/04, effective 3/1/04.]

WAC 246-233-030 General license—Ice detection devices. (1) A general license is hereby issued to own, receive, acquire, possess, use and transfer Strontium-90 contained in ice detection devices, provided each device contains

not more than 185 megabecquerels (50 microcuries) of Strontium-90 and each device has been manufactured or imported in accordance with a specific license issued by the United States Nuclear Regulatory Commission or each device has been manufactured in accordance with the specifications contained in a specific license issued by the department or any agreement state to the manufacturer of such device pursuant to licensing requirements equivalent to those in Section 32.61 of 10 CFR Part 32 of the regulations of the United States Nuclear Regulatory Commission.

(2) Persons who own, receive, acquire, possess, use or transfer Strontium-90 contained in ice detection devices pursuant to the general license in (a) of this subsection:

(a) Shall, upon occurrence of visually observable damage, such as a bend or crack or discoloration from overheating to the device, discontinue use of the device until it has been inspected, tested for leakage and repaired by a person holding a specific license from the United States Nuclear Regulatory Commission or an agreement state to manufacture or service such devices; or shall dispose of the device pursuant to the provisions of these regulations;

(b) Shall assure that all labels affixed to the device at the time of receipt, and which bear a statement which prohibits removal of the labels, are maintained thereon; and

(c) Are exempt from the requirements of chapters 246-221 and 246-222 WAC except that such persons shall comply with the provisions of WAC 246-221-170, 246-221-240, and 246-221-250.

(3) This general license does not authorize the manufacture, assembly, disassembly or repair of Strontium-90 sources in ice detection devices.

(4) This general license is subject to the provisions of WAC 246-220-020, 246-220-030, 246-220-040, 246-220-060, 246-220-070, 246-220-100, 246-232-050, 246-232-070, 246-232-080, and 246-232-090.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-233-030, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 04-04-055, § 246-233-030, filed 1/30/04, effective 3/1/04.]

WAC 246-233-035 General license—Calibration and reference sources. (1) A general license is hereby issued to those persons listed below to own, receive, acquire, possess, use and transfer, in accordance with the provisions of subsections (4) and (5) of this section, Americium-241 in the form of calibration or reference sources:

(a) Any person who holds a specific license issued by the department which authorizes that person to receive, possess, use and transfer radioactive material; or

(b) Any person who holds a specific license issued by the United States Nuclear Regulatory Commission which authorizes that person to receive, possess, use and transfer special nuclear material.

(2) A general license is hereby issued to own, receive, possess, use and transfer plutonium in the form of calibration or reference sources in accordance with the provisions of subsections (4) and (5) of this section to any person who holds a specific license issued by the department which authorizes that person to receive, possess, use and transfer radioactive material.

(3) A general license is hereby issued to own, receive, possess, use and transfer Radium-226 in the form of calibration or reference sources in accordance with the provisions of subsections (4) and (5) of this section to any person who holds a specific license issued by the department which authorizes that person to receive, possess, use and transfer radioactive material.

(4) The general licenses in subsections (1), (2) and (3) of this section apply only to calibration or reference sources which have been manufactured in accordance with the specifications contained in a specific license issued to the manufacturer or importer of the sources by the United States Nuclear Regulatory Commission pursuant to Section 32.57 of 10 CFR Part 32 or Section 70.39 of 10 CFR Part 70 or which have been manufactured in accordance with the specifications contained in a specific license issued to the manufacturer by the department or any agreement state or licensing state pursuant to licensing requirements equivalent to those contained in Section 32.57 of 10 CFR Part 32 or Section 70.39 of 10 CFR Part 70 of the regulations of the United States Nuclear Regulatory Commission.

(5) The general licenses provided in subsections (1), (2) and (3) of this section are subject to the provisions of WAC 246-220-020, 246-220-030, 246-220-040, 246-220-060, 246-220-070, 246-220-100, 246-232-050, 246-232-070, 246-232-080, 246-232-090, chapters 246-221 and 246-222 WAC.

In addition, persons who own, receive, acquire, possess, use or transfer one or more calibration or reference sources pursuant to these general licenses:

(a) Shall not possess at any one time, at any one location of storage or use, more than 185 kilobecquerels (5 microcuries) of Americium-241 and 185 kilobecquerels (5 microcuries) of plutonium and 185 kilobecquerels (5 microcuries) of Radium-226 in such sources;

(b) Shall not receive, possess, use or transfer such source unless the source, or the storage container, bears a label which includes one of the following statements or a substantially similar statement which contains the information called for in the following statement:

(i)

> The receipt, possession, use and transfer of this source, Model . . . . . , Serial No.. . . . . , are subject to a general license and the regulations of the United States Nuclear Regulatory Commission or of a state with which the commission has entered into an agreement for the exercise of regulatory authority. Do not remove this label.

CAUTION - RADIOACTIVE MATERIAL - THIS SOURCE CONTAINS (AMERICIUM-241). (PLUTONIUM)*. DO NOT TOUCH RADIOACTIVE PORTION OF THIS SOURCE

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Name of manufacturer or importer

*Note: Showing only the name of the appropriate material.

(ii)

> The receipt, possession, use and transfer of this source, Model . . . . . , Serial No. . . . . , are subject to a general license and the regulations of any licensing state. Do not remove this label.

CAUTION - RADIOACTIVE MATERIAL - THIS SOURCE CONTAINS RADIUM-226. DO NOT TOUCH RADIOACTIVE PORTION OF THIS SOURCE

_____
Name of manufacturer or importer

(c) Shall not transfer, abandon, or dispose of such source except by transfer to a person authorized by a license from the department, the United States Nuclear Regulatory Commission, or an agreement state or licensing state to receive the source;

(d) Shall store such source, except when the source is being used, in a closed container adequately designed and constructed to contain Americium-241, plutonium, or Radium-226/Radon-222 which might otherwise escape during storage; and

(e) Shall not use such source for any purpose other than the calibration of radiation detectors or the standardization of other sources.

(6) These general licenses do not authorize the manufacture of calibration or reference sources containing Americium-241, plutonium, or Radium-226.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-233-035, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. 04-04-055, § 246-233-035, filed 1/30/04, effective 3/1/04.]

WAC 246-233-040 General license for use of radioactive material for certain *in vitro* clinical or laboratory testing.* (1) A general license is hereby issued to any physician, veterinarian, clinical laboratory or hospital to receive, acquire, possess, transfer or use, for any of the following stated tests, in accordance with the provisions of subsections (2), (3), (4), (5), and (6) of this section the following radioactive materials in prepackaged units:

(a) Iodine-125, in units not exceeding 370 kilobecquerels (10 microcuries) each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(b) Iodine-131, in units not exceeding 370 kilobecquerels (10 microcuries) each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(c) Carbon-14, in units not exceeding 370 kilobecquerels (10 microcuries) each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(d) Hydrogen-3 (tritium), in units not exceeding 1.85 megabecquerels (50 microcuries) each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(e) Iron-59, in units not exceeding 740 kilobecquerels (20 microcuries) each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(f) Cobalt-57, in units not exceeding 370 kilobecquerels (10 microcuries) each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(g) Selenium-75, in units not to exceed 370 kilobecquerels (10 microcuries) each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(h) Mock Iodine-125 reference or calibration sources, in units not exceeding 1.85 kilobecquerels (0.05 microcurie) of Iodine-129 and 185 becquerels (0.005 microcurie) of Americium-241 each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

*Note: The new drug provisions of the Federal Food, Drug and Cosmetic Act also govern the availability and use of any specific diagnostic drugs in interstate commerce.

(2) No person shall receive, acquire, possess, use or transfer radioactive material pursuant to the general license established by subsection (1) of this section until that person has received a validated copy of department Form RHF-15 "Certificate - *in vitro* testing with radioactive material under general license." Annual validation requires resubmittal of revised department Form RHF-15 and submittal of the annual fee to the department. The physician, veterinarian, clinical laboratory or hospital shall furnish on department Form RHF-15 the following information and such other information as may be required by that form:

(a) Name and address of the physician, veterinarian, clinical laboratory or hospital;

(b) The location of use; and

(c) A statement that the physician, veterinarian, clinical laboratory or hospital has appropriate radiation measuring instruments to carry out *in vitro* clinical or laboratory tests with radioactive material as authorized under the general license in subsection (1) of this section and that such tests will be performed only by personnel competent in the use of such instruments and in the handling of the radioactive material.

(3) A person who receives, acquires, possesses or uses radioactive material pursuant to the general license established by subsection (1) of this section shall comply with the following:

(a) The general licensee shall not possess at any one time, pursuant to the general license in subsection (1) of this section at any one location of storage or use, a total amount of Iodine-125, Iodine-131, Selenium-75, Iron-59, and/or Cobalt-57 in excess of 7.4 megabecquerels (200 microcuries).

(b) The general licensee shall store the radioactive material, until used, in the original shipping container or in a container providing equivalent radiation protection.

(c) The general licensee shall use the radioactive material only for the uses authorized by subsection (1) of this section.

(d) The general licensee shall not transfer the radioactive material to a person who is not authorized to receive it pursuant to a license issued by the department, the United States Nuclear Regulatory Commission, any agreement state or licensing state, nor transfer the radioactive material in any manner other than in the unopened, labeled shipping container as received from the supplier.

(e) The general licensee shall dispose of the Mock Iodine-125 reference or calibration sources described in subsection (1)(h) of this section as required by WAC 246-221-170.

(4) The general licensee shall not receive, acquire, possess, or use radioactive material pursuant to subsection (1) of this section:

(a) Except as prepackaged units which are labeled in accordance with the provision of an applicable specific license issued pursuant to WAC 246-235-097 or in accordance with the provisions of a specific license issued by the United States Nuclear Regulatory Commission, or any agreement state or licensing state which authorizes the manufacture and distribution of Iodine-125, Iodine-131, Carbon-14, Hydrogen-3 (tritium), Iron-59, Selenium-75, Cobalt-57, or Mock Iodine-125 to persons generally licensed under this subsection or its equivalent; and

(b) Unless one of the following statements, as appropriate, or a substantially similar statement which contains the information called for in one of the following statements, appears on a label affixed to each prepackaged unit or appears in a leaflet or brochure which accompanies the package:

This radioactive material shall be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for *in vitro* clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of the United States Nuclear Regulatory Commission or of a state with which the commission has entered into an agreement for the exercise of regulatory authority.

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Name of manufacturer

This radioactive material shall be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for *in vitro* clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of a licensing state.

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Name of manufacturer

(5) The physician, veterinarian, clinical laboratory or hospital possessing or using radioactive material under the general license of subsection (1) of this section shall report in writing to the department, any changes in the information previously furnished in the "Certificate - *in vitro* testing with radioactive material under general license," department Form RHF-15. The report shall be furnished within thirty days after the effective date of such change.

(6) This general license is subject to the provisions of WAC 246-220-020, 246-220-030, 246-220-040, 246-220-060, 246-220-070, 246-220-090 and 246-220-100. In addition, any person using radioactive material pursuant to the general license of subsection (1) of this section is exempt from the requirements of chapters 246-221 and 246-222 WAC with respect to radioactive material covered by that general license, except that such persons using the Mock Iodine-125 described in subsection (1)(h) of this section shall comply with the provisions of WAC 246-221-170, 246-221-240, and 246-221-250 and of these regulations.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-233-040, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 04-04-055, § 246-233-040, filed 1/30/04, effective 3/1/04.]

Chapter 246-235 WAC
RADIOACTIVE MATERIALS—SPECIFIC LICENSES

WAC

WAC 246-235-010 Filing application for specific licenses. (1) Applications for specific licenses shall be filed on department form RHF-1.

(2) The department may at any time after the filing of the original application, and before the expiration of the license, require further statements in order to enable the department to determine whether the application should be granted or denied or whether a license should be modified or revoked.

(3) Each application shall be signed by the applicant or licensee or a person duly authorized to act for and on the applicant's behalf.

(4) An application for a license may include a request for a license authorizing one or more activities.

(5) In the application, the applicant may incorporate by reference information contained in previous applications, statements, or reports filed with the department provided such references are clear and specific.

(6) An application for a specific license to use radioactive materials in the form of a sealed source or in a device that contains the sealed source must:

(a) Identify the source or device by manufacturer and model number; or

(b) Be registered with the U.S. Nuclear Regulatory Commission under 10 CFR 32.210; or

(c) For sources not registered with the U.S. NRC, provide sufficient additional information to demonstrate that there is reasonable assurance that the radiation safety properties of the source or device are adequate to protect health and minimize danger to life and property. Such information must include a description of the source or device, a description of radiation safety features, the intended use, relevant opera-

tional safety history, and the results of the most recent leak test.

(7) Applications and documents submitted to the department may be made available for public inspection except that the department may withhold any document or part thereof from public inspection if disclosure of its content is not required in the public interest and would adversely affect the interest of a person concerned.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-235-010, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-22-020, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-050.]

WAC 246-235-080 Special requirements for possession and use of medical calibration and reference sources. (1) Leak tests.

(a) Any licensee or registrant who possesses sealed sources as calibration or reference sources shall test for leakage each sealed source containing radioactive material, other than Hydrogen-3, with a half-life greater than thirty days in any form other than gas and/or contamination at least every six months. In the absence of a certificate from a transferor indicating that a test has been made within six months prior to the transfer, the sealed sources shall not be used until tested. However, leak tests are not required when: The source contains 3.7 megabecquerels (100 microcuries) or less of beta and/or gamma emitting material or 370 kilobecquerels (10 microcuries) or less of alpha emitting material or the sealed source is stored and is not being used: Provided, a physical inventory of the source and wipe surveys of the storage area or storage container are conducted as required by these rules or license condition.

(b) The leak test shall be capable of detecting the presence of 185 becquerels (0.005 microcurie) of radioactive material on the test sample. The test sample shall be taken from the sealed source or from the surfaces of the device in which the sealed source is mounted or stored on which contamination might be expected to accumulate. Records of leak test results shall be kept in units of microcuries and maintained for inspection by the department.

(c) If the leak test reveals the presence of 185 becquerels (0.005 microcurie) or more of removable contamination, the licensee or registrant shall immediately withdraw the sealed source from use and shall cause it to be decontaminated and repaired or to be disposed of in accordance with chapters 246-235 and 246-221 WAC. The licensee must file a report within five days of the test with the department describing the equipment involved, the test results, and the corrective action taken.

(2) Any licensee or registrant who possesses and uses calibration and reference sources shall:

(a) Follow the radiation safety and handling instructions approved by the department, the United States Nuclear Regulatory Commission, an agreement state or a licensing state and furnished by the manufacturer on the label attached to the source, or permanent container thereof, or in the leaflet or brochure that accompanies the source, and maintain the instructions in a legible and conveniently available form; and

(b) Conduct a quarterly physical inventory to account for all sources received and possessed. Records of the inventories shall be maintained for inspection by the department and shall include at a minimum the quantities and kinds of radioactive material, location of sources, name of person performing the inventory, and the date of the inventory.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-235-080, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. 06-05-019, § 246-235-080, filed 2/6/06, effective 3/9/06; 00-08-013, § 246-235-080, filed 3/24/00, effective 4/24/00; 98-13-037, § 246-235-080, filed 6/8/98, effective 7/9/98. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-235-080, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-22-070, filed 12/11/86; 83-19-050 (Order 2026), § 402-22-070, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-22-070, filed 12/8/80. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-22-070, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-070.]

WAC 246-235-097 Manufacture and distribution of radioactive material for certain in vitro clinical or laboratory testing under general license. An application for a specific license to manufacture or distribute radioactive material for use under the general license of WAC 246-233-040 will be approved if:

(1) The applicant satisfies the general requirements specified in WAC 246-235-020;

(2) The radioactive material is to be prepared for distribution in prepackaged units of:

(a) Iodine-125 in units not exceeding 370 kilobecquerels (10 microcuries) each;

(b) Iodine-131 in units not exceeding 370 kilobecquerels (10 microcuries) each;

(c) Carbon-14 in units not exceeding 370 kilobecquerels (10 microcuries) each;

(d) Hydrogen-3 (tritium) in units not exceeding 1.85 megabecquerels (50 microcuries) each;

(e) Iron-59 in units not exceeding 740 kilobecquerels (20 microcuries) each;

(f) Cobalt-57 in units not exceeding 370 kilobecquerels (10 microcuries) each;

(g) Selenium-75 in units not exceeding 370 kilobecquerels (10 microcuries) each;

(h) Mock Iodine-125 in units not exceeding 1.85 kilobecquerels (0.05 microcurie) of iodine-129 and 185 becquerels (0.005 microcurie) of americium-241 each.

(3) Each prepackaged unit bears a durable, clearly visible label:

(a) Identifying the radioactive contents as to chemical form and radionuclide, and indicating that the amount of radioactivity does not exceed 370 kilobecquerels (10 microcuries) of iodine-125, iodine-131, carbon-14, cobalt-57, or selenium-75; 1850 kilobecquerels (50 microcuries) of hydrogen-3 (tritium); 740 kilobecquerels (20 microcuries) of iron-59; or Mock Iodine-125 in units not exceeding 1.85 kilobecquerels (0.05 microcurie) of iodine-129 and 185 becquerels (0.005 microcurie) of americium-241 each; and

(b) Displaying the radiation caution symbol described in WAC 246-221-120 (1)(a) and the words, "CAUTION, RADIOACTIVE MATERIAL," and "Not for internal or external use in humans or animals."

(4) One of the following statements, as appropriate, or a substantially similar statement which contains the information called for in one of the following statements, appears on a label affixed to each prepackaged unit or appears in a leaflet or brochure which accompanies the package:

(a) This radioactive material may be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for *in vitro* clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of the United States Nuclear Regulatory Commission or of a state with which the commission has entered into an agreement for the exercise of regulatory authority.

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Name of manufacturer

(b) This radioactive material may be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for *in vitro* clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of a licensing state.

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Name of manufacturer

(5) The label affixed to the unit, or the leaflet or brochure which accompanies the package, contains adequate information as to the precautions to be observed in handling and storing such radioactive material. In the case of the Mock Iodine-125 reference or calibration source, the information accompanying the source must also contain directions to the licensee regarding the waste disposal requirements set out in WAC 246-221-170 of these regulations.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-235-097, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 04-04-055, § 246-235-097, filed 1/30/04, effective 3/1/04; 98-13-037, § 246-235-097, filed 6/8/98, effective 7/9/98.]

WAC 246-235-100 Manufacture, production, preparation, and/or transfer of radiopharmaceuticals for medical use. (1) An application for a specific license to manufacture, produce, prepare, and/or transfer for distribution radiopharmaceuticals containing radioactive material for use by persons licensed under chapter 246-240 WAC for medical use in humans will be approved if:

(a) The applicant satisfies the general requirements specified in WAC 246-235-020;

(b) The applicant submits evidence that the applicant is:

(i) Registered or licensed with the U.S. Food and Drug Administration (FDA) as a drug manufacturer, preparer, propagator, compounder or processor of a drug under 21 CFR 207.20(a); or

(ii) Licensed as a nuclear pharmacy by the state board of pharmacy;

(iii) Registered or licensed as a radiopharmaceutical production facility or nuclear pharmacy with the U.S. Nuclear Regulatory Commission or a state agency;

(iv) Operating as a nuclear pharmacy within a federal medical institution; or

(v) A positron emission tomography drug production facility registered with a state agency.

(c) The applicant submits information on the radionuclide, chemical and physical form, maximum activity per vial, syringe, generator, or other container of the radiopharmaceutical, and shielding provided by the packaging of the radioactive material which is appropriate for safe handling and storage of radiopharmaceuticals by medical use licensees; and

(d) The applicant satisfies the following labeling requirements:

(i) Those specified by the state board of pharmacy in WAC 246-903-020 for both commercial and noncommercial distribution;

(ii) A label is affixed to each transport radiation shield, whether it is constructed of lead, glass, plastic, or other material, of a radioactive drug to be transferred for commercial distribution. The label must include the radiation symbol, the words "caution-radioactive material" or "danger-radioactive material," the name of the radioactive drug or its abbreviation, and the quantity of radioactivity at a specified date and time. For radioactive drugs with a half-life greater than one hundred days, the time may be omitted;

(iii) A label is affixed to each syringe, vial, or other container used to hold a radioactive drug to be transferred for commercial distribution. The label must include the radiation symbol, the words "caution-radioactive material" or "danger-radioactive material" and an identifier that allows the syringe, vial, or other container to be correlated with the information on the transport radiation shield label; and

(iv) For a drug manufacturer, the labels required by this subsection are in addition to the labeling required by the Food and Drug Administration (FDA) and may be separate from or, with the approval of FDA, may be combined with the labeling required by FDA.

(2) A medical facility or an educational institution, may produce positron emission tomography or other approved accelerator-produced radioactive drugs, for noncommercial transfer to licensees within their consortium, as defined in WAC 246-220-010 and 246-235-010, if they have a valid Washington radioactive materials license and are authorized for medical use under chapter 246-240 WAC or an equivalent agreement state or U.S. Nuclear Regulatory Commission license; and

(a) Request authorization to produce accelerator-produced radionuclides at a radionuclide production facility within their consortium to prepare approved radioactive drugs for use only by licensees within that consortium. The applicant must have a current state radioactive materials license or evidence of an existing license issued by U.S. Nuclear Regulatory Commission or another agreement state.

(b) The applicant must be qualified to produce radioactive drugs for medical use by meeting the criteria in subsections (1) and (3) of this section.

(c) Identification of individual(s) authorized to prepare radioactive drugs if the applicant is a pharmacy, and documentation that each individual meets the requirements of an authorized nuclear pharmacist as specified in subsection (3) of this section.

(d) Labeling information identified in subsection (1)(d) of this section is applied to any radiopharmaceuticals or radioactive materials to be noncommercially transferred to members of its consortium.

(3) A nuclear pharmacy licensee:

(a) May prepare radiopharmaceuticals for medical use provided the radiopharmaceutical is prepared by or under the supervision of an authorized nuclear pharmacist.

(b) May allow a pharmacist to work as an authorized nuclear pharmacist if:

(i) This individual qualifies as an authorized nuclear pharmacist as defined in WAC 246-240-010;

(ii) This individual meets the state board of pharmacy requirements in WAC 246-903-030, Nuclear pharmacists, and the requirements of WAC 246-240-081 and the licensee has received an approved license amendment identifying this individual as an authorized nuclear pharmacist; or

(iii) This individual is designated as an authorized nuclear pharmacist in accordance with (d) of this subsection.

(c) The actions authorized in (a) and (b) of this subsection are permitted in spite of more restrictive language in license conditions.

(d) May designate a pharmacist as an authorized nuclear pharmacist if:

(i) The individual was identified as of December 2, 1994, as an "authorized user" on a nuclear pharmacy license issued by the department, the U.S. NRC, or an agreement state; or

(ii) The individual was a nuclear pharmacist preparing only radioactive drugs containing accelerator-produced radioactive material, and the individual practiced at a pharmacy at a government agency or federally recognized Indian tribe before November 30, 2007, or at any other pharmacies as of December 1, 2008.

(e) Shall provide to the department a copy of each individual's letter of notification from the state board of pharmacy recognizing the individual as a nuclear pharmacist, within thirty days of the date the licensee allows the individual to work as an authorized nuclear pharmacist under (b), (c) or (d) of this subsection.

(3) A manufacturer or nuclear pharmacy licensee shall possess and use instrumentation to measure the radioactivity of radiopharmaceuticals. The licensee shall have procedures for use of the instrumentation. The licensee shall measure, by direct measurement or by combination of measurements and calculations, the amount of radioactivity in dosages of alpha-, beta-, or photon-emitting radiopharmaceuticals, prior to transfer for commercial distribution. In addition, the licensee shall:

(a) Perform tests before initial use, periodically, and following repair, on each instrument for accuracy, linearity, and geometry dependence, as appropriate for the use of the instrument; and make adjustments when necessary; and

(b) Check each instrument for constancy and proper operation at the beginning of each day of use.

(4) A licensee preparing radiopharmaceuticals from generators; (e.g., molybdenum-99/technetium-99m or rubidium-82 from strontium-82/rubidium-82) shall test generator eluates for breakthrough or contamination of the parent isotope, in accordance with WAC 246-240-160. The licensee shall record the results of each test and retain each record for three years after the record is made.

(5) Nothing in this section relieves the licensee from complying with applicable FDA, other federal, and state requirements governing radiopharmaceuticals.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-235-100, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 07-14-131, § 246-235-100, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-235-100, filed 2/6/06, effective 3/9/06; 98-13-037, § 246-235-100, filed 6/8/98, effective 7/9/98. Statutory Authority: RCW 70.98.050 and 70.98.-080. 91-15-112 (Order 184), § 246-235-100, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-22-110, filed 12/8/80. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-22-110, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-076.]

WAC 246-235-103 Prototype tests for manufacture of calibration or reference sources containing americium-241 or radium-226. An applicant for a license under this chapter shall, for any type of source which is designed to contain more than 0.185 kilobecquerel (0.005 microcurie) of americium-241 or radium-226, conduct prototype tests, in the order listed, on each of no less than five prototypes of the source, which contains more than 0.185 kilobecquerel (0.005 microcurie) of americium-241 or radium-226, as follows:

(1) *Initial measurement*. The quantity of radioactive material deposited on the source shall be measured by direct counting of the source.

(2) *Dry wipe test*. The entire radioactive surface of the source shall be wiped with filter paper with the application of moderate finger pressure. Removal of radioactive material from the source shall be determined by measuring the radioactivity on the filter paper or by direct measurement of the radioactivity on the source following the dry wipe.

(3) *Wet wipe test*. The entire radioactive surface of the source shall be wiped with filter paper, moistened with water, with the application of moderate finger pressure. Removal of radioactive material from the source shall be determined by measuring the radioactivity on the filter paper after it has dried or by direct measurement of the radioactivity remaining on the source following the wet wipe.

(4) *Water soak test*. The source shall be immersed in water at room temperature for a period of twenty-four consecutive hours. The source shall then be removed from the water. Removal of radioactive material from the source shall be determined by direct measurement of the radioactivity on the source after it has dried or by measuring the radioactivity in the residue obtained by evaporation of the water in which the source was immersed.

(5) *Dry wipe test*. On completion of the preceding test in this section, the dry wipe test described in subsection (2) of this section shall be repeated.

(6) *Observations*. Removal of more than 0.005 microcurie (185 becquerels) of radioactivity in any test prescribed by this section shall be cause for rejection of the source design. Results of prototype tests submitted to the department or the U.S. Nuclear Regulatory Commission shall be given in terms of radioactivity in microcuries (or becquerels) and percent of removal from the total amount of radioactive material deposited on the source.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-235-103, filed 2/18/09, effective 3/21/09.]

WAC 246-235-105 Manufacture, assembly or distribution of radioactive material exempt from regulation. (1) *Licensing the introduction of radioactive material into products in exempt concentrations.* In addition to the requirements set forth in WAC 246-235-020, a specific license authorizing the introduction of radioactive material into a product or material owned by or in the possession of the licensee or another to be transferred to persons exempt under WAC 246-232-010(1) will be issued if:

(a) The applicant submits a description of the product or material into which the radioactive material will be introduced, intended use of the radioactive material and the product or material into which it is introduced, method of introduction, initial concentration of the radioactive material in the product or material, control methods to assure that no more than the specified concentration is introduced into the product or material, estimated time interval between introduction and transfer of the product or material, and estimated concentration of the radioactive material in the product or material at the time of transfer; and

(b) The applicant provides reasonable assurance that the concentrations of radioactive material at the time of transfer will not exceed the concentrations in WAC 246-232-130, Schedule C, that reconstruction of the radioactive material in concentrations exceeding those in WAC 246-232-130, Schedule C, is not likely, that use of lower concentrations is not feasible, and that the product or material is not likely to be incorporated in any food, beverage, cosmetic, drug or other commodity or product designed for ingestion or inhalation by, or application to a human being.

(c) Each person licensed under subsection (1) of this section shall file an annual report with the department which shall identify the type and quantity of each product or material into which radioactive material has been introduced during the reporting period; name and address of the person who owned or possessed the product and material, into which radioactive material has been introduced, at the time of introduction; the type and quantity of radionuclide introduced into each such product or material; and the initial concentrations of the radionuclide in the product or material at time of transfer of the radioactive material by the licensee. If no transfers of radioactive material have been made pursuant to subsection (1) of this section during the reporting period, the report shall so indicate. The report shall cover the year ending June 30, and shall be filed within thirty days thereafter.

(2) *Licensing the distribution of certain radioactive material in exempt quantities.**

*Note: Authority to transfer possession or control by the manufacturer, processor or producer of any equipment, device, commodity or other product containing source material or radioactive material whose subsequent possession, use, transfer and disposal by all other persons who are exempted from regulatory requirements may be obtained only from the department or the United States Nuclear Regulatory Commission, Washington, D.C. 20555.

(a) An application for a specific license to distribute naturally occurring and accelerator-produced radioactive material (NARM) to persons exempted from these regulations pursuant to WAC 246-232-010 (2)(b) will be approved if:

(i) The radioactive material is not contained in any food, beverage, cosmetic, drug or other commodity designed for ingestion or inhalation by, or application to, a human being;

(ii) The radioactive material is in the form of processed chemical elements, compounds, or mixtures, tissue samples, bioassay samples, counting standards, plated or encapsulated sources, or similar substances, identified as radioactive and to be used for its radioactive properties, but is not incorporated into any manufactured or assembled commodity, product, or device intended for commercial distribution; and

(iii) The applicant submits copies of prototype labels and brochures and the department approves such labels and brochures.

(b) The license issued under (a) of this subsection is subject to the following conditions:

(i) No more than ten exempt quantities shall be sold or transferred in any single transaction. However, an exempt quantity may be composed of fractional parts of one or more of the exempt quantity provided the sum of the fractions shall not exceed unity.

(ii) Each exempt quantity shall be separately and individually packaged. No more than ten such packaged exempt quantities shall be contained in any outer package for transfer to persons exempt pursuant to WAC 246-232-010 (2)(b). The outer package shall be such that the dose rate at the external surface of the package does not exceed 0.5 millirem per hour.

(iii) The immediate container of each quantity or separately packaged fractional quantity of radioactive material shall bear a durable, legible label which:

(A) Identifies the radionuclide and the quantity of radioactivity; and

(B) Bears the words "radioactive material."

(iv) In addition to the labeling information required by (b)(iii) of this subsection, the label affixed to the immediate container, or an accompanying brochure, shall:

(A) State that the contents are exempt from licensing state requirements;

(B) Bear the words "Radioactive material—Not for human use—Introduction into foods, beverages, cosmetics, drugs, or medicinals, or into products manufactured for commercial distribution is prohibited—Exempt quantities should not be combined"; and

(C) Set forth appropriate additional radiation safety precautions and instructions relating to the handling, use, storage and disposal of the radioactive material.

(c) Each person licensed under (a) of this subsection shall maintain records identifying, by name and address, each person to whom radioactive material is transferred for use under WAC 246-232-010 (2)(b) or the equivalent regulations of a licensing state, and stating the kinds and quantities of radioactive material transferred. An annual summary report stating the total quantity of each radionuclide transferred under the specific license shall be filed with the department. Each report shall cover the year ending June 30, and shall be filed within thirty days thereafter. If no transfers of radioactive material have been made pursuant to subsection (2) of this section during the reporting period, the report shall so indicate.

(3) *Licensing the incorporation of naturally occurring and accelerator-produced radioactive material into gas and aerosol detectors.* An application for a specific license authorizing the incorporation of NARM into gas and aerosol detectors to be distributed to persons exempt under WAC 246-

232-012 will be approved if the application satisfies requirements equivalent to those contained in Section 32.26 of 10 CFR Part 32.

*Note: Authority to transfer possession or control by the manufacturer, processor or producer of any equipment, device, commodity or other product containing source material or radioactive material whose subsequent possession, use, transfer and disposal by all other persons who are exempted from regulatory requirements may be obtained only from the department or the United States Nuclear Regulatory Commission, Washington, D.C. 20555.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-235-105, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. 01-02-067, § 246-235-105, filed 12/29/00, effective 1/29/01; 98-13-037, § 246-235-105, filed 6/8/98, effective 7/9/98.]

WAC 246-235-107 Serialization of nationally tracked sources. Each licensee who manufactures a nationally tracked source after February 6, 2007, shall assign a unique serial number to each nationally tracked source. Serial numbers must be composed only of alpha-numeric characters.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-235-107, filed 2/18/09, effective 3/21/09.]

WAC 246-235-125 Special requirements to report transactions involving nationally tracked sources. Each licensee who manufactures, transfers, receives, disassembles, or disposes of a nationally tracked source shall complete and submit a National Source Tracking Transaction Report as specified in subsections (1) through (5) of this section for each type of transaction.

(1) Each licensee who manufactures a nationally tracked source shall complete and submit a National Source Tracking Transaction Report. The report must include the following information;

(a) The name, address, and license number of the reporting licensee;

(b) The name of the individual preparing the report;

(c) The manufacturer, model, and serial number of the source;

(d) The radioactive material in the source;

(e) The initial source strength in becquerels (curies) at the time of manufacture; and

(f) The manufacture date of the source.

(2) Each licensee that transfers a nationally tracked source to another person shall complete and submit a National Source Tracking Transaction Report. The report must include the following information:

(a) The name, address, and license number of the reporting licensee;

(b) The name of the individual preparing the report;

(c) The name and license number of the recipient facility and the shipping address;

(d) The manufacturer, model, and serial number of the source or, if not available, other information to uniquely identify the source;

(e) The radioactive material in the source;

(f) The initial or current source strength in becquerels (curies);

(g) The date for which the source strength is reported;

(h) The shipping date;

(i) The estimated arrival date; and

(j) For nationally tracked sources transferred as waste under a Uniform Low-Level Radioactive Waste Manifest, the waste manifest number and the container identification of the container with the nationally tracked source.

(3) Each licensee that receives a nationally tracked source shall complete and submit a National Source Tracking Transaction Report. The report must include the following information:

(a) The name, address, and license number of the reporting licensee;

(b) The name of the individual preparing the report;

(c) The name, address, and license number of the person that provided the source;

(d) The manufacturer, model, and serial number of the source or, if not available, other information to uniquely identify the source;

(e) The radioactive material in the source;

(f) The initial or current source strength in becquerels (curies);

(g) The date for which the source strength is reported;

(h) The date of receipt; and

(i) For material received under a Uniform Low-Level Radioactive Waste Manifest, the waste manifest number and the container identification with the nationally tracked source.

(4) Each licensee that disassembles a nationally tracked source shall complete and submit a National Source Tracking Transaction Report. The report must include the following information:

(a) The name, address, and license number of the reporting licensee;

(b) The name of the individual preparing the report;

(c) The manufacturer, model, and serial number of the source or, if not available, other information to uniquely identify the source;

(d) The radioactive material in the source;

(e) The initial or current source strength in becquerels (curies);

(f) The date for which the source strength is reported; and

(g) The disassemble date of the source.

(5) Each licensee who disposes of a nationally tracked source shall complete and submit a National Source Tracking Transaction Report. The report must include the following information:

(a) The name, address, and license number of the reporting licensee;

(b) The name of the individual preparing the report;

(c) The waste manifest number;

(d) The container identification with the nationally tracked source;

(e) The date of disposal; and

(f) The method of disposal.

(6) The reports discussed in subsections (1) through (5) of this section must be submitted by the close of the next business day after the transaction. A single report may be submitted for multiple sources and transactions. The reports must be submitted to the National Source Tracking System by using:

(a) The on-line National Source Tracking System;

(b) Electronically using a computer-readable format;

(c) By facsimile;

(d) By mail to the address on the National Source Tracking Transaction Report Form (NRC Form 748); or

(e) By telephone with follow-up by facsimile or mail.

(7) Each licensee shall correct any error in previously filed reports or file a new report for any missed transaction within five business days of the discovery of the error or missed transaction. Such errors may be detected by a variety of methods such as administrative reviews or by physical inventories required by regulation. In addition, each licensee shall reconcile the inventory of nationally tracked sources possessed by the licensee against that licensee's data in the National Source Tracking System. The reconciliation must be conducted during the month of January in each year. The reconciliation process must include resolving any discrepancies between the National Source Tracking System and the actual inventory by filing the reports identified by subsections (1) through (5) of this section. By January 31 of each year, each licensee must submit to the National Source Tracking System confirmation that the data in the National Source Tracking System is correct.

(8) Each licensee that possesses Category 1 nationally tracked sources shall report its initial inventory of Category 1 nationally tracked sources to the National Source Tracking System by January 31, 2009. Each licensee that possesses Category 2 nationally tracked sources shall report its initial inventory of Category 2 nationally tracked sources to the National Source Tracking System by January 9, 2009. The information may be submitted by using any of the methods identified by subsection (7)(a) through (d) of this section. The initial inventory report must include the following information:

(a) The name, address, and license number of the reporting licensee;

(b) The name of the individual preparing the report;

(c) The manufacturer, model, and serial number of each nationally tracked source or, if not available, other information to uniquely identify the source;

(d) The radioactive material in the sealed source;

(e) The initial or current source strength in becquerels (curies); and

(f) The date for which the source strength is reported.

Table 1 - Nationally Tracked Source Thresholds

Radioactive Material	Category 1 (TBq)	Category 1 (Ci)	Category 2 (TBq)	Category 2 (Ci)
Actinium-227	20	540	0.2	5.4
Americium-241	60	1,600	0.6	16
Americium-241/Be	60	1,600	0.6	16
Californium-252	20	540	0.2	5.4
Cobalt-60	30	810	0.3	8.1
Curium-244	50	1,400	0.5	14
Cesium-137	100	2,700	1	27
Gadolinium-153	1,000	27,000	10	270
Iridium-192	80	2,200	0.8	22
Plutonium-238	60	1,600	0.6	16
Plutonium-239/Be	60	1,600	0.6	16
Polonium-210	60	1,600	0.6	16
Promethium-147	40,000	1,100,000	400	11,000
Radium-226	40	1,100	0.4	11
Selenium-75	200	5,400	2	54
Strontium-90	1,000	27,000	10	270
Thorium-228	20	540	0.2	5.4
Thorium-229	20	540	0.2	5.4
Thulium-170	20,000	540,000	200	5,400
Ytterbium-169	300	8,100	3	81

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-235-125, filed 2/18/09, effective 3/21/09.]

WAC 246-235-150 Schedule C—Quantities of radioactive materials requiring consideration of the need for an emergency plan for responding to a release.

Radioactive material[1]	Release fraction	Possession limit (curies)
Actinium-228	0.001	4,000
Americium-241	.001	2
Americium-242	.001	2
Americium-243	.001	2
Antimony-124	.01	4,000
Antimony-126	.01	6,000
Barium-133	.01	10,000
Barium-140	.01	30,000
Bismuth-207	.01	5,000
Bismuth-210	.01	600
Cadmium-109	.01	1,000
Cadmium-113	.01	80
Calcium-45	.01	20,000
Californium-252[2]	.001	9
Carbon-14[3]	.01	50,000
Cerium-141	.01	10,000
Cerium-144	.01	300
Cesium-134	.01	2,000
Cesium-137	.01	3,000
Chlorine-36	.5	100
Chromium-51	.01	300,000

Radioactive material[1]	Release fraction	Possession limit (curies)
Cobalt-60	.001	5,000
Copper-64	.01	200,000
Curium-242	.001	60
Curium-243	.001	3
Curium-244	.001	4
Curium-245	.001	2
Europium-152	.01	500
Europium-154	.01	400
Europium-155	.01	3,000
Germanium-68	.01	2,000
Gadolinium-153	.01	5,000
Gold-198	.01	30,000
Hafnium-172	.01	400
Hafnium-181	.01	7,000
Holmium-166m	.01	100
Hydrogen-3	.5	20,000
Iodine-125	.5	10
Iodine-131	.5	10
Indium-114m	.01	1,000
Iridium-192	.001	40,000
Iron-55	.01	40,000
Iron-59	.01	7,000
Krypton-85	1.0	6,000,000
Lead-210	.01	8
Manganese-56	.01	60,000
Mercury-203	.01	10,000
Molybdenum-99	.01	30,000
Neptunium-237	.001	2
Nickel-63	.01	20,000
Niobium-94	.01	300
Phosphorus-32	.5	100
Phosphorus-33	.5	1,000
Polonium-210	.01	10
Potassium-42	.01	9,000
Promethium-145	.01	4,000
Promethium-147	.01	4,000
Radium-226	0.001	100
Ruthenium-106	.01	200
Samarium-151	.01	4,000
Scandium-46	.01	3,000
Selenium-75	.01	10,000
Silver-110m	.01	1,000
Sodium-22	.01	9,000
Sodium-24	.01	10,000
Strontium-89	.01	3,000
Strontium-90	.01	90
Sulfur-35	.5	900
Technetium-99	.01	10,000
Technetium-99m	.01	400,000
Tellurium-127m	.01	5,000
Tellurium-129m	.01	5,000
Terbium-160	.01	4,000
Thulium-170	.01	4,000
Tin-113	.01	10,000
Tin-123	.01	3,000
Tin-126	.01	1,000
Titanium-44	.01	100
Uranium Hexafluoride	.001	Note[4]
Vanadium-48	.01	7,000
Xenon-133	1.0	900,000
Yttrium-91	.01	2,000
Zinc-65	.01	5,000
Zirconium-93	.01	400
Zirconium-95	.01	5,000
Any other beta-gamma emitter	.01	10,000
Mixed fission products	.01	1,000
Mixed corrosion products	.01	10,000
Contaminated equipment beta-gamma	.001	10,000
Irradiated material, any form other than solid noncombustible	.01	1,000
Irradiated material, solid noncombustible	.001	10,000
Mixed radioactive waste, beta-gamma	.01	1,000
Packaged mixed waste, beta-gamma[5]	.001	10,000
Any other alpha emitter	.001	2
Contaminated equipment, alpha	.0001	20
Packaged waste, alpha[5]	.0001	20
Combinations of radioactive materials listed above[1]		

1 For combinations of radioactive materials, consideration of the need for an emergency plan is required if the sum of the ratios of the quantity of each radioactive material authorized to the quantity listed for that material in Schedule C exceeds one.

2 For Californium-252, the quantity may also be expressed as 20 milligrams.

3 Excludes Carbon-14 as carbon dioxide.

4 For uranium hexafluoride, the quantity is 50 kilograms in a single container or 1,000 kilograms total.

5 Waste packaged in Type B containers does not require an emergency plan.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-235-150, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 95-01-108, § 246-235-150, filed 12/21/94, effective 1/21/95.]

Chapter 246-240 WAC

RADIATION PROTECTION—MEDICAL USE OF RADIOACTIVE MATERIAL

WAC

WAC 246-240-010 Definitions. Address of use means the building or buildings that are identified on the license and where radioactive material may be received, prepared, used, or stored.

Area of use means a portion of an address of use that has been set aside for the purpose of receiving, preparing, using, or storing radioactive material.

Authorized medical physicist means an individual who:

(1) Meets the requirements in WAC 246-240-072 and 246-240-081; or

(2) Is identified as an authorized medical physicist or teletherapy physicist on:

(a) A specific medical use license issued by the department, the U.S. Nuclear Regulatory Commission or an agreement state;

(b) A medical use permit issued by a U.S. NRC master material licensee;

(c) A permit issued by a U.S. NRC or agreement state broad scope medical use licensee; or

(d) A permit issued by a U.S. NRC master material license broad scope medical use permittee.

Authorized nuclear pharmacist means a pharmacist who:

(1) Meets the requirements in WAC 246-240-075 and 246-240-081; or

(2) Is identified as an authorized nuclear pharmacist on:

(a) A specific license issued by the department, the U.S. NRC or an agreement state, that authorizes medical use or the practice of nuclear pharmacy;

(b) A permit issued by a U.S. NRC master material licensee that authorizes medical use or the practice of nuclear pharmacy;

(c) A permit issued by a U.S. NRC or agreement state broad scope medical use licensee that authorizes medical use or the practice of nuclear pharmacy; or

(d) A permit issued by a U.S. NRC master material license broad scope medical use permittee that authorizes medical use or the practice of nuclear pharmacy; or

(3) Is identified as an authorized nuclear pharmacist by a commercial nuclear pharmacy that has been authorized to identify authorized nuclear pharmacists; or

(4) Is designated as an authorized nuclear pharmacist in accordance with WAC 246-235-100(2).

Authorized user means a physician, dentist, or podiatrist who:

(1) Meets the requirements in WAC 246-240-081 and 246-240-154, 246-240-163, 246-240-210, 246-240-213, 246-240-216, 246-240-278, 246-240-301, or 246-240-399; or

(2) Is identified as an authorized user on:

(a) A department, U.S. NRC, or agreement state license that authorizes the medical use of radioactive material;

(b) A permit issued by a U.S. NRC master material licensee that is authorized to permit the medical use of radioactive material;

(c) A permit issued by a department, U.S. NRC, or agreement state specific licensee of broad scope that is authorized to permit the medical use of radioactive material; or

(d) A permit issued by a U.S. NRC master material license broad scope permittee that is authorized to permit the medical use of radioactive material.

Brachytherapy means a method of radiation therapy in which sources are used to deliver a radiation dose at a distance of up to a few centimeters by surface, intracavitary, intraluminal, or interstitial application.

Brachytherapy source means a radioactive source or a manufacturer-assembled source train or a combination of these sources that is designed to deliver a therapeutic dose within a distance of a few centimeters.

Client's address means the area of use or a temporary job site for the purpose of providing mobile medical service in accordance with WAC 246-240-125.

Cyclotron means a particle accelerator in which the charged particles travel in an outward spiral or circular path. A cyclotron accelerates charged particles at energies usually in excess of 10 megaelectron volts and is commonly used for production of short half-life radionuclides for medical use.

Dedicated check source means a radioactive source that is used to assure the constant operation of a radiation detection or measurement device over several months or years.

Dentist means an individual licensed by a state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico to practice dentistry.

High dose-rate remote afterloader, as used in this chapter, means a brachytherapy device that remotely delivers a dose rate in excess of 12 gray (1200 rads) per hour at the point or surface where the dose is prescribed.

Low dose-rate remote afterloader, as used in this chapter, means a brachytherapy device that remotely delivers a dose rate of less than or equal to 2 gray (200 rads) per hour at the point or surface where the dose is prescribed.

Management means the chief executive officer or other individual having the authority to manage, direct, or administer the licensee's activities, or that person's delegate or delegates.

Manual brachytherapy, as used in this chapter, means a type of brachytherapy in which the brachytherapy sources (e.g., seeds, ribbons) are manually placed topically on or inserted either into the body cavities that are in close proximity to a treatment site or directly into the tissue volume.

Medical event means an event that meets the criteria in WAC 246-240-651.

Medical institution means an organization in which more than one medical discipline is practiced.

Medical use means the intentional internal or external administration of radioactive material or the radiation from radioactive material to patients or human research subjects under the supervision of an authorized user.

Medium dose-rate remote afterloader, as used in this chapter, means a brachytherapy device that remotely delivers a dose rate of greater than 2 gray (200 rads), but less than or equal to 12 grays (1200 rads) per hour at the point or surface where the dose is prescribed.

Mobile medical service means the transportation of radioactive material to and its medical use at the client's address.

Output means the exposure rate, dose rate, or a quantity related in a known manner to these rates from a brachytherapy source or a teletherapy, remote afterloader, or gamma stereotactic radiosurgery unit for a specified set of exposure conditions.

Patient intervention means actions by the patient or human research subject, whether intentional or unintentional, such as dislodging or removing treatment devices or prematurely terminating the administration.

Podiatrist means an individual licensed by a state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico to practice podiatry.

Positron emission tomography (PET) radionuclide production facility means a facility operating an accelerator for the purpose of producing PET radionuclides.

Preceptor means an individual who provides, directs, or verifies training and experience required for an individual to become an authorized user, an authorized medical physicist, an authorized nuclear pharmacist, or a radiation safety officer.

Prescribed dosage means the specified activity or range of activity of unsealed radioactive material as documented:

(1) In a written directive; or

(2) In accordance with the directions of the authorized user for procedures performed under WAC 246-240-151 and 246-240-157.

Prescribed dose means:

(1) For gamma stereotactic radiosurgery, the total dose as documented in the written directive;

(2) For teletherapy, the total dose and dose per fraction as documented in the written directive;

(3) For manual brachytherapy, either the total source strength and exposure time or the total dose, as documented in the written directive; or

(4) For remote brachytherapy afterloaders, the total dose and dose per fraction as documented in the written directive.

Pulsed dose-rate remote afterloader, as used in this chapter, means a special type of remote afterloading brachytherapy device that uses a single source capable of delivering dose rates in the "high dose-rate" range, but:

(1) Is approximately one-tenth of the activity of typical high dose-rate remote afterloader sources; and

(2) Is used to simulate the radiobiology of a low dose-rate treatment by inserting the source for a given fraction of each hour.

Radiation safety officer means an individual who:

(1) Meets the requirements in WAC 246-240-069 and 246-240-081; or

(2) Is identified as a radiation safety officer on a specific medical use license issued by the department prior to October 5, 2005, the U.S. NRC or an agreement state; or

(3) A medical use permit issued by a commission master material licensee.

Sealed source and device registry means the national registry that contains all the registration certificates, generated by both the U.S. NRC and the agreement states, that summarize the radiation safety information for the sealed sources and devices and describe the licensing and use conditions approved for the product.

Stereotactic radiosurgery means the use of external radiation in conjunction with a stereotactic guidance device to very precisely deliver a therapeutic dose to a tissue volume.

Structured educational program means an educational program designed to impart particular knowledge and practical education through interrelated studies and supervised training.

Teletherapy, as used in this chapter, means a method of radiation therapy in which collimated gamma rays are delivered at a distance from the patient or human research subject.

Temporary job site means a location where mobile medical services are conducted other than those location(s) of use authorized on the license.

Therapeutic dosage means a dosage of unsealed radioactive material that is intended to deliver a radiation dose to a patient or human research subject for palliative or curative treatment.

Therapeutic dose means a radiation dose delivered from a source containing radioactive material to a patient or human research subject for palliative or curative treatment.

Treatment site means the anatomical description of the tissue intended to receive a radiation dose, as described in a written directive.

Type of use means use of radioactive material under WAC 246-240-151, 246-240-157, 246-240-201, 246-240-251, 246-240-301, 246-240-351, or 246-240-501.

Unit dosage means a dosage prepared for medical use for administration as a single dosage to a patient or human research subject without any further manipulation of the dosage after it is initially prepared.

Written directive means an authorized user's written order for the administration of radioactive material or radiation from radioactive material to a specific patient or human research subject, as specified in WAC 246-240-060.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-240-010, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 07-14-131, § 246-240-010, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-010, filed 2/6/06, effective 3/9/06; 98-13-037, § 246-240-010, filed 6/8/98, effective 7/9/98. Statutory Authority: RCW 70.98.050 and 70.98.-080. 92-06-008 (Order 245), § 246-240-010, filed 2/21/92, effective 3/23/92.]

WAC 246-240-060 Written directives. (1) A written directive must be dated and signed by an authorized user before the administration of I-131 sodium iodide greater than 1.11 megabecquerels (30 microcuries), any therapeutic dosage of unsealed radioactive material or any therapeutic dose of radiation from radioactive material.

If, because of the emergent nature of the patient's condition, a delay in order to provide a written directive would jeopardize the patient's health, an oral directive is acceptable. The information contained in the oral directive must be documented as soon as possible in writing in the patient's record. A written directive must be prepared within forty-eight hours of the oral directive.

(2) The written directive must contain the patient or human research subject's name and the following information:

(a) For any administration of quantities greater than 1.11 megabecquerels (30 microcuries) of sodium iodide I-131: The dosage;

(b) For an administration of a therapeutic dosage of unsealed radioactive material other than sodium iodide I-131: The radioactive drug, dosage, and route of administration;

(c) For gamma stereotactic radiosurgery: The total dose, treatment site, and values for the target coordinate settings per treatment for each anatomically distinct treatment site;

(d) For teletherapy: The total dose, dose per fraction, number of fractions, and treatment site;

(e) For high dose-rate remote afterloading brachytherapy: The radionuclide, treatment site, dose per fraction, number of fractions, and total dose; or

(f) For all other brachytherapy, including low, medium, and pulsed dose rate remote afterloaders:

(i) Before implantation: Treatment site, the radionuclide, and dose; and

(ii) After implantation but before completion of the procedure: The radionuclide, treatment site, number of sources, and total source strength and exposure time (or the total dose).

(3) A written revision to an existing written directive may be made if the revision is dated and signed by an authorized user before the administration of the dosage of unsealed radioactive material, the brachytherapy dose, the gamma stereotactic radiosurgery dose, the teletherapy dose, or the next fractional dose.

If, because of the patient's condition, a delay in order to provide a written revision to an existing written directive would jeopardize the patient's health, an oral revision to an existing written directive is acceptable. The oral revision must be documented as soon as possible in the patient's record. A revised written directive must be signed by the authorized user within forty-eight hours of the oral revision.

(4) The licensee shall retain a copy of the written directive in accordance with WAC 246-240-557.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-240-060, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 06-05-019, § 246-240-060, filed 2/6/06, effective 3/9/06.]

WAC 246-240-107 Determination of dosages of unsealed radioactive material for medical use. (1) A licensee shall determine and record the activity of each dosage before medical use.

(2) For a unit dosage, this determination must be made by:

(a) Direct measurement of radioactivity; or

(b) A decay correction, based on the activity or activity concentration determined by:

(i) A manufacturer, producer, or preparer licensed under WAC 246-235-100 or equivalent U.S. NRC or agreement state requirements; or

(ii) An agreement state or U.S. NRC licensee for use in research in accordance with a radioactive drug research committee-approved protocol or an investigational new drug (IND) protocol accepted by FDA.

(3) For other than unit dosages, this determination must be made by:

(a) Direct measurement of radioactivity;

(b) Combination of measurement of radioactivity and mathematical calculations; or

(c) Combination of volumetric measurements and mathematical calculations, based on the measurement made by a manufacturer, producer, or preparer licensed under WAC 246-235-100 or equivalent agreement state requirements.

(4) Unless otherwise directed by the authorized user, a licensee may not use a dosage if the dosage does not fall within the prescribed dosage range or if the dosage differs from the prescribed dosage by more than twenty percent.

(5) A licensee shall retain a record of the dosage determination required by this section in accordance with WAC 246-240-569.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-240-107, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 06-05-019, § 246-240-107, filed 2/6/06, effective 3/9/06.]

WAC 246-240-110 Authorization for calibration, transmission, and reference sources. Any person authorized by WAC 246-240-016 for medical use of radioactive material may receive, possess, and use any of the following radioactive material for check, calibration, transmission, and reference use:

(1) Sealed sources, not exceeding 1.11 gigabecquerels (30 millicuries) each, manufactured and distributed by a person licensed under WAC 246-235-102 or equivalent agreement state or U.S. NRC regulations.

(2) Sealed sources, not exceeding 1.11 gigabecquerels (30 millicuries) each, redistributed by a licensee authorized to redistribute the sealed sources manufactured and distributed by a person licensed under WAC 246-235-102, or equivalent agreement state or U.S. NRC regulations if the redistributed sealed sources are in the original packaging and shielding and are accompanied by the manufacturer's approved instructions.

(3) Any radioactive material with a half-life not longer than one hundred twenty days in individual amounts not to exceed 0.56 gigabecquerels (15 millicuries).

(4) Any radioactive material with a half-life longer than one hundred twenty days in individual amounts not to exceed the smaller of 7.4 megabecquerels (200 microcuries) or 1000 times the quantities in Schedule B of WAC 246-232-120.

(5) Technetium-99m in amounts as needed.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-240-110, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 07-14-131, § 246-240-110, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-110, filed 2/6/06, effective 3/9/06.]

WAC 246-240-113 Requirements for possession of sealed sources and brachytherapy sources. (1) A licensee in possession of any sealed source or brachytherapy source shall follow the radiation safety and handling instructions supplied by the manufacturer.

(2) A licensee in possession of a sealed source shall:

(a) Test the source for leakage before its first use unless the licensee has a certificate from the supplier indicating that the source was tested within six months before transfer to the licensee; and

(b) Test the source for leakage at intervals not to exceed six months or at other intervals approved by the department, the U.S. NRC, or an agreement state in the sealed source and device registry.

(3) To satisfy the leak test requirements of this section, the licensee shall ensure the sample is analyzed by such method that the leak test can detect the presence of 185 bec-

querels (0.005 microcuries) of radioactive material in the sample.

(4) A licensee shall retain leak test records in accordance with WAC 246-240-572(1).

(5) If the leak test reveals the presence of 185 becquerels (0.005 microcuries) or more of removable contamination, the licensee shall:

(a) Immediately withdraw the sealed source from use and store, dispose, or cause it to be repaired in accordance with the requirements in chapters 246-221 and 246-232 WAC; and

(b) File a report within five days of the leak test in accordance with WAC 246-240-657.

(6) A licensee need not perform a leak test on the following sources:

(a) Sources containing only radioactive material with a half-life of less than thirty days;

(b) Sources containing only radioactive material as a gas;

(c) Sources containing 3.7 megabecquerels (100 microcuries) or less of beta- or gamma-emitting material or 0.37 megabecquerels (10 microcuries) or less of alpha-emitting material;

(d) Seeds of iridium-192 encased in nylon ribbon; and

(e) Sources stored and not being used. However, the licensee shall test each source for leakage before any use or transfer unless it has been leak tested within six months before the date of use or transfer.

(7) A licensee in possession of sealed sources or brachytherapy sources, except for gamma stereotactic radiosurgery sources, shall conduct a physical inventory of all the sources in its possession at intervals not to exceed six months. The licensee shall retain each inventory record in accordance with WAC 246-240-572.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-240-113, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 06-05-019, § 246-240-113, filed 2/6/06, effective 3/9/06.]

WAC 246-240-151 Use of unsealed radioactive material for uptake, dilution, and excretion studies for which a written directive is not required. Except for quantities that require a written directive under WAC 246-240-060(2), a licensee may use any unsealed radioactive material prepared for medical use for uptake, dilution, or excretion studies that is:

(1) Obtained from a manufacturer, producer, or preparer licensed under WAC 246-235-100(1) or equivalent U.S. NRC or agreement state requirements; or

(2) Prepared by an authorized nuclear pharmacist, or a physician who is an authorized user and who meets the requirements specified in WAC 246-240-163, or 246-240-210 and 246-240-163 (3)(a)(ii)(G), or an individual under the supervision of either as specified in WAC 246-240-057; or

(3) Obtained from and prepared by an agreement state or U.S. NRC licensee for use in research in accordance with a radioactive drug research committee-approved protocol or an investigational new drug (IND) protocol accepted by FDA; or

(4) Prepared by the licensee for use in research in accordance with a radioactive drug research committee-approved application or an investigational new drug (IND) protocol accepted by FDA.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-240-151, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 07-14-131, § 246-240-151, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-151, filed 2/6/06, effective 3/9/06.]

WAC 246-240-157 Use of unsealed radioactive material for imaging and localization studies for which a written directive is not required. Except for quantities that require a written directive under WAC 246-240-060(2), a licensee may use any unsealed radioactive material prepared for medical use for imaging and localization studies that is:

(1) Obtained from a manufacturer, producer, or preparer licensed under WAC 246-235-100(1) or equivalent agreement state or U.S. NRC requirements; or

(2) Prepared by an authorized nuclear pharmacist, a physician who is an authorized user and who meets the requirements specified in WAC 246-240-163, or 246-240-210 and 246-240-163 (3)(a)(ii)(G), or an individual under the supervision of either as specified in WAC 246-240-057;

(3) Obtained from and prepared by an agreement state or U.S. NRC licensee for use in research in accordance with a radioactive drug research committee-approved protocol or an investigational new drug (IND) protocol accepted by FDA; or

(4) Prepared by the licensee for use in research in accordance with a radioactive drug research committee-approved application or an investigational new drug (IND) protocol accepted by FDA.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-240-157, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 07-14-131, § 246-240-157, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-157, filed 2/6/06, effective 3/9/06.]

WAC 246-240-160 Permissible molybdenum-99 concentration. (1) A licensee may not administer to humans a radiopharmaceutical that contains more than:

(a) 5.55 kilobecquerel of molybdenum-99 per 37 megabecquerel of technetium-99m (0.15 microcurie of molybdenum-99 per millicurie of technetium-99m); or

(b) 0.02 kilobecquerel of strontium-82 per megabecquerel of rubidium-82 chloride injection, (0.02 microcurie of strontium-82 per millicurie of rubidium-82 chloride); or

(c) 0.2 kilobecquerel of strontium-85 per megabecquerel of rubidium-82 chloride injection (0.2 microcurie of strontium-85 per millicurie of rubidium-82).

(2) A licensee that uses molybdenum-99/technetium-99m generators for preparing a technetium-99m radiopharmaceutical shall measure the molybdenum-99 concentration of the first eluate after receipt of a generator to demonstrate compliance with subsection (1) of this section.

(3) A licensee that uses a strontium-82/rubidium-82 generator for preparing a rubidium-82 radiopharmaceutical shall, before the first patient use of the day, measure the concentration of strontium-82 and strontium-85 to demonstrate compliance with subsection (1)(a) of this section.

(4) If a licensee is required to measure the molybdenum-99 concentration, or strontium-82 and strontium-85 concentrations the licensee shall retain a record of each measurement in accordance with WAC 246-240-587.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-240-160, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 06-05-019, § 246-240-160, filed 2/6/06, effective 3/9/06.]

WAC 246-240-201 Use of unsealed radioactive material for which a written directive is required. A licensee may use any unsealed radioactive material prepared for medical use and for which a written directive is required that is:

(1) Obtained from a manufacturer, producer, or preparer licensed under WAC 246-235-100(1) or equivalent agreement state or U.S. NRC requirements; or

(2) Prepared by an authorized nuclear pharmacist, a physician who is an authorized user and who meets the requirements specified in WAC 246-240-163 or 246-240-210, or an individual under the supervision of either as specified in WAC 246-240-057; or

(3) Obtained from and prepared by an agreement state or U.S. NRC licensee for use in research in accordance with an investigational new drug (IND) protocol accepted by FDA; or

(4) Prepared by the licensee for use in research in accordance with an investigational new drug (IND) protocol accepted by FDA.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-240-201, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 06-05-019, § 246-240-201, filed 2/6/06, effective 3/9/06.]

WAC 246-240-569 Records of dosages of unsealed radioactive material for medical use. (1) A licensee shall maintain a record of dosage determinations required by WAC 246-240-107 for three years.

(2) The record must contain:

(a) The radiopharmaceutical;

(b) The patient's or human research subject's name, or identification number if one has been assigned;

(c) The prescribed dosage, the determined dosage, or a notation that the total activity is less than 1.1 megabecquerels (30 microcuries);

(d) The date and time of the dosage determination; and

(e) The name of the individual who determined the dosage.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-240-569, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 06-05-019, § 246-240-569, filed 2/6/06, effective 3/9/06.]

WAC 246-240-587 Records of molybdenum-99, strontium-82, and strontium-85 concentrations. A licensee shall maintain a record of the molybdenum-99, strontium-82, and/or strontium-85 concentration tests required by WAC 246-240-160(2) for three years.

(1) The record must include, for each measured elution of technetium-99m, the ratio of the measures expressed as kilobecquerels of molybdenum-99 per megabecquerel of technetium-99m (or microcuries of molybdenum per millicurie of technetium), the time and date of the measurement, and the name of the individual who made the measurement.

(2) For each measured elution of rubidium-82, the ratio of the measures expressed as kilobecquerels of strontium-82 per megabecquerel of rubidium-82 (or microcuries of strontium-82 per millicurie of rubidium), and/or kilobecquerels of strontium-85 per megabecquerel of rubidium-82 (or microcuries of strontium-85 per millicurie of rubidium), the time and date of the measurement, and the name of the individual who made the measurement.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-240-587, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 06-05-019, § 246-240-587, filed 2/6/06, effective 3/9/06.]

WAC 246-240-657 Report of a leaking source. A licensee shall file a report within five days if a leak test required by WAC 246-240-113 reveals the presence of 185 becquerels (0.005 microcuries) or more of removable contamination. The report must be filed with the department, and sent to the department at P.O. Box 47827, Olympia WA 98504-7827, (phone 360-236-3300). The written report must include the model number and serial number if assigned, of the leaking source; the radionuclide and its estimated activity; the results of the test; the date of the test; and the action taken.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 09-06-003, § 246-240-657, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.-050. 06-05-019, § 246-240-657, filed 2/6/06, effective 3/9/06.]

Chapter 246-272C WAC
ON-SITE SEWAGE SYSTEM TANKS

WAC

WAC 246-272C-0001 Purpose and objectives. (1) **Purpose.** The purpose of this chapter is to protect public health and safety by assuring proper design and construction of all tanks used in on-site sewage systems. Proper sewage tank design and construction will help prevent:

(a) Surface or ground water leaking into tanks and adversely impacting the treatment and dispersal functions of system components; and

(b) Sewage from tanks leaking into the soil and adversely impacting ground water or surface water, or causing sewage to surface on the ground.

(2) **Objectives.** This chapter establishes requirements and provides measures to achieve effective long-term sewage treatment and limit the discharge of contaminants to waters of the state. The objectives include:

(a) Establishing design and construction standards;

(b) Requiring department review and approval of design and construction plans for prefabricated tanks and cast-in-place tanks; and

(c) Creating a process to register prefabricated tank sizes and models built from approved design and construction plans.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0001, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0005 Administration. The department shall administer this chapter under the authority and requirements of chapter 43.70 RCW. The local health officers shall administer portions of this chapter related to on-site sewage systems with design flows of less than three thousand five hundred gallons per day, as described in chapter 70.05 RCW.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0005, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0010 Applicability and relationship to other rules. (1) This chapter applies to all prefabricated tanks and all cast-in-place tanks. This chapter establishes sewage tank design and construction requirements, plan review and approval requirements, and prefabricated tank registration requirements.

(2) This chapter contains specific requirements for:

(a) Manufacturers of prefabricated tanks and builders of cast-in-place tanks;

(b) Persons designing sewage tanks;

(c) The department for reviewing, registering, and approving sewage tank design and construction plans;

(d) Persons installing sewage tanks; and

(e) The local health officer and the department for approving on-site sewage system designs, plans, specifications, and installations under chapters 246-272A and 246-272B WAC.

(3) This chapter does not contain all requirements for on-site sewage systems. Additional requirements for on-site sewage systems, including maintenance requirements, are found in chapters 246-272A and 246-272B WAC.

(4) This chapter does not apply to:

(a) Facilities regulated by the department of ecology;

(b) Reclaimed water systems as described in chapter 90.46 RCW;

(c) Tanks used to store municipal sewage sludge regulated as biosolids under chapter 173-308 WAC; or

(d) Geomembrane containment vessels for public domain treatment technologies. An example of this excluded technology is PVC containment vessels for public domain packed bed filters.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0010, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0020 Definitions. (1) **"AASHTO"** means American Association of State and Highway Transportation Officials.

(2) **"Approved"** means a written statement of acceptability issued by the department of health or the local health officer.

(3) **"Baffle"** means a device placed in a sewage tank for multiple functions, including dissipating energy, directing solids, retaining solids, and drawing liquid off at a specific depth. A baffle is not an intercompartmental wall.

(4) **"Cast-in-place tank"** means a sewage tank specifically designed for and constructed at the location where it will be used.

(5) **"Department"** means the Washington state department of health.

(6) **"Designer"** means a person who matches site and soil characteristics with appropriate on-site sewage technology. Throughout this chapter this term applies to on-site wastewater treatment system designers licensed under chapter 18.210 RCW.

(7) **"Design engineer"** as used in this chapter, means a professional engineer who is experienced and qualified in the analysis and design of on-site wastewater treatment systems or wastewater treatment system components, and is either licensed in Washington in accordance with chapter 18.43 RCW or is licensed in another state and an exception specified in RCW 18.43.130 applies. If the sewage tank is considered a "significant structure," as defined in chapter 18.43 RCW, the design engineer shall be licensed as a structural engineer unless an exception specified in RCW 18.43.040 applies.

(8) **"Effluent"** means liquid discharged from a sewage tank or other on-site sewage system component.

(9) **"Grey water"** means domestic type flows from bathtubs, showers, bathroom sinks, washing machines, dishwashers, and kitchen or utility sinks. Grey water does not include flow from a toilet or urinal.

(10) **"Grease interceptor tank"** means a watertight tank similar in design to a septic tank receiving grey water that may contain grease, such as from food service establishments. The interceptor tank is designed and constructed to permit adequate separation of grease from the rest of the sewage prior to discharge into an approved sewage treatment and disposal or dispersal system.

(11) **"Holding tank"** means a sewage tank that is a component of an on-site sewage system designed to receive and temporarily store sewage from one or more facilities or dwellings for removal, dispersal, and ultimate disposal of the sewage at another location.

(12) **"Holding tank sewage system"** means an on-site sewage system that uses a holding tank, the services of a septic pumper, and off-site treatment and disposal of the sewage generated.

(13) **"Installer"** means a person approved by the local health officer to install on-site sewage systems or components, or as defined in chapter 246-272B WAC.

(14) **"Local health officer"** means the individual having been appointed under chapter 70.05 RCW as the health officer for the local health department, or having been appointed under chapter 70.08 RCW as the director of public health of a combined city-county health department, or his or her designee appointed by the local board of health.

(15) **"On-site sewage system"** means an integrated system of components, located on or nearby the property it serves, that conveys, stores, treats, or provides subsurface soil treatment and dispersal of sewage. It consists of a collection system, a treatment component or treatment sequence, and a soil dispersal component. An on-site sewage system also refers to a holding tank sewage system or other system that does not have a soil dispersal component.

(16) **"Person"** means any individual, corporation, company, association, society, firm, partnership, joint stock company, or any governmental agency, or the authorized agents of these entities.

(17) **"Prefabricated tank"** means a sewage tank that is manufactured off-site and delivered to the site for installation.

(18) **"Pump tank"** means a tank that contains pumping or dosing equipment.

(19) **"Septage"** means the mixture of solid wastes, scum, sludge, and liquids pumped from within septic tanks, pump chambers, holding tanks, and other on-site sewage system components.

(20) **"Septic pumper"** means a person approved by the local health officer to remove and transport sewage or septage from on-site sewage systems.

(21) **"Septic tank"** means a watertight treatment receptacle receiving the discharge of sewage from a building sewer or sewers; designed and constructed to permit separation of settleable and floating solids from the liquid, and detention and anaerobic digestion of the organic matter, prior to discharge of the liquid.

(22) **"Sewage"** means any urine, feces, and the water carrying human wastes, including kitchen, bath, and laundry wastes from residences, buildings, industrial establishments, or other places.

(23) **"Sewage tank"** means a watertight prefabricated or cast-in-place septic tank, pump tank, holding tank, grease interceptor tank, recirculating filter tank, a tank used with a proprietary product, and any other tank used in an on-site sewage system. This term also includes tanks used in a septic tank effluent pump or vacuum collection/transmission system for an on-site sewage system.

(24) **"Trash tank"** means a type of sewage tank that removes material from sewage that microorganisms cannot degrade before the sewage enters a chamber where decomposition occurs.

(25) **"Watertight"** means liquids are prevented from entering or escaping except through designed openings such as inlets, outlets, intercompartmental wall fittings or baffles.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0020, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0110 General requirements. (1) The department shall review and approve all sewage tank design and construction plans.

(2) Prefabricated tank models and sizes built from approved design and construction plans must be registered with the department.

(3) Cast-in-place tanks are project specific and must be constructed using a design and construction plan approved by the department.

(4) Designers and design engineers shall specify only prefabricated tanks registered with the department or a cast-in-place tank approved by the department in their on-site sewage system designs, plans, and specifications.

(5) Installers shall install only prefabricated tanks registered with the department or construct only cast-in-place tanks that the department has reviewed and approved.

(6) A manufacturer or agent shall sell only prefabricated tanks registered with the department in Washington.

(7) Local health officers and the department shall approve only on-site sewage system designs and installations specifying either a prefabricated tank registered with the department or a cast-in-place tank approved by the department.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0110, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0120 Application process for sewage tank design and construction plan approval. (1) An applicant for sewage tank design and construction plan approval shall apply to the department by submitting a completed application in the format required by the department. For required sewage tank application information, see WAC 246-272C-0125.

(2) When the department receives an application, the department shall:

(a) Review applications in the order received;

(b) Verify the application is complete and includes any applicable fee;

(c) Return any incomplete application;

(d) Provide the applicant with an approximate date the department expects to complete the review; and

(e) Review and evaluate the design and construction plans and all information submitted to determine whether all applicable requirements are met.

(3) If the department determines the sewage tank design and construction plan meets all applicable requirements, the department shall:

(a) Approve the application and the sewage tank design and construction plan;

(b) Notify the applicant of the department's decision in writing;

(c) Bill the applicant for any applicable fees; and

(d) Upon receipt of payment of any applicable fees:

(i) Place the specific prefabricated tank model number, size, and manufacturer information on the sewage tank registered list; or

(ii) Authorize construction of the cast-in-place tanks.

(4) If the department determines the tank design and construction plans do not meet all applicable requirements, the department shall:

(a) Deny the application; and

(b) Notify the applicant of the department's decision in writing stating the specific reasons for the denial.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0120, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0125 Required application information. (1) **Prefabricated tanks:** The application for prefabricated tank design and construction approval must include the information listed in Table 1.

Table 1—Required Application Information

(a) Manufacturer information:	(i) Manufacturer's name; (ii) Mailing address; (iii) Street address; (iv) Phone number; and (v) E-mail address.
(b) Manufacturer's authorized contact information:	(i) Name of the manufacturer's authorized contact; (ii) Mailing address;

	(iii) Street address; (iv) Phone number; and (v) E-mail address.
(c) If there is an agent, manufacturer's agent information:	(i) Name of the manufacturer's agent; (ii) Mailing address; (iii) Street address; (iv) Phone number; (v) E-mail address; and (vi) A signed and dated statement from the agent verifying agent status. The statement must include the following: "I certify that I represent (insert manufacturing company name) and I am authorized to prepare or direct the preparation of this application for registration. I attest, under penalty of law, that this document and all attachments are true, accurate, and complete."
(d) Water-tightness certification:	A signed and dated statement from the manufacturer or agent certifying their sewage tank is watertight at the point of manufacturing. The certification must include: (i) A description of the test method and identification of the person performing the test; or (ii) The facility certification from National Precast Concrete Association testing.
(e) A full set of design drawings with supporting calculations:	(i) Design drawings stamped by the design engineer. (ii) The design drawings meeting all the requirements in WAC 246-272C-0200.
(f) Installation instructions.	
(g) A description of the function of the sewage tank along with any known limitation on its use.	
(h) A design engineer's certification:	A signed and dated statement from the design engineer submitted with the design documents certifying the tank meets all standards and requirements in WAC 246-272C-0200 through 246-272C-0250.
(i) Proprietary product manufacturer statement, if the tank is used with a proprietary product listed with the department:	A signed and dated statement from the proprietary product manufacturer: (i) Identifying the proprietary product model number; and (ii) Stating the tank drawings were reviewed and found acceptable for use with the specified proprietary product.
(j) Payment of all applicable fees.	

(2) **Cast-in-place tank:** The application for cast-in-place tank design and construction plan approval must include the following information:

(a) Design drawings and supporting calculations stamped by a design engineer;

(b) All tank design load limits including maximum traffic loading and earth loading;

(c) Specific excavation, compaction, bedding, tank construction, and backfill requirements;

(d) A signed and dated statement from the design engineer submitted with the design documents certifying the tank meets all standards and requirements of WAC 246-272C-0200 through 246-272C-0250; and

(e) A signed and dated statement from the proprietary product manufacturer identifying the proprietary product model number, and stating the tank drawings were reviewed and found acceptable for use with the specified proprietary product.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0125, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0130 Sewage tanks registered list requirements—Prefabricated tanks. (1) Prefabricated tank registration expires on December 31st of the third year following initial registration.

(2) The department shall create and maintain the sewage tank registered list of prefabricated tanks built from approved design and construction plans including, but not limited to, the following:

(a) Model numbers;

(b) Tank sizes; and

(c) Manufacturer information.

(3) The department shall update the sewage tank registered list at least annually, adding and removing prefabricated tank information as necessary to keep the list current.

(4) The department may remove prefabricated tanks from the sewage tank registered list if the department determines:

(a) The prefabricated tank design and construction plans are changed to the extent a new application is required;

(b) The manufacturer or agent fails to pay applicable registration fees;

(c) The manufacturer or agent fails to renew registration pursuant to the requirements of WAC 246-272C-0140; or

(d) There are problems with the prefabricated tank, including, but not limited to:

(i) Noncompliance with the approved design and construction plan; or

(ii) Structural failure not adequately addressed by the manufacturer or design engineer.

(5) A manufacturer or agent with prefabricated tanks on the sewage tank registered list shall:

(a) Notify the department in writing of changes in contact information between registration renewal periods;

(b) Notify the department in writing of changes to the design and construction of a registered tank;

(c) Submit updated prefabricated tank design and construction plans for department review and approval when required by the department;

(d) Reapply by submitting a complete application to the department according to the registration requirements of WAC 246-272C-0120 each time a design change is made that materially affects the integrity of the prefabricated tank or the tank's performance; and

(e) Pay any applicable fees.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0130, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0140 Sewage tank registered list renewals. (1) All prefabricated tank renewal registrations expire on December 31st of the third year of registration.

(2) All prefabricated tank renewal applications must be received by the department no later than October 31st of the year the registration expires.

(3) An applicant may apply for a prefabricated tank registration renewal with the department by submitting:

(a) A completed and signed renewal application in the format required by the department;

(b) A signed certification fully describing all changes that occurred over the last three years and verifying that none of the changes materially affect the integrity of the sewage tank or the sewage tank's performance; and

(c) Any applicable fee payment, which may include a late fee.

(4) As part of the prefabricated tank registration renewal process:

(a) The department shall consider data or comments on tank performance from local health officers, utilities, or other sewage tank users received by October 31st of the year the registration expires. These comments may include concerns about a variety of issues such as product function, product reliability, and problems arising with operation and maintenance;

(b) The department shall notify the manufacturer or agent of comments received; and

(c) The manufacturer shall respond to comments within thirty days of receipt.

(5) The department shall review the prefabricated tank renewal application and provide comments to the manufacturer within sixty days of receipt.

(6) Once reviewed, the department shall approve the renewal application except when:

(a) The department does not receive a completed renewal application by December 31st, the department shall remove the affected sewage tank model number, size, and other information from the registered list no earlier than sixty days after the expiration date.

(b) The manufacturer does not submit information in response to comments;

(c) The department determines the information provided by the manufacturer does not satisfactorily address comments; or

(d) Changes to the design and construction plans materially affect the integrity of the sewage tank, its performance, or differ substantially from the original approval.

(7) Sewage tank model and size removed from the sewage tank registered list are no longer eligible for:

(a) The registered list renewal process;

(b) Sale in Washington; and

(c) Installation in Washington.

(8) A manufacturer or agent who fails to renew a prefabricated tank registration according to the requirements of this section may reapply for registration following the registration requirements in WAC 246-272C-0120.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0140, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0150 Transition from the approved on-site sewage tanks list to the sewage tank registered list. (1) The department shall phase-out the approved on-site sewage tanks list and switch to the sewage tank registered list described in WAC 246-272C-0130.

(a) After December 31, 2009, no sewage tank information will be added to the approved on-site sewage tanks list.

(b) The approved on-site sewage tanks list remains in effect through December 31, 2011.

(2) Between January 1, 2010, and December 31, 2011, the department or local health officer may allow the use of prefabricated tanks from either list.

(3) Manufacturers may submit applications pursuant to the registration requirements in WAC 246-272C-0120 starting January 1, 2010. Applications submitted to the department no later than July 1, 2011, will be reviewed, and if approved, included on the sewage tank registered list by January 1, 2012.

(4) Starting January 1, 2012, a prefabricated tank manufacturer or agent shall comply with the registration requirements of WAC 246-272C-0130.

(5) Starting January 1, 2012, the department or local health officer shall allow use of only prefabricated tanks from the sewage tank registered list.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0150, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0160 Post-construction cast-in-place tank requirements. If the department approves the design and construction plan and authorizes construction, the design engineer shall:

(1) Conduct a post-construction inspection of the completed cast-in-place tank;

(2) Verify all applicable requirements were satisfied;

(3) Verify all excavation, backfill, and compaction conform to the project's approved design and construction plan and specifications; and

(4) Verify construction is complete and submit a construction certification to the department prior to use.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0160, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0200 Design drawing requirements for sewage tanks. (1) The design engineer shall submit calculations to the department that demonstrate the tank withstands all structural, hydraulic, hydrostatic, earth, and any anticipated traffic loads, including, but not limited to, those loads specified in WAC 246-272C-0210. The drawings must specify and show in an obvious place the tank design load limits, including the maximum traffic loading and earth loading.

(2) Drawings of the sewage tank must be complete and show all dimensions, capacities, reinforcement, structural calculations, and other data requested by the department. The drawings must be drawn to scale and show:

(a) A side section view of the tank with details on inlets, outlets, and any intercompartmental devices;

(b) Material specifications;

(c) A plan and side section view of the tank showing the dimensions, including thickness of various portions of the tank;

(d) Reinforcement details;

(e) The size and location of all inspection and maintenance access, and inlet and outlet openings in the tank;

(f) The number of compartments;

(g) The liquid capacity of each compartment in the tank; and

(h) The excavation, backfill, compaction, depth of bury, bedding and installation requirements.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0200, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0210 General design and construction requirements—Sewage tanks. (1) **Sewage tank loads.** Sewage tanks must be designed and constructed to withstand all structural, hydraulic, hydrostatic, earth loads, and any anticipated traffic loads. They must be designed and constructed so they:

(a) Do not collapse, deform, or crack when subjected to the anticipated loads when the tanks are either full or empty;

(b) Support a dead load equivalent to at least three feet of earth cover with a unit density of at least 110 lb/ft^3 and a 2,500 lb$_f$/wheel load concentration over the critical elements of the tank. Tanks installed with more than three feet of earth cover must be reinforced to support the additional load;

(c) Account for minimum hydrostatic load of 62.4 lbs/ft^3 and support earth backfill and hydrostatic pressures. Minimum lateral load calculations must include pressures due to effective weight of adjacent earth backfill and hydrostatic loads assuming the water table is at ground level;

(d) Allow for septage pumping during high ground water conditions. Internal hydrostatic pressures must be included in the calculations to allow for septage pumping during high ground water conditions assuming a water table is at ground level;

(e) Counteract buoyancy effects, assuring an adequate flotation safety factor in high ground water areas. The design engineer shall submit to the department calculations to demonstrate the tank's ability to counteract buoyancy effects and include this information as part of the sewage tank installation instructions; and

(f) Withstand a wheel load of 16,000 lb$_f$/wheel with fourteen feet axle spacing consistent with a HS20-44 loading as designated by AASHTO, if designed as a "traffic bearing tank."

(2) **Construction materials.** Sewage tanks must be designed and constructed of solid, durable and watertight materials that do not corrode or decay. Steel sewage tanks are prohibited. Acceptable materials include:

(a) Concrete for cast-in-place tanks; and

(b) Concrete, fiberglass, polyethylene or other solid, durable, watertight material that does not corrode or decay for prefabricated tanks.

(3) **Connections and components.** Sewage tanks must be designed and constructed using structurally sound and watertight access connections or components, either into the tank or through the tank's walls. Sewage tank connections and related components include:

(a) Inlet and outlet fixtures;

(b) Electrical conduits; and

(c) Access ports, inspection ports, and risers.

(4) **Inlets, outlets, and intercompartmental fittings or baffles.**

(a) Sewage tank inlets, outlets, and intercompartmental fittings must:

(i) Provide effective scum storage and sludge retention; and

(ii) Be constructed of a durable material and attached to the walls of the tank in a secure and corrosion resistant fashion.

(b) All inlet and outlet devices must have sanitary tees constructed of:

(i) PVC conforming to or exceeding the requirements of ASTM D 3034; or

(ii) ABS conforming to or exceeding the requirements of ASTM D 2680.

(c) All sanitary tees must have a minimum of four inches inside diameter. For a larger capacity tank, the diameter must be greater to accommodate the design flow.

(d) Concrete baffles are allowed if cast with the tank pour. Concrete baffles installed after the tank has been poured are not allowed.

(5) **Seals and gaskets.** Seals and gaskets for inlet, outlet, and intercompartmental fittings must be resilient, watertight, corrosion-resistant, and flexible. Seals meeting ASTM C-1644, or equivalent must be used to join the tank wall and the PVC piping to prevent leakage at the wall connection.

(6) **Water-tightness.** Sewage tanks must be watertight and prevent surface drainage and ground water from entering into the tank or connected chambers. The department and local health officers are encouraged to require testing sewage tanks in the field at installation.

(7) **Air space and venting.** Sewage tanks must provide air space to allow gases to vent through the main building sewer vent or other plumbing vent stacks to the atmosphere.

(a) Air space must be above the liquid surface in the tank back and through the tank's inlet.

(b) Sewage tanks must maintain at least a one-inch air space between the underside of the top of the tank and the top of any of the inlet, outlet, or intercompartmental fitting to vent gases.

(c) Sewage tanks that do not adequately vent through the building plumbing vent stacks must:

(i) Use a carbon-filtered vent above the ground surface; or

(ii) Bury the end of the vent in a gravel trench in a manner adequate to prevent infiltration from ground water or surface water.

(d) Use another sewage tank venting method approved by the department according to the requirements under WAC 246-272C-0500.

(8) **Confined space.** Designs must take into account whether the space is a confined space. Confined spaces must comply with the department of labor and industries' requirements in chapter 296-809 WAC, Confined spaces.

(9) **Forms or processes.** Manufacturers of prefabricated tanks may use any form or process to construct the tank, provided the tank meets or exceeds the standards and requirements in this section through WAC 246-272C-0250.

(10) **Coatings.** Coatings, sealants or liners may be added to the inside or outside of the sewage tanks to enhance corrosion protection and water-tightness of the tanks. All coatings, sealants, or liners must be rated and warranted by the manufacturer for use with sewage or sewage effluent.

(11) **Access openings and risers.** Access openings must be large enough for a person with equipment to easily clean, maintain, remove, and replace sewage tank components.

(a) The minimum diameter of the sewage tank opening must be:

(i) Eighteen inches for tanks with a liquid volume of less than or equal to two thousand gallons; and

(ii) Twenty inches for tanks with a liquid volume greater than two thousand gallons.

(b) Maximum distance between access points on a tank must be ten feet center-to-center.

(c) Access openings must be located above the inlet and the outlet.

(d) Access openings must be located directly above any pumping or dosing equipment, or effluent screen or filter.

(e) Risers must be a minimum of twenty-three inches in diameter.

(f) Connection of the riser to the tank and the connection of additional riser sections must incorporate joint grooves or adapters to prevent lateral movement and to remain watertight.

(g) Access and riser openings must be covered with a lockable lid or other type of secured lid to prevent unauthorized entry.

(h) Access risers and lids must be structurally sound to withstand the anticipated site-specific load conditions of the riser.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0210, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0220 Additional requirements for septic tanks. (1) **Septic tank compartments.** Septic tanks must be designed and constructed with a minimum of two compartments. This standard may be met by one tank with two compartments or by two single compartment tanks in series.

(a) The capacity of the first compartment must accommodate at least one half but no more than two thirds of the total required liquid volume; and

(b) The capacity of the second compartment must accommodate the remaining total required liquid volume.

(2) **Septic tank inlets.** Septic tank inlets must meet the following:

(a) The inlet sanitary tee or baffle extends at least eight inches downward below the liquid level;

(b) The inlet sanitary tee or baffle extends above the liquid surface at least to the crown of the inlet pipe; and

(c) The invert of the inlet pipe is a minimum of two inches above the invert of the tank outlet.

(3) **Septic tank outlets.** Septic tank outlets must meet the following:

(a) The outlet sanitary tee or baffle extends below the liquid level at least thirty percent, but not more than forty percent of the liquid depth for tanks with straight vertical sides;

(b) The outlet sanitary tee or baffle extends below the liquid level at least twenty-five percent, but not more than thirty-five percent of the liquid depth in horizontal cylindrical tanks; and

(c) The outlet sanitary tee extends sufficiently to allow scum storage and venting, and to a point not less than one inch from the underside of the top of the tank. The outlet tee may extend into the riser for venting.

(4) **Septic tank effluent screens or filters.** Septic tanks must be designed and constructed to accommodate effluent screening devices or filters. The department and local health officers are encouraged to evaluate effluent screen or filter use on a case-by-case basis during the on-site sewage system design phase. Specific effluent screen or filter criteria or requirements, if any, are included under chapter 246-272A or 246-272B WAC.

(5) **Septic tank intercompartmental wall fittings.**

(a) The septic tank must have intercompartmental wall fittings that extend below the liquid level at least:

(i) Thirty percent, but not more than forty percent of the liquid depth for tanks with straight vertical sides; or

(ii) Twenty-five percent, but not more than thirty-five percent of the liquid depth in horizontal cylindrical tanks.

(b) Slots or ports may be used as intercompartmental fittings.

(i) The location of the slot or port must be at the same depth as the bottom of outlet tees or baffles; and

(ii) The opening must have a minimum area of twelve square inches with a minimum vertical dimension of three inches.

(6) **Septic tank intercompartmental walls.** The septic tank must have intercompartmental walls that:

(a) Restrict solids from moving from one compartment to the other except through the intercompartmental wall fittings; and

(b) Withstand pumping of the adjacent compartment without risking structural damage or functional failure.

(7) **Septic tank scum storage.** The septic tank must allow air space volume for scum storage of at least ten percent of the liquid volume of the tank. The department may approve an increase or decrease in the air space requirements according to the requirements under WAC 246-272C-0500.

(8) **Septic tank length to width ratio.**

(a) The length of a septic tank with a liquid capacity less than three thousand gallons must be a minimum of 1.25 times the width.

(b) The length of septic tanks with a liquid capacity greater than or equal to three thousand gallons must be a minimum of 1.5 times the width.

(9) **Septic tank liquid capacity depth.** Septic tanks must contain a liquid depth of not less than three feet.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0220, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0230 Additional requirements for grease interceptor tanks. (1) **Grease interceptor compartments.** Grease interceptor tanks must be designed and constructed with a minimum of two compartments. This standard may be met by one tank with two compartments or by two single compartment tanks in series.

(a) The capacity of the first compartment must accommodate at least one half but no more than two thirds the total required liquid volume; and

(b) The capacity of the second compartment must accommodate the remaining total required liquid volume.

(2) **Grease interceptor inlets.** Grease interceptors must have inlets that meet the following:

(a) The sanitary tee or baffle must extend into the liquid a distance within eighteen inches from the bottom of the tank;

(b) The sanitary tee or baffle must extend above the liquid surface at least to the crown of the inlet pipe; and

(c) The invert of the inlet pipe must be a minimum of two inches above the invert of the tank outlet.

(3) **Grease interceptor outlets.** Grease interceptors must have outlets that provide for adequate grease storage and the outlet sanitary tee or baffle must extend:

(a) Into the liquid to a point between six inches and twelve inches from the bottom of the tank; and

(b) Above the liquid level sufficiently to allow scum storage and venting, and to a point not less than one inch from the underside of the top of the tank. The outlet tee may extend into the riser for venting.

(4) **Grease interceptor intercompartmental wall fittings.**

(a) All grease interceptor intercompartmental wall fittings must extend into the liquid to a point between six inches and twelve inches from the bottom of the tank.

(b) If slots or ports are used as intercompartmental fittings:

(i) The location of the slot or port must be at the same depth as the bottom of outlet tees or baffles; and

(ii) The opening must have a minimum area of twelve square inches with a minimum vertical dimension of three inches.

(5) **Grease interceptor intercompartmental walls.** Grease interceptor intercompartmental walls must:

(a) Restrict solids from moving from one compartment to the other except through the intercompartmental wall fittings; and

(b) Withstand pumping of the adjacent compartment without risking structural damage or functional failure.

(6) **Grease interceptor tank liquid depth.** Grease interceptor tanks must contain a liquid depth of not less than three feet.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0230, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0240 Additional requirements for pump tanks. (1) A sanitary tee or baffle is required when effluent is pumped into the pump tank.

(2) The sanitary tee or baffle for a pump tank must meet the following requirements:

(a) The inlet sanitary tee or baffle must be installed on the inlet of the pump tank; and

(b) The inlet sanitary tee or baffle must extend into the tank a minimum of eight inches below the invert elevation of the inlet pipe.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0240, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0245 Additional requirements for trash tanks. (1) Trash tanks must be designed and constructed for use as a pretreatment tank or compartment.

(2) Trash tank volume must not be used as part of the calculations of the required septic tank volume.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0245, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0250 Identification. Manufacturers shall permanently identify each sewage tank. The manufacturer shall display the following information on the top of each tank near the inlet end of the tank or inside the riser if the riser is cast in the tank:

(1) Manufacturer name or logo;

(2) The tank's liquid capacity in gallons;

(3) Maximum burial depth;

(4) The date manufactured or constructed; and

(5) The tank model number or serial number, if available.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0250, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0500 Waiver of state regulations. (1) The manufacturer or agent, or the design engineer may request a waiver in writing, stating the reason for the waiver.

(2) The department may grant a waiver request if it is consistent with the applicable standards and intent of these rules.

(3) If the department approves a waiver request, the department shall notify the requestor of the decision in writing.

(4) If the department denies a waiver request, the department shall notify the requestor of the decision in writing stating the reasons for the denial.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0500, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0520 Enforcement. (1) The department shall enforce the provisions of this chapter.

(2) When a person violates the provisions under this chapter, the department or office of the attorney general may initiate enforcement or disciplinary actions, or any other legal proceeding authorized by law including, but not limited to, any one or a combination of the following:

(a) Informal administrative conferences, convened at the request of the department or tank manufacturer, to explore facts and resolve problems;

(b) Orders directed to the tank manufacturer or person causing or responsible for the violation of this chapter;

(c) Denial, suspension, modification, or revocation of approvals or tank registration;

(d) The penalties under RCW 43.70.190; and

(e) Civil or criminal action.

(3) Orders authorized under this section include the following:

(a) Orders requiring corrective measures; and

(b) Orders to stop work or to stop sales of sewage tanks until the manufacturer obtains all certifications and approvals required by rule or statute.

(4) Enforcement orders issued under this section must:

(a) Be in writing;

(b) Name the person or persons to whom the order is directed;

(c) Briefly describe each action or inaction constituting the violation and the rule or statutory citation;

(d) Specify any required corrective action, if applicable;

(e) Specify the effective date of the order, with a timeline of compliance;

(f) Provide notice of the consequences of failure to comply or repeated violation, as appropriate;

(g) Provide the name, business address, and phone number of the department staff person who may be contacted regarding an order.

(5) Enforcement orders issued under this section may include a statement that continued or repeated violation may subject the violator to:

(a) Denial, suspension, or revocation of approval or registration;

(b) Referral to the office of attorney general; or

(c) Other appropriate remedies.

(6) Enforcement orders must be personally served in the manner of service of a summons in a civil action or in a manner showing proof of receipt.

(7) The department shall have cause to deny the application or reapplication, or to revoke, suspend, or modify registrations or approvals of any person who:

(a) Fails or refuses to comply with the provisions of this chapter, or any other statutory provision;

(b) Obtains or attempts to obtain a required certificate or approval by fraud or misrepresentation; or

(c) Manufactures or constructs a tank which structurally fails or collapses.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0520, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0540 Notice of decision—Adjudicative proceeding. (1) The department shall provide notice of the denial, suspension, modification, or revocation of a registration, certification, or approval consistent with RCW 43.70.115, chapters 34.05 RCW and 246-10 WAC.

(2) A person contesting a departmental decision regarding a registration, certificate, or approval may file a written request for an adjudicative proceeding consistent with chapter 246-10 WAC.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0540, filed 11/18/09, effective 12/19/09.]

WAC 246-272C-0650 Severability. If any provision of this chapter or its application to any person or circumstances is held invalid, the remainder of this chapter, or the application of the provision to other persons or circumstances shall not be affected.

[Statutory Authority: RCW 43.20.050 (2) and (3). 09-23-119, § 246-272C-0650, filed 11/18/09, effective 12/19/09.]

Chapter 246-282 WAC
SANITARY CONTROL OF SHELLFISH

WAC

WAC 246-282-005 Minimum performance standards. (1) Any person engaged in a shellfish operation or possessing a commercial quantity of shellfish or any quantity of shellfish for sale for human consumption must comply with and is subject to:

(a) The requirements of the 2007 National Shellfish Sanitation Program (NSSP) Guide for the Control of Molluscan Shellfish, published by the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration (copies available through the U.S. Food and Drug Administration, Shellfish Sanitation Branch, and the Washington state department of health, office of food safety and shellfish programs);

(b) The provisions of 21 Code of Federal Regulations (CFR), Part 123 - Fish and Fishery Products, adopted December 18, 1995, by the United States Food and Drug Administration, regarding Hazard Analysis Critical Control Point (HACCP) plans (copies available through the U.S. Food and Drug Administration, Office of Seafood, and the Washington state department of health, office of food safety and shellfish programs); and

(c) All other provisions of this chapter.

(2) If a requirement of the NSSP Guide for the Control of Molluscan Shellfish or a provision of 21 CFR, Part 123, is inconsistent with a provision otherwise established under this chapter or other state law or rule, then the more stringent provision, as determined by the department, will apply.

[Statutory Authority: RCW 69.30.030. 09-08-116, § 246-282-005, filed 3/31/09, effective 5/1/09; 07-20-014, § 246-282-005, filed 9/20/07, effective 10/21/07; 06-01-055, § 246-282-005, filed 12/16/05, effective 1/16/06. Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-005, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 69.30.030. 98-18-066, § 246-282-005, filed 8/31/98, effective 10/1/98; 98-03-096, § 246-282-005, filed 1/21/98, effective 2/21/98; 96-18-096, § 246-282-005, filed 9/4/96, effective 10/5/96; 94-23-026, § 246-282-005, filed 11/8/94, effective 12/9/94.]

WAC 246-282-006 Washington state *Vibrio parahaemolyticus* control plan. (1) The Washington state *Vibrio parahaemolyticus* control plan, also known as the control plan, establishes harvest, temperature control, and transportation requirements for oysters intended for raw consumption during the months of May through September. This section does not apply to shucked oyster meats labeled "for cooking only." The requirements of this section are in addition to Chapter VIII of the 2007 National Shellfish Sanitation Program Model Ordinance (NSSP), Requirements for Harvesters, .03 Shellfish Temperature, Control Option 2; and consists of:

(a) Time of harvest to temperature control based on the growing area and month of the year;

(b) Harvest record requirements;

(c) Vibrio illness response requirements;

(d) Training requirements; and

(e) Hazard Analysis Critical Control Point (HACCP) plan and harvest checklist requirements.

(2) All Puget Sound growing areas, including the Strait of Juan de Fuca, are subject to the requirements of this section. Growing areas in Grays Harbor and Willapa Bay where oysters have been epidemiologically associated as the source of any *Vibrio parahaemolyticus* illness are also subject to the requirements of this section.

(3) The department may grant an annual exemption to the control plan for Puget Sound growing areas, including the Strait of Juan de Fuca, where there has been no epidemiologically associated *Vibrio parahaemolyticus* illness after review and approval of a written exemption request.

(a) The written exemption request must include the following information:

(i) Name of the growing area;

(ii) Description of the harvesting methods;

(iii) Description of the temperature control methods; and

(iv) Description of the transportation methods.

(b) The department shall review the exemption request within five business days of submittal.

(c) If approved, the licensed harvester or dealer shall comply with the department-approved exemption.

(d) The department-approved exemption expires October 1 of the calendar year for which it is approved. If the growing area is epidemiologically associated as the source of a *Vibrio parahaemolyticus* illness at any time after approval of the exemption, the department shall issue an order revoking the exemption.

(4) Time of harvest to temperature controls are:

Table 1
Puget Sound Growing Areas
(including the Strait of Juan de Fuca):

Months of Control	Time of harvest to Temperature Control
May	Twelve hours
June and September	Five hours
July and August	Four hours

Table 2
Coastal Growing Areas:

Months of Control	Time of harvest to Temperature Control
July and August	Ten hours

(5) Licensed dealers and harvesters shall maintain harvest records showing the time of harvest and the time oysters are placed under temperature control to demonstrate compliance with the control plan. If ownership of oysters is transferred prior to the time that time of harvest to temperature control requirements must be met, the licensed dealer or harvester shall include in the harvest record date, time, and person or entity to whom the oysters were transferred. If the new owner is a licensed dealer, the dealer shall meet the time of harvest to temperature control requirements established in this section. The harvest times begin as follows:

(a) Intertidal (exposed) time of harvest begins after the first oysters to be harvested are exposed to the air by the receding tide.

(b) Submerged time of harvest begins after the first oysters harvested are exposed to the air and have been placed onto a conveyance, such as a barge or boat. Submerged harvest includes dredge harvesting or retrieval of harvest tubs, bags, baskets, or other containers of oysters previously filled which have been under water for a minimum of one hour for coastal areas and four hours for Puget Sound growing areas.

(c) Temperature control is achieved when harvested oysters are placed in a controlled environment with an ambient temperature of 45°F (7.2°C) or less.

(6) All licensed harvesters and dealers in a growing area shall reduce the time of harvest to temperature control as defined in Table 1 or 2 of subsection (4) of this section by one hour if oysters from the growing area:

(a) Are epidemiologically associated as the probable source of two sporadic *Vibrio parahaemolyticus* illnesses; and

(b) Were harvested within thirty days of each other.

(7) A growing area shall be closed to harvest and shipment of oysters intended for raw consumption throughout the remainder of the control months for the calendar year when the following conditions are met:

(a) Oysters from the growing area are epidemiologically associated as the probable source of two additional sporadic *Vibrio parahaemolyticus* illnesses;

(b) Oysters from the growing area were harvested in compliance with the reduced time of harvest to temperature control provisions of subsection (6) of this section; and

(c) Oysters from the growing area were harvested within thirty days of the previous illnesses.

(8) If the two additional *Vibrio parahaemolyticus* illnesses specified in subsection (7) of this section are attributed to the same licensed harvester or dealer as the first two illnesses, the department shall conduct an investigation in accordance with the requirements as stated in the 2007 NSSP, Chapter II, Risk Assessment and Risk Management, to determine if the illnesses are the result of harvester or dealer practices or are linked to the growing area as the probable source. If the harvester or dealer practices are reasonably likely to have caused the illnesses:

(a) The harvester or dealer shall retake the training identified in subsection (12) of this section prior to renewal of their next year's license;

(b) The department may take disciplinary action against the harvester or dealer license; and

(c) The department will evaluate whether to associate the illnesses with the growing area.

(9)(a) The department may grant an exemption to closure identified in subsection (7) of this section if the licensed harvester or dealer can demonstrate in a written exemption request that an additional one hour reduction in the time of harvest to temperature control as identified in subsection (6) of this section can be successfully implemented. The written exemption request must include the following information:

(i) Name of the growing area;

(ii) Description of the harvesting methods;

(iii) Description of the temperature control methods; and

(iv) Description of the transportation methods.

(b) The department shall review the request within five business days of submittal.

(c) If approved, the licensed harvester or dealer shall comply with the requirements of the department-approved exemption throughout the remainder of the applicable control months for the particular growing area.

(10)(a) If the required time of harvest to temperature control period is not met, the licensed harvester or dealer shall either:

(i) Destroy the oysters; or

(ii) Remove all oysters from containers, disperse them within the original growing area, and allow a minimum of twenty-four hours for purging before reharvesting.

(b) If the required time of harvest to temperature control period is not met, the licensed harvester or dealer shall record the disposition of the oysters on the harvest record.

(11) In the event of a *Vibrio parahaemolyticus* illness outbreak where oysters from a growing area are epidemiologically associated as the source, the requirements as stated in the 2007 NSSP, Chapter II, Risk Assessment and Risk Management, shall apply.

(12) All licensed harvesters and dealers shall complete an initial department-approved training specific to the

requirements of this section prior to harvesting or shipping oysters intended for raw consumption during the months of May through September. All licensed harvesters and dealers shall complete department-approved refresher training following any revision of this section considered significant under RCW 34.05.328. Licensed harvesters and dealers who complete the training shall provide the training to those responsible for the on-site management of harvest activities for their operation, and document the training for responsible employees in their operational records.

(13) Following completion of the training required in subsection (12) of this section:

(a) All licensed harvesters planning to harvest oysters intended for raw consumption from May through September shall develop a harvest plan that describes the harvest, temperature control, and transportation methods that meet the requirements of subsections (4) and (6) of this section. Licensed harvesters shall obtain department approval of the harvest plan prior to harvesting oysters for raw consumption.

(b) All licensed dealers planning to harvest oysters intended for raw consumption from May through September shall amend their Hazard Analysis Critical Control Point (HACCP) plans to define the harvest, temperature control, and transportation methods that meet the requirements of subsections (4) and (6) of this section. Licensed dealers shall obtain department approval of the amended HACCP plan prior to harvesting oysters for raw consumption.

[Statutory Authority: RCW 69.30.030. 09-08-122, § 246-282-006, filed 4/1/09, effective 5/2/09. Statutory Authority: Chapter 69.30 RCW. 08-11-051, § 246-282-006, filed 5/15/08, effective 5/19/08.]

WAC 246-282-990 Fees. (1) Annual shellfish operation license fees are:

Type of Operation	Annual Fee
Harvester	$263
Shellstock Shipper	
0 - 49 Acres	$297
50 or greater Acres	$476
Scallop Shellstock Shipper	$297
Shucker-Packer	
Plants with floor space < 2000 sq. ft.	$542
Plants with floor space 2000 sq. ft. to 5000 sq. ft.	$656
Plants with floor space > 5000 sq. ft.	$1,210

(2) The fee for each export certificate is $10.30.

(3) Annual PSP testing fees for companies harvesting species other than geoduck intertidally (between the extremes of high and low tide) are as follows:

Fee Category

Type of Operation	Number of Harvest Sites	Fee
Harvester	≤ 2	$173
Harvester	3 or more	$259
Shellstock Shipper 0 - 49 acres	≤ 2	$195
Shellstock Shipper 0 - 49 acres	3 or more	$292
Shellstock Shipper 50 or greater acres	N/A	$468
Shucker-Packer (plants < 2000 ft²)	≤ 2	$354
Shucker-Packer (plants < 2000 ft²)	3 or more	$533
Shucker-Packer (plants 2000 - 5000 ft²)	≤ 2	$429
Shucker-Packer (plants 2000 - 5000 ft²)	3 or more	$644
Shucker-Packer (plants > 5000 ft²)	N/A	$1,189

(a) The number of harvest sites will be the total number of harvest sites on the licensed company's harvest site certificate:

(i) At the time of first licensure; or

(ii) January 1 of each year for companies licensed as harvesters; or

(iii) July 1 of each year for companies licensed as shellstock shippers and shucker packers.

(b) Two or more contiguous parcels with a total acreage of one acre or less is considered one harvest site.

(4) Annual PSP testing fees for companies harvesting geoduck are as follows:

Harvester	Fee
Department of natural resources (quota tracts harvested by DNR contract holders)	$10,452
Jamestown S'Klallam Tribe	$2,503
Lower Elwah Klallam Tribe	$2,208
Lummi Nation	$147
Nisqually Indian Tribe	$3,091
Port Gamble S'Klallam Tribe	$4,416
Puyallup Tribe of Indians	$8,244
Skokomish Indian Tribe	$1,619
Squaxin Island Tribe	$1,767
Suquamish Tribe	$21,198
Swinomish Tribe	$589
Tulalip Tribe	$1,619
Washington Shell Fish, Inc.	$147

(5) PSP fees must be paid in full to department of health before a commercial shellfish license is issued or renewed.

(6) Refunds for PSP fees will be given only if the applicant withdraws a new or renewal license application prior to the effective date of the new or renewed license.

[Statutory Authority: RCW 43.70.250. 09-19-067, § 246-282-990, filed 9/14/09, effective 10/15/09; 08-13-067, § 246-282-990, filed 6/13/08, effective 7/14/08; 07-17-159, § 246-282-990, filed 8/21/07, effective 9/21/07; 06-15-131, § 246-282-990, filed 7/19/06, effective 8/19/06; 05-17-120, § 246-282-990, filed 8/17/05, effective 9/17/05; 04-15-154, § 246-282-990, filed 7/21/04, effective 8/21/04; 03-18-093, § 246-282-990, filed 9/2/03, effective 10/3/03. Statutory Authority: RCW 43.70.250 and 34.70.250 [43.70.250]. 03-14-037, § 246-282-990, filed 6/23/03, effective 7/24/03. Statutory Authority: RCW 43.70.250 and the 2002 supplemental operating budget. 02-15-094, § 246-282-990, filed 7/16/02, effective 8/16/02. Statutory Authority: RCW 43.70.250, 70.90.150, and 43.20B.250. 01-14-047, § 246-282-990, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 69.30.-030 and 43.20.030. 01-04-054, § 246-282-990, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 43.70.250. 00-02-016, § 246-282-990, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-282-990, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 43.20B.020 and 69.30.030. 98-12-068, § 246-282-990, filed 6/1/98, effective 7/2/98. Statutory Authority:

RCW 43.203.020 [43.20B.020]. 97-12-031, § 246-282-990, filed 5/30/97, effective 6/30/97. Statutory Authority: RCW 43.20B.020 and 69.30.030. 96-16-073, § 246-282-990, filed 8/6/96, effective 10/1/96. Statutory Authority: RCW 43.70.040. 93-17-096 (Order 389), § 246-282-990, filed 8/17/93, effective 9/17/93; 91-02-049 (Order 121), recodified as § 246-282-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 85-12-029 (Order 2236), § 440-44-065, filed 5/31/85; 84-13-006 (Order 2109), § 440-44-065, filed 6/7/84; 83-15-021 (Order 1991), § 440-44-065, filed 7/14/83. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-065, filed 6/4/82.]

Chapter 246-290 WAC
GROUP A PUBLIC WATER SUPPLIES

WAC

WAC 246-290-010 Definitions, abbreviations, and acronyms.

"Acute" means posing an immediate risk to human health.

"ADD" means an average day demand.

"AG" means an air gap.

"Alternative filtration technology" means a filtration process for substantial removal of particulates (generally > 2 log *Giardia lamblia* cysts and ≥ 2-log removal of *Cryptosporidium* oocysts) by other than conventional, direct, diatomaceous earth, or slow sand filtration processes.

"Analogous treatment system" means an existing water treatment system that has unit processes and source water quality characteristics that are similar to a proposed treatment system.

"ANSI" means the American National Standards Institute.

"Approved air gap" means a physical separation between the free-flowing end of a potable water supply pipeline and the overflow rim of an open or nonpressurized receiving vessel.

To be an air gap approved by the department, the separation must be at least:

(a) Twice the diameter of the supply piping measured vertically from the overflow rim of the receiving vessel, and in no case be less than one inch, when unaffected by vertical surfaces (sidewalls); and

(b) Three times the diameter of the supply piping, if the horizontal distance between the supply pipe and a vertical surface (sidewall) is less than or equal to three times the diameter of the supply pipe, or if the horizontal distance between the supply pipe and intersecting vertical surfaces (sidewalls) is less than or equal to four times the diameter of the supply pipe and in no case less than one and one-half inches.

"Approved atmospheric vacuum breaker (AVB)" means an AVB of make, model, and size that is approved by the department. AVBs that appear on the current approved backflow prevention assemblies list developed by the University of Southern California Foundation for Cross-Connection Control and Hydraulic Research or that are listed or approved by other nationally recognized testing agencies (such as IAPMO, ANSI, or UL) acceptable to the authority having jurisdiction are considered approved by the department.

"Approved backflow preventer" means an approved air gap, an approved backflow prevention assembly, or an approved AVB. The terms "approved backflow preventer," "approved air gap," or "approved backflow prevention assembly" refer only to those approved backflow preventers relied upon by the purveyor for the protection of the public water system. The requirements of WAC 246-290-490 do not apply to backflow preventers installed for other purposes.

"Approved backflow prevention assembly" means an RPBA, RPDA, DCVA, DCDA, PVBA, or SVBA of make, model, and size that is approved by the department. Assemblies that appear on the current approved backflow prevention assemblies list developed by the University of Southern California Foundation for Cross-Connection Control and Hydraulic Research or other entity acceptable to the department are considered approved by the department.

"As-built drawing" means the drawing created by an engineer from the collection of the original design plans, including changes made to the design or to the system, that reflects the actual constructed condition of the water system.

"Authority having jurisdiction" (formerly known as local administrative authority) means the local official, board, department, or agency authorized to administer and enforce the provisions of the Uniform Plumbing Code as adopted under chapter 19.27 RCW.

"Authorized agent" means any person who:

(a) Makes decisions regarding the operation and management of a public water system whether or not he or she is engaged in the physical operation of the system;

(b) Makes decisions whether to improve, expand, purchase, or sell the system; or

(c) Has discretion over the finances of the system.

"Authorized consumption" means the volume of metered and unmetered water used for municipal water supply purposes by consumers, the purveyor, and others authorized to do so by the purveyor, including, but not limited to, fire fighting and training, flushing of mains and sewers, street cleaning, and watering of parks and landscapes. These volumes may be billed or unbilled.

"AVB" means an atmospheric vacuum breaker.

"Average day demand (ADD)" means the total quantity of water use from all sources of supply as measured or estimated over a calendar year divided by three hundred sixty-five. ADD is typically expressed as gallons per day (gpd) per equivalent residential unit (ERU).

"AWWA" means the American Water Works Association.

"Backflow" means the undesirable reversal of flow of water or other substances through a cross-connection into the public water system or consumer's potable water system.

"Backflow assembly tester" means a person holding a valid BAT certificate issued under chapter 246-292 WAC.

"Backpressure" means a pressure (caused by a pump, elevated tank or piping, boiler, or other means) on the con-

sumer's side of the service connection that is greater than the pressure provided by the public water system and which may cause backflow.

"Backsiphonage" means backflow due to a reduction in system pressure in the purveyor's distribution system and/or consumer's water system.

"Bag filter" means a pressure-driven separation device that removes particulate matter larger than 1 micrometer using an engineered porous filtration media. They are typically constructed of a nonrigid, fabric filtration media housed in a pressure vessel in which the direction of flow is from the inside of the bag to outside.

"Bank filtration" means a water treatment process that uses a well to recover surface water that has naturally infiltrated into ground water through a river bed or bank(s). Infiltration is typically enhanced by the hydraulic gradient imposed by a nearby pumping water supply or other well(s).

"BAT" means a backflow assembly tester.

"Best available technology" means the best technology, treatment techniques, or other means that EPA finds, after examination for efficacy under field conditions, are available, taking cost into consideration.

"Blended sample" means a sample collected from two or more individual sources at a point downstream of the confluence of the individual sources and prior to the first connection.

"C" means the residual disinfectant concentration in mg/L at a point before or at the first consumer.

"Cartridge filter" means a pressure-driven separation device that removes particulate matter larger than 1 micrometer using an engineered porous filtration media. They are typically constructed as rigid or semi-rigid, self-supporting filter elements housed in pressure vessels in which flow is from the outside of the cartridge to the inside.

"Category red operating permit" means an operating permit identified under chapter 246-294 WAC. Placement in this category results in permit issuance with conditions and a determination that the system is inadequate.

"CCS" means a cross-connection control specialist.

"CFR" means the Code of Federal Regulations.

"Chemical contaminant treatment facility" means a treatment facility specifically used for the purpose of removing chemical contaminants.

"Clarification" means a treatment process that uses gravity (sedimentation) or dissolved air (flotation) to remove flocculated particles.

"Closed system" means any water system or portion of a water system in which water is transferred to a higher pressure zone closed to the atmosphere, such as when no gravity storage is present.

"Coagulant" means a chemical used in water treatment to destabilize particulates and accelerate the rate at which they aggregate into larger particles.

"Coagulation" means a process using coagulant chemicals and rapid mixing to destabilize colloidal and suspended particles and agglomerate them into flocs.

"Combination fire protection system" means a fire sprinkler system that:

(a) Is supplied only by the purveyor's water;

(b) Does not have a fire department pumper connection; and

(c) Is constructed of approved potable water piping and materials that serve both the fire sprinkler system and the consumer's potable water system.

"Combined distribution system" means the interconnected distribution system consisting of the distribution systems of wholesale systems and of the consecutive systems that receive finished water.

"Completely treated water" means water from a surface water source, or a ground water source under the direct influence of surface water (GWI) source that receives filtration or disinfection treatment that fully complies with the treatment technique requirements of Part 6 of this chapter as determined by the department.

"Composite sample" means a sample in which more than one source is sampled individually by the water system and then composited by a certified laboratory by mixing equal parts of water from each source (up to five different sources) and then analyzed as a single sample.

"Comprehensive monitoring plan" means a schedule that describes both the frequency and appropriate locations for sampling of drinking water contaminants as required by state and federal rules.

"Comprehensive performance evaluation (CPE)" means a thorough review and analysis of a treatment plant's performance-based capabilities and associated administrative, operation and maintenance practices. It is conducted to identify factors that may be adversely impacting a plant's capability to achieve compliance and emphasizes approaches that can be implemented without significant capital improvements.

The comprehensive performance evaluation must consist of at least the following components:

(a) Assessment of plant performance;

(b) Evaluation of major unit processes;

(c) Identification and prioritization of performance limiting factors;

(d) Assessment of the applicability of comprehensive technical assistance; and

(e) Preparation of a CPE report.

"Comprehensive technical assistance (CTA)" means technical assistance intended to identify specific steps that may help a water treatment plant overcome operational or design limitations identified during a comprehensive performance evaluation.

"Confirmation" means to demonstrate the accuracy of results of a sample by analyzing another sample from the same location within a reasonable period of time, generally not to exceed two weeks. Confirmation is when analysis results fall within plus or minus thirty percent of the original sample results.

"Confluent growth" means a continuous bacterial growth covering a portion or the entire filtration area of a membrane filter in which bacterial colonies are not discrete.

"Consecutive system" means a public water system that receives some or all of its finished water from one or more wholesale systems. Delivery may be through a direct connection or through the distribution system of one or more consecutive systems.

"Construction completion report" means a form provided by the department and completed for each specific construction project to document:

(a) Project construction in accordance with this chapter and general standards of engineering practice;

(b) Physical capacity changes; and

(c) Satisfactory test results.

The completed form must be stamped with an engineer's seal, and signed and dated by a professional engineer.

"Consumer" means any person receiving water from a public water system from either the meter, or the point where the service line connects with the distribution system if no meter is present. For purposes of cross-connection control, "consumer" means the owner or operator of a water system connected to a public water system through a service connection.

"Consumer's water system," as used in WAC 246-290-490, means any potable and/or industrial water system that begins at the point of delivery from the public water system and is located on the consumer's premises. The consumer's water system includes all auxiliary sources of supply, storage, treatment, and distribution facilities, piping, plumbing, and fixtures under the control of the consumer.

"Contaminant" means a substance present in drinking water that may adversely affect the health of the consumer or the aesthetic qualities of the water.

"Contingency plan" means that portion of the wellhead protection program section of the water system plan or small water system management program that addresses the replacement of the major well(s) or wellfield in the event of loss due to ground water contamination.

"Continuous monitoring" means determining water quality with automatic recording analyzers that operate without interruption twenty-four hours per day.

"Conventional filtration treatment" means a series of processes including coagulation, flocculation, clarification, and filtration that together result in substantial particulate removal in compliance with Part 6 of this chapter.

"Cost-effective" means the benefits exceed the costs.

"Council" means the Washington state building code council under WAC 51-04-015(2).

"CPE" means a comprehensive performance evaluation.

"Critical water supply service area (CWSSA)" means a geographical area which is characterized by a proliferation of small, inadequate water systems, or by water supply problems which threaten the present or future water quality or reliability of service in a manner that efficient and orderly development may best be achieved through coordinated planning by the water utilities in the area.

"Cross-connection" means any actual or potential physical connection between a public water system or the consumer's water system and any source of nonpotable liquid, solid, or gas that could contaminate the potable water supply by backflow.

"Cross-connection control program" means the administrative and technical procedures the purveyor implements to protect the public water system from contamination via cross-connections as required in WAC 246-290-490.

"Cross-connection control specialist" means a person holding a valid CCS certificate issued under chapter 246-292 WAC.

"Cross-connection control summary report" means the annual report that describes the status of the purveyor's cross-connection control program.

"CT" or **"CTcalc"** means the product of "residual disinfectant concentration" (C) and the corresponding "disinfectant contact time" (T) i.e., "C" x "T."

"$CT_{99.9}$" means the CT value required for 99.9 percent (3 log) inactivation of *Giardia lamblia* cysts.

"CTA" means comprehensive technical assistance.

"CTreq" means the CT value a system shall provide to achieve a specific percent inactivation of *Giardia lamblia* cysts or other pathogenic organisms of health concern as directed by the department.

"Curtailment" means short-term, infrequent actions by a purveyor and its consumers to reduce their water use during or in anticipation of a water shortage.

"CWSSA" means a critical water supply service area.

"DBPs" means disinfection byproducts.

"DCDA" means a double check detector assembly.

"DCVA" means a double check valve assembly.

"Dead storage" means the volume of stored water not available to all consumers at the minimum design pressure under WAC 246-290-230 (5) and (6).

"Demand forecast" means an estimate of future water system water supply needs assuming historically normal weather conditions and calculated using numerous parameters, including population, historic water use, local land use plans, water rates and their impacts on consumption, employment, projected water use efficiency savings from implementation of a water use efficiency program, and other appropriate factors.

"Department" means the Washington state department of health or health officer as identified in a joint plan of operation under WAC 246-290-030(1).

"Design and construction standards" means department design guidance and other peer reviewed documents generally accepted by the engineering profession as containing fundamental criteria for design and construction of water facility projects. Design and construction standards are comprised of performance and sizing criteria and reference general construction materials and methods.

"Diatomaceous earth filtration" means a filtration process for substantial removal of particulates (> 2 log *Giardia lamblia* cysts) in which:

(a) A precoat cake of graded diatomaceous earth filter media is deposited on a support membrane (septum); and

(b) Water is passed through the cake on the septum while additional filter media, known as body feed, is continuously added to the feed water to maintain the permeability of the filter cake.

"Direct filtration" means a series of processes including coagulation, flocculation, and filtration (but excluding sedimentation) that together result in substantial particulate removal in compliance with Part 6 of this chapter.

"Direct service connection" means a service hookup to a property that is contiguous to a water distribution main and where additional distribution mains or extensions are not needed to provide service.

"Disinfectant contact time (T in CT)" means:

(a) When measuring the first or only C, the time in minutes it takes water to move from the point of disinfectant application to a point where the C is measured; and

(b) For subsequent measurements of C, the time in minutes it takes water to move from one C measurement point to the C measurement point for which the particular T is being calculated.

"Disinfection" means the use of chlorine or other agent or process the department approves for killing or inactivating microbiological organisms, including pathogenic and indicator organisms.

"Disinfection profile" means a summary of *Giardia lamblia* inactivation through a surface water treatment plant.

"Distribution coliform sample" means a sample of water collected from a representative location in the distribution system at or after the first service and analyzed for coliform presence in compliance with this chapter.

"Distribution-related projects" means distribution projects such as storage tanks, booster pump facilities, transmission mains, pipe linings, and tank coating. It does not mean source of supply (including interties) or water quality treatment projects.

"Distribution system" means all piping components of a public water system that serve to convey water from transmission mains linked to source, storage and treatment facilities to the consumer excluding individual services.

"Domestic or other nondistribution system plumbing problem," means contamination of a system having more than one service connection with the contamination limited to the specific service connection from which the sample was taken.

"Dual sample set" means a set of two samples collected at the same time and same location, with one sample analyzed for TTHM and the other sample analyzed for HAA5. Dual sample sets are collected for the purposes of conducting an IDSE under WAC 246-290-300 (6)(b)(i)(F) and determining compliance with the TTHM and HAA5 MCLs under WAC 246-290-310(4).

"Duplicate (verification) sample" means a second sample collected at the same time and location as the first sample and used for verification.

"DVGW" means Deutsche Vereinigung des Gas und Wasserfaches.

"Elected governing board" means the elected officers with ultimate legal responsibility for operational, technical, managerial, and financial decisions for a public water system.

"Emergency" means an unforeseen event that causes damage or disrupts normal operations and requires immediate action to protect public health and safety.

"Emergency source" means any source that is approved by the department for emergency purposes only, is not used for routine or seasonal water demands, is physically disconnected, and is identified in the purveyor's emergency response plan.

"Engineering design review report" means a form provided by the department and completed for a specific distribution-related project to document:

(a) Engineering review of a project report and/or construction documents under the submittal exception process in WAC 246-290-125(3); and

(b) Design in accordance with this chapter and general standards of engineering practice.

(c) The completed form must be stamped with engineer's seal, and signed and dated by a professional engineer.

"EPA" means the Environmental Protection Agency.

"Equalizing storage" means the volume of storage needed to supplement supply to consumers when the peak hourly demand exceeds the total source pumping capacity.

"Equivalent residential unit (ERU)" means a system-specific unit of measure used to express the amount of water consumed by a typical full-time single family residence.

"ERU" means an equivalent residential unit.

"Existing service area" means a specific area within which direct service or retail service connections to customers of a public water system are currently available.

"Expanding public water system" means a public water system installing additions, extensions, changes, or alterations to their existing source, transmission, storage, or distribution facilities that will enable the system to increase in size its existing service area and/or its number of approved service connections. Exceptions:

(a) A system that connects new approved individual retail or direct service connections onto an existing distribution system within an existing service area; or

(b) A distribution system extension in an existing service area identified in a current and approved water system plan or project report.

"Filter profile" means a graphical representation of individual filter performance in a direct or conventional surface water filtration plant, based on continuous turbidity measurements or total particle counts versus time for an entire filter run, from startup to backwash inclusively, that includes an assessment of filter performance while another filter is being backwashed.

"Filtration" means a process for removal of particulate matter from water by passage through porous media.

"Financial viability" means the capability of a water system to obtain sufficient funds to construct, operate, maintain, and manage a public water system, on a continuing basis, in full compliance with federal, state, and local requirements.

"Finished water" means water introduced into a public water system's distribution system and is intended for distribution and consumption without further treatment, except as treatment necessary to maintain water quality in the distribution system (e.g., booster disinfection, addition of corrosion control chemicals).

"Finished water storage facility" means a water storage structure that is integrated with a water system's distribution network to provide for variable system demands including, but not limited to, daily equalizing storage, standby storage, or fire reserves, or to provide for disinfectant contact time.

"Fire flow" means the maximum rate and duration of water flow needed to suppress a fire under WAC 246-293-640 or as required under local fire protection authority standards.

"Fire suppression storage" means the volume of stored water available during fire suppression activities to satisfy minimum pressure requirements per WAC 246-290-230.

"First consumer" means the first service connection associated with any source (i.e., the point where water is first withdrawn for human consumption, excluding connections where water is delivered to another water system covered by these regulations).

"Flocculation" means a process enhancing agglomeration and collection of colloidal and suspended particles into larger, more easily settleable or filterable particles by gentle stirring.

"Flowing stream" means a course of running water flowing in a definite channel.

"Flow-through fire protection system" means a fire sprinkler system that:

(a) Is supplied only by the purveyor's water;

(b) Does not have a fire department pumper connection;

(c) Is constructed of approved potable water piping and materials to which sprinkler heads are attached; and

(d) Terminates at a connection to a toilet or other plumbing fixture to prevent stagnant water.

"Forecasted demand characteristics" means the factors that may affect a public water system's projected water needs.

"Future service area" means a specific area a public water system plans to provide water service. This is determined by a written agreement between purveyors under WAC 246-293-250 or by the purveyor's elected governing board or governing body if not required under WAC 246-293-250.

"GAC" means granular activated carbon.

"GAC10" means granular activated carbon filter beds with an empty-bed contact time of ten minutes based on average daily flow and a carbon reactivation frequency of every one hundred eighty days, except that the reactivation frequency for GAC10 used as a best available technology for compliance with MCLs under WAC 246-290-310(4) shall be one hundred twenty days.

"GAC20" means granular activated carbon filter beds with an empty-bed contact time of twenty minutes based on average daily flow and a carbon reactivation frequency of every two hundred forty days.

"Governing body" means the individual or group of individuals with ultimate legal responsibility for operational, technical, managerial, and financial decisions for a public water system.

"gph" means gallons per hour.

"gpm" means gallons per minute.

"Grab sample" means a water quality sample collected at a specific instant in time and analyzed as an individual sample.

"Ground water under the direct influence of surface water (GWI)" means any water beneath the surface of the ground that the department determines has the following characteristics:

(a) Significant occurrence of insects or other macroorganisms, algae, or large-diameter pathogens such as *Giardia lamblia* or, *Cryptosporidium*; or

(b) Significant and relatively rapid shifts in water characteristics such as turbidity, temperature, conductivity, or pH closely correlating to climatological or surface water conditions where natural conditions cannot prevent the introduction of surface water pathogens into the source at the system's point of withdrawal.

"Guideline" means a department document assisting the purveyor in meeting a rule requirement.

"GWI" means ground water under the direct influence of surface water.

"HAA5" means haloacetic acids (five).

"Health officer" means the health officer of the city, county, city-county health department or district, or an authorized representative.

"Heterotrophic Plate Count (HPC)" means a procedure to measure a class of bacteria that use organic nutrients for growth. The density of these bacteria in drinking water is measured as colony forming units per milliliter and is referred to as the HPC.

"High health cross-connection hazard" means a cross-connection involving any substance that could impair the quality of potable water and create an actual public health hazard through injury, poisoning, or spread of disease.

"HPC" means heterotrophic plate count.

"Human consumption" means the use of water for drinking, bathing or showering, hand washing, food preparation, cooking, or oral hygiene.

"Hydraulic analysis" means the study of a water system's distribution main and storage network to determine present or future adequacy for provision of service to consumers within the established design parameters for the system under peak flow conditions, including fire flow. The analysis is used to establish any need for improvements to existing systems or to substantiate adequacy of design for distribution system components such as piping, elevated storage, booster stations or similar facilities used to pump and convey water to consumers.

"IAPMO" means the International Association of Plumbing and Mechanical Officials.

"IDSE" means an initial distribution system evaluation.

"Inactivation" means a process which renders pathogenic microorganisms incapable of producing disease.

"Inactivation ratio" means the ratio obtained by dividing CTcalc by CTreq.

"Incompletely treated water" means water from a surface or GWI source that receives filtration and/or disinfection treatment that does not fully comply with the treatment technique requirements of Part 6 of this chapter as determined by the department.

"In-line filtration" means a series of processes, including coagulation and filtration (but excluding flocculation and sedimentation) that together result in particulate removal.

"In-premises protection" means a method of protecting the health of consumers served by the consumer's potable water system, located within the property lines of the consumer's premises by the installation of an approved air gap or backflow prevention assembly at the point of hazard, which is generally a plumbing fixture.

"Intertie" means an interconnection between public water systems permitting the exchange or delivery of water between those systems.

"kPa" means kilo pascal (SI units of pressure).

"Lake or reservoir" means a natural or man-made basin or hollow on the earth's surface in which water collects

or is stored that may or may not have a current or single direction of flow.

"Legionella" means a genus of bacteria containing species which cause a type of pneumonia called Legionnaires' Disease.

"Limited alternative to filtration" means a process that ensures greater removal and/or inactivation efficiencies of pathogenic organisms than would be achieved by the combination of filtration and chlorine disinfection.

"Local plans and regulations" means any comprehensive plan or development regulation adopted under chapter 36.70A RCW or any other applicable comprehensive plan, land use plan, or development regulation adopted by a city, town, or county for the applicable service area.

"Locational running annual average (LRAA)" means the average of sample analytical results for samples taken at a particular monitoring location during the previous four calendar quarters.

"Low cross-connection hazard" means a cross-connection that could impair the quality of potable water to a degree that does not create a hazard to the public health, but does adversely and unreasonably affect the aesthetic qualities of potable waters for domestic use.

"LRAA" means the locational running annual average.

"Major project" means all construction projects subject to the State Environmental Policy Act (SEPA) under WAC 246-03-030 (3)(a) and include all surface water source development, all water system storage facilities greater than one-half million gallons, new transmission lines longer than one thousand feet and larger than eight inches in diameter located in new rights of way and major extensions to existing water distribution systems involving use of pipes greater than eight inches in diameter, that are designed to increase the existing service area by more than one square mile.

"Mandatory curtailment" means curtailment required by a public water system of specified water uses and consumer classes for a specified period of time.

"Marginal costs" means the costs incurred by producing the next increment of supply.

"Maximum contaminant level (MCL)" means the maximum permissible level of a contaminant in water the purveyor delivers to any public water system user, measured at the locations identified under WAC 246-290-300, Table 3.

"Maximum contaminant level violation" means a confirmed measurement above the MCL and for a duration of time, where applicable, as outlined under WAC 246-290-310.

"Maximum day demand (MDD)" means the highest actual or estimated quantity of water that is, or is expected to be, used over a twenty-four hour period, excluding unusual events or emergencies. MDD is typically expressed as gallons per day per ERU (gpd/ERU).

"MCL" means the maximum contaminant level.

"MDD" means the maximum day demand.

"Membrane filtration" means a pressure or vacuum driven separation process in which particulate matter larger than 1 micrometer is rejected by an engineered barrier, primarily through a size-exclusion mechanism, and which has a measurable removal efficiency of a target organism that can be verified through the application of a direct integrity test. This definition includes the common membrane technologies of microfiltration, ultrafiltration, nanofiltration, and reverse osmosis.

"mg/L" means milligrams per liter (1 mg/L = 1 ppm).

"mL" means a milliliter.

"mm" means a millimeter.

"Monitoring waiver" means an action taken by the department under WAC 246-290-300 (4)(g) or (8)(f) to allow a water system to reduce specific monitoring requirements based on a determination of low source vulnerability to contamination.

"MRDL" means the maximum residual disinfectant level.

"MRDLG" means the maximum residual disinfectant level goal.

"MTTP" means maximum total trihalomethane potential.

"Municipal water supplier" means an entity that supplies water for municipal water supply purposes.

"Municipal water supply purposes" means a beneficial use of water:

(a) For residential purposes through fifteen or more residential service connections or for providing residential use of water for a nonresidential population that is, on average, at least twenty-five people for at least sixty days a year;

(b) For governmental or governmental proprietary purposes by a city, town, public utility, district, county, sewer district, or water district; or

(c) Indirectly for the purposes in (a) or (b) of this definition through the delivery of treated or raw water to a public water system for such use.

(i) If water is beneficially used under a water right for the purposes listed in (a), (b), or (c) of this definition, any other beneficial use of water under the right generally associated with the use of water within a municipality is also for "municipal water supply purposes," including, but not limited to, beneficial use for commercial, industrial, irrigation of parks and open spaces, institutional, landscaping, fire flow, water system maintenance and repair, or related purposes.

(ii) If a governmental entity holds a water right that is for the purposes listed in (a), (b), or (c) of this definition, its use of water or its delivery of water for any other beneficial use generally associated with the use of water within a municipality is also for "municipal water supply purposes," including, but not limited to, beneficial use for commercial, industrial, irrigation of parks and open spaces, institutional, landscaping, fire flow, water system maintenance and repair, or related purposes.

"Nested storage" means one component of storage is contained within the component of another.

"Nonacute" means posing a possible or less than immediate risk to human health.

"Nonresident" means a person having access to drinking water from a public water system, but who lives elsewhere. Examples include travelers, transients, employees, students, etc.

"Normal operating conditions" means those conditions associated with the designed, day-to-day provision of potable drinking water that meets regulatory water quality standards and the routine service expectations of the system's consumers at all times, including meeting fire flow demands. Operation under conditions such as power outages, floods, or

unscheduled transmission or distribution disruptions, even if considered in the system design, are considered abnormal.

"NSF" means NSF International (formerly known as the National Sanitation Foundation (NSF)).

"NTNC" means nontransient noncommunity.

"NTU" means a nephelometric turbidity unit.

"ONORM" means Osterreichisches Normungsinstitut.

"Operational storage" means the volume of distribution storage associated with source or booster pump normal cycling times under normal operating conditions and is additive to the equalizing and standby storage components, and to fire flow storage if this storage component exists for any given tank.

"PAA" means a project approval application.

"pCi/L" means picocuries per liter.

"Peak hourly demand (PHD)" means the maximum rate of water use, excluding fire flow, that can be expected to occur within a defined service area over a continuous sixty minute time period. PHD is typically expressed in gallons per minute (gpm).

"Peak hourly flow" means, for the purpose of CT calculations, the greatest volume of water passing through the system during any one hour in a day.

"Performance criteria" means the level at which a system shall operate in order to maintain system reliability compliance, in accordance with WAC 246-290-420, and to meet consumers' reasonable expectations.

"Permanent residence" means any dwelling that is, or could reasonably be expected to be, occupied on a continuous basis.

"Permanent source" means a public water system supply source that is used regularly each year, and based on expected operational requirements of the system, will be used more than three consecutive months in any twelve-month period. For seasonal water systems that are in operation for less than three consecutive months per year, their sources shall also be considered to be permanent.

"PHD" means peak hourly demand.

"Plant intake" means the works or structures at the head of a conduit through which water is diverted from a source (e.g., river or lake) into the treatment plant.

"Point of disinfectant application" means the point where the disinfectant is added, and where water downstream of that point is not subject to contamination by untreated surface water.

"Population served" means the number of persons, resident and nonresident, having immediate access to drinking water from a public water system, whether or not persons have actually consumed water from that system. The number of nonresidents shall be the average number of persons having immediate access to drinking water on days access was provided during that month. In the absence of specific population data, the number of residents shall be computed by multiplying the number of active services by two and one-half.

"Potable" means water suitable for drinking by the public.

"Potential GWI" means a source identified by the department as possibly under the influence of surface water, and includes, but is not limited to, all wells with a screened interval fifty feet or less from the ground surface at the well-head and located within two hundred feet of a surface water, and all Ranney wells, infiltration galleries, and springs.

"ppm" means parts per million (1 ppm = 1 mg/L).

"Premises isolation" means a method of protecting a public water system by installation of approved air gaps or approved backflow prevention assemblies at or near the service connection or alternative location acceptable to the purveyor to isolate the consumer's water system from the purveyor's distribution system.

"Presedimentation" means a preliminary treatment process used to remove gravel, sand, and other particulate material from the source water through settling before the water enters the primary clarification and filtration processes in a treatment plant.

"Pressure filter" means an enclosed vessel containing properly sized and graded granular media through which water is forced under greater than atmospheric pressure.

"Primary disinfection" means a treatment process for achieving inactivation of *Giardia lamblia* cysts, viruses, or other pathogenic organisms of public health concern to comply with the treatment technique requirements of Part 6 of this chapter.

"Primary standards" means standards based on chronic, nonacute, or acute human health effects.

"Primary turbidity standard" means an accurately prepared formazin solution or commercially prepared polymer solution of known turbidity (prepared in accordance with "standard methods") that is used to calibrate bench model and continuous turbidimeters (instruments used to measure turbidity).

"Project approval application (PAA)" means a department form documenting ownership of water system, design engineer for the project, and type of project.

"Protected ground water source" means a ground water source the purveyor shows to the department's satisfaction as protected from potential sources of contamination on the basis of hydrogeologic data and/or satisfactory water quality history.

"psi" means pounds per square inch.

"Public forum" means a meeting open to the general public that allows for their participation.

"Public water system" is defined and referenced under WAC 246-290-020.

"Purchased source" means water a purveyor purchases from a public water system not under the control of the purveyor for distribution to the purveyor's consumers.

"Purveyor" means an agency, subdivision of the state, municipal corporation, firm, company, mutual or cooperative association, institution, partnership, or person or other entity owning or operating a public water system. Purveyor also means the authorized agents of these entities.

"PVBA" means a pressure vacuum breaker assembly.

"RAA" means the running annual average.

"Reclaimed water" means effluent derived in any part from sewage from a wastewater treatment system that has been adequately and reliably treated, so that as a result of that treatment, it is suitable for beneficial use or a controlled use that would not otherwise occur, and it is no longer considered wastewater.

"Record drawings" means the drawings bearing the seal and signature of a professional engineer that reflect the

modifications made to construction documents, documenting actual constructed conditions of the water system facilities.

"Recreational tract" means an area that is clearly defined for each occupant, but has no permanent structures with internal plumbing, and the area has been declared in the covenants or on the recorded plat in order to be eligible for reduced design considerations.

"Regional public water supplier" means a water system that provides drinking water to one, or more, other public water systems.

"Regularly" means four hours or more per day for four days or more per week.

"Removal credit" means the level (expressed as a percent or log) of *Giardia* and virus removal the department grants a system's filtration process.

"Repeat sample" means a sample collected to confirm the results of a previous analysis.

"Resident" means an individual living in a dwelling unit served by a public water system.

"Residual disinfectant concentration" means the analytical level of a disinfectant, measured in milligrams per liter, that remains in water following the application (dosing) of the disinfectant after some period of contact time.

"Retail service area" means the specific area defined by the municipal water supplier where the municipal water supplier has a duty to provide service to all new service connections. This area must include the municipal water supplier's existing service area and may also include areas where future water service is planned if the requirements of RCW 43.20.260 are met.

"RPBA" means reduced pressure backflow assembly.

"RPDA" means reduced pressure detector assembly.

"SAL" means state advisory level.

"Same farm" means a parcel of land or series of parcels that are connected by covenants and devoted to the production of livestock or agricultural commodities for commercial purposes and does not qualify as a **Group A** public water system.

"Sanitary survey" means a review, inspection, and assessment of a public water system by the department or department designee including, but not limited to:

(a) Source;

(b) Facilities;

(c) Equipment;

(d) Administration and operation;

(e) Maintenance procedures;

(f) Monitoring;

(g) Recordkeeping;

(h) Planning documents and schedules; and

(i) Management practices.

"Satellite system management agency (SMA)" means a person or entity that is approved by the department to own or operate public water systems on a regional or county-wide basis without the necessity for a physical connection between the systems.

"SCA" means a sanitary control area.

"SDWA" means the Safe Drinking Water Act.

"Seasonal source" means a public water system source used on a regular basis, that is not a permanent or emergency source.

"Secondary standards" means standards based on factors other than health effects.

"SEPA" means the State Environmental Policy Act.

"Service area" means the specific area or areas a water system currently serves or plans to provide water service. This may be comprised of the existing service area, retail service area, future service area, and include areas where water is provided to other public water systems.

"Service connection" means a connection to a public water system designed to provide potable water to a single family residence, or other residential or nonresidential population. When the connection provides water to a residential population without clearly defined single family residences, the following formulas shall be used in determining the number of services to be included as residential connections on the WFI form:

(a) Divide the average population served each day by two and one-half; or

(b) Using actual water use data, calculate the total ERUs represented by the service connection in accordance with department design guidance.

(c) In no case shall the calculated number of services be less than one.

"Severe health cross-connection hazard" means a cross-connection which could impair the quality of potable water and create an immediate, severe public health hazard through poisoning or spread of disease by contaminants from radioactive material processing plants, nuclear reactors, or wastewater treatment plants.

"Significant noncomplier" means a system that is violating or has violated department rules, and the violations may create, or have created an imminent or a significant risk to human health.

The violations include, but are not limited to:

(a) Repeated violations of monitoring requirements;

(b) Failure to address an exceedance of permissible levels of regulated contaminants; or

(c) Failure to comply with treatment technique standards or requirements.

"Simple disinfection" means any form of disinfection that requires minimal operational control in order to maintain the disinfection at proper functional levels, and that does not pose safety concerns that would require special care, equipment, or expertise. Examples include hypochlorination, UV-light, contactor chlorination, or any other form of disinfection practice that is safe to use and easy to routinely operate and maintain.

"Slow sand filtration" means a process involving passage of source water through a bed of sand at low velocity (generally less than 0.10 gpm/ft^2) that results in substantial particulate removal (> 2 log *Giardia lamblia* cysts) by physical and biological mechanisms.

"SMA" means a satellite system management agency.

"SOC" means a synthetic organic chemical.

"Societal perspective" means:

A point of view that includes a broad spectrum of public benefits, including, but not limited to:

(a) Enhanced system reliability;

(b) Savings that result from delaying, deferring, or minimizing capital costs; and

(c) Environmental benefits such as increased water in streams, improvements in aquifer recharge and other environmental factors.

"Source meter" means a meter that measures total output of a water source over specific time periods.

"Source water" means untreated water that is not subject to recontamination by surface runoff and:

(a) For unfiltered systems, enters the system immediately before the first point of disinfectant application; and

(b) For filtered systems, enters immediately before the first treatment unit of a water treatment facility.

"SPI" means a special purpose investigation.

"Special purpose investigation (SPI)" means on-site inspection of a public water system by the department or designee to address a potential public health concern, regulatory violation, or consumer complaint.

"Special purpose sample" means a sample collected for reasons other than the monitoring compliance specified in this chapter.

"Spring" means a source of water where an aquifer comes in contact with the ground surface.

"SRF" means the state revolving fund.

"Standard methods" means the book, titled *Standard Methods for the Examination of Water and Waste Water,* jointly published by the American Public Health Association, American Water Works Association (AWWA), and Water Pollution Control Federation. This book is available through public libraries or may be ordered from AWWA, 6666 West Quincy Avenue, Denver, Colorado 80235. The edition to be used is that specified by EPA for the relevant drinking water parameter in 40 CFR Part 141.

"Standby storage" means the volume of stored water available for use during a loss of source capacity, power, or similar short-term emergency.

"State advisory level (SAL)" means a level established by the department and state board of health for a contaminant without an existing MCL. The SAL represents a level that when exceeded, indicates the need for further assessment to determine if the chemical is an actual or potential threat to human health.

"State board of health" and **"board"** means the board created by RCW 43.20.030.

"State building code" means the codes adopted by and referenced in chapter 19.27 RCW; the state energy code; and any other codes so designated by the Washington state legislature as adopted and amended by the council.

"State revolving fund (SRF)" means the revolving loan program financed by the state and federal governments and managed by the state for the purpose of assisting water systems to meet their capital needs associated with complying with the federal Safe Drinking Water Act under chapter 246-296 WAC.

"Subpart H System" see definition for **"surface water system."**

"Surface water" means a body of water open to the atmosphere and subject to surface runoff.

"Surface water system" means a public water system that uses in whole, or in part, source water from a surface supply, or GWI supply. This includes systems that operate surface water treatment facilities, and systems that purchase "completely treated water" (as defined in this subsection). A "surface water system" is also referred to as a "Subpart H System" in some federal regulatory language adopted by reference and the two terms are considered equivalent for the purposes of this chapter.

"Susceptibility assessment" means the completed Susceptibility Assessment Survey Form developed by the department to evaluate the hydrologic setting of the water source and assess its contribution to the source's overall susceptibility to contamination from surface activities.

"SUVA" means specific ultraviolet absorption.

"SVBA" means spill resistant vacuum breaker assembly.

"SWTR" means the surface water treatment rule.

"Synthetic organic chemical (SOC)" means a manufactured carbon-based chemical.

"System capacity" means the system's operational, technical, managerial, and financial capability to achieve and maintain compliance with all relevant local, state, and federal plans and regulations.

"System physical capacity" means the maximum number of service connections or equivalent residential units (ERUs) that the system can serve when considering the limitation of each system component such as source, treatment, storage, transmission, or distribution, individually and in combination with each other.

"T" means disinfectant contact time in minutes.

"Time-of-travel" means the time required for ground water to move through the water bearing zone from a specific point to a well.

"TNC" means transient noncommunity.

"TNTC" means too numerous to count.

"TOC" means total organic carbon.

"Too numerous to count (TNTC)" means the total number of bacterial colonies exceeds 200 on a 47-mm diameter membrane filter used for coliform detection.

"Tracer study" means a field study conducted to determine the disinfectant contact time, T, provided by a water system component, such as a clearwell or storage reservoir, used for *Giardia lamblia* cyst and virus inactivation. The study involves introducing a tracer chemical at the inlet of the contact basin and measuring the resulting outlet tracer concentration as a function of time.

"Transmission line" means pipes used to convey water from source, storage, or treatment facilities to points of distribution or distribution mains, and from source facilities to treatment or storage facilities. This also can include transmission mains connecting one section of distribution system to another section of distribution system as long as this transmission main is clearly defined on the plans and no service connections are allowed along the transmission main.

"Treatment technique requirement" means a department-established requirement for a public water system to provide treatment, such as filtration or disinfection, as defined by specific design, operating, and monitoring requirements. A "treatment technique requirement" is established in lieu of a primary MCL when monitoring for the contaminant is not economically or technologically feasible.

"Trihalomethane (THM)" means one of a family of organic compounds, named as derivatives of methane, where three of the four hydrogen atoms in methane are each substituted by a halogen atom in the molecular structure. THMs

may occur when chlorine, a halogen, is added to water containing organic material and are generally found in water samples as disinfection byproducts.

"TTHM" means total trihalomethane.

"Turbidity event" means a single day or series of consecutive days, not to exceed fourteen, when one or more turbidity measurement each day exceeds 5 NTU.

"Two-stage lime softening" means a process in which chemical addition and hardness precipitation occur in each of two distinct unit clarification processes in series prior to filtration.

"T10" means the time it takes ten percent of the water passing through a system contact tank intended for use in the inactivation of *Giardia lamblia* cysts, viruses, and other microorganisms of public health concern, as determined from a tracer study conducted at peak hourly flow or from published engineering reports or guidance documents for similarly configured tanks.

"ug/L" means micrograms per liter.

"UL" means the Underwriters Laboratories, Inc.

"umhos/cm" means micromhos per centimeter.

"Unapproved auxiliary water supply" means a water supply (other than the purveyor's water supply) on or available to the consumer's premises that is either not approved for human consumption by the health agency having jurisdiction or is not otherwise acceptable to the purveyor.

"Uncovered finished water storage facility" means a tank, reservoir, or other facility used to store water, which will undergo no further treatment to reduce microbial pathogens except residual disinfection and is directly open to the atmosphere without a suitable water-tight roof or cover.

"Uniform Plumbing Code" means the code adopted under RCW 19.27.031(4) and implemented under chapter 51-56 WAC. This code establishes statewide minimum plumbing standards applicable within the property lines of the consumer's premises.

"UPC" means the Uniform Plumbing Code.

"Used water" means water which has left the control of the purveyor.

"UTC" means the utilities and transportation commission.

"Verification" means to demonstrate the results of a sample to be precise by analyzing a duplicate sample. Verification occurs when analysis results fall within plus or minus thirty percent of the original sample.

"Virus" means a virus of fecal origin which is infectious to humans and transmitted through water.

"VOC" means a volatile organic chemical.

"Volatile organic chemical (VOC)" means a manufactured carbon-based chemical that vaporizes quickly at standard pressure and temperature.

"Voluntary curtailment" means a curtailment of water use requested, but not required of consumers.

"WAC" means the Washington Administrative Code.

"Waterborne disease outbreak" means the significant occurrence of acute infectious illness, epidemiologically associated with drinking water from a public water system, as determined by the appropriate local health agency or the department.

"Water demand efficiency" means minimizing water use by the public water system's consumers through purveyor sponsored activities that may include, but are not limited to distributing water saving devices, providing rebates or incentives to promote water efficient technologies or by providing water audits to homes, businesses, or landscapes.

"Water facilities inventory (WFI) form" means the department form summarizing each public water system's characteristics.

"Water right" means a permit, claim, or other authorization, on record with or accepted by the department of ecology, authorizing the beneficial use of water in accordance with all applicable state laws.

"Water right self-assessment" means an evaluation of the legal ability of a water system to use water for existing or proposed usages in conformance with state water right laws. The assessment may be done by a water system, a purveyor, the department of ecology, or any combination thereof.

"Watershed" means the region or area that:

(a) Ultimately drains into a surface water source diverted for drinking water supply; and

(b) Affects the physical, chemical, microbiological, and radiological quality of the source.

"Water shortage" means a situation during which the water supplies of a system cannot meet normal water demands for the system, including peak periods.

"Water shortage response plan" means a plan outlining policies and activities to be implemented to reduce water use on a short-term basis during or in anticipation of a water shortage.

"Water supply characteristics" means the factors related to a public water system's source of water supply that may affect its availability and suitability to provide for both short-term and long-term needs.

Factors include, but are not limited to:

(a) Source location;

(b) Name of any body of water and water resource inventory area from which water is diverted or withdrawn;

(c) Production capacity;

(d) The source's natural variability;

(e) The system's water rights for the source;

(f) Other legal demands on the source such as water rights for other uses;

(g) Conditions established to protect species listed under the Endangered Species Act in 50 CFR 17.11;

(h) Instream flow restrictions established under Title 173 WAC; and

(i) Any conditions established by watershed plans approved under chapter 90.82 RCW and RCW 90.54.040(1) or salmon recovery plans under chapter 77.85 RCW.

"Water supply efficiency" means increasing a public water system's transmission, storage and delivery potential through activities that may include, but are not limited to:

(a) System-wide water audits;

(b) Documenting authorized uses;

(c) Conducting leak surveys; and

(d) Repairs on:

(i) Meters;

(ii) Lines;

(iii) Storage facilities; and

(iv) Valves.

"Water use efficiency (WUE)" means increasing water supply efficiency and water demand efficiency to minimize water withdrawals and water use.

"Water use efficiency program" means policies and activities focusing on increasing water supply efficiency and water demand efficiency to minimize water withdrawals and water use.

"Well field" means a group of wells one purveyor owns or controls that:

(a) Draw from the same aquifer or aquifers as determined by comparable inorganic chemical analysis and comparable static water level and top of the open interval elevations; and

(b) Discharge water through a common pipe and the common pipe shall allow for collection of a single sample before the first distribution system connection.

"Wellhead protection area (WHPA)" means the portion of a well's, wellfield's or spring's zone of contribution defined using WHPA criteria established by the department.

"WFI" means a water facilities inventory form.

"Wholesale system" means a public water system that treats source water as necessary to produce finished water and then delivers some or all of that finished water to another public water system. Delivery may be through a direct connection or through the distribution system of one or more consecutive systems.

"WHPA" means a wellhead protection area.

"WUE" means water use efficiency.

"Zone of contribution" means the area surrounding a pumping well or spring that encompasses all areas or features that supply ground water recharge to the well or spring.

[Statutory Authority: RCW 43.20.050. 09-21-045, § 246-290-010, filed 10/13/09, effective 1/4/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-010, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 70.119A.180. 07-02-025B, § 246-290-010, filed 12/22/06, effective 1/22/07. Statutory Authority: RCW 43.20.050 and 70.119A.080. 04-04-056, § 246-290-010, filed 1/30/04, effective 3/1/04. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-010, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-010, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-010, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-010, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-010, filed 2/4/92, effective 3/6/92. Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-010, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-010, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-015, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-015, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-015, filed 9/8/83.]

WAC 246-290-025 Adoption by reference. The following sections and subsections of Title 40 Code of Federal Regulations (CFR) Part 141 National Primary Drinking Water Regulations revised as of July 1, 2009, and including all amendments and modifications thereto effective as of the date of adoption of this chapter are adopted by reference:

141.2 Definitions. Only those definitions listed as follows:

Action level;
Corrosion inhibitor;
Effective corrosion inhibitor residual;
Enhanced coagulation;
Enhanced softening;
Haloacetic acids (five) (HAA5);
First draw sample;
Large water system;
Lead service line;
Maximum residual disinfectant level (MRDL);
Maximum residual disinfectant level goal (MRDLG);
Medium-size water system;
Optimal corrosion control treatment;
Service line sample;
Single family structure;
Small water system;
Specific ultraviolet absorption (SUVA); and
Total Organic Carbon (TOC).

141.12	Maximum contaminant levels for organic chemicals.
141.13	Maximum contaminant levels for turbidity.
141.21	Coliform monitoring.
141.22	Turbidity sampling and analytical requirements.
141.23(a) - excluding (i)(2)	141.23(j), Inorganic chemical sampling.
141.23(m) -	141.23(o)
141.24(a) -	141.24(d), Organic chemicals other than total trihalomethanes.
141.24 (f)(1) - 141.24 (f)(15), 141.24 (f)(18), 141.24 (f)(19), 141.24 (f)(21), 141.24 (f)(22) 141.24 (g)(1) - 141.24 (g)(9), 141.24 (g)(12) - 141.24 (g)(14), 141.24 (h)(1) - 141.24 (h)(11), 141.24 (h)(14) - 141.24 (h)(17) 141.24 (h)(20)	
141.25(a),	141.25 (c) - (d), Analytical methods for radioactivity.
141.26	Monitoring frequency and compliance for radioactivity in community water systems.
141.31(d)	Reporting of public notices and compliance certifications.
141.33(e)	Record maintenance of public notices and certifications.
141.40	Requirements for unregulated contaminants.
141.61	Maximum contaminant levels for organic contaminants.
141.62, excluding (b)	Maximum contaminant levels for inorganic chemical and physical contaminants.
141.64	Maximum contaminant levels and Best Available Technologies (BATs) for disinfection byproducts.
141.65(c)	Best Available Technologies (BATs) for Maximum Residual Disinfectant Levels.
141.66	Maximum contaminant levels for radionuclides.

Control of Lead and Copper

141.80	General requirements.
141.81	Applicability of corrosion control treatment steps to small, medium-size and large water systems.
141.82(a) -	141.82(h) Description of corrosion control treatment requirements.

141.83 Source water treatment requirements.
141.84 Lead service line replacement requirements.
141.85 Public education and supplemental monitoring requirements.
141.86 (a) - (f) Monitoring requirements for lead and copper in tap water.
141.87 Monitoring requirements for water quality parameters.
141.88 Monitoring requirements for lead and copper in source water.
141.89 Analytical methods for lead and copper testing.
141.90, excluding (a)(4) Reporting requirements.
141.91 Recordkeeping requirements.
Disinfectants and Disinfection Byproducts (D/DBP)
141.130 General requirements.
141.131 Analytical requirements.
141.132 Monitoring requirements.
141.133 Compliance.
141.134 Reporting and recordkeeping.
141.135 Treatment technique for control of disinfection byproduct precursors.
Enhanced Filtration - Reporting and Recordkeeping
141.175(b) Individual filter reporting and follow-up action requirements for systems treating surface water with conventional, direct, or in-line filtration and serving at least 10,000 people.
Subpart Q - Public Notification
141.201, excluding (3)(ii) of Table 1 General public notification requirements.
141.202, excluding (3) of Table 1 Tier 1 Public Notice - Form, manner, and frequency of notice.
141.203 Tier 2 Public Notice - Form, manner, and frequency of notice.
141.204 Tier 3 Public Notice - Form, manner, and frequency of notice.
141.205 Content of the public notice.
141.206 Notice to new billing units or new customers.
141.207 Special notice of the availability of unregulated contaminant monitoring results.
141.208 Special notice for exceedances of the SMCL for fluoride.
141.211 Special notice for *Cryptosporidium* monitoring failure.
Appendix A - NPDWR violations and situations requiring PN
Appendix B - Standard health effects language for PN
Subpart T - Enhanced Filtration and Disinfection - Systems Serving Fewer Than 10,000 People
141.530 - 141.544 Disinfection profile and benchmark.
141.563 Follow-up actions required.
141.570, excluding (c) Reporting requirements.
Subpart U and V - Initial Distribution System Evaluations and Stage 2 Disinfection Byproducts Requirements.
141.600 - 141.605 Initial distribution system evaluations.
141.620 - 141.629 Stage 2 Disinfection Byproducts Requirements.
Subpart W - Enhanced Treatment for *Cryptosporidium*
141.700-722 Enhanced Treatment for *Cryptosporidium*
Part 143 - National Secondary Drinking Water Regulations
143.1 Purpose.
143.2 Definitions.
143.3 Secondary maximum contaminant levels.
143.4 Monitoring.

Copies of the incorporated sections and subsections of Title 40 CFR are available from the Department of Health, P.O. Box 47822, Olympia, Washington 98504-7822, or by calling the department's drinking water hotline at 800-521-0323.

[Statutory Authority: RCW 43.20.050. 09-21-045, § 246-290-025, filed 10/13/09, effective 1/4/10. Statutory Authority: RCW 70.119A.180 and 43.20.-050. 08-03-061, § 246-290-025, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 and 70.119A.080. 04-04-056, § 246-290-025, filed 1/30/04, effective 3/1/04. Statutory Authority: RCW 43.20.-050 (2) and (3) and RCW 70.119A.080. 03-08-037, § 246-290-025, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.-050]. 99-07-021, § 246-290-025, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-025, filed 6/22/94, effective 7/23/94.]

WAC 246-290-300 Monitoring requirements. (1) General.

(a) The monitoring requirements specified in this section are minimums. The department may require additional monitoring when:

(i) Contamination is present or suspected in the water system;

(ii) A ground water source is determined to be a potential GWI;

(iii) The degree of source protection is not satisfactory;

(iv) Additional monitoring is needed to verify source vulnerability for a requested monitoring waiver;

(v) Under other circumstances as identified in a department order; or

(vi) Additional monitoring is needed to evaluate continuing effectiveness of a treatment process where problems with the treatment process may exist.

(b) Special purpose samples collected by the purveyor shall not count toward fulfillment of the monitoring requirements of this chapter unless the quality of data and method of sampling and analysis are acceptable to the department.

(c) The purveyor shall ensure samples required by this chapter are collected, transported, and submitted for analysis according to EPA-approved methods. The analyses shall be performed by a laboratory accredited by the state. Qualified water utility, accredited laboratory, health department personnel, and other parties approved by the department may conduct measurements for pH, temperature, residual disinfectant concentration, alkalinity, bromide, chlorite, TOC, SUVA, and turbidity as required by this chapter, provided, these measurements are made in accordance with EPA approved methods.

(d) Compliance samples required by this chapter shall be taken at locations listed in Table 3 of this section.

(e) Purveyors failing to comply with a monitoring requirement shall notify:

(i) The department under WAC 246-290-480; and

(ii) The owner or operator of any consecutive system served and the appropriate water system users under 40 CFR 141.201 and Part 7, Subpart A of this chapter.

(2) Selling and receiving water.

(a) Source monitoring. Purveyors, with the exception of those that "wheel" water to their consumers (i.e., sell water that has passed through another purchasing purveyor's distribution system), shall conduct source monitoring under this chapter for the sources under their control. The level of monitoring shall satisfy the monitoring requirements associated with the total population served by the source.

(b) Distribution system monitoring. The purveyor of a system that receives and distributes water shall perform distribution-related monitoring requirements. Monitoring shall include, but not be limited to, the following:

(i) Collect coliform samples under subsection (3) of this section;

(ii) Collect disinfection byproduct samples as required by subsection (6) of this section;

(iii) Perform the distribution system residual disinfectant concentration monitoring under subsection (6) of this section, and as required under WAC 246-290-451 or 246-290-694. Systems with fewer than one hundred connections shall measure residual disinfectant concentration at the same time and location that a routine or repeat coliform sample is collected, unless the department determines that more frequent monitoring is necessary to protect public health;

(iv) Perform lead and copper monitoring required under 40 CFR 141.86, 141.87, and 141.88;

(v) Perform the distribution system monitoring under 40 CFR 141.23(b) for asbestos if applicable;

(vi) Other monitoring as required by the department.

(c) Reduced monitoring for regional programs. The receiving purveyor may receive reductions in the coliform, lead and copper, disinfection byproduct (including THMs and HAA5) and distribution system disinfectant residual concentration monitoring requirements, provided the receiving system:

(i) Purchases water from a purveyor that has a department-approved regional monitoring program;

(ii) Has a written agreement with the supplying system or regional water supplier that is acceptable to the department, and which identifies the responsibilities of both the supplying and receiving system(s) with regards to monitoring, reporting and maintenance of the distribution system; and

(iii) Has at least one compliance monitoring location for disinfection byproducts, if applicable.

(d) Periodic review of regional programs. The department may periodically review the sampling records of public water systems participating in a department-approved monitoring program to determine if continued reduced monitoring is appropriate. If the department determines a change in the monitoring requirements of the receiving system is appropriate:

(i) The department shall notify the purveyor of the change in monitoring requirements; and

(ii) The purveyor shall conduct monitoring as directed by the department.

(3) Bacteriological.

(a) The purveyor shall be responsible for collection and submittal of coliform samples from representative points throughout the distribution system. Samples shall be collected after the first service and at regular time intervals each month the system provides water to consumers. Samples shall be collected that represent normal system operating conditions.

(i) Systems providing disinfection treatment shall, when taking a routine or repeat sample, measure residual disinfectant concentration within the distribution system at the same time and location and comply with the residual disinfection monitoring requirements under WAC 246-290-451.

(ii) Systems providing disinfection treatment shall assure that disinfectant residual concentrations are measured and recorded on all coliform sample report forms submitted for compliance purposes.

(b) Coliform monitoring plan.

(i) The purveyor shall prepare a written coliform monitoring plan and base routine monitoring upon the plan. The plan shall include coliform sample collection sites and a sampling schedule.

(ii) The purveyor shall:

(A) Keep the coliform monitoring plan on file with the system and make it available to the department for inspection upon request;

(B) Revise or expand the plan at any time the plan no longer ensures representative monitoring of the system, or as directed by the department; and

(C) Submit the plan to the department for review and approval when requested and as part of the water system plan required under WAC 246-290-100.

(c) Monitoring frequency. The number of required routine coliform samples is based on total population served.

(i) Purveyors of **community** systems shall collect and submit for analysis no less than the number of routine samples listed in Table 1 during each calendar month of operation;

(ii) Unless directed otherwise by the department, purveyors of **noncommunity** systems shall collect and submit for analysis no less than the number of samples required in Table 1, and no less than required under 40 CFR 141.21. Each month's population shall be based on the average daily population and shall include all residents and nonresidents served during that month. During months when the average daily population served is less than twenty-five, routine sample collection is not required when:

(A) Using only protected ground water sources;

(B) No coliform were detected in samples during the previous month; and

(C) One routine sample has been collected and submitted for analysis during one of the previous two months.

(iii) Purveyors of systems serving both a resident and a nonresident population shall base their minimum sampling requirement on the total of monthly populations served, both resident and nonresident as determined by the department, but no less than the minimum required in Table 1; and

(iv) Purveyors of systems with a nonresident population lasting two weeks or less during a month shall sample as

directed by the department. Sampling shall be initiated at least two weeks prior to the time service is provided to consumers.

(v) Purveyors of TNC systems shall not be required to collect routine samples in months where the population served is zero or the system has notified the department of an unscheduled closure.

(d) Invalid samples. When a coliform sample is determined invalid under WAC 246-290-320 (2)(d), the purveyor shall:

(i) Not include the sample in the determination of monitoring compliance; and

(ii) Take follow-up action as defined in WAC 246-290-320 (2)(d).

(e) The purveyor using a surface water or GWI source shall collect representative source water samples for bacteriological density analysis under WAC 246-290-664 and 246-290-694 as applicable.

TABLE 1
MINIMUM MONTHLY ROUTINE COLIFORM SAMPLING REQUIREMENTS

Population Served [1] During Month	Minimum Number of Routine Samples/Calendar Month When NO samples with a coliform presence were collected during the previous month	When ANY samples with a coliform presence were collected during the previous month
1 - 1,000	1*	5
1,001 - 2,500	2*	5
2,501 - 3,300	3*	5
3,301 - 4,100	4*	5
4,101 - 4,900	5	5
4,901 - 5,800	6	6
5,801 - 6,700	7	7
6,701 - 7,600	8	8
7,601 - 8,500	9	9
8,501 - 12,900	10	10
12,901 - 17,200	15	15
17,201 - 21,500	20	20
21,501 - 25,000	25	25
25,001 - 33,000	30	30
33,001 - 41,000	40	40
41,001 - 50,000	50	50
50,001 - 59,000	60	60
59,001 - 70,000	70	70
70,001 - 83,000	80	80
83,001 - 96,000	90	90
96,001 - 130,000	100	100
130,001 - 220,000	120	120
220,001 - 320,000	150	150
320,001 - 450,000	180	180
450,001 - 600,000	210	210
600,001 - 780,000	240	240
780,001 - 970,000	270	270
970,001 - 1,230,000[3]	300	300

[1] Does not include the population of a consecutive system that purchases water. The sampling requirement for consecutive systems is a separate determination based upon the population of that system.

[2] Noncommunity systems using only protected ground water sources and serving less than 25 individuals, may collect and submit for analysis, one sample every three months.

[3] Systems serving populations larger than 1,230,000 shall contact the department for the minimum number of samples required per month.

*In addition to the provisions of subsection (1)(a) of this section, if a system of this size cannot show evidence of having been subject to a sanitary survey on file with the department, or has been determined to be at risk to bacteriological concerns following a survey, the minimum number of samples required per month may be increased by the department after additional consideration of factors such as monitoring history, compliance record, operational problems, and water quality concerns for the system.

(4) Inorganic chemical and physical.

(a) A complete inorganic chemical and physical analysis shall consist of the primary and secondary chemical and physical substances.

(i) Primary chemical and physical substances are antimony, arsenic, asbestos, barium, beryllium, cadmium, chromium, cyanide, fluoride, mercury, nickel, nitrate (as N), nitrite (as N), selenium, sodium, thallium, and for unfiltered surface water, turbidity. (Except that the MCL for arsenic under WAC 246-290-310 does not apply to TNC systems.)

(ii) Secondary chemical and physical substances are chloride, color, hardness, iron, manganese, specific conductivity, silver, sulfate, total dissolved solids*, and zinc.

* Required only when specific conductivity exceeds seven hundred micromhos/centimeter.

(b) Purveyors shall monitor for all primary and secondary chemical and physical substances identified in Table 4 and Table 5. Samples shall be collected in accordance with the monitoring requirements referenced in 40 CFR 141.23 introductory text, 141.23(a) through 141.23(j), excluding (i)(2), and 40 CFR 143.4, except for composite samples for systems serving less than three thousand three hundred one persons. For these systems, compositing among different systems may be allowed if the systems are owned or operated by a department-approved satellite management agency.

(c) Samples required by this subsection shall be taken at designated locations under 40 CFR 141.23(a) through 141.23(j), excluding (i)(2), and 40 CFR 143.4, and Table 3 herein.

(i) Wellfield samples shall be allowed from department designated wellfields; and

(ii) Under 40 CFR 141.23 (a)(3), alternate sampling locations may be used if approved by the department. The process for determining these alternate sites is described in department guidance. Purveyors of community and NTNC systems may ask the department to approve an alternate sampling location for multiple sources within a single system that are blended prior to entry to the distribution system. Alternate sampling plans shall address the following:

(A) Source vulnerability;

(B) Individual source characteristics;

(C) Previous water quality information;

(D) Status of monitoring waiver applications; and

(E) Other information deemed necessary by the department.

(d) Composite samples:

(i) Under 40 CFR 141.23 (a)(4), purveyors may ask the certified lab to composite samples representing as many as five individual samples from within one system. Sampling

procedures and protocols are outlined in department guidance; and

(ii) For systems serving a population of less than three thousand three hundred one, the department may approve composite sampling between systems when those systems are part of an approved satellite management agency.

(e) When the purveyor provides treatment for one or more inorganic chemical or physical contaminants, the department may require the purveyor to sample before and after treatment. The department shall notify the purveyor if and when this additional source sampling is required.

(f) Inorganic monitoring plans.

(i) Purveyors of community and NTNC systems shall prepare an inorganic chemical monitoring plan and base routine monitoring on the plan.

(ii) The purveyor shall:

(A) Keep the monitoring plan on file with the system and make it available to the department for inspection upon request;

(B) Revise or expand the plan at any time the plan no longer reflects the monitoring requirements, procedures or sampling locations, or as directed by the department; and

(C) Submit the plan to the department for review and approval when requested and as part of the water system plan required under WAC 246-290-100.

(g) Monitoring waivers.

(i) Purveyors may request in writing, a monitoring waiver from the department for any nonnitrate/nitrite inorganic chemical and physical monitoring requirements identified in this chapter.

(ii) Purveyors requesting a monitoring waiver shall comply with applicable subsections of 40 CFR 141.23 (b)(3), and 141.23 (c)(3).

(iii) Purveyors shall update and resubmit requests for waiver renewals as applicable during each compliance cycle or period or more frequently as directed by the department.

(iv) Failure to provide complete and accurate information in the waiver application shall be grounds for denial of the monitoring waiver.

(h) The department may require the purveyor to repeat sample for confirmation of results.

(i) Purveyors with emergency and seasonal sources shall monitor those sources when they are in use.

(5) Lead and copper. Monitoring for lead and copper shall be conducted in accordance with 40 CFR 141.86 (a) - (f), 141.87, and 141.88.

(6) Disinfection byproducts (DBP), disinfectant residuals, and disinfection byproduct precursors (DBPP). Purveyors of community and NTNC systems providing water treated with chemical disinfectants and TNC systems using chlorine dioxide shall monitor as follows:

(a) General requirements.

(i) Systems shall collect samples during normal operating conditions.

(ii) All monitoring shall be conducted in accordance with the analytical requirements in 40 CFR 141.131.

(iii) Systems may consider multiple wells drawing from a single aquifer as one treatment plant for determining the minimum number of TTHM and HAA5 samples required, with department approval in accordance with department guidance.

(iv) Systems required to monitor under this subsection shall prepare and implement a monitoring plan in accordance with 40 CFR 141.132(f) or 40 CFR 141.622, as applicable.

(A) Community and NTNC surface water and GWI systems that deliver water that has been treated with a disinfectant other than ultraviolet light and serve more than three thousand three hundred people shall submit a monitoring plan to the department.

(B) The department may require submittal of a monitoring plan from systems not specified in subsection (6)(a)(iv)(A) of this section, and may require revision of any monitoring plan.

(C) Failure to monitor will be treated as a violation for the entire period covered by the annual average where compliance is based on a running annual average of monthly or quarterly samples or averages and the systems' failure to monitor makes it impossible to determine compliance with MCL's or MRDL's.

(b) Disinfection byproducts - **Community** and **NTNC** systems only.

(i) TTHMs and HAA5.

(A) Systems shall monitor for TTHM and HAA5 in accordance with 40 CFR 141.132 (b)(1)(i) until the dates set in Table 2. On and after the dates set in Table 2, the systems shall monitor in accordance with 40 CFR 141.620, 141.621, and 141.622.

Table 2

Population Served	Routine Monitoring Start Date[1]
100,000 or more	April 1, 2012
50,000 - 99,999	October 1, 2012
10,000 - 49,999	October 1, 2013
Less than 10,000	October 1, 2013[2]
	October 1, 2014[3]

[1] Systems that have nonemergency interties with other systems must comply with the dates associated with the largest system in their combined distribution system.

[2] Surface water and GWI systems that did not have to do *Cryptosporidium* monitoring under 40 CFR 141.701 (a)(4).

[3] Surface water and GWI systems that also did *Cryptosporidium* monitoring under 40 CFR 141.701 (a)(4).

(B) With department approval, systems may reduce monitoring in accordance with 40 CFR 141.132 (b)(1)(ii) and (iii), or 40 CFR 141.623, as applicable.

(C) Systems on department-approved reduced monitoring schedules may be required to return to routine monitoring, or initiate increased monitoring in accordance with 40 CFR 141.132 (b)(1)(iv), 40 CFR 141.625, or 40 CFR 141.627, as applicable.

(D) The department may return systems on increased monitoring to routine monitoring if, after one year, annual average results for TTHMs and HAA5 are less than or equal to 0.060 mg/L and 0.045 mg/L, respectively, or monitoring results are consistently below the MCLs indicating that increased monitoring is no longer necessary. After the dates set in Table 2, systems must meet requirements of 40 CFR 141.628 and 40 CFR 141.625(c) to return to routine monitoring.

(E) After the dates set in Table 2, systems must calculate operational evaluation levels each calendar quarter and take action, as needed, in accordance with 40 CFR 141.626.

(F) NTNC systems serving ten thousand or more people and community systems must comply with the provisions of 40 CFR Subpart U - Initial Distribution System Evaluation at:

40 CFR 141.600	General requirements.
40 CFR 141.601	Standard monitoring.
40 CFR 141.602	System specific studies.
40 CFR 141.603	40/30 certification.
40 CFR 141.604	Very small system waivers.
40 CFR 141.605	Subpart V compliance monitoring location recommendations.

(ii) Chlorite - Only systems that use **chlorine dioxide.**

(A) Systems using chlorine dioxide shall conduct daily and monthly monitoring in accordance with 40 CFR 141.132 (b)(2)(i) and additional chlorite monitoring in accordance with 40 CFR 141.132 (b)(2)(ii).

(B) With department approval, monthly monitoring may be reduced in accordance with 40 CFR 141.132 (b)(2)(iii)(B). Daily monitoring at entry to distribution required by 40 CFR 141.132 (b)(2)(i)(A) may not be reduced.

(iii) Bromate - Only systems that use **ozone.**

(A) Systems using ozone for disinfection or oxidation must conduct bromate monitoring in accordance with 40 CFR 141.132 (b)(3)(i).

(B) With department approval, monthly bromate monitoring may be reduced to once per quarter in accordance with 40 CFR 141.132 (b)(3)(ii)(B).

(c) Disinfectant residuals.

(i) Chlorine and chloramines. Systems that deliver water continuously treated with chlorine or chloramines, including consecutive systems, shall monitor and record the residual disinfectant level in the distribution system under WAC 246-290-300 (2)(b), 246-290-451(6), 246-290-664(6), or 246-290-694(8), but in no case less than as required by 40 CFR 141.74 (b)(6), 40 CFR 141.74 (c)(3), 40 CFR 141.132(c), or 40 CFR 141.624.

(ii) Chlorine dioxide. Community, NTNC, or TNC systems that use chlorine dioxide shall monitor in accordance with 40 CFR 141.132 (c)(2) and record results.

(d) Disinfection byproducts precursors.

Community and NTNC surface water or GWI systems that use conventional filtration with sedimentation as defined in WAC 246-290-660(3) shall monitor under 40 CFR 141.132(d), and meet the requirements of 40 CFR 141.135.

(7) Organic chemicals.

(a) Purveyors of community and NTNC water systems shall comply with monitoring requirements under 40 CFR 141.24 (a) - (d), 141.24 (f)(1) - (f)(15), 141.24 (f)(18) - (19), 141.24 (f)(21), 141.24 (g)(1) - (9), 141.24 (g)(12) - (14), 141.24 (h)(1) - (11), and 141.24 (h)(14) - (17).

(b) Sampling locations shall be as defined in 40 CFR 141.24(f), 141.24(g), and 141.24(h).

(i) Wellfield samples shall be allowed from department designated wellfields; and

(ii) Under 40 CFR 141.24 (f)(3) and 141.24 (h)(3), alternate sampling locations may be allowed if approved by the department. These alternate locations are described in department guidance. Purveyors may ask the department to approve an alternate sampling location for multiple sources within a single system that are blended prior to entry to the distribution system. The alternate sampling location shall consider the following:

(A) Source vulnerability;

(B) An updated organic monitoring plan showing location of all sources with current and proposed sampling locations;

(C) Individual source characteristics;

(D) Previous water quality information;

(E) Status of monitoring waiver applications; and

(F) Other information deemed necessary by the department.

(c) Composite samples:

(i) Purveyors may ask the certified lab to composite samples representing as many as five individual samples from within one system. Sampling procedures and protocols are outlined in department guidance;

(ii) For systems serving a population of less than three thousand three hundred one, the department may approve composite sampling between systems when those systems are part of an approved satellite management agency.

(d) The department may require the purveyor to sample both before and after treatment for one or more organic contaminants. The department shall notify the purveyor if and when this additional source sampling is required.

(e) Organic chemical monitoring plans.

(i) Purveyors of community and NTNC systems shall prepare an organic chemical monitoring plan and base routine monitoring on the plan.

(ii) The purveyor shall:

(A) Keep the monitoring plan on file with the system and make it available to the department for inspection upon request;

(B) Revise or expand the plan at any time the plan no longer reflects the monitoring requirements, procedures or sampling locations, or as directed by the department; and

(C) Submit the plan to the department for review and approval when requested and as part of the water system plan required under WAC 246-290-100.

(f) Monitoring waivers.

(i) Purveyors may request in writing, a monitoring waiver from the department for any organic monitoring requirement except those relating to unregulated VOCs;

(ii) Purveyors requesting a monitoring waiver shall comply with 40 CFR 141.24 (f)(7), 141.24 (f)(10), 141.24 (h)(6), and 141.24 (h)(7);

(iii) Purveyors shall update and resubmit requests for waiver renewals as directed by the department; and

(iv) Failure to provide complete and accurate information in the waiver application shall be grounds for denial of the monitoring waiver.

(g) Purveyors with emergency and seasonal sources shall monitor those sources under the applicable requirements of this section when they are actively providing water to consumers.

(8) Radionuclides. Monitoring for radionuclides shall be conducted under 40 CFR 141.26.

(9) *Cryptosporidium* and *E. coli* source monitoring. Purveyors with surface water or GWI sources shall monitor the sources in accordance with 40 CFR 141.701 and 702.

(10) Other substances.

On the basis of public health concerns, the department may require the purveyor to monitor for additional substances.

TABLE 3
MONITORING LOCATION

Sample Type	Sample Location
Asbestos	One sample from distribution system or if required by department, from the source.
Bacteriological	From representative points throughout distribution system.
Cryptosporidium and *E. coli* (Source Water) - WAC 246-290-630(16)	Under 40 CFR 141.703.
Complete Inorganic Chemical & Physical	From a point representative of the source, after treatment, and prior to entry to the distribution system.
Lead/Copper	From the distribution system at targeted sample tap locations.
Nitrate/Nitrite	From a point representative of the source, after treatment, and prior to entry to the distribution system.
Disinfection Byproducts - TTHMs and HAA5 - WAC 246-290-300(6)	Under 40 CFR 141.132 (b)(1) (Subpart L of the CFR).
Disinfection Byproducts - TTHMs and HAA5 - WAC 246-290-300(7)	Under 40 CFR 141.600 - 629 (IDSE and LRAA in Subparts U and V of the CFR).
Disinfection Byproducts - Chlorite (Systems adding chlorine dioxide)	Under 40 CFR 141.132 (b)(2).
Disinfection Byproducts - Bromate (Systems adding ozone)	Under 40 CFR 141.132 (b)(3).
Disinfectant Residuals - Chlorine and Chloramines	Under 40 CFR 141.132 (c)(1).
Disinfectant Residuals - Chlorine dioxide	Under 40 CFR 141.132 (c)(2).
Disinfection Precursors - Total Organic Carbon (TOC)	Under 40 CFR 141.132(d).
Disinfection Precursors - Bromide (Systems using ozone)	From the source before treatment.
Radionuclides	From a point representative of the source, after treatment and prior to entry to distribution system.
Organic Chemicals (VOCs & SOCs)	From a point representative of the source, after treatment and prior to entry to distribution system.
Other Substances (unregulated chemicals)	From a point representative of the source, after treatment, and prior to entry to the distribution system, or as directed by the department.

[Statutory Authority: RCW 43.20.050. 09-21-045, § 246-290-300, filed 10/13/09, effective 1/4/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-300, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 and 70.119A.080. 04-04-056, § 246-290-300, filed 1/30/04, effective 3/1/04. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-300, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-300, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-300, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-300, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-300, filed 2/4/92, effective 3/6/92. Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-300, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-300, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-165, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-165, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-165, filed 9/8/83.]

WAC 246-290-310 Maximum contaminant levels (MCLs) and maximum residual disinfectant levels (MRDLs). (1) General.

(a) The purveyor shall be responsible for complying with the standards of water quality identified in this section. If a substance exceeds its MCL or its maximum residual disinfectant level (MRDL), the purveyor shall take follow-up action under WAC 246-290-320.

(b) When enforcing the standards described under this section, the department shall enforce compliance with the primary standards as its first priority.

(2) Bacteriological.

(a) MCLs under this subsection shall be considered primary standards.

(b) If coliform presence is detected in any sample, the purveyor shall take follow-up action under WAC 246-290-320(2).

(c) Acute MCL. An acute MCL for coliform bacteria occurs when there is:

(i) Fecal coliform presence in a repeat sample;

(ii) *E. coli* presence in a repeat sample; or

(iii) Coliform presence in any repeat samples collected as a follow-up to a sample with fecal coliform or *E. coli* presence.

Note: For the purposes of the public notification requirements in Part 7, Subpart A of this chapter, an acute MCL is a violation that requires Tier 1 public notification.

(d) Nonacute MCL. A nonacute MCL for coliform bacteria occurs when:

(i) Systems taking less than forty routine samples during the month have more than one sample with coliform presence; or

(ii) Systems taking forty or more routine samples during the month have more than 5.0 percent with coliform presence.

(e) MCL compliance. The purveyor shall determine compliance with the coliform MCL for each month the system provides drinking water to the public. In determining MCL compliance, the purveyor shall:

(i) Include:

(A) Routine samples; and

(B) Repeat samples.

(ii) Not include:

(A) Samples invalidated under WAC 246-290-320 (2)(d); and

(B) Special purpose samples.

(3) Inorganic chemical and physical.

(a) The primary and secondary MCLs are listed in Table 4 and 5:

TABLE 4
INORGANIC CHEMICAL CHARACTERISTICS

Substance	Primary MCLs (mg/L)
Antimony (Sb)	0.006
Arsenic (As)	0.010*
Asbestos	7 million fibers/liter (longer than 10 microns)
Barium (Ba)	2.0
Beryllium (Be)	0.004
Cadmium (Cd)	0.005
Chromium (Cr)	0.1
Copper (Cu)	**
Cyanide (HCN)	0.2
Fluoride (F)	4.0
Lead (Pb)	**
Mercury (Hg)	0.002
Nickel (Ni)	0.1
Nitrate (as N)	10.0
Nitrite (as N)	1.0
Selenium (Se)	0.05
Sodium (Na)	**
Thallium (Tl)	0.002
Substance	**Secondary MCLs (mg/L)**
Chloride (Cl)	250.0
Fluoride (F)	2.0
Iron (Fe)	0.3
Manganese (Mn)	0.05
Silver (Ag)	0.1
Sulfate (SO_4)	250.0
Zinc (Zn)	5.0

Note* Does not apply to TNC systems.

Note** Although the state board of health has not established MCLs for copper, lead, and sodium, there is sufficient public health significance connected with copper, lead, and sodium levels to require inclusion in inorganic chemical and physical source monitoring. For lead and copper, the EPA has established distribution system related levels at which a system is required to consider corrosion control. These levels, called "action levels," are 0.015 mg/L for lead and 1.3 mg/L for copper and are applied to the highest concentration in ten percent of all samples collected from the distribution system. The EPA has also established a recommended level of twenty mg/L for sodium as a level of concern for those consumers that may be restricted for daily sodium intake in their diets.

TABLE 5
PHYSICAL CHARACTERISTICS

Substance	Secondary MCLs
Color	15 Color Units
Specific Conductivity	700 umhos/cm
Total Dissolved Solids (TDS)	500 mg/L

(b) Compliance with the MCLs, except for nitrate and nitrite, in this subsection is determined by a running annual average at each sampling point. The system will not be considered in violation of the MCL until it has completed one year of quarterly sampling and at least one sampling point is in violation of the MCL. If one sampling point is in violation of the MCL, the system is in violation of the MCL.

(i) If any sample will cause the running annual average to exceed the MCL at any sampling point, the system is out of compliance with the MCL immediately.

(ii) If a system fails to collect the required number of samples, compliance will be based on the total number of samples collected.

(iii) If a sample result is less than the detection limit, zero will be used to calculate the running annual average.

(c) Compliance with the MCLs for nitrate and nitrite is determined based on one sample if the levels of these contaminants are below the MCLs as determined under Table 4 of this section. If the levels of nitrate or nitrite exceed the MCLs in the initial sample, a confirmation sample is required under 40 CFR 141.23 (f)(2), and compliance shall be determined based on the average of the initial and confirmation samples.

(4) Disinfection byproducts.

(a) The department shall consider standards under this subsection as primary standards. The MCLs in this subsection apply to monitoring required by WAC 246-290-300(6) and 40 CFR 141.620 - 629.

(b) The MCLs for disinfection byproducts are as follows:

Disinfection Byproduct	MCL (mg/L)
Total Trihalomethanes (TTHMs)	0.080
Haloacetic acids (five) (HAA5)	0.060
Bromate	0.010
Chlorite	1.0

(c) Whether a system has exceeded the disinfection byproduct MCLs shall be determined in accordance with 40 CFR 141.133. Beginning on the dates specified for compliance in 40 CFR 141.620(c), compliance with the TTHMs and HAA5 MCLs shall be based on the LRAAs as required by 40 CFR 141.64 (b)(2) and 40 CFR 141.620(d). Compliance with the Bromate and Chlorite MCL will continue to be determined in accordance with 40 CFR 141.133.

(5) Disinfectant residuals.

(a) The department shall consider standards under this subsection primary standards. The MRDLs in this subsection apply to monitoring required by WAC 246-290-300(6).

(b) The MRDL for disinfectants is as follows:

Disinfectant Residual	MRDL (mg/L)
Chlorine	4.0 (as $C1_2$)
Chloramines	4.0 (as $C1_2$)
Chlorine Dioxide	0.8 (as $C1O_2$)

(c) Whether a system has exceeded MRDLs shall be determined in accordance with 40 CFR 141.133.

(6) Radionuclides.

(a) The department shall consider standards under this subsection primary standards.

(b) The MCLs for radium-226 and radium-228, gross alpha particle activity, beta particle and photon radioactivity, and uranium shall be as listed in 40 CFR 141.66.

(7) Organic chemicals.

(a) The department shall consider standards under this subsection primary standards.

(b) VOCs.

(i) The MCLs for VOCs shall be as listed in 40 CFR 141.61(a).

(ii) The department shall determine compliance with this subsection based on compliance with 40 CFR 141.24(f).

(c) SOCs.

(i) MCLs for SOCs shall be as listed in 40 CFR 141.61(c).

(ii) The department shall determine compliance with this subsection based on compliance with 40 CFR 141.24(h).

(8) Other chemicals.

(a) The state board of health shall determine maximum contaminant levels for any additional substances.

(b) Purveyors may be directed by the department to comply with state advisory levels (SALs) for contaminants that do not have a MCL established in chapter 246-290 WAC. SALs shall be:

(i) MCLs that have been promulgated by the EPA, but which have not yet been adopted by the state board of health; or

(ii) State board of health adopted levels for substances recommended by the department and not having an EPA established MCL. A listing of these may be found in the department document titled *Procedures and References for the Determination of State Advisory Levels for Drinking Water Contaminants* dated June 1996, that has been approved by the state board of health and is available.

[Statutory Authority: RCW 43.20.050. 09-21-045, § 246-290-310, filed 10/13/09, effective 1/4/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-310, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 and 70.119A.080. 04-04-056, § 246-290-310, filed 1/30/04, effective 3/1/04. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-310, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-310, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-310, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-310, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-310, filed 2/4/92, effective 3/6/92. Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-310, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-310, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-175, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-175, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-175, filed 9/8/83.]

WAC 246-290-480 Recordkeeping and reporting. (1) Records. The purveyor shall keep the following records of operation and water quality analyses:

(a) Bacteriological and turbidity analysis results shall be kept for five years. Chemical analysis results shall be kept for as long as the system is in operation. Records of source meter readings shall be kept for ten years. Other records of operation and analyses required by the department shall be kept for three years. All records shall bear the signature of the operator in responsible charge of the water system or his or her representative. Systems shall keep these records available for inspection by the department and shall send the records to the department if requested. Actual laboratory reports may be kept or data may be transferred to tabular summaries, provided the following information is included:

(i) The date, place, and time of sampling, and the name of the person collecting the sample;

(ii) Identification of the sample type (routine distribution system sample, repeat sample, source or finished water sample, or other special purpose sample);

(iii) Date of analysis;

(iv) Laboratory and person responsible for performing analysis;

(v) The analytical method used; and

(vi) The results of the analysis.

(b) Records of action taken by the system to correct violations of primary drinking water standards. For each violation, records of actions taken to correct the violation, and copies of public notifications shall be kept for no less than three years after the last corrective action taken.

(c) Copies of any written reports, summaries, or communications relating to sanitary surveys or SPIs of the system conducted by system personnel, by a consultant or by any local, state, or federal agency, shall be kept for ten years after completion of the sanitary survey or SPI involved.

(d) Copies of project reports, construction documents and related drawings, inspection reports and approvals shall be kept for the life of the facility.

(e) Where applicable, records of the following shall be kept for a minimum of three years:

(i) Chlorine residual;

(ii) Fluoride level;

(iii) Water treatment plant performance including, but not limited to:

(A) Type of chemicals used and quantity;

(B) Amount of water treated;

(C) Results of analyses; and

(iv) Other information as specified by the department.

(f) The purveyor shall retain copies of public notices made under Part 7, Subpart A of this chapter and certifications made to the department under 40 CFR 141.33(e) for a period of at least three years after issuance.

(g) Purveyors using conventional, direct, or in-line filtration that recycle spent filter backwash water, thickener supernatant, or liquids from dewatering processes within their treatment plant shall, beginning no later than June 8, 2004, collect and retain on file the following information for review and evaluation by the department:

(i) A copy of the recycle notification and information submitted to the department under WAC 246-290-660 (4)(a)(i).

(ii) A list of all recycle flows and the frequency with which they are returned.

(iii) Average and maximum backwash flow rate through the filters and the average and maximum duration of the filter backwash process in minutes.

(iv) Typical filter run length and a written summary of how filter run length is determined.

(v) The type of treatment provided for the recycle flow.

(vi) Data on the physical dimensions of the equalization and/or treatment units, typical and maximum hydraulic loading rates, type of treatment chemicals used and average dose and frequency of use, and frequency at which solids are removed, if applicable.

(h) Purveyors required to conduct disinfection profiling and benchmarking under 40 CFR 141.530 through 141.544 shall retain the results on file indefinitely.

(i) Copies of monitoring plans developed under this chapter shall be kept for the same period of time as the records of analyses taken under the plan are required to be kept under (a) of this subsection.

(j) Purveyors using surface water or GWI sources must keep the records required by 40 CFR 141.722.

(2) Reporting.

(a) Unless otherwise specified in this chapter, the purveyor shall report to the department within forty-eight hours the failure to comply with any national primary drinking water regulation (including failure to comply with any monitoring requirements) as set forth in this chapter. For violations assigned to Tier 1 in WAC 246-290-71001, the department must be notified as soon as possible, but no later than twenty-four hours after the violation is known.

(b) The purveyor shall submit to the department reports required by this chapter, including tests, measurements, and analytic reports. Monthly reports are due before the tenth day of the following month, unless otherwise specified in this chapter.

(c) The purveyor shall submit to the department copies of any written summaries or communications relating to the status of monitoring waivers during each monitoring cycle or as directed by the department.

(d) Source meter readings shall be made available to the department.

(e) Water facilities inventory form (WFI).

(i) Purveyors of **community** and **NTNC** systems shall submit an annual WFI update to the department;

(ii) Purveyors of **TNC** systems shall submit an updated WFI to the department as requested;

(iii) Purveyors shall submit an updated WFI to the department within thirty days of any change in name, category, ownership, or responsibility for management of the water system, or addition of source or storage facilities; and

(iv) At a minimum the completed WFI shall provide the current names, addresses, and telephone numbers of the owners, operators, and emergency contact persons for the system.

(f) Bacteriological. The purveyor shall notify the department of the presence of:

(i) Coliform in a sample, within ten days of notification by the laboratory; and

(ii) Fecal coliform or *E. coli* in a sample, by the end of the business day in which the purveyor is notified by the laboratory. If the purveyor is notified of the results after normal close of business, then the purveyor shall notify the department before the end of the next business day.

(g) Systems monitoring for disinfection byproducts under WAC 246-290-300(6) shall report information to the department as specified in 40 CFR 141.134.

(h) Systems monitoring for disinfectant residuals under WAC 246-290-300(6) shall report information to the department as specified in subsection (2)(b) of this section, and 40 CFR 141.134(b).

(i) Systems required to monitor for disinfection byproduct precursor removal under WAC 246-290-300(6) shall report information to the department as specified in 40 CFR 141.134(d).

(j) Systems required to monitor for disinfection byproducts under WAC 246-290-300(6) shall report information to the department as specified in 40 CFR 141.600 - 629.

(k) Systems subject to the enhanced treatment requirements for *Cryptosporidium* under WAC 246-290-630(4) shall report information to the department as specified in 40 CFR 141.706 and 141.721.

(l) Systems that use acrylamide and epichlorohydrin in the treatment of drinking water, must certify annually in writing to the department that the combination (or product) of dose and monomer level does not exceed the levels specified in (l)(i) and (ii) of this subsection. Certifications shall reference maximum use levels established by an ANSI-accredited listing organization approved by the department.

(i) Acrylamide = 0.05 percent dosed at 1 ppm (or equivalent); and

(ii) Epichlorohydrin = 0.01 percent dosed at 20 ppm (or equivalent).

(m) Use of products that exceed the specified levels constitutes a treatment technique violation and the public must be notified under the public notice requirements under Part 7, Subpart A of this chapter.

(n) Systems shall submit to the department, in accordance with 40 CFR 141.31(d), a certification that the system has complied with the public notification regulations (Part 7, Subpart A of this chapter) when a public notification is required. Along with the certification, the system shall submit a representative copy of each type of notice.

[Statutory Authority: RCW 43.20.050. 09-21-045, § 246-290-480, filed 10/13/09, effective 1/4/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-480, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 70.119A.180. 07-02-025B, § 246-290-480, filed 12/22/06, effective 1/22/07. Statutory Authority: RCW 43.20.050 and 70.119A.080. 04-04-056, § 246-290-480, filed 1/30/04, effective 3/1/04. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-480, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-480, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-480, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-480, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-480, filed 2/4/92, effective 3/6/92; 91-02-051 (Order 124B), recodified as § 246-290-480, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-265, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-265, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-265, filed 9/8/83.]

WAC 246-290-694 Monitoring for unfiltered systems. (1) Source coliform monitoring for systems without a limited alternative to filtration.

(a) The purveyor shall ensure that source water samples of each surface or GWI source are representative and:

(i) Collected before the first point of disinfectant application; and

(ii) Analyzed for fecal coliform density in accordance with methods acceptable to the department.

(b) The purveyor shall ensure source samples are collected for fecal coliform analysis each week the system serves water to the public based on the following schedule:

Population Served	Minimum Number/week*
25 - 500	1
501 - 3,300	2
3,301 - 10,000	3
10,001 - 25,000	4
>25,000	5

*Must be taken on separate days.

(c) Each day the system serves water to the public and the turbidity of the source water exceeds 1.0 NTU, the pur-

veyor shall ensure one representative source water sample is collected before the first point of disinfectant application and analyzed for fecal coliform density. This sample shall count toward the weekly source coliform sampling requirement.

(d) The purveyor using a surface water or GWI source and that meets the criteria to remain unfiltered under WAC 246-290-690, shall collect at least one sample near the first service connection each day the turbidity level of the source water, measured as specified under WAC 246-290-694, exceeds 1 NTU. This sample must be analyzed for the presence of total coliform. When one or more turbidity measurements in any day exceed 1 NTU, the system must collect this coliform sample within twenty-four hours of the first exceedance, unless the department determines that the system, for logistical reasons outside the system's control, cannot have the sample analyzed within thirty hours of collection. Sample results from this coliform monitoring must be included in determining compliance with the MCL for total coliforms under WAC 246-290-310(2).

(e) A purveyor shall not be considered in violation of (c) of this subsection, if the purveyor demonstrates to the department's satisfaction that, for valid logistical reasons outside the purveyor's control, the additional fecal coliform sample could not be analyzed within a time frame acceptable to the department.

(2) Source coliform monitoring for systems with a limited alternative to filtration.

(a) The purveyor shall ensure that source water samples of each surface or GWI source are:

(i) Collected before the first point of primary disinfection; and

(ii) Analyzed for fecal coliform density in accordance with methods acceptable to the department.

(b) At a minimum, the purveyor shall ensure source samples are collected for fecal coliform analysis at a frequency equal to ten percent the number of routine coliform samples collected within the distribution system each month under WAC 246-290-300, or once per calendar month, whichever is greater, up to a maximum of one sample per day.

(3) Coliform monitoring at entry to distribution for systems without a limited alternative to filtration.

(a) The purveyor shall collect and have analyzed one coliform sample at the entry point to the distribution system each day that a routine or repeat coliform sample is collected within the distribution system under WAC 246-290-300(3) or 246-290-320(2), respectively.

(b) The purveyor shall use the results of the coliform monitoring at entry to distribution along with inactivation ratio monitoring results to demonstrate the adequacy of source treatment.

(4) Source turbidity monitoring for systems without a limited alternative to filtration.

(a) The purveyor shall continuously monitor and record turbidity:

(i) On representative source water samples before the first point of primary disinfectant application; and

(ii) In accordance with the analytical techniques in WAC 246-290-638.

(b) If source water turbidity is not the same as the turbidity of water delivered to consumers, the purveyor shall continuously monitor and record turbidity of water delivered.

(5) Source turbidity monitoring for systems with a limited alternative to filtration. The purveyor shall:

(a) Continuously monitor turbidity on representative source samples before the first point of primary disinfection application;

(b) Record continuous turbidity measurements at equal intervals, of at least four hours, in accordance with a department-approved sampling schedule; and

(c) Conduct monitoring in accordance with the analytical techniques under WAC 246-290-638.

(6) Monitoring the level of inactivation.

(a) Each day the system is in operation, the purveyor shall determine the total level of inactivation of *Giardia lamblia* cysts, viruses, and, if providing a limited alternative to filtration, any other pathogenic organisms of health concern including *Cryptosporidium* oocysts, achieved through disinfection.

(b) At least once per day, the purveyor shall monitor the following parameters to determine the total inactivation ratio achieved through disinfection:

(i) Temperature of the disinfected water at each residual disinfectant concentration sampling point used for CT calculations; and

(ii) If using chlorine, pH of the disinfected water at each chlorine residual disinfectant concentration sampling point used for CT calculations.

(c) Each day during peak hourly flow, the purveyor shall:

(i) Determine disinfectant contact time, T, to the point at which C is measured; and

(ii) Measure the residual disinfectant concentration, C, of the water at the point for which T is calculated. The C measurement point must be before or at the first consumer.

(7) Monitoring the residual disinfectant concentration entering the distribution system for either unfiltered systems, or systems using a limited alternative to filtration.

(a) Systems serving more than thirty-three hundred people.

(i) The purveyor shall continuously monitor and record the residual disinfectant concentration of water entering the distribution system and report the lowest value each day.

(ii) If the continuous monitoring equipment fails, the purveyor shall measure the residual disinfectant concentration on grab samples collected at least every four hours at the entry to the distribution system while the equipment is being repaired or replaced. The purveyor shall have continuous monitoring equipment back on-line within five working days following failure.

(b) Systems serving thirty-three hundred or less people.

(i) The purveyor shall collect grab samples or use continuous monitoring and recording to measure the residual disinfectant concentration entering the distribution system.

(ii) A purveyor choosing to take grab samples shall collect:

(A) Samples at the following minimum frequencies:

Population Served	Number/day
25 - 500	1
501 - 1,000	2
1,001 - 2,500	3
2,501 - 3,300	4

(B) At least one of the grab samples at peak hourly flow based on historical flows for the system; and

(C) The remaining sample or samples at intervals evenly spaced over the time the system is disinfecting water that will be delivered to the public.

(iii) When grab samples are collected and the residual disinfectant concentration at the entry to distribution falls below 0.2 mg/L, the purveyor shall collect a grab sample every four hours until the residual disinfectant concentration is 0.2 mg/L or more.

(8) Monitoring residual disinfectant concentration within the distribution system for either unfiltered systems, or systems using a limited alternative to filtration.

(a) The purveyor shall measure the residual disinfectant concentration within the distribution system at the same time and location that a routine or repeat coliform sample is collected under WAC 246-290-300(3) or 246-290-320(2) or once per day, whichever is greater.

(b) The purveyor of a system that purchases completely treated surface or GWI water as determined by the department shall comply with the requirements of (a) of this subsection or as otherwise directed by the department under WAC 246-290-300(2). At a minimum, the purveyor shall measure the residual disinfectant concentration within the distribution system at the same time and location that a routine or repeat coliform sample is collected under WAC 246-290-300(3) or 246-290-320(2).

(c) The purveyor may measure HPC within the distribution system in lieu of measuring the residual disinfectant concentration under this subsection.

[Statutory Authority: RCW 43.20.050. 09-21-045, § 246-290-694, filed 10/13/09, effective 1/4/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-694, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-694, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-694, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-694, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-694, filed 3/25/93, effective 4/25/93.]

WAC 246-290-72001 Purpose and applicability of the consumer confidence report requirements. WAC 246-290-72001 through 246-290-72012 establishes minimum requirements for the content of annual reports that community water systems must deliver to their customers. These reports must contain information on the quality of the water delivered by the systems and characterize the risks (if any) from exposure to contaminants detected in the drinking water in an accurate and understandable manner.

(1) This section applies only to community water systems.

(2) For the purpose of WAC 246-290-72001 through 246-290-72012:

(a) "Customers" means billing units or service connections to which water is delivered by a community water system.

(b) "Detected" means at or above the levels prescribed by WAC 246-290-300(4) for inorganic contaminants, at or above the levels prescribed by WAC 246-290-300(7) for organic contaminants, at or above the levels prescribed by 40 CFR 141.131 (b)(2)(iv) for disinfection byproducts, and at or above the levels prescribed by 40 CFR 141.25(c) for radioactive contaminants.

[Statutory Authority: RCW 43.20.050. 09-21-045, § 246-290-72001, filed 10/13/09, effective 1/4/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-72001, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-72001, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.20.050. 00-15-080, § 246-290-72001, filed 7/19/00, effective 8/19/00.]

WAC 246-290-72005 Report contents—Information on detected contaminants. (1) This section specifies the requirements for information to be included in each report for contaminants subject to mandatory monitoring. It applies to:

(a) Contaminants subject to an MCL, action level, maximum residual disinfectant level or treatment technique (regulated contaminants);

(b) Contaminants for which monitoring is required under 40 CFR 140.40; and

(c) Disinfection byproducts for which monitoring is required by WAC 246-290-300(6) and 40 CFR 141.142 or microbial contaminants for which monitoring is required by WAC 246-290-300(3) and 40 CFR 141.143, except as provided under WAC 246-290-72006(1), and which are detected in the finished water.

(2) The data relating to these contaminants must be displayed in one table or in several adjacent tables. Any additional monitoring results which a community water system chooses to include in its report must be displayed separately.

(3) The data must be derived from data collected to comply with EPA and state monitoring and analytical requirements during the previous calendar year except that:

(a) Where a system is allowed to monitor for regulated contaminants less than once a year, the table(s) must include the date and results of the most recent sampling and the report must include a brief statement indicating that the data presented in the report are from the most recent testing done in accordance with the regulations. No data older than five years need be included.

(b) Results of monitoring in compliance with 40 CFR 141.142 and 40 CFR 141.143 need only be included for five years from the date of last sample or until any of the detected contaminants becomes regulated and subject to routine monitoring requirements, whichever comes first.

(4) For detected regulated contaminants listed in WAC 246-290-72012, the table(s) must contain:

(a) The MCL for that contaminant expressed as a number equal to or greater than 1.0 (as provided in WAC 246-290-72012);

(b) The MCLG for that contaminant expressed in the same units as the MCL;

(c) If there is no MCL for a detected contaminant, the table must indicate that there is a treatment technique, or specify the action level, applicable to that contaminant, and the report must include the definitions for treatment technique and/or action level, as appropriate, specified in WAC 246-290-72004;

(d) For contaminants subject to an MCL, except turbidity and total coliforms, the highest contaminant level used to determine compliance with a National Primary Drinking Water Regulation and the range of detected levels, as follows:

(i) When compliance with the MCL is determined annually or less frequently: The highest detected level at any sampling point and the range of detected levels expressed in the same units as the MCL.

(ii) When compliance with the MCL is determined by calculating a running annual average of all samples taken at a sampling point: The highest average of any of the sampling points and the range of all sampling points expressed in the same units as the MCL. For the TTHM and HAA5 MCLs determined on the basis of the LRAA, systems must include the highest LRAA for TTHM and HAA5 and the range of individual sample results for all monitoring locations expressed in the same units as the MCL. If more than one location exceeds the TTHM or HAA5 MCL, the system must include the LRAA for all locations that exceed the MCL.

(iii) When compliance with the MCL is determined on a system-wide basis by calculating a running annual average of all samples at all sampling points: The average and range of detection expressed in the same units as the MCL. The system is required to include individual sample results for the IDSE conducted under WAC 246-290-300 (6)(b)(i)(F) when determining the range of TTHM and HAA5 results to be reported in the annual consumer confidence report for the calendar year that the IDSE samples were taken.

(iv) Note to WAC 246-290-72005 (4)(d): When rounding of results to determine compliance with the MCL is allowed by the regulations, rounding should be done prior to multiplying the results by the factor listed in WAC 246-290-72012;

(e) For turbidity.

(i) When it is reported under chapter 246-290 WAC Part 6, Subpart C: The highest average monthly value.

(ii) When it is reported under the requirements of chapter 246-290 WAC Part 6, Subpart D: The highest monthly value. The report should include an explanation of the reasons for measuring turbidity.

(iii) When it is reported under chapter 246-290 WAC Part 6, Subpart B: The highest single measurement and the lowest monthly percentage of samples meeting the turbidity limits specified in chapter 246-290 WAC Part 6, Subpart B for the filtration technology being used. The report should include an explanation of the reasons for measuring turbidity;

(f) For lead and copper: The 90th percentile value of the most recent round of sampling and the number of sampling sites exceeding the action level;

(g) For total coliform:

(i) The highest monthly number of positive samples for systems collecting fewer than 40 samples per month; or

(ii) The highest monthly percentage of positive samples for systems collecting at least 40 samples per month;

(h) For fecal coliform: The total number of positive samples; and

(i) The likely source(s) of detected contaminants to the best of the purveyor's knowledge. Specific information regarding contaminants may be available in sanitary surveys and source water assessments, and should be used when available to the purveyor. If the purveyor lacks specific information on the likely source, the report must include one or more of the typical sources for that contaminant listed in WAC 246-290-72012 which are most applicable to the system.

(5) If a community water system distributes water to its customers from multiple hydraulically independent distribution systems that are fed by different raw water sources, the table should contain a separate column for each service area and the report should identify each separate distribution system. Alternatively, systems could produce separate reports tailored to include data for each service area.

(6) The table(s) must clearly identify any data indicating violations of MCLs, MRDLs, or treatment techniques and the report must contain a clear and readily understandable explanation of the violation including: The length of the violation, the potential adverse health effects, and actions taken by the system to address the violation. To describe the potential health effects, the system must use the relevant language of WAC 246-290-72012.

(7) For detected unregulated contaminants for which monitoring is required, the table(s) must contain the average and range at which the contaminant was detected. The report may include a brief explanation of the reasons for monitoring for unregulated contaminants.

[Statutory Authority: RCW 43.20.050. 09-21-045, § 246-290-72005, filed 10/13/09, effective 1/4/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-72005, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-72005, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.20.050. 00-15-080, § 246-290-72005, filed 7/19/00, effective 8/19/00.]

Chapter 246-320 WAC
HOSPITAL LICENSING REGULATIONS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-320-025 On-site licensing survey. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-025, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-045 Application for license—License expiration dates—Notice of decision—Adjudicative proceeding. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-045, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-065 Exemptions, alternative methods, and interpretations. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-065, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-085 Single license to cover two or more buildings—When permissible. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-085, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-105 Criminal history, disclosure, and background inquiries. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-105, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-125 Governance. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-125, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-145 Leadership. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-145, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-165 Management of human resources. [Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-165, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-165, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-185 Medical staff. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-185, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-205 Management of information. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-205, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-225 Improving organizational performance. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-225, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-245 Patient rights and organizational ethics. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-245, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-265 Infection control program. [Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-265, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-265, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-285 Pharmacy services. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-285, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-305 Food and nutrition services. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-305, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-325 Laboratory, imaging, and other diagnostic, treatment or therapeutic services. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-325, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-345 Inpatient care services. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-345, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-365 Specialized patient care services. [Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-365, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-365, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-370 Emergency contraception. [Statutory Authority: RCW 70.41.350 and 70.41.030. 04-11-057, § 246-320-370, filed 5/17/04, effective 6/17/04.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-385 Outpatient care services. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-385, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-405 Management of environment for care. [Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-405, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-405, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-615 Pharmacy. [Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-615, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

246-320-990 Fees. [Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-990, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 43.70.250. 07-17-174, § 246-320-990, filed 8/22/07, effective 9/22/07; 05-18-073, § 246-320-990, filed 9/7/05, effective 10/8/05. Statutory Authority: RCW 43.70.250, 18.46.030, 43.70.110, 71.12.470. 04-19-141, § 246-320-990, filed 9/22/04, effective 10/23/04. Statutory Authority: RCW 43.70.250 and 70.38.105(5). 03-22-020, § 246-320-990, filed 10/27/03, effective 11/27/03. Statutory Authority: RCW 43.70.250. 02-13-061, § 246-320-990, filed 6/14/02, effective 7/15/02. Statutory Authority: RCW 70.41.100, 43.20B.110, and 43.70.250. 01-20-119, § 246-320-990, filed 10/3/01, effective 11/3/01; 99-24-096, § 246-320-990, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-990, filed 1/28/99, effective 3/10/99.] Repealed by 09-07-050, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040.

WAC 246-320-001 Purpose and applicability of chapter. This chapter is adopted by the Washington state department of health to implement chapter 70.41 RCW and establish minimum health and safety requirements for the licensing, inspection, operation, maintenance, and construction of hospitals.

(1) Compliance with the regulations in this chapter does not constitute release from the requirements of applicable federal, state and local codes and ordinances. Where regulations in this chapter exceed other codes and ordinances, the regulations in this chapter will apply.

(2) The department will update or adopt references to codes and regulations in this chapter as necessary.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-001, filed 3/11/09, effective 4/11/09. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-001, filed 1/28/99, effective 3/10/99.]

WAC 246-320-010 Definitions. For the purposes of this chapter and chapter 70.41 RCW, the following words and phrases will have the following meanings unless the context clearly indicates otherwise:

(1) "Abuse" means injury or sexual abuse of a patient indicating the health, welfare, and safety of the patient is harmed:

(a) "Physical abuse" means acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means verbal behavior, harassment, or other actions which may result in emotional or behavioral stress or injury.

(2) "Adverse health event" or "adverse event" means the list of *Serious Reportable Events* adopted by the National Quality Forum in 2002 (and updates in 2006), in its consensus report on serious reportable events in health care.

(3) "Agent," when referring to a medical order or procedure, means any power, principle, or substance, whether physical, chemical, or biological, capable of producing an effect upon the human body.

(4) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

(5) "Alteration" means any change, addition, or modification to an existing hospital or a portion of an existing hospital.

"Minor alteration" means renovation that does not require an increase in capacity to structural, mechanical or electrical systems, which does not affect fire and life safety, and which does not add beds or facilities in addition to that for which the hospital is currently licensed.

(6) "Assessment" means the:

(a) Systematic collection and review of patient-specific data;

(b) A process for obtaining appropriate and necessary information about individuals seeking entry into a health care setting or service; and

(c) Information used to match an individual with an appropriate setting or intervention. The assessment is based on the patient's diagnosis, care setting, desire for care, response to any previous treatment, consent to treatment, and education needs.

(7) "Authentication" means the process used to verify an entry is complete, accurate, and final.

(8) "Bed, bed space or bassinet" means the physical environment and equipment (both movable and stationary) designed and used for twenty-four hour or more care of a patient including level 2 and 3 bassinets. This does not include stretchers, exam tables, operating tables, well baby bassinets, labor bed, and labor-delivery-recovery beds.

(9) "Child" means an individual under the age of eighteen years.

(10) "Clinical evidence" means the same as original clinical evidence used in diagnosing a patient's condition or assessing a clinical course and includes, but is not limited to:

(a) X-ray films;

(b) Digital records;

(c) Laboratory slides;

(d) Tissue specimens; and

(e) Medical photographs.

(11) "Critical care unit or service" means the specialized medical and nursing care provided to patients facing an immediate life-threatening illness or injury. Care is provided by multidisciplinary teams of highly skilled physicians, nurses, pharmacists or other health professionals who interpret complex therapeutic and diagnostic information and have access to sophisticated equipment.

(12) "Department" means the Washington state department of health.

(13) "Dietitian" means an individual meeting the eligibility requirements for active membership in the American Dietetic Association described in *Directory of Dietetic Programs Accredited and Approved*, *American Dietetic Association*, edition 100, 1980.

(14) "Double-checking" means verifying patient identity, agent to be administered, route, quantity, rate, time, and interval of administration by two persons.

(15) "Drugs" as defined in RCW 18.64.011(3) means:

(a) Articles recognized in the official *U.S. Pharmacopoeia* or the official *Homeopathic Pharmacopoeia of the United States*;

(b) Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals;

(c) Substances (other than food) intended to affect the structure or any function of the body of man or other animals; or

(d) Substances intended for use as a component of any substances specified in (a), (b), or (c) of this subsection but not including devices or component parts or accessories.

(16) "Electrical receptacle outlet" means an outlet where one or more electrical receptacles are installed.

(17) "Emergency care to victims of sexual assault" means medical examinations, procedures, and services provided by a hospital emergency room to a victim of sexual assault following an alleged sexual assault.

(18) "Emergency contraception" means any health care treatment approved by the Food and Drug Administration that prevents pregnancy, including, but not limited to, administering two increased doses of certain oral contraceptive pills within seventy-two hours of sexual contact.

(19) "Emergency department" means the area of a hospital where unscheduled medical or surgical care is provided to patients who need care.

(20) "Emergency room" means a space where emergency services are delivered and set apart by floor-to-ceiling partitions on all sides with proper access to an exit access and with all openings provided with doors or windows.

(21) "Emergency medical condition" means a condition manifesting itself by acute symptoms of severity (including severe pain, symptoms of mental disorder, or symptoms of substance abuse) that absent immediate medical attention could result in:

(a) Placing the health of an individual in serious jeopardy;

(b) Serious impairment to bodily functions;

(c) Serious dysfunction of a bodily organ or part; or

(d) With respect to a pregnant woman who is having contractions:

(i) That there is inadequate time to effect a safe transfer to another hospital before delivery; or

(ii) That the transfer may pose a threat to the health or safety of the woman or the unborn child.

(22) "Emergency services" means health care services medically necessary to evaluate and treat a medical condition that manifests itself by the acute onset of a symptom or symptoms, including severe pain, that would lead a prudent layperson acting reasonably to believe that a health condition exists that requires immediate medical attention, and that the absence of immediate medical attention could reasonably be expected to result in serious impairment to bodily functions or serious dysfunction of an organ or part of the body, or would place the person's health, or in the case of a pregnant woman, the health of the woman or her unborn child, in serious jeopardy.

(23) "Emergency triage" means the immediate patient assessment by a registered nurse, physician, or physician assistant to determine the nature and urgency of the person's medical need for treatment.

(24) "Family" means individuals designated by a patient who need not be relatives.

(25) "General hospital" means a hospital that provides general acute care services, including emergency services.

(26) "Governing authority/body" means the person or persons responsible for establishing the purposes and policies of the hospital.

(27) "High-risk infant" means an infant, regardless of age, whose existence is compromised, prenatal, natal, or postnatal factors needing special medical or nursing care.

(28) "Hospital" means any institution, place, building, or agency providing accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care of two or more individuals not related to the operator who are suffering from illness, injury, deformity, or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this chapter does not include:

(a) Hospice care centers which come within the scope of chapter 70.127 RCW;

(b) Hotels, or similar places, furnishing only food and lodging, or simply domiciliary care;

(c) Clinics or physicians' offices, where patients are not regularly kept as bed patients for twenty-four hours or more;

(d) Nursing homes, as defined in and which come within the scope of chapter 18.51 RCW;

(e) Birthing centers, which come within the scope of chapter 18.46 RCW;

(f) Psychiatric or alcoholism hospitals, which come within the scope of chapter 71.12 RCW; nor

(g) Any other hospital or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions;

(h) Furthermore, nothing in this chapter will be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denominations.

(29) "Individualized treatment plan" means a written and/or electronically recorded statement of care planned for a patient based upon assessment of the patient's developmental, biological, psychological, and social strengths and problems, and including:

(a) Treatment goals, with stipulated time frames;

(b) Specific services to be utilized;

(c) Designation of individuals responsible for specific service to be provided;

(d) Discharge criteria with estimated time frames; and

(e) Participation of the patient and the patient's designee as appropriate.

(30) "Infant" means an individual not more than twelve months old.

(31) "Invasive procedure" means a procedure involving puncture or incision of the skin or insertion of an instrument or foreign material into the body including, but not limited to, percutaneous aspirations, biopsies, cardiac and vascular catheterizations, endoscopies, angioplasties, and implantations. Excluded are venipuncture and intravenous therapy.

(32) "Licensed practical nurse" means an individual licensed under provisions of chapter 18.79 RCW.

(33) "Maintenance" means the work of keeping something in safe, workable or suitable condition.

(34) "Medical equipment" means equipment used in a patient care environment to support patient treatment and diagnosis.

(35) "Medical staff" means physicians and other practitioners appointed by the governing authority.

(36) "Medication" means any substance, other than food or devices, intended for use in diagnosing, curing, mitigating, treating, or preventing disease.

(37) "Multidisciplinary treatment team" means a group of individuals from various disciplines and clinical services who assess, plan, implement, and evaluate treatment for patients.

(38) "Neglect" means mistreatment or maltreatment; a disregard of consequences or magnitude constituting a clear and present danger to an individual patient's health, welfare, and safety.

(a) "Physical neglect" means physical or material deprivation, such as lack of medical care, lack of supervision, inadequate food, clothing, or cleanliness.

(b) "Emotional neglect" means acts such as rejection, lack of stimulation, or other acts which may result in emotional or behavioral problems, physical manifestations, and disorders.

(39) "Neonate" means a newly born infant under twenty-eight days of age.

(40) "Neonatologist" means a pediatrician who is board certified in neonatal-perinatal medicine or board eligible in neonatal-perinatal medicine, provided the period of eligibility does not exceed three years, as defined and described in *Directory of Residency Training Programs* by the Accreditation Council for Graduate Medical Education, American Medical Association, 1998 or the *American Osteopathic Association Yearbook and Directory*, 1998.

(41) "New construction" means any of the following:

(a) New facilities to be licensed as a hospital;

(b) Renovation; or

(c) Alteration.

(42) "Nonambulatory" means an individual physically or mentally unable to walk or traverse a normal path to safety without the physical assistance of another.

(43) "Nursing personnel" means registered nurses, licensed practical nurses, and unlicensed assistive nursing personnel providing direct patient care.

(44) "Operating room (OR)" means a room intended for invasive and noninvasive surgical procedures.

(45) "Patient" means an individual receiving (or having received) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative health services.

(a) "Inpatient" means services that require admission to a hospital for twenty-four hours or more.

(b) "Outpatient" means services that do not require admission to a hospital for twenty-four hours or more.

(46) "Patient care areas" means all areas of the hospital where direct patient care is delivered and where patient diagnostic or treatment procedures are performed.

(47) "Patient care unit or area" means a physical space of the hospital including rooms or areas containing beds or bed spaces, with available support ancillary, administrative, and services for patient.

(48) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

(49) "Pharmacist" means an individual licensed by the state board of pharmacy chapter 18.64 RCW.

(50) "Pharmacy" means every place properly licensed by the board of pharmacy where the practice of pharmacy is conducted.

(51) "Physician" means an individual licensed under chapter 18.71 RCW, Physicians, chapter 18.22 RCW, Podiatric medicine and surgery, or chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery.

(52) "Prescription" means an order for drugs or devices issued by a practitioner authorized by law or rule in the state of Washington for a legitimate medical purpose.

(53) "Procedure" means a particular course of action to relieve pain, diagnose, cure, improve, or treat a patient's condition.

(54) "Protocols" and "standing order" mean written or electronically recorded descriptions of actions and interventions for implementation by designated hospital staff under defined circumstances under hospital policy and procedure.

(55) "Psychiatric service" means the treatment of patients pertinent to a psychiatric diagnosis.

(56) "Recovery unit" means a physical area for the segregation, concentration, and close or continuous nursing observation of patients for less than twenty-four hours immediately following anesthesia, obstetrical delivery, surgery, or other diagnostic or treatment procedures.

(57) "Registered nurse" means an individual licensed under chapter 18.79 RCW.

(58) "Restraint" means any method used to prevent or limit free body movement including, but not limited to, involuntary confinement, a physical or mechanical device, or a drug given not required to treat a patient's symptoms.

(59) "Room" means a space set apart by floor-to-ceiling partitions on all sides with proper access to a corridor and with all openings provided with doors or windows.

(60) "Seclusion" means the involuntary confinement of a patient in a room or area where the patient is physically prevented from leaving.

(61) "Seclusion room" means a secure room designed and organized for temporary placement, care, and observation of one patient with minimal sensory stimuli, maximum security and protection, and visual and auditory observation by authorized personnel and staff. Doors of seclusion rooms have staff-controlled locks.

(62) "Sexual assault" means one or more of the following:

(a) Rape or rape of a child;

(b) Assault with intent to commit rape or rape of a child;

(c) Incest or indecent liberties;

(d) Child molestation;

(e) Sexual misconduct with a minor;

(f) Custodial sexual misconduct;

(g) Crimes with a sexual motivation; or

(h) An attempt to commit any of the items in (a) through (g) of this subsection.

(63) "Severe pain" means a level of pain reported by a patient of 8 or higher based on a 10 point scale with 1 being the least and 10 being the most pain.

(64) "Specialty hospital" means a subclass of hospital that is primarily or exclusively engaged in the care and treatment of one of the following categories:

(a) Patients with a cardiac condition;

(b) Patients with an orthopedic condition;

(c) Patients receiving a surgical procedure; and

(d) Any other specialized category of services that the secretary of health and human services designates as a specialty hospital.

(65) "Staff" means paid employees, leased or contracted persons, students, and volunteers.

(66) "Surgical procedure" means any manual or operative procedure performed upon the body of a living human being for the purpose of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defect, prolonging life or relieving suffering, and involving any of the following:

(a) Incision, excision, or curettage of tissue;

(b) Suture or repair of tissue including a closed as well as an open reduction of a fracture;

(c) Extraction of tissue including the premature extraction of the products of conception from the uterus; or

(d) An endoscopic examination.

(67) "Surrogate decision-maker" means an individual appointed to act on behalf of another when an individual is without capacity as defined in RCW 7.70.065 or has given permission.

(68) "Transfer agreement" means a written agreement providing an effective process for the transfer of a patient requiring emergency services to a general hospital providing emergency services and for continuity of care for that patient.

(69) "Treatment" means the care and management of a patient to combat, improve, or prevent a disease, disorder, or injury, and may be:

(a) Pharmacologic, surgical, or supportive;

(b) Specific for a disorder; or

(c) Symptomatic to relieve symptoms without effecting a cure.

(70) "Unlicensed assistive personnel (UAP)" means individuals trained to function in an assistive role to nurses in the provision of patient care, as delegated by and under the supervision of the registered nurse. Typical activities performed by unlicensed assistive personnel include, but are not limited to: Taking vital signs; bathing, feeding, or dressing patients; assisting patient with transfer, ambulation, or toileting. Definition includes: nursing assistants; orderlies; patient care technicians/assistants; and graduate nurses (not yet licensed) who have completed unit orientation. Definition excludes: Unit secretaries or clerks; monitor technicians; therapy assistants; student nurses fulfilling educational requirements; and sitters who are not providing typical UAP activities.

(71) "Victim of sexual assault" means a person is alleged to have been sexually assaulted and who presents as a patient.

(72) "Vulnerable adult" means, as defined in chapter 74.34 RCW, a person sixty years of age or older who lacks the functional, physical, or mental ability to care for him or herself; an adult with a developmental disability under RCW 71A.10.020; an adult with a legal guardian under chapter 11.88 RCW; an adult living in a long-term care facility (an adult family home, boarding home or nursing home); an adult living in their own or a family's home receiving services from an agency or contracted individual provider; or an adult self-directing their care under RCW 74.39.050. For the purposes of requesting background checks pursuant to RCW 43.43.832, it shall also include adults of any age who lack the functional, mental, or physical ability to care for themselves. For the purposes of this chapter, it shall also include hospitalized adults.

(73) "Well-being" means free from actual or potential harm, abuse, neglect, unintended injury, death, serious disability or illness.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-010, filed 3/11/09, effective 4/11/09. Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-010, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.350 and 70.41.030. 04-11-057, § 246-320-010, filed 5/17/04, effective 6/17/04. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-010, filed 1/28/99, effective 3/10/99.]

WAC 246-320-011 Department responsibilities—Licensing—Adjudicative proceeding. This section identifies the actions and responsibilities of the department for licensing hospitals.

(1) Before issuing an initial license, the department will verify compliance with chapter 70.41 RCW and this chapter which includes, but is not limited to:

(a) Approval of construction documents;

(b) Receipt of a certificate of need as provided in chapter 70.38 RCW;

(c) Approval by the local jurisdiction of all local codes and ordinances and the permit to occupy;

(d) Approval of the initial license application;

(e) Receipt of the correct license fee;

(f) Compliance with the on-site survey conducted by the state fire marshal required in RCW 70.41.080; and

(g) Conduct an on-site licensing survey in accordance with WAC 246-320-016.

(2) The department may issue a license to include two or more buildings, if the applicant:

(a) Meets the requirements listed in subsection (1) of this section;

(b) Operates the buildings as an integrated system with:

(i) Governance by a single authority over all buildings or portions of buildings;

(ii) A single medical staff for all hospital facilities; and

(iii) Use all policies and procedures for all facilities and departments.

(c) Arranges for safe and appropriate transport of patients between all facilities and buildings.

(3) Before reissuing a license, the department will:

(a) Verify compliance with the on-site survey conducted by the state fire marshal required in RCW 70.41.080;

(b) Review and accept the annual hospital update information documentation;

(c) Assure receipt of the correct annual fee; and

(d) Reissue licenses as often as necessary each calendar year so that approximately one-third of the hospital licenses expire on the last day of the calendar year.

(4) The department may issue a provisional license to allow the operation of a hospital, if the department determines that the applicant or licensed hospital failed to comply with chapter 70.41 RCW or this chapter.

(5) The department may deny, suspend, modify, or revoke a license when it finds an applicant or hospital has failed or refused to comply with chapter 70.41 RCW or this chapter. The department's notice of a license denial, suspension, modification, or revocation will be consistent with RCW 43.70.115. The proceeding is governed by the Administrative Procedure Act chapter 34.05 RCW, this chapter, and chapters 246-08 and 246-10 WAC. If this chapter conflicts with chapter 246-08 or 246-10 WAC, this chapter governs.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-011, filed 3/11/09, effective 4/11/09.]

WAC 246-320-016 Department responsibilities—On-site survey and complaint investigation. This section outlines the department's on-site survey and complaint investigation activities and roles.

(1) Surveys. The department will:

(a) Conduct on-site surveys of each hospital on average at least every eighteen months or more often using the health and safety standards in this chapter and chapter 70.41 RCW;

(b) Coordinate the on-site survey with other agencies, including local fire jurisdictions, state fire marshal, state pharmacy board, and report the survey findings to those agencies;

(c) Notify the hospital in writing of the survey findings following each on-site survey;

(d) Require each hospital to submit a corrective action plan addressing each deficient practice identified in the survey findings;

(e) Notify the hospital when the hospital submitted plan of correction adequately addresses the survey findings; and

(f) Accept on-site surveys conducted by the Joint Commission or American Osteopathic Association as meeting the eighteen-month survey requirement in accordance with RCW 70.41.122.

(2) Complaint investigations. The department will:

(a) Conduct an investigation of every complaint against a hospital that concerns patient well being;

(b) Notify the hospital in writing of state complaint investigation findings following each complaint investigation;

(c) Require each hospital to submit a corrective action plan addressing each deficient practice identified in the complaint investigation findings; and

(d) Notify the hospital when the hospital submitted plan of correction adequately addresses the complaint investigation findings.

(3) The department may:

(a) Direct a hospital on how to implement a corrective action plan based on the findings from an on-site survey or complaint investigation; or

(b) Contact a hospital to discuss the findings of the Joint Commission or American Osteopathic Association on-site accreditation survey.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-016, filed 3/11/09, effective 4/11/09.]

WAC 246-320-021 Department responsibilities—General. This section outlines the department's responsibility to post information to the agency web site and time frames to respond to interpretations, exemptions and alternative methods.

The department will:

(1) Post to the agency web site a list of the most frequent problems identified during hospital surveys and complaint investigations in accordance with RCW 70.41.045.

(2) Respond within thirty calendar days to a hospital's request for an exemption or use of an alternative as provided for in WAC 246-320-026.

(3) Respond within thirty calendar days to a hospital's request for an interpretation as provided for in WAC 246-320-026.

(4) Maintain hospital provided information confidentially according to the Public Disclosure Act, chapters 42.17 and 42.56 RCW, RCW 70.41.150, 70.41.200, and 70.41.210.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-021, filed 3/11/09, effective 4/11/09.]

WAC 246-320-026 Department role—Exemptions, interpretations, alternative methods. This section outlines the department's responsibilities and actions in response to requests for interpretations, exemptions and alternative methods.

(1) The department may exempt a hospital from complying with portions of this chapter when:

(a) The exemption will not change the purpose and intent of chapter 70.41 RCW or this chapter;

(b) Patient safety, health or well being is not threatened;

(c) Fire and life safety regulations, infection control standards or other codes or regulations would not be reduced; and

(d) Any structural integrity of the building would not occur.

(2) The department will write an interpretation of a rule after receiving complete information relevant to the interpretation.

(3) The department may approve a hospital to use alternative materials, designs, and methods if the documentation and supporting information:

(a) Meets the intent and purpose of these rules; and

(b) Is equivalent to the methods prescribed in this chapter.

(4) The department will keep copies of each exemption, alternative, or interpretation issued.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-026, filed 3/11/09, effective 4/11/09.]

WAC 246-320-031 Criminal history, disclosure, and background inquiries—Department responsibility. This section outlines the department's responsibilities to review and use criminal history, disclosure and background information.

(1) The department will:

(a) Review hospital records required under WAC 246-320-126;

(b) Investigate allegations of noncompliance by hospitals with RCW 43.43.830 through 43.43.842; and

(c) Use information collected under this section only to determine hospital licensure or relicensure eligibility under RCW 43.43.842.

(2) The department may require the hospital to complete additional disclosure statements or background inquiries, if the department believes offenses specified under RCW 43.43.830 have occurred since the previous disclosure statement or background inquiry, for any person having unsupervised access to children, vulnerable adults, and developmentally disabled adults.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-031, filed 3/11/09, effective 4/11/09.]

WAC 246-320-036 Department responsibility, refund initial license fee. This section outlines the department's actions regarding a request for refund of an initial licensing fee.

The department will, upon request of an applicant:

(1) Refund two-thirds of the initial fee, less a fifty dollar processing charge provided the department did not conduct an on-site survey or give technical assistance.

(2) Refund one-third of the initial fee, less a fifty dollar processing charge when the department conducted an on-site

survey or gave technical assistance and did not issue a license.

(3) The department will not refund an initial license fee if:

(a) The department conducted more than one on-site visit;

(b) One year has passed since the department received an initial licensure application;

(c) One year has passed since the department received an initial application and the department has not issued the license because the applicant failed to complete requirements for licensure; or

(d) The amount to be refunded is one hundred dollars or less.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-036, filed 3/11/09, effective 4/11/09.]

WAC 246-320-101 Application for license—Annual update of hospital information—License renewal—Right to contest a license decision. This section identifies the applicant or hospital actions and responsibilities for obtaining a license.

(1) Initial license. An applicant must submit an application packet and fee to the department at least sixty days before the intended opening date of the new hospital.

(2) Annual update. Before November 30 of each calendar year, a licensed hospital must submit to the department the hospital update documentation and fee.

(3) License renewal. Before November 30 of the year the license expires, a licensed hospital must submit to the department the hospital update documentation, fee and the results of the most recent on-site survey conducted by the state fire marshal.

(4) An applicant or hospital has the right to contest a license decision by:

(a) Sending a written request for an adjudicative proceeding within twenty-eight days of receipt of the department's licensing decision showing proof of receipt with the office of the Adjudicative Service Unit, Department of Health, P.O. Box 47879, Olympia, WA 98504-7879; and

(b) Including as part of the written request:

(i) A specific statement of the issues and law involved;

(ii) The grounds for contesting the department decision; and

(iii) A copy of the contested department decision.

(c) The adjudicative proceeding is governed by the Administrative Procedure Act chapter 34.05 RCW, this chapter, and chapters 246-08 and 246-10 WAC. If this chapter conflicts with chapter 246-08 or 246-10 WAC, this chapter governs.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-101, filed 3/11/09, effective 4/11/09.]

WAC 246-320-106 Application for license, specialty hospital—Annual update of hospital information—License renewal—Right to contest a license decision. This section identifies the applicant or specialty hospital actions and responsibilities for obtaining a license.

(1) Initial license. An applicant must submit an application packet and fee to the department at least sixty days before the intended opening date of the specialty hospital.

(2) Annual update. Before November 30 of each calendar year, a licensed specialty hospital must submit to the hospital the specialty hospital update information and fee.

(3) License renewal. Before November 30 of the year the license expires, a licensed specialty hospital must submit to the department the hospital update documentation, fee and the results of the most recent on-site survey conducted by the state fire marshal.

(4) An applicant or specialty hospital has the right to contest a license decision by:

(a) Sending a written request for an adjudicative proceeding within twenty-eight days of receipt of the department's licensing decision showing proof of receipt with the office of the Adjudicative Service Unit, Department of Health, P.O. Box 47879, Olympia, WA 98504-7879; and

(b) Including as part of the written request:

(i) A specific statement of the issues and law involved;

(ii) The grounds for contesting the department decision; and

(iii) A copy of the contested department decision.

(c) The adjudicative proceeding is governed by the Administrative Procedure Act chapter 34.05 RCW, this chapter, and chapters 246-08 and 246-10 WAC. If this chapter conflicts with chapter 246-08 and 246-10 WAC, this chapter governs.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-106, filed 3/11/09, effective 4/11/09.]

WAC 246-320-111 Hospital responsibilities. This section identifies a hospital obligation, actions and responsibilities to comply with the hospital law and rules.

(1) Hospitals must:

(a) Comply with chapter 70.41 RCW and this chapter;

(b) Only set up inpatient beds within the licensed bed capacity approved by the department or the medicare provider agreement; and

(c) Receive approval for additional inpatient beds as required in chapter 70.38 RCW before exceeding department approved bed capacity.

(2) A hospital accredited by the Joint Commission or American Osteopathic Association must:

(a) Notify the department of an accreditation survey within two business days following completion of the survey; and

(b) Notify the department in writing of the accreditation decision and any changes in accreditation status within thirty calendar days of receiving the accreditation report.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-111, filed 3/11/09, effective 4/11/09.]

WAC 246-320-116 Specialty hospital responsibilities. This section identifies a specialty hospital obligation, actions and responsibilities to comply with the hospital law and rules.

Specialty hospitals must:

(1) Comply with chapter 70.41 RCW and this chapter;

(2) Only set up inpatient beds within the licensed bed capacity approved by the department or the medicare provider agreement;

(3) Receive approval for additional inpatient beds as required in chapter 70.38 RCW before exceeding department approved bed capacity;

(4) Provide appropriate discharge planning;

(5) Provide staff proficient in resuscitation and respiration maintenance twenty-four hours per day, seven days per week;

(6) Participate in the medicare and medicaid programs and provide at least the same percentage of services to medicare and medicaid beneficiaries, as a percent of gross revenues, as the lowest percentage of services provided to medicare and medicaid beneficiaries by a general hospital in the same health service area. The lowest percentage of services provided to medicare and medicaid beneficiaries shall be determined by the department in consultation with the general hospitals in the health service area but shall not be the percentage of medicare and medicaid services of a hospital that serves primarily members of a particular health plan or government sponsor;

(7) Provide at least the same percentage of charity care, as a percent of gross revenues, as the lowest percentage of charity care provided by a general hospital in the same health service area. The lowest percentage of charity care shall be determined by the department in consultation with the general hospitals in the health service area but shall not be the percentage of charity care of a hospital that serves primarily members of a particular health plan or government sponsor;

(8) Require any physician owner to:

(a) In accordance with chapter 19.68 RCW, disclose a financial interest in the specialty hospital and provide a list of alternative hospitals before referring a patient to the specialty hospital; and

(b) If the specialty hospital does not have an intensive care unit, notify the patient that if intensive care services are required, the patient must be transferred to another hospital;

(9) Provide emergency services twenty-four hours per day, seven days per week, in a designated area of the hospital, and comply with requirements for emergency facilities that are established by the department;

(10) Establish procedures to stabilize a patient with an emergency medical condition until the patient is transported or transferred to another hospital if emergency services cannot be provided at the specialty hospital to meet the needs of the patient in an emergency;

(11) Maintain a transfer agreement with a general hospital in the same health service area that establishes a process for patient transfers in a situation in which the specialty hospital cannot provide continuing care for a patient because of the specialty hospital's scope of services and for the transfer of patients; and

(12) Accept the transfer of patients from general hospitals when the patients require the category of care or treatment provided by the specialty hospital.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-116, filed 3/11/09, effective 4/11/09.]

WAC 246-320-121 Requests for exemptions, interpretations, alternative methods. This section outlines a process to request an exemption, interpretation, or approval to use an alternative method. This section is not intended to prevent use of systems, materials, alternate design, or methods of construction as alternatives to those prescribed by this chapter.

(1) A hospital requesting exemption from this chapter must:

(a) Send a written request to the department;

(b) Include in the request:

(i) The specific section of this chapter to be exempted;

(ii) Explain the reasons for requesting the exemption; and

(iii) When appropriate, provide documentation to support the request.

(2) A hospital or person requesting an interpretation of a rule in this chapter must:

(a) Send a written request to the department;

(b) Include in the request:

(i) The specific section of this chapter to be interpreted;

(ii) Explain the reason or circumstances for requesting the interpretation; and

(iii) Where or how the rule is being applied.

(c) Provide additional information when required by the department.

(3) A hospital requesting use of alternative materials, design, and methods must:

(a) Send a written request to the department; and

(b) Explain and support with technical documentation the reasons the department should consider the request.

(4) The hospital must keep and make available copies of each exemption, alternative, or interpretation received from the department.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-121, filed 3/11/09, effective 4/11/09.]

WAC 246-320-126 Criminal history, disclosure, and background inquiries—Hospital responsibility. This section outlines the requirements for hospitals to conduct criminal history background inquiries for all medical staff, employees or prospective employees who have or may have unsupervised access to children, vulnerable adults, and developmentally disabled adults.

Hospitals must:

(1) Require a disclosure statement according to RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the licensed hospital with unsupervised access to:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals;

(2) Require a Washington state patrol background inquiry according to RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person applying for association with the licensed hospital before allowing unsupervised access to:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-126, filed 3/11/09, effective 4/11/09.]

WAC 246-320-131 Governance. This section provides organizational guidance and oversight responsibilities of hospital resources and staff to support safe patient care.

For the purposes of this section "practitioner" means pharmacists as defined in chapter 18.64 RCW; advanced registered nurse practitioners as defined in chapter 18.79 RCW; dentists as defined in chapter 18.32 RCW; naturopaths as defined in chapter 18.36A RCW; optometrists as defined in chapter 18.53 RCW; osteopathic physicians and surgeons as defined in chapter 18.57 RCW; osteopathic physicians' assistants as defined in chapter 18.57A RCW; physicians as defined in chapter 18.71 RCW; physician assistants as defined in chapter 18.71A RCW; podiatric physicians and surgeons as defined in chapter 18.22 RCW; and psychologists as defined in chapter 18.83 RCW.

The governing authority must:

(1) Establish and review governing authority policies including requirements for:

(a) Reporting practitioners according to RCW 70.41.-210;

(b) Informing patients of any unanticipated outcomes according to RCW 70.41.380;

(c) Establishing and approving a performance improvement plan;

(d) Providing organizational management and planning;

(e) Reporting adverse events and conducting root cause analyses according to RCW 70.56.020;

(f) Providing a patient and family grievance process including a time frame for resolving each grievance;

(g) Defining who can give and receive patient care orders that are consistent with professional licensing laws; and

(h) Providing communication and conflict resolution between the medical staff and the governing authority;

(2) Establish a process for selecting and periodically evaluating a chief executive officer or administrator;

(3) Appoint and approve a medical staff;

(4) Require written or electronic orders, authenticated by a legally authorized practitioner, for all drugs, intravenous solutions, blood, medical treatments, and nutrition; and

(5) Approve and periodically review bylaws, rules, and regulations adopted by the medical staff before they become effective.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-131, filed 3/11/09, effective 4/11/09.]

WAC 246-320-136 Leadership. This section describes leadership's role in assuring care is provided consistently throughout the hospital and according to patient and community needs.

The hospital leaders must:

(1) Appoint or assign a nurse at the executive level to:

(a) Direct the nursing services; and

(b) Approve patient care policies, nursing practices and procedures;

(2) Establish hospital-wide patient care services appropriate for the patients served and available resources which includes:

(a) Approving department specific scope of services;

(b) Integrating and coordinating patient care services;

(c) Standardizing the uniform performance of patient care processes;

(d) Establishing a hospital-approved procedure for double checking certain drugs, biologicals, and agents by appropriately licensed personnel; and

(e) Ensuring immediate access and appropriate dosages for emergency drugs;

(3) Adopt and implement policies and procedures which define standards of care for each specialty service;

(4) Provide practitioner oversight for each specialty service with experience in those specialized services. Specialized services include, but are not limited to:

(a) Surgery;

(b) Anesthesia;

(c) Obstetrics;

(d) Neonatal;

(e) Pediatrics;

(f) Critical or intensive care;

(g) Alcohol or substance abuse;

(h) Psychiatric;

(i) Emergency; and

(j) Dialysis;

(5) Provide all patients access to safe and appropriate care;

(6) Adopt and implement policies and procedures addressing patient care and nursing practices;

(7) Require that individuals conducting business in the hospital comply with hospital policies and procedures;

(8) Establish and implement processes for:

(a) Gathering, assessing and acting on information regarding patient and family satisfaction with the services provided;

(b) Posting the complaint hotline notice according to RCW 70.41.330; and

(c) Providing patients written billing statements according to RCW 70.41.400;

(9) Plan, promote, and conduct organization-wide performance-improvement activities according to WAC 246-320-171;

(10) Adopt and implement policies and procedures concerning abandoned newborn babies and hospitals as a safe haven according to RCW 13.34.360;

(11) Adopt and implement policies and procedures to require that suspected abuse, assault, sexual assault or other possible crime is reported within forty-eight hours to local police or the appropriate law enforcement agency according to RCW 26.44.030.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-136, filed 3/11/09, effective 4/11/09.]

WAC 246-320-141 Patient rights and organizational ethics. The purpose of this section is to improve patient care and outcomes by respecting every patient and maintaining ethical relationships with the public.

Hospitals must:

(1) Adopt and implement policies and procedures that define each patient's right to:

(a) Be treated and cared for with dignity and respect;

(b) Confidentiality, privacy, security, complaint resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, the hospital must document and explain the restrictions to the patient and family;

(c) Be protected from abuse and neglect;

(d) Access protective services;

(e) Complain about their care and treatment without fear of retribution or denial of care;

(f) Timely complaint resolution;

(g) Be involved in all aspects of their care including:

(i) Refusing care and treatment; and

(ii) Resolving problems with care decisions;

(h) Be informed of unanticipated outcomes according to RCW 70.41.380;

(i) Be informed and agree to their care;

(j) Family input in care decisions;

(k) Have advance directives and for the hospital to respect and follow those directives;

(l) Request no resuscitation or life-sustaining treatment;

(m) End of life care;

(n) Donate organs and other tissues according to RCW 68.50.500 and 68.50.560 including:

(i) Medical staff input; and

(ii) Direction by family or surrogate decision makers;

(2) Provide each patient a written statement of patient rights from subsection (1) of this section;

(3) Adopt and implement policies and procedures to identify patients who are potential organ and tissue donors;

(4) Adopt and implement policies and procedures to address research, investigation, and clinical trials including:

(a) How to authorize research;

(b) Require staff to follow informed consent laws; and

(c) Not hindering a patient's access to care if a patient refuses to participate.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-141, filed 3/11/09, effective 4/11/09.]

WAC 246-320-146 Adverse health events and incident reporting system. The purpose of this section is to outline each hospital's responsibilities for reporting and addressing adverse events. In this section, "serious disability" means a physical or mental impairment that substantially limits the major life activities of a patient.

Hospitals must:

(1) Notify the department whenever any of the following adverse events as defined by the National Quality Forum, Serious Reportable Events in Health Care occur:

1. Surgery performed on the wrong body part;
2. Surgery performed on the wrong patient;
3. Wrong surgical procedure performed on a patient;
4. Unintended retention of a foreign object in a patient after surgery or other procedure;
5. Intraoperative or immediately postoperative death in an ASA Class 1 patient;
6. Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the health care facility;
7. Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended;
8. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a health care facility;
9. Infant discharged to wrong person;
10. Patient death or serious disability associated with patient elopement (disappearance);
11. Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a health care facility;
12. Patient death or serious disability associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration);
13. Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO/HLA-incompatible blood or blood products;
14. Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in the health care facility;
15. Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a health care facility;
16. Death or serious disability (kernicterus) associated with failure to identify and treat hyperbilirubinimia neonates;
17. Stage 3 or 4 pressure ulcers acquired after admission to a health care facility;
18. Patient death or serious disability due to spinal manipulative therapy;
19. Patient death or serious disability associated with electric shock or electric cardioversion while being cared for in a health care facility;
20. Any incident in which a line designed for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances;
21. Patient death or serious disability associated with a burn incurred from any source while being cared for in a health care facility;
22. Patient death or serious disability associated with a fall while being cared for in a health care facility;
23. Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health care facility;
24. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider;
25. Abduction of a patient of any age;
26. Sexual assault on a patient within or on the grounds of a health care facility;
27. Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a health care facility; and
28. Artificial insemination with the wrong donor sperm or egg;

(2) Notify the department within forty-eight hours of confirmation by the hospital when any adverse event has occurred using established procedures. The notice must include:

(a) The hospital's name;

(b) The type of event identified in subsection (1) of this section;

(c) The date the event was confirmed; and

(d) Any additional contextual information the hospital chooses to provide;

(3) Conduct a root cause analysis of each adverse event following the procedures and methods of:

(a) The joint commission;

(b) The department of Veterans Affairs National Center for Patient Safety; or

(c) Another nationally recognized root cause analysis methodology found acceptable by the department;

(4) As part of the root cause analysis, include the following information:

(a) The number of patients, registered nurses, licensed practical nurses, and unlicensed assistive personnel present in the relevant patient care unit at the time the reported adverse event occurred;

(b) The number of nursing personnel present at the time of the adverse event who have been supplied by temporary staffing agencies, including traveling nurses; and

(c) The number of nursing personnel, if any, on the patient care unit working beyond their regularly scheduled number of hours or shifts at the time of the event and the number of consecutive hours worked by each such nursing personnel at the time of the adverse event;

(5) Create and implement a corrective action plan for each adverse event consistent with the findings of the root cause analysis. Each corrective action plan must include:

(a) How each finding will be addressed and corrected;

(b) When each correction will be completed;

(c) Who is responsible to make the corrections;

(d) What action will be taken to prevent each finding from reoccurring; and

(e) A monitoring schedule for assessing the effectiveness of the corrective action plan including who is responsible for the monitoring schedule;

(6) If a hospital determines there is no need to create a corrective action plan for a particular adverse event, provide a written explanation of the reasons for not creating a corrective action plan;

(7) Complete and submit a root cause analysis within forty-five days, after confirming an adverse health event has occurred, to the department.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-146, filed 3/11/09, effective 4/11/09.]

WAC 246-320-151 Reportable events. The purpose of this section is to outline each hospital's responsibility for reporting serious events that affect the operation and maintenance of the facility.

(1) Hospitals must notify the department within forty-eight hours whenever any of the following events have occurred:

(a) A failure or facility system malfunction such as the heating, ventilation, fire alarm, fire sprinkler, electrical, electronic information management, or water supply affecting patient diagnosis, treatment, or care within the facility; or

(b) A fire affecting patient diagnosis, treatment, or care within the facility.

(2) Each notice to the department must include:

(a) The hospital's name;

(b) The event type from subsection (1) of this section; and

(c) The date the event occurred.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-151, filed 3/11/09, effective 4/11/09.]

WAC 246-320-156 Management of human resources. This section ensures that hospitals provide competent staff consistent with scope of services.

Hospitals must:

(1) Establish, review, and update written job descriptions for each job classification;

(2) Conduct periodic staff performance reviews;

(3) Assure qualified staff available to operate each department including a process for competency, skill assessment and development;

(4) Assure supervision of staff;

(5) Document verification of staff licensure, certification, or registration;

(6) Complete tuberculosis screening for new and current employees consistent with the *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities*, 2005. *Morbidity Mortality Weekly Report (MMWR)* Volume 54, December 30, 2005;

(7) Orient staff to their assigned work environment;

(8) Give infection control information to staff upon hire and annually which includes:

(a) Education on general infection control according to chapter 296-823 WAC bloodborne pathogens exposure control;

(b) Education specific to infection control for multidrug-resistant organisms; and

(c) General and specific infection control measures related to the patient care areas where staff work;

(9) Establish and implement an education plan that verifies or arranges for the training of staff on prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-156, filed 3/11/09, effective 4/11/09.]

WAC 246-320-161 Medical staff. The purpose of this section is to establish the development of a medical staff structure, consistent with clinical competence, to ensure a safe patient care environment.

The medical staff must:

(1) Adopt bylaws, rules, regulations, and organizational structure that address:

(a) Qualifications for membership;

(b) Verification of application data;

(c) Appointment and reappointment process;

(d) Length of appointment and reappointment;

(e) Granting of delineated clinical privileges;

(f) Provision for continuous patient care;

(g) Assessment of credentialed practitioner's performance;

(h) Due process;

(i) Reporting practitioners according to RCW 70.41.210; and

(j) Provide for medical staff communication and conflict resolution with the governing authority;

(2) Forward medical staff recommendations for membership and clinical privileges to the governing authority for action.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-161, filed 3/11/09, effective 4/11/09.]

WAC 246-320-166 Management of information. The purpose of this section is to improve patient outcomes and hospital performance through obtaining, managing, and using information.

Hospitals must:

(1) Provide medical staff, employees and other authorized persons with access to patient information systems, resources, and services;

(2) Maintain confidentiality, security, and integrity of information;

(3) Initiate and maintain a medical record for every patient assessed or treated including a process to review records for completeness, accuracy, and timeliness;

(4) Create medical records that:

(a) Identify the patient;

(b) Have clinical data to support the diagnosis, course and results of treatment for the patient;

(c) Have signed consent documents;

(d) Promote continuity of care;

(e) Have accurately written, signed, dated, and timed entries;

(f) Indicate authentication after the record is transcribed;

(g) Are promptly filed, accessible, and retained according to RCW 70.41.190 and chapter 5.46 RCW; and

(h) Include verbal orders that are accepted and transcribed by qualified personnel;

(5) Establish a systematic method for identifying each medical record, identification of service area, filing, and retrieval of all patient's records; and

(6) Adopt and implement policies and procedures that address:

(a) Who has access to and release of confidential medical records according to chapter 70.02 RCW;

(b) Retention and preservation of medical records according to RCW 70.41.190;

(c) Transmittal of medical data to ensure continuity of care; and

(d) Exclusion of clinical evidence from the medical record.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-166, filed 3/11/09, effective 4/11/09.]

WAC 246-320-171 Improving organizational performance. The purpose of this section is to ensure that performance improvement activities of staff, medical staff, and outside contractors result in continuous improvement of patient health outcomes. In this section "near miss" means an event which had the potential to cause serious injury, death, or harm but did not happen due to chance, corrective action or timely intervention.

Hospitals must:

(1) Have a hospital-wide approach to process design and performance measurement, assessment, and improving patient care services according to RCW 70.41.200 and include, but not be limited to:

(a) A written performance improvement plan that is periodically evaluated;

(b) Performance improvement activities which are interdisciplinary and include at least one member of the governing authority;

(c) Prioritize performance improvement activities;

(d) Implement and monitor actions taken to improve performance;

(e) Education programs dealing with performance improvement, patient safety, medication errors, injury prevention; and

(f) Review serious or unanticipated patient outcomes in a timely manner;

(2) Systematically collect, measure and assess data on processes and outcomes related to patient care and organization functions;

(3) Collect, measure and assess data including, but not limited to:

(a) Operative, other invasive, and noninvasive procedures that place patients at risk;

(b) Infection rates, pathogen distributions and antimicrobial susceptibility profiles;

(c) Death;

(d) Medication use;

(e) Medication management or administration related to wrong medication, wrong dose, wrong time, near misses and any other medication errors and incidents;

(f) Injuries, falls; restraint use; negative health outcomes and incidents injurious to patients in the hospital;

(g) Adverse events listed in WAC 246-320-146;

(h) Discrepancies or patterns between preoperative and postoperative (including pathologic) diagnosis, including pathologic review of specimens removed during surgical or invasive procedures;

(i) Adverse drug reactions (as defined by the hospital);

(j) Confirmed transfusion reactions;

(k) Patient grievances, needs, expectations, and satisfaction; and

(l) Quality control and risk management activities.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-171, filed 3/11/09, effective 4/11/09.]

WAC 246-320-176 Infection control program. The purpose of this section is to identify and reduce the risk of acquiring and transmitting infections and communicable diseases between patients, employees, medical staff, volunteers, and visitors.

Hospitals must:

(1) Develop, implement and maintain a written infection control and surveillance program;

(2) Designate staff to:

(a) Manage the activities of the infection control program;

(b) Assure the infection control program conforms with patient care and safety policies and procedures; and

(c) Provide consultation on the infection control program, policies and procedures throughout the entire facility;

(3) Ensure staff managing the infection control program have:

(a) A minimum of two years experience in a health related field; and

(b) Training in the principles and practices of infection control;

(4) Develop and implement infection control policies and procedures consistent with the guidelines of the Centers for Disease Control and Prevention (CDC) and other nationally recognized professional bodies or organizations;

(5) Assure the infection control policies and procedures address, but are not limited to the following:

(a) Routine surveillance, outbreak investigations and interventions including pathogen distributions and antimicrobial susceptibility profiles consistent with the 2006 CDC Healthcare Infection Control Practices Advisory Committee Guideline, *Management of Multidrug-Resistant Organisms in Healthcare Settings*;

(b) Patient care practices in all clinical care areas;

(c) Receipt, use, disposal, processing, or reuse of equipment to prevent disease transmission;

(d) Preventing cross contamination of soiled and clean items during sorting, processing, transporting, and storage;

(e) Environmental management and housekeeping functions;

(f) Approving and properly using disinfectants, equipment, and sanitation procedures;

(g) Cleaning areas used for surgical procedures before, between, and after use;

(h) Hospital-wide daily and periodic cleaning;

(i) Occupational health consistent with current practice;

(j) Attire;

(k) Traffic patterns;

(l) Antisepsis;

(m) Handwashing;

(n) Scrub technique and surgical preparation;

(o) Biohazardous waste management according to applicable federal, state, and local regulations;

(p) Barrier and transmission precautions; and

(q) Pharmacy and therapeutics;

(6) Establish and implement a plan for:

(a) Reporting communicable diseases according to chapter 246-100 WAC; and

(b) Surveying and investigating communicable disease occurrences in the hospital consistent with WAC 246-320-171;

(7) Hospitals may develop and implement infection control policies and procedures specific to a patient care area.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-176, filed 3/11/09, effective 4/11/09.]

WAC 246-320-199 Fees. This section establishes the license and annual use fees for hospitals.

(1) Applicants must:

(a) Send the department an initial license fee of one hundred thirteen dollars for each bed space within the authorized bed capacity for the hospital;

(b) Include all bed spaces in rooms complying with physical plant and movable equipment requirements of this chapter for twenty-four-hour assigned patient care;

(c) Include level 2 and 3 bassinet spaces;

(d) Include bed spaces assigned for less than twenty-four-hour patient use as part of the licensed bed capacity when:

(i) Physical plant requirements of this chapter are met without movable equipment; and

(ii) The hospital currently possesses the required movable equipment and certifies this fact to the department;

(e) Exclude all normal infant bassinets.

(2) Licensees shall:

(a) Send the department by November 30 of each year an annual use fee of one hundred thirteen dollars for each bed space within the authorized bed capacity of the hospital;

(b) Include all bed spaces in rooms complying with physical plant and movable equipment requirements of this chapter for twenty-four-hour assigned patient rooms;

(c) Include level 2 and 3 bassinet spaces;

(d) Include bed spaces assigned for less than twenty-four-hour patient use as part of the licensed bed capacity when:

(i) Physical plant requirements of this chapter are met without movable equipment; and

(ii) The hospital currently possesses the required movable equipment and certifies this fact to the department;

(e) Exclude all normal infant bassinets; and

(f) Exclude beds banked as authorized by certificate of need under chapter 70.38 RCW.

(3) A licensee shall send a late fee in the amount of one hundred dollars per day whenever the annual use fee is not paid by November 30. The total late fee will not exceed twelve hundred dollars.

(4) An applicant may request a refund for initial licensure as follows:

(a) Two-thirds of the initial fee paid after the department has received an application and not conducted an on-site survey or provided technical assistance; or

(b) One-third of the initial fee paid after the department has received an application and conducted either an on-site survey or provided technical assistance but not issued a license.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-199, filed 3/11/09, effective 4/11/09.]

WAC 246-320-201 Food and nutrition services. The purpose of this section is to assure patient nutritional needs are met in a planned and organized manner.

Hospitals must:

(1) Designate an individual qualified by experience, education, or training to be responsible for managing the food and nutrition services;

(2) Designate a registered dietitian responsible to develop and implement policies and procedures addressing nutritional care for patients;

(3) Have a registered dietitian available to assess nutritional needs, based on patients' individual nutritional risk screen;

(4) Develop and regularly update an interdisciplinary plan for nutritional therapy based on current standards for patients at nutritional risk. Monitor and document each patient's response to the nutritional therapy in the medical record;

(5) Implement, document and monitor a system for providing nutritionally balanced meals that are planned in advance, and respect cultural diversity; and

(6) Adopt and implement policies and procedures for food service according to chapter 246-215 WAC.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-201, filed 3/11/09, effective 4/11/09.]

WAC 246-320-206 Linen and laundry services. The purpose of this section is to prevent the use of dirty or contaminated laundry or linens.

Hospitals must develop and implement a laundry and linen system that:

(1) Meets the needs of the hospital and patients;

(2) Assures linens and laundry are clean and free from contaminants and toxic residues;

(3) Processes within industry standard pH ranges; and

(4) Processes and stores according to the *Guidelines for Design and Construction of Health Care Facilities*, 2.1-6.4.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-206, filed 3/11/09, effective 4/11/09.]

WAC 246-320-211 Pharmaceutical services. This section assures patient pharmaceutical needs are met in a planned and organized manner.

Hospitals must:

(1) Meet the requirements in chapter 246-873 WAC; and

(2) Establish and use a process for selecting medications based on evaluating their relative therapeutic merits, safety, and cost.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-211, filed 3/11/09, effective 4/11/09.]

WAC 246-320-216 Laboratory, imaging, and other diagnostic, treatment or therapeutic services. The purpose of this section is to assure patients' diagnostic, treatment or therapy services are met in a planned and organized manner.

Hospitals must adopt and implement policies and procedures that:

(1) Require pathology and clinical laboratory services on a timely basis;

(2) Assure the laboratory services meet the requirements in chapter 246-338 WAC;

(3) Assure imaging services are directed by an individual qualified by experience, education, or training and meet the requirements in chapter 246-220 WAC.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-216, filed 3/11/09, effective 4/11/09.]

WAC 246-320-221 Safe patient handling. RCW 70.41.390 mandates hospitals establish and implement a safe patient handling program. The purpose of this section is to guide hospital management in developing and implementing that program.

The hospital must:

(1) Develop and implement a safe patient handling policy that includes:

(a) A patient handling hazard assessment;

(b) An annual performance evaluation of the program;

(c) Procedures for hospital staff to follow who refuse to perform or be involved in patient handling or movement based upon exposing the staff or patient to an unacceptable risk of injury; and

(d) The types of equipment and devices used as part of the program;

(2) Conduct annual staff training on all safe patient handling policies, procedures, equipment and devices; and

(3) Not discipline a hospital employee who in good faith follows the procedure for refusing to perform or be involved in the patient handling.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-221, filed 3/11/09, effective 4/11/09.]

WAC 246-320-226 Patient care services. This section guides the development of a plan for patient care. This is accomplished by supervising staff, establishing, monitoring, and enforcing policies and procedures that define and outline the use of materials, resources, and promote the delivery of care.

Hospitals must:

(1) Provide personnel, space, equipment, reference materials, training, and supplies for the appropriate care and treatment of patients;

(2) Have a registered nurse available for consultation in the hospital at all times;

(3) Adopt, implement, review and revise patient care policies and procedures designed to guide staff that address:

(a) Criteria for patient admission to general and specialized service areas;

(b) Reliable method for personal identification of each patient;

(c) Conditions that require patient transfer within the facility, to specialized care areas and outside facilities;

(d) Patient safety measures;

(e) Staff access to patient care areas;

(f) Use of physical and chemical restraints or seclusion consistent with CFR 42.482;

(g) Use of preestablished patient care guidelines or protocols. When used, these must be documented in the medical record and be preapproved or authenticated by an authorized practitioner;

(h) Care and handling of patients whose condition require special medical or medical-legal consideration;

(i) Preparation and administration of blood and blood products; and

(j) Discharge planning;

(4) Have a system to plan and document care in an interdisciplinary manner, including:

(a) Development of an individualized patient plan of care, based on an initial assessment;

(b) Periodic review and revision of individualized plan of care based on patient reassessment; and

(c) Periodic assessment for risk of falls, skin condition, pressure ulcers, pain, medication use, therapeutic effects and side or adverse effects;

(5) Complete and document an initial assessment of each patient's physical condition, emotional, and social needs in the medical record. Initial assessment includes:

(a) Patient history and physical assessment including but not limited to falls, mental status and skin condition;

(b) Current needs;

(c) Need for discharge planning;

(d) Immunization status for pediatric patients;

(e) Physical examination, if within thirty days prior to admission, and updated as needed if patient status has changed;

(f) Ongoing specialized assessments depending on the patient's condition or needs, including:

(i) Nutritional status;

(ii) Functional status; and

(iii) Social, psychological, and physiological status;

(g) Reassessments according to plan of care and patient's condition; and

(h) Discharge plans when appropriate, coordinated with:

(i) Patient, family or caregiver; and

(ii) Receiving agency, when necessary.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-226, filed 3/11/09, effective 4/11/09.]

WAC 246-320-231 Patient care unit or area. The purpose of this section is to guide the management of a patient area.

Hospitals must assure:

(1) Each patient room contains:

(a) A bed;

(b) A means for patient privacy; and

(c) A means to call for help or assistance;

(2) Each patient care unit has:

(a) A means for staff to clean their hands before giving care to a patient;

(b) Staff available at all times to provide care to patients; and

(c) A means for staff to record and maintain individual patient records;

(3) Staff respond to calls for help or assistance.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-231, filed 3/11/09, effective 4/11/09.]

WAC 246-320-236 Surgical services. The purpose of this section is to guide the development and management of surgical services. Hospitals are not required to provide surgery and interventional care in order to be licensed.

If providing surgical services, hospitals must:

(1) Adopt and implement policies and procedures that:

(a) Identify areas where surgery and invasive procedures may be performed;

(b) Define staff access to areas where surgery and invasive procedures are performed;

(c) Identify practitioner's privileges for operating room staff; and

(d) Define staff qualifications and oversight;

(2) Use hospital policies and procedures which define standards of care;

(3) Implement a system to identify and indicate the correct surgical site prior to beginning a surgical procedure;

(4) Timely provide emergency equipment, supplies, and services to surgical and invasive areas;

(5) Provide separate refrigerated storage equipment with temperature alarms, when blood is stored in the surgical department; and

(6) Assure that a registered nurse qualified by training and experience functions as the circulating nurse in every operating room during surgical procedures.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-236, filed 3/11/09, effective 4/11/09.]

WAC 246-320-241 Anesthesia services. The purpose of this section is to guide the management and care of patients receiving anesthesia. Hospitals are not required to provide anesthesia services in order to be licensed.

If providing anesthesia services, hospitals must:

(1) Adopt and implement policies and procedures that:

(a) Identify the types of anesthesia that may be used;

(b) Identify areas where each type of anesthesia may be used; and

(c) Define the staff qualifications and oversight for administering each type of anesthesia used in the hospital;

(2) Use hospital policies and procedures which define standards of care;

(3) Assure emergency equipment, supplies and services are immediately available in all areas where anesthesia is used.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-241, filed 3/11/09, effective 4/11/09.]

WAC 246-320-246 Recovery care. The purpose of this section is to guide the management of patients recovering from anesthesia and sedation. Hospitals are not required to provide anesthesia recovery services in order to be licensed.

If providing recovery services, hospitals must:

(1) Adopt and implement policies and procedures that define the qualifications and oversight of staff delivering recovery services;

(2) Assure a physician or licensed independent practitioner capable of managing complications and providing cardiopulmonary resuscitation is immediately available for patients recovering from anesthesia; and

(3) Assure a registered nurse trained and current in advanced cardiac life support measures is immediately available for patients recovering from anesthesia.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-246, filed 3/11/09, effective 4/11/09.]

WAC 246-320-251 Obstetrical services. The purpose of this section is to guide the management and care of patients receiving obstetrical care services. Hospitals are not required to provide obstetrical services in order to be licensed.

If providing obstetrical services hospitals must:

(1) Have the capability to perform cesarean sections twenty-four hours per day, or meet the following criteria when the hospital does not have twenty-four hour cesarean capability:

(a) Limit planned obstetrical admissions to "low risk" patients as defined in WAC 246-329-010(18) childbirth centers;

(b) Inform each obstetrical patient in writing, prior to the planned admission, of the limited obstetrical services as well as transportation and transfer agreements;

(c) Maintain current written agreements for staffed ambulance or air transport available twenty-four hours per day; and

(d) Maintain current written agreements with another hospital to admit transferred obstetrical patients;

(2) Define qualifications and oversight of staff delivering obstetrical care;

(3) Use hospital policies and procedures which define standards of care; and

(4) Ensure one registered nurse trained in neonatal resuscitation is in the hospital when infants are present.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-251, filed 3/11/09, effective 4/11/09.]

WAC 246-320-256 Neonatal and pediatric services. The purpose of this section is to guide the management and care of patients receiving neonatal or pediatric care services. Hospitals are not required to provide these services in order to be licensed.

If providing neonatal or pediatric care, hospitals must:

(1) Adopt and implement policies and procedures that:

(a) Identify the types of patients and level of care that may be used; and

(b) Define the qualifications and oversight of staff delivering neonatal or pediatric services;

(2) Use hospital policies and procedures which define standards of care;

(3) Assure one registered nurse or physician trained in infant and pediatric resuscitation is present in the hospital when infants or pediatric patients are receiving care;

(4) Assure laboratory, pharmacy, radiology, and respiratory care services appropriate for neonates, infants and pediatric patients are:

(a) Provided in a timely manner; and

(b) Available in the hospital at all times during assisted ventilation;

(5) When providing a level 2 or level 3 nursery service assure:

(a) Laboratory, pharmacy, radiology, and respiratory care services appropriate for neonates are available in the hospital at all times;

(b) An anesthesia practitioner, neonatologist, and a pharmacist available twenty-four hours a day; and

(c) One registered nurse or physician trained in neonate resuscitation is present in the hospital when a neonate is receiving care.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-256, filed 3/11/09, effective 4/11/09.]

WAC 246-320-261 Critical or intensive care services. The purpose of this section is to guide the management and care of patients receiving critical or intensive care services. Hospitals are not required to provide these services in order to be licensed.

If providing a critical care unit or services, hospitals must:

(1) Define the qualifications and oversight of staff delivering critical or intensive care services;

(2) Assure at least two licensed nurses skilled and trained in critical care, on duty and in the hospital at all times, when patients are present, and:

(a) Immediately available to provide care to admitted patients; and

(b) All registered nurses trained and current in cardiopulmonary resuscitation with:

(i) Training for the safe and effective use of specialized equipment and procedures in the particular area; and

(ii) At least one registered nurse having successfully completed an advanced cardiac life support training program;

(3) Assure laboratory, radiology, and respiratory care services available in a timely manner; and

(4) Use hospital policies and procedures which define standards of care.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-261, filed 3/11/09, effective 4/11/09.]

WAC 246-320-266 Alcohol and chemical dependency services. The purpose of this section is to guide the management and care of patients receiving alcohol and chemical dependency services. Hospitals are not required to provide these services in order to be licensed.

If providing alcoholism or chemical dependency services hospitals must:

(1) Adopt and implement policies and procedures on the development, use, and review of the individualized treatment plan, including participation by:

(a) Multidisciplinary treatment team;

(b) Patient; and

(c) Family as appropriate;

(2) Define the qualifications and oversight of staff delivering alcohol and chemical dependency care services;

(3) Use hospital policies and procedures which define standards of practice;

(4) Assure patient privacy during interviewing, group and individual counseling, physical examinations, and social activities; and

(5) Provide services according to WAC 246-324-170.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-266, filed 3/11/09, effective 4/11/09.]

WAC 246-320-271 Psychiatric services. The purpose of this section is to guide the management and care of patients receiving psychiatric services. Hospitals are not required to provide these services in order to be licensed.

If providing a psychiatric services, hospitals must:

(1) Adopt and implement policies and procedures on the development, use, and review of the individualized treatment plan, including participation by:

(a) Multidisciplinary treatment team;

(b) Patient; and

(c) Family as appropriate;

(2) Define the qualifications and oversight of staff delivering psychiatric services;

(3) Use hospital policies and procedures which define standards of practice;

(4) Assure patient privacy during interviewing, group and individual counseling, physical examinations, and social activities;

(5) Provide services according to WAC 246-322-170;

(6) Designate and use separate sleeping rooms for children and adults;

(7) Provide or have access to at least one seclusion room; and

(8) Assure close observation of patients.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-271, filed 3/11/09, effective 4/11/09.]

WAC 246-320-276 Long-term care services. The purpose of this section is to guide the management and care of patients receiving long-term care services. Hospitals are not required to provide these services in order to be licensed.

If providing long-term care services, hospitals must:

(1) Define the qualifications and oversight of staff delivering long-term care services;

(2) Develop and implement policies and procedures specific to the care and needs of patients receiving the long-term services;

(3) Use hospital policies and procedures which define standards of practice; and

(4) Provide an activities program designed to encourage each patient to maintain or attain normal activity and an optimal level of independence.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-276, filed 3/11/09, effective 4/11/09.]

WAC 246-320-281 Emergency services. The purpose of this section is to guide the management and care of patients receiving emergency services. Hospitals are not required to provide these services in order to be licensed.

If providing emergency services, hospitals must:

(1) Adopt and implement policies and procedures, consistent with RCW 70.170.060, for every patient presenting to the emergency department with an emergency medical condition to include:

Transfer of a patient with an emergency medical condition or who is in active labor based on:

(a) Patient request;

(b) Inability to treat the patient due to facility capability;

(c) Staff availability or bed availability; and

(d) The ability of the receiving hospital to accept and care for the patient;

(2) Maintain the capacity to perform emergency triage and medical screening exam twenty-four hours per day;

(3) Define the qualifications and oversight of staff delivering emergency care services;

(4) Use hospital policies and procedures which define standards of care;

(5) Assure at least one registered nurse skilled and trained in emergency care services on duty and in the hospital at all times, who is:

(a) Immediately available to provide care; and

(b) Trained and current in advanced cardiac life support;

(6) Post names and telephone numbers of medical and other staff on call;

(7) Assure communication with agencies and health care providers as indicated by patient condition; and

(8) Assure emergency equipment, supplies and services necessary to meet the needs of presenting patients are immediately available.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-281, filed 3/11/09, effective 4/11/09.]

WAC 246-320-286 Emergency contraception. The purpose of this section is to ensure that all hospitals with emergency rooms provide emergency contraception as a treatment option to any woman who seeks treatment as a result of a sexual assault.

Every hospital that provides emergency care must:

(1) Develop and implement policies and procedures regarding the provision of twenty-four-hour/seven-days per week emergency care to victims of sexual assault;

(2) Provide the victim of sexual assault with medically and factually accurate and unbiased written and oral information about emergency contraception;

(3) Orally inform each victim in a language she understands of her option to be provided emergency contraception at the hospital; and

(4) Immediately provide emergency contraception, as defined in WAC 246-320-010, to each victim of sexual assault if the victim requests it, and if the emergency contraception is not medically contraindicated.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-286, filed 3/11/09, effective 4/11/09.]

WAC 246-320-291 Dialysis services. The purpose of this section is to guide the management and care of patients receiving dialysis services. Hospitals are not required to provide these services in order to be licensed.

If providing renal dialysis care, hospitals must:

(1) Adopt and implement policies and procedures consistent with CFR 42.405, End Stage Renal Disease Facilities for:

(a) Cleaning and sterilization procedures when dialyzers are reused;

(b) Water treatment, to ensure water quality; and

(c) Bacterial contamination and chemical purity water testing;

(2) Test each dialysis machine for bacterial contamination monthly or demonstrate a program establishing the effectiveness of disinfection methods at other intervals;

(3) Take measures to prevent contamination, including backflow prevention in accordance with the state plumbing code;

(4) Keep available any special dialyzing solutions required by a patient;

(5) Define the qualifications and oversight of staff delivering dialysis care;

(6) Require a contractor to meet the requirements in this section, whenever dialysis service is provided through a contract.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-291, filed 3/11/09, effective 4/11/09.]

WAC 246-320-296 Management of environment for care. The purpose of this section is to manage environmental hazards and risks, prevent accidents and injuries, and maintain safe conditions for patients, visitors, and staff.

(1) Hospitals must have an environment of care management plan that addresses safety, security, hazardous materials and waste, emergency preparedness, fire safety, medical equipment, utility systems and physical environment.

(2) The hospital must designate a person responsible to develop, implement, monitor, and follow-up on all aspects of the management plan.

(3) Safety. The hospital must establish and implement a plan to:

(a) Maintain a physical environment free of hazards;

(b) Reduce the risk of injury to patients, staff, and visitors;

(c) Investigate and report safety related incidents;

(d) Correct or take steps to avoid reoccurrence of the incidents in the future;

(e) Develop and implement policies and procedures on safety related issues such as but not limited to physical hazards and injury prevention; and

(f) Educate and periodically review with staff, policies and procedures relating to safety and job-related hazards.

(4) Security. The hospital must:

(a) Establish and implement a plan to maintain a secure environment for patients, visitors, and staff, to include preventing abduction of patients;

(b) Educate staff on security procedures; and

(c) Train security staff to a level of skill and competency for their assigned responsibility.

(5) Hazardous materials and waste. The hospital must:

(a) Establish and implement a program to safely control hazardous materials and waste according to federal, state, and local regulations;

(b) Provide space and equipment for safe handling and storage of hazardous materials and waste;

(c) Investigate all hazardous material or waste spills, exposures, and other incidents, and report as required to appropriate authority; and

(d) Educate staff on policies and procedures relating to safe handling and control of hazardous materials and waste.

(6) Emergency preparedness. The hospital must:

(a) Establish and implement a disaster plan designed to address both internal and external disasters. The plan must be:

(i) Specific to the hospital;

(ii) Relevant to the geographic area;

(iii) Readily put into action, twenty-four hours a day, seven days a week; and

(iv) Reviewed and revised periodically;

(b) Ensure the disaster plan identifies:

(i) Who is responsible for each aspect of the plan; and

(ii) Essential and key personnel responding to a disaster;

(c) Include in the plan:

(i) A staff education and training component;

(ii) A process for testing each aspect of the plan; and

(iii) A component for debriefing and evaluation after each disaster, incident or drill.

(7) Fire safety. The hospital must:

(a) Establish and implement a plan to maintain a fire-safe environment that meets fire protection requirements established by the Washington state patrol, fire protection bureau;

(b) Investigate fire protection deficiencies, failures, and user errors; and

(c) Orient, educate, and conduct drills with staff on policies and procedures relating to fire prevention and emergencies.

(8) Medical equipment. The hospital must establish and implement a plan to:

(a) Complete a technical and engineering review to verify medical equipment will function safely within building support systems;

(b) Inventory all patient equipment and related technologies that require preventive maintenance;

(c) Perform and document preventive maintenance;

(d) Develop and implement a quality control program;

(e) Assure consistent service of equipment, independent of service vendors or methodology;

(f) Investigate, report, and evaluate procedures in response to equipment failures; and

(g) Educate staff on the proper and safe use of medical equipment.

(9) Utility systems. The hospital must establish and implement policies, procedures and a plan to:

(a) Maintain a safe and comfortable environment;

(b) Assess and minimize risks of utility system failures;

(c) Ensure operational reliability of utility systems;

(d) Investigate and evaluate utility systems problems, failures, or user errors and report incidents and corrective actions;

(e) Perform and document preventive maintenance; and

(f) Educate staff on utility management policies and procedures.

(10) Physical environment. The hospital must provide:

(a) Storage;

(b) Plumbing with:

(i) A water supply providing hot and cold water under pressure which conforms to chapter 246-290 WAC;

(ii) Hot water supplied for bathing and handwashing not exceeding 120°F;

(iii) Cross connection controls meeting requirements of the state plumbing code;

(c) Ventilation to:

(i) Prevent objectionable odors and/or excessive condensation; and

(ii) With air pressure relationships as designed and approved by the department when constructed and maintained within industry standard tolerances;

(d) Clean interior surfaces and finishes; and

(e) Functional patient call system.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. 09-07-050, § 246-320-296, filed 3/11/09, effective 4/11/09.]

Chapter 246-322 WAC

PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS

WAC

WAC 246-322-260 Adverse health events and incident reporting system. The purpose of this section is to outline each psychiatric hospital's responsibilities for reporting and addressing adverse events. In this section, "serious disability" means a physical or mental impairment that substantially limits the major life activities of a patient.

Psychiatric hospitals must:

(1) Notify the department whenever any of the following adverse events as defined by the National Quality Forum, *Serious Reportable Events in Health Care* occur:

1. Surgery performed on the wrong body part.
2. Surgery performed on the wrong patient.
3. Wrong surgical procedure performed on a patient.
4. Unintended retention of a foreign object in a patient after surgery or other procedure.

5. Intraoperative or immediately postoperative death in an ASA Class 1 patient.
6. Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the health care facility.
7. Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended.
8. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a health care facility.
9. Infant discharged to wrong person.
10. Patient death or serious disability associated with patient elopement (disappearance).
11. Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a health care facility.
12. Patient death or serious disability associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration).
13. Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO/HLA-incompatible blood or blood products.
14. Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in the health care facility.
15. Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a health care facility.
16. Patient death or serious disability (kernicterus) associated with failure to identify and treat hyperbilirubinimia neonates.
17. Stage 3 or 4 pressure ulcers acquired after admission to a health care facility.
18. Patient death or serious disability due to spinal manipulative therapy.
19. Patient death or serious disability associated with electric shock or electric cardioversion while being cared for in a health care facility.
20. Any incident in which a line designed for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances.
21. Patient death or serious disability associated with a burn incurred from any source while being cared for in a health care facility.
22. Patient death or serious disability associated with a fall while being cared for in a health care facility.
23. Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health care facility.
24. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.
25. Abduction of a patient of any age.
26. Sexual assault on a patient within or on the grounds of a health care facility.
27. Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a health care facility.
28. Artificial insemination with the wrong donor sperm or egg.

(2) Notify the department within forty-eight hours of confirmation by the psychiatric hospital when any adverse event has occurred using established procedures. The notice must include:

(a) The psychiatric hospital's name;

(b) The type of event identified in subsection (1) of this section;

(c) The date the event was confirmed; and

(d) Any additional contextual information the hospital chooses to provide.

(3) Conduct a root cause analysis of each adverse event following the procedures and methods of:

(a) The joint commission;

(b) The department of Veterans Affairs National Center for Patient Safety; or

(c) Another nationally recognized root cause analysis methodology found acceptable by the department;

(4) As part of the root cause analysis, include the following information:

(a) The number of patients, registered nurses, licensed practical nurses, and unlicensed assistive personnel present in the relevant patient care unit at the time the reported adverse event occurred;

(b) The number of nursing personnel present at the time of the adverse event who have been supplied by temporary staffing agencies including traveling nurses; and

(c) The number of nursing personnel, if any, on the patient care unit working beyond their regularly scheduled number of hours or shifts at the time of the event and the number of consecutive hours worked by each such nursing personnel at the time of the adverse event.

(5) Create and implement a corrective action plan for each adverse event consistent with the findings of the root cause analysis. Each corrective action plan must include:

(a) How each finding will be addressed and corrected;

(b) When each correction will be completed;

(c) Who is responsible to make the corrections;

(d) What action will be taken to prevent each finding from reoccurring; and

(e) A monitoring schedule for assessing the effectiveness of the corrective action plan including who is responsible for the monitoring schedule;

(6) If a psychiatric hospital determines there is no need to create a corrective action plan for a particular adverse event, provide a written explanation of the reasons for not creating a corrective action plan;

(7) Complete and submit a root cause analysis report, within forty-five days after confirming an adverse health event has occurred, to the department.

[Statutory Authority: Chapter 70.56 RCW. 09-07-051, § 246-322-260, filed 3/11/09, effective 4/11/09.]

Chapter 246-330 WAC
AMBULATORY SURGICAL FACILITIES

WAC

WAC 246-330-001 Purpose and applicability of chapter. The Washington state department of health adopts this chapter to implement chapter 70.230 RCW and establish minimum health and safety requirements for the licensing, inspection, operation, maintenance, and construction of ambulatory surgical facilities.

(1) Compliance with the regulations in this chapter does not constitute release from the requirements of applicable federal, state and local codes and ordinances. Where regulations in this chapter exceed other codes and ordinances, the regulations in this chapter will apply.

(2) The department will update or adopt references to codes and regulations in this chapter as necessary.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-001, filed 4/7/09, effective 5/8/09.]

WAC 246-330-010 Definitions. For the purposes of this chapter, the following words and phrases will have the following meanings unless the context clearly indicates otherwise:

(1) "Abuse" means injury or sexual abuse of a patient indicating the health, welfare, and safety of the patient is harmed:

(a) "Physical abuse" means acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means to impose willful or reckless mental or emotional anguish by threat, verbal behavior, harassment, or other verbal or nonverbal actions which may result in emotional or behavioral stress or injury.

(2) "Advanced registered nurse practitioner" means an individual licensed under chapter 18.79 RCW.

(3) "Adverse health event" or "adverse event" means the list of serious reportable events adopted by the National Quality Forum in 2002 (and as updated), in its consensus report on serious reportable events in health care as referenced in chapter 70.56 RCW.

(4) "Agent," when referring to a medical order or procedure, means any power, principle, or substance, whether physical, chemical, or biological, capable of producing an effect upon the human body.

(5) "Alteration" means any change, addition, functional change, or modification to an existing ambulatory surgical facility or a portion of an existing ambulatory surgical facility.

"Minor alteration" means renovation that does not require an increase in capacity to structural, mechanical or electrical systems, does not affect fire and life safety, and does not add facilities in addition to that for which the ambulatory surgical facility is currently licensed. Minor alterations do not require prior review and approval by the department.

(6) "Ambulatory surgical facility" means any distinct entity that operates for the primary purpose of providing specialty or multispecialty outpatient surgical services in which patients are admitted to and discharged from the facility within twenty-four hours and do not require inpatient hospitalization, whether or not the facility is certified under Title XVIII of the federal Social Security Act. Excluded from this definition are a dental office, an ambulatory surgical facility licensed as part of a hospital under chapter 70.41 RCW or a practitioner's office where surgical procedures are conducted without general anesthesia.

(7) "Assessment" means the:

(a) Systematic collection and review of patient-specific data;

(b) A process for obtaining appropriate and necessary information about individuals seeking entry into the ambulatory surgical facility or service; and

(c) Information used to match an individual with an appropriate setting or intervention. The assessment is based on the patient's diagnosis, care setting, desire for care, response to any previous treatment, consent to treatment, and education needs.

(8) "Authentication" means the process used to verify an entry is complete, accurate, and final.

(9) "Change of ownership" means:

(a) A sole proprietor who transfers all or part of the ambulatory surgical facility's ownership to another person or persons;

(b) The addition, removal, or substitution of a person as a general, managing, or controlling partner in an ambulatory surgical facility owned by a partnership where the tax identification number of that ownership changes; or

(c) A corporation that transfers all or part of the corporate stock which represents the ambulatory surgical facility's ownership to another person where the tax identification number of that ownership changes.

(10) "Clinical evidence" means evidence used in diagnosing a patient's condition or assessing a clinical course and includes, but is not limited to:

(a) X-ray films;

(b) Digital records;

(c) Laboratory slides;

(d) Tissue specimens; or

(e) Medical photographs.

(11) "Department" means the Washington state department of health.

(12) "Double-checking" means verifying patient identity, agent to be administered, route, quantity, rate, time, and interval of administration by two persons.

(13) "Drugs" as defined in RCW 18.64.011(3) means:

(a) Articles recognized in the official United States pharmacopoeia or the official homeopathic pharmacopoeia of the United States;

(b) Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals;

(c) Substances (other than food) intended to affect the structure or any function of the body of man or other animals; or

(d) Substances intended for use as a component of any substances specified in (a), (b), or (c) of this subsection but not including devices or component parts or accessories.

(14) "Emergency medical condition" means a condition manifesting itself by acute symptoms of severity (including severe pain, symptoms of mental disorder, or symptoms of substance abuse) that absent of immediate medical attention could result in:

(a) Placing the health of an individual in serious jeopardy;

(b) Serious impairment to bodily functions;

(c) Serious dysfunction of a bodily organ or part; or

(d) With respect to a pregnant woman who is having contractions:

(i) That there is inadequate time to provide a safe transfer to a hospital before delivery; or

(ii) That the transfer may pose a threat to the health or safety of the woman or the unborn child.

(15) "Emergency services" means health care services medically necessary to evaluate and treat a medical condition that manifests itself by the acute onset of a symptom or symptoms, including severe pain, that would lead a prudent layperson acting reasonably to believe that a health condition exists that requires immediate medical attention, and that the absence of immediate medical attention could reasonably be expected to result in serious impairment to bodily functions or serious dysfunction of an organ or part of the body, or would place the person's health, or in the case of a pregnant woman, the health of the woman or her unborn child, in serious jeopardy.

(16) "Family" means individuals designated by a patient who need not be relatives.

(17) "General anesthesia" means a state of unconsciousness intentionally produced by anesthetic agents, with absence of pain sensation over the entire body, in which the patient is without protective reflexes and is unable to maintain an airway. Lower levels of sedation that unintentionally progress to the point at which the patient is without protective reflexes and is unable to maintain an airway is not considered general anesthesia.

(18) "Governing authority/body" means the person or persons responsible for establishing the purposes and policies of the ambulatory surgical facility.

(19) "Hospital" means any institution, place, building, or agency providing accommodations, facilities, and services as defined in chapter 70.41 RCW.

(20) "Individualized treatment plan" means a written and/or electronically recorded statement of care planned for a patient based upon assessment of the patient's developmental, biological, psychological, and social strengths and problems, and including:

(a) Treatment goals, with stipulated time frames;

(b) Specific services to be utilized;

(c) Designation of individuals responsible for specific service to be provided;

(d) Discharge criteria with estimated time frames; and

(e) Participation of the patient and the patient's designee as appropriate.

(21) "Invasive medical procedure" means a procedure involving puncture or incision of the skin or insertion of an instrument or foreign material into the body including, but not limited to, percutaneous aspirations, biopsies, cardiac and vascular catheterizations, endoscopies, angioplasties, and implantations. Excluded are venipuncture and intravenous therapy.

(22) "Maintenance" means the work of keeping something in safe, workable or suitable condition.

(23) "Medical equipment" means equipment used in a patient care environment to support patient treatment and diagnosis.

(24) "Medical staff" means practitioners and advanced registered nurse practitioners appointed by the governing authority.

(25) "Medication" means any substance, other than food or devices, intended for use in diagnosing, curing, mitigating, treating, or preventing disease.

(26) "Near miss" means an event which had the potential to cause serious injury, death, or harm but did not happen due to chance, corrective action or timely intervention.

(27) "Neglect" means mistreatment or maltreatment, a disregard of consequences constituting a clear and present danger to an individual patient's health, welfare, and safety.

(a) "Physical neglect" means physical or material deprivation, such as lack of medical care, lack of supervision, inadequate food, clothing, or cleanliness.

(b) "Emotional neglect" means acts such as rejection, lack of stimulation, or other acts that may result in emotional or behavioral problems, physical manifestations, and disorders.

(28) "New construction" means any renovation, alteration or new facility to be licensed as an ambulatory surgical facility.

(29) "Nonambulatory" means an individual physically or mentally unable to walk or traverse a normal path to safety without the physical assistance of another.

(30) "Operating room" means a room intended for invasive procedures.

(31) "Patient" means an individual receiving (or having received) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative health services.

(32) "Patient care areas" means all areas of the ambulatory surgical facility where direct patient care is delivered and where patient diagnostic or treatment procedures are performed.

(33) "Person" means any individual, firm, partnership, corporation, company, association, joint stock association, and the legal successor thereof.

(34) "Pharmacist" means an individual licensed by the state board of pharmacy under chapter 18.64 RCW.

(35) "Pharmacy" means every place properly licensed by the board of pharmacy where the practice of pharmacy is conducted.

(36) "Physician" means an individual licensed under chapter 18.71 RCW, Physicians, chapter 18.22 RCW, Podiatric medicine and surgery, or chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery.

(37) "Practitioner" means any physician or surgeon licensed under chapter 18.71 RCW, an osteopathic physician or surgeon licensed under chapter 18.57 RCW, or a podiatric physician or surgeon licensed under chapter 18.22 RCW.

(38) "Prescription" means an order for drugs or devices issued by a practitioner authorized by law or rule in the state of Washington for a legitimate medical purpose.

(39) "Protocols" and "standing order" mean written or electronically recorded descriptions of actions and interventions for implementation by designated ambulatory surgical facility staff under defined circumstances recorded in policy and procedure.

(40) "Recovery unit" means a physical area for the segregation, concentration, and close or continuous nursing observation of patients for less than twenty-four hours immediately following anesthesia, surgery, or other diagnostic or treatment procedures.

(41) "Registered nurse" means an individual licensed under chapter 18.79 RCW.

(42) "Restraint" means any method used to prevent or limit free body movement including, but not limited to, involuntary confinement, a physical or mechanical device, or a drug given not required to treat a patient's symptoms.

(43) "Room" means a space set apart by floor-to-ceiling partitions on all sides with proper access to a corridor and with all openings provided with doors or windows.

(44) "Sedation" means the administration of drugs to obtund, dull, reduce the intensity of pain or awareness, allay patient anxiety and control pain during a diagnostic or therapeutic procedure where the administration of those drugs by any route carries the risk of loss of protective reflexes to include any of the following:

(a) "Minimal sedation or anxiolysis" is a state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected;

(b) "Moderate or conscious sedation" is a depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained; and

(c) "Deep sedation" is a depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(45) "Sexual assault" means, according to RCW 70.125.030, one or more of the following:

(a) Rape or rape of a child;

(b) Assault with intent to commit rape or rape of a child;

(c) Incest or indecent liberties;

(d) Child molestation;

(e) Sexual misconduct with a minor;

(f) Custodial sexual misconduct;

(g) Crimes with a sexual motivation; or

(h) An attempt to commit any of the offenses in (a) through (h) of this subsection.

(46) "Severe pain" means a level of pain reported by a patient of 8 or higher based on a 10-point scale with 1 being the least and 10 being the most pain.

(47) "Staff" means paid employees, leased or contracted persons, students, and volunteers.

(48) "Surgical services" means invasive medical procedures that:

(a) Utilize a knife, laser, cautery, cytogenics, or chemicals; and

(b) Remove, correct, or facilitate the diagnosis or cure of disease, process or injury through that branch of medicine that treats diseases, injuries and deformities by manual or operative methods by a practitioner.

(49) "Surrogate decision-maker" means an individual appointed to act on behalf of another when an individual is without capacity or has given permission.

(50) "Transfer agreement" means a written agreement providing an effective process for the transfer of a patient requiring emergency services to a hospital providing emergency services and for continuity of care for that patient.

(51) "Treatment" means the care and management of a patient to combat, improve, or prevent a disease, disorder, or injury, and may be:

(a) Pharmacologic, surgical, or supportive;

(b) Specific for a disorder; or

(c) Symptomatic to relieve symptoms without effecting a cure.

(52) "Vulnerable adult" means:

(a) As defined in chapter 74.34 RCW, a person sixty years of age or older who lacks the functional, physical, or mental ability to care for him or herself;

(b) An adult with a developmental disability per RCW 71A.10.020;

(c) An adult with a legal guardian per chapter 11.88 RCW;

(d) An adult living in a long-term care facility (an adult family home, boarding home or nursing home);

(e) An adult living in their own or a family's home receiving services from an agency or contracted individual provider; or

(f) An adult self-directing their care per RCW 74.39.050;

(g) For the purposes of requesting background checks pursuant to RCW 43.43.832, it shall also include adults of any age who lack the functional, mental, or physical ability to care for themselves.

(53) "Well-being" means free from actual or potential harm, abuse, neglect, unintended injury, death, serious disability or illness.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-010, filed 4/7/09, effective 5/8/09.]

WAC 246-330-020 Department responsibilities—Licensing, change of ownership—Adjudicative proceeding. This section outlines the actions and roles of the department for licensing an ambulatory surgical facility.

(1) For existing facilities currently doing business, that apply for a license prior to July 1, 2009, the department will verify compliance with chapter 70.230 RCW and this chapter before issuing an initial license by:

(a) Receipt and approval of the initial license application;

(b) Receipt of the correct licensing fee;

(c) Receipt of a completed and accepted inspection conducted by:

(i) The Centers for Medicare and Medicaid Services;

(ii) The Joint Commission;

(iii) The Accreditation Association for Ambulatory Health Care;

(iv) The American Association for Accreditation of Ambulatory Surgery Facilities; or

(d) For facilities that have not been inspected by medicare or one of the accrediting organizations listed in (c) of this subsection, the following:

(i) Receipt of a certificate of need, when needed, as provided in chapter 70.38 RCW;

(ii) Receipt of a certificate of occupancy by the local jurisdiction;

(iii) Receipt of the ambulatory surgical facility's safety and emergency training program; and

(iv) Successfully completing an on-site licensing inspection conducted by the department.

(2) Before issuing an initial license to a new facility that applies for a license after July 1, 2009, the department will verify compliance with chapter 70.230 RCW and this chapter including, but not limited to:

(a) Approval of construction documents in accordance with this chapter;

(b) Receipt of a certificate of need, when needed, as provided in chapter 70.38 RCW;

(c) Receipt and approval of the initial license application;

(d) Receipt of the correct license fee;

(e) Receipt of the ambulatory surgical facility's safety and emergency training program; and

(f) Receipt of a completed and accepted inspection conducted by:

(i) The Centers for Medicare and Medicaid Services;

(ii) The Joint Commission;

(iii) The Accreditation Association for Ambulatory Health Care;

(iv) The American Association for Accreditation of Ambulatory Surgery Facilities; or

(g) Successfully completing an on-site licensing inspection conducted by the department.

(3) Before reissuing a renewal license, the department will:

(a) Approve the amended ambulatory surgical facility application form; and

(b) Confirm receipt of the correct fee.

(4) Before issuing a change of ownership license, the department will:

(a) Approve the change of ownership application;

(b) Confirm receipt of the change of ownership fee; and

(c) Confirm the change of ownership will not alter the certificate of need status or require a certificate of need review.

(5) A change of ownership application does not require a construction review or on-site inspection. A change of ownership may or may not require a certificate of need review and approval per chapter 70.38 RCW.

(6) The department may issue a provisional license to allow the operation of an ambulatory surgical facility, if the department determines that the applicant or licensed ambulatory surgical facility failed to comply with chapter 70.230 RCW or this chapter.

(7) The department may deny, suspend, modify, or revoke a license when it finds an applicant or ambulatory surgical facility has failed or refused to comply with chapter 70.230 RCW or this chapter. The department's notice of a license denial, suspension, modification, or revocation will be consistent with RCW 43.70.115. The proceeding is governed by the Administrative Procedure Act chapter 34.05 RCW, this chapter, and chapter 246-10 WAC. An applicant or license holder has the right to an adjudicative proceeding to contest the decision as described in WAC 246-330-100 (4)(c) of this chapter.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-020, filed 4/7/09, effective 5/8/09.]

WAC 246-330-025 Department responsibility—On-site survey and complaint investigation. This section outlines the department's on-site survey and complaint investigation activities and roles.

(1) Surveys. The department will:

(a) Conduct on-site surveys of each ambulatory surgical facility every eighteen months or more often using the health and safety standards in this chapter and chapter 70.230 RCW;

(b) Accept, in accordance with RCW 70.230.100(2), as a substitute for the department's eighteen months on-site survey, on-site surveys conducted by the Joint Commission, Accreditation Association for Ambulatory Health Care, American Association for Accreditation of Ambulatory Surgery Facilities or the Centers for Medicare and Medicaid Services as substituting for the eighteen month state survey requirement once every three years;

(c) Notify the ambulatory surgical facility in writing the survey findings following each on-site survey;

(d) Require each ambulatory surgical facility to submit a corrective action plan addressing each deficient practice identified in the survey findings; and

(e) Notify the ambulatory surgical facility when their submitted plan of correction adequately addresses the survey findings.

(2) Complaint investigations. The department will:

(a) Conduct an investigation of every complaint against an ambulatory surgical facility that concerns patient well-being;

(b) Notify the ambulatory surgical facility in writing of complaint investigation findings following each complaint investigation;

(c) Require each ambulatory surgical facility to submit a corrective action plan addressing each deficient practice identified in the complaint investigation findings; and

(d) Notify the ambulatory surgical facility when the facility submitted plan of correction adequately addresses the complaint investigation findings.

(3) The department may:

(a) For the purpose of meeting the every eighteen month survey requirement in RCW 70.230.100(2), allow an ambulatory surgical facility to conduct a self-survey once every three years if the previous three department inspections did not reveal any significant deficient practice;

(b) Direct an ambulatory surgical facility on how to implement a corrective action plan based on the findings from an on-site survey or complaint investigation; or

(c) Contact an ambulatory surgical facility to discuss the findings of the Joint Commission, Accreditation Association for Ambulatory Health Care or American Association for Accreditation of Ambulatory Surgery Facilities on-site accreditation survey.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-025, filed 4/7/09, effective 5/8/09.]

WAC 246-330-030 Operating without a license—Adjudicative proceeding. This section outlines the department's responsibility and authority over ambulatory surgical facilities that operate after July 1, 2009, without a department issued license.

(1) The department will investigate complaints of an ambulatory surgical facility operating without a license.

(2) Upon confirming that an ambulatory surgical facility is operating without a license, the secretary of the department may:

(a) Issue a notice of intention to issue a cease and desist order; or

(b) Issue a temporary cease and desist order after making a written finding of fact that the public interest will be irreparably harmed by delay in issuing the order. The temporary cease and desist order will remain in effect until further order by the secretary of the department.

(3) The person receiving a temporary cease and desist order is entitled to a prompt hearing. Actions taken under this section are governed by the Administrative Procedure Act chapter 34.05 RCW, this chapter, and chapter 246-10 WAC.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-030, filed 4/7/09, effective 5/8/09.]

WAC 246-330-035 Exemptions, interpretations, alternative methods. (1) The department may exempt an ambulatory surgical facility from complying with portions of this chapter when:

(a) The exemption will not change the purpose and intent of chapter 70.230 RCW or this chapter;

(b) Patient safety, health or well-being is not threatened;

(c) Fire and life safety regulations, infection control standards or other codes or regulations would not be reduced; and

(d) Structural integrity of the building is not compromised.

(2) The department will send a written interpretation of a rule within thirty calendar days after the department has received complete information relevant to the request for interpretation.

(3) The department may approve an ambulatory surgical facility to use alternative materials, designs, and methods if the documentation and supporting information:

(a) Meets the intent and purpose of these rules; and

(b) Is equivalent to the methods prescribed in this chapter.

(4) The department will keep copies of each exemption, alternative, or interpretation issued.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-035, filed 4/7/09, effective 5/8/09.]

WAC 246-330-100 Application for license—Annual update of ambulatory surgical facilities information—License renewal—Right to contest a license decision. This section identifies the actions and responsibilities of an applicant or ambulatory surgical facility for a license.

(1) Initial license. An applicant must submit an application packet and fee to the department at least sixty days before the intended opening date of the new ambulatory surgical facility.

(2) Annual update. Before December 31st of each calendar year, a licensed ambulatory surgical facility must submit to the department an annual update documentation form.

(3) License renewal. No later than thirty days before the license expiration date, a licensed ambulatory surgical facility must submit to the department a renewal application form and fee.

(4) An applicant or ambulatory surgical facility has the right to contest a department decision to deny, modify, suspend or revoke a license by:

(a) Sending a written request for an adjudicative proceeding within twenty-eight days of receipt of the department's licensing decision showing proof of receipt with the office of the Adjudicative Service Unit, Department of Health, P.O. Box 47879, Olympia, WA 98504-7879; and

(b) Include as part of the written request:

(i) A specific statement of the issues and law involved;

(ii) The grounds for contesting the department decision; and

(iii) A copy of the contested department decision.

(c) The adjudicative proceeding is governed by the Administrative Procedure Act chapter 34.05 RCW, this chapter, and chapter 246-10 WAC.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-100, filed 4/7/09, effective 5/8/09.]

WAC 246-330-105 Ambulatory surgical facility responsibilities. This section identifies the actions and responsibilities of a licensed ambulatory surgical facility.

(1) An ambulatory surgical facility must comply with chapter 70.230 RCW and this chapter;

(2) An ambulatory surgical facility certified by the Centers for Medicare and Medicaid Services or accredited by the Joint Commission, Accreditation Association for Ambulatory Health Care or American Association for Accreditation of Ambulatory Surgery Facilities must:

(a) Notify the department of a certification or an accreditation survey within two business days following completion of the survey; and

(b) Notify the department in writing of the accreditation decision and any changes in accreditation status within thirty calendar days of receiving the accreditation report.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-105, filed 4/7/09, effective 5/8/09.]

WAC 246-330-110 Requests for exemptions, interpretations, alternative methods. This section outlines a process to request an exemption, interpretation, or approval to use an alternative method and the department's response. This section is not intended to prevent use of systems, materials, alternate design, or methods of construction as alternatives to those prescribed by this chapter.

(1) A licensed ambulatory surgical facility requesting exemption from this chapter must:

(a) Send a written request to the department;

(b) Include in the request:

(i) The specific section of this chapter to be exempted;

(ii) Explain the reasons for requesting the exemption;

(iii) How the exemption will not change the purpose and intent of chapter 70.230 RCW or this chapter;

(iv) Why the exemption does not threaten patient safety or health;

(v) How the exemption will not reduce or alter fire and life safety or infection control requirements; and

(vi) Why the exemption does not compromise structural integrity of the building.

(2) A licensed ambulatory surgical facility or person requesting an interpretation of a rule in this chapter must:

(a) Send a written request to the department;

(b) Include in the request:

(i) The specific section of this chapter to be interpreted;

(ii) Explain the reason or circumstances for requesting the interpretation; and

(iii) Where or how the rule is being applied.

(c) Provide additional information when required by the department.

(3) A licensed ambulatory surgical facility requesting use of alternative materials, design, and methods must:

(a) Send a written request to the department; and

(b) Explain and support with technical documentation the reasons the department should consider the request.

(4) The licensed ambulatory surgical facility must keep and make available copies of each exemption, alternative, or interpretation received from the department.

(5) The department will, in response to a written request for an exemption or approval to use alternative materials, designs, and methods, send a written determination within thirty days after the department has received complete information relevant to the request.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-110, filed 4/7/09, effective 5/8/09.]

WAC 246-330-115 Governance. This section outlines the organizational guidance and oversight responsibilities of ambulatory surgical facility resources and staff to support safe patient care.

An ambulatory surgical facility must have a governing authority that is responsible for determining, implementing, monitoring and revising policies and procedures covering the operation of the facility that includes:

(1) Selecting and periodically evaluating a chief executive officer or administrator;

(2) Appointing and periodically reviewing a medical staff;

(3) Approving the medical staff bylaws;

(4) Reporting practitioners according to RCW 70.230.120;

(5) Informing patients of any unanticipated outcomes according to RCW 70.230.150;

(6) Establishing and approving a coordinated quality performance improvement plan according to RCW 70.230.080;

(7) Establishing and approving a facility safety and emergency training program according to RCW 70.230.060;

(8) Reporting adverse events and conducting root cause analyses according to RCW 70.56.020;

(9) Providing a patient and family grievance process including a time frame for resolving each grievance according to RCW 70.230.080 (1)(d);

(10) Defining who can give and receive patient care orders that are consistent with professional licensing laws; and

(11) Defining who can authenticate written or electronic orders for all drugs, intravenous solutions, blood, and medical treatments that are consistent with professional licensing laws.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-115, filed 4/7/09, effective 5/8/09.]

WAC 246-330-120 Leadership. This section describes leaderships' role in assuring care is provided consistently throughout the facility according to patient needs.

The ambulatory surgical facility leaders must:

(1) Identify patient care responsibilities for all nursing personnel;

(2) Assure nursing services are provided in accordance with state nurse licensing law and recognized standards of practice;

(3) Assure a registered nurse is available for emergency treatment at all times a patient is present in the facility;

(4) Establish and implement a facility-wide procedure for double-checking drugs, biologicals, and agents as designated by the facility;

(5) Ensure immediate staff access to and appropriate dosages for emergency drugs;

(6) Require individuals conducting business in the ambulatory surgical facility comply with facility policies and procedures;

(7) Post the complaint hotline notice according to RCW 70.230.160; and

(8) Adopt and implement policies and procedures to report suspected abuse within forty-eight hours to local police or appropriate law enforcement agency according to RCW 26.44.030.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-120, filed 4/7/09, effective 5/8/09.]

WAC 246-330-125 Patient rights and organizational ethics. The purpose of this section is to improve patient care and outcomes by respecting every patient and maintaining ethical relationships with the public.

Ambulatory surgical facilities must:

(1) Adopt and implement policies and procedures that define each patient's right to:

(a) Be treated and cared for with dignity and respect;

(b) Confidentiality, privacy, security, complaint resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, the facility must document and explain the restrictions to the patient and family;

(c) Be protected from abuse and neglect;

(d) Access protective services;

(e) Complain about their care and treatment without fear of retribution or denial of care;

(f) Timely complaint resolution;

(g) Be involved in all aspects of their care including:

(i) Refusing care and treatment; and

(ii) Resolving problems with care decisions.

(h) Be informed of unanticipated outcomes according to RCW 70.230.150;

(i) Be informed and agree to their care; and

(j) Family input in care decisions, in compliance with existing legal directives of the patient or existing court-issued legal orders.

(2) Provide each patient a written statement of patient rights from subsection (1) of this section.

(3) Adopt and implement policies and procedures to address research, investigation, and clinical trials including:

(a) How to authorize research;

(b) Require staff to follow informed consent laws; and

(c) Not hindering a patient's access to care if a patient refuses to participate.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-125, filed 4/7/09, effective 5/8/09.]

WAC 246-330-130 Adverse events. (1) As found in the list of serious reportable events adopted by the National Quality Forum in 2002 (and as updated), in its consensus report on serious reportable events in health care, "serious disability" means a physical or mental impairment that substantially limits the major life activities of a patient.

(2) Ambulatory surgical facilities must:

(a) Notify the department according to RCW 70.56.020 whenever an adverse event is confirmed in the facility; and

(b) Send the department a report regarding the event according to RCW 70.56.020.

(3) The department will assure all notifications and reports submitted to the department are maintained confidentially according to RCW 70.56.050.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-130, filed 4/7/09, effective 5/8/09.]

WAC 246-330-140 Management of human resources. This section ensures that ambulatory surgical facilities provide competent staff consistent with scope of services.

Ambulatory surgical facilities must:

(1) Create and periodically review job descriptions for all staff;

(2) Supervise staff performance to assure competency;

(3) Verify and document licensure, certification, or registration of staff;

(4) Complete tuberculosis screening for new and current employees consistent with the *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities,* 2005. *Morbidity Mortality Weekly Report (MMWR) Volume 54*, December 30, 2005;

(5) Provide infection control information to staff upon hire and annually which includes:

(a) Education on general infection control according to chapter 296-823 WAC blood borne pathogens exposure control; and

(b) General and specific infection control measures related to patient care.

(6) Establish and implement an education plan that verifies staff training on prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-140, filed 4/7/09, effective 5/8/09.]

WAC 246-330-145 Medical staff. This section requires development of a medical staff structure, consistent with clinical competence, to ensure a safe patient care environment.

The medical staff must:

(1) Be accountable to the governing body;

(2) Adopt bylaws, rules, regulations, and organizational structure including an appointment and reappointment process;

(3) Be legally and professionally qualified for the positions to which they are appointed and for the performance of privileges in accordance with recommendations from qualified medical personnel;

(4) Periodically review and reappraise medical staff privileges using peer review data;

(5) Periodically review and amend the scope of procedures performed in the ambulatory surgical facility;

(6) If the ambulatory surgical facility assigns patient care responsibilities to practitioners other than physicians, it must have established policies and procedures, approved by the governing body, for overseeing and evaluating their clinical activities; and

(7) Report practitioners for discipline of unprofessional conduct according to RCW 70.230.120.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-145, filed 4/7/09, effective 5/8/09.]

WAC 246-330-150 Management of information. The purpose of this section is to improve patient outcomes and ambulatory surgical facility performance through obtaining, managing, and use of information.

An ambulatory surgical facility must:

(1) Provide medical staff, employees and other authorized persons with access to patient information systems, resources, and services;

(2) Maintain confidentiality, security, and integrity of information;

(3) Initiate and maintain a medical record for every patient assessed or treated including a process to review records for completeness, accuracy, and timeliness;

(4) Create medical records that:

(a) Identify the patient;

(b) Have clinical data to support the diagnosis, course and results of treatment for the patient;

(c) Have signed consent documents;

(d) Promote continuity of care;

(e) Have accurately written, signed, dated, and timed entries;

(f) Indicates authentication after the record is transcribed;

(g) Are promptly filed, accessible, and retained according to facility policy; and

(h) Include verbal orders that are accepted and transcribed by qualified personnel.

(5) Establish a systematic method for identifying each medical record, identification of service area, filing, and retrieval of all patient's records; and

(6) Adopt and implement policies and procedures that address:

(a) Who has access to and release of confidential medical records according to chapter 70.02 RCW;

(b) Retention and preservation of medical records;

(c) Transmittal of medical data to ensure continuity of care; and

(d) Exclusion of clinical evidence from the medical record.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-150, filed 4/7/09, effective 5/8/09.]

WAC 246-330-155 Coordinated quality improvement program. The purpose of this section is to ensure the establishment and on-going maintenance of a coordinated quality improvement program. The intent is to improve the quality of health care services provided to patients and to identify and prevent medical malpractice.

An ambulatory surgical facility must:

(1) Have a facility-wide approach to process design and performance measurement, assessment, and improving patient care services according to RCW 70.230.080 including, but not limited to:

(a) A written performance improvement plan that is periodically evaluated;

(b) Performance improvement activities that are interdisciplinary and include at least one member of the governing authority;

(c) Prioritize performance improvement activities;

(d) Implement and monitor actions taken to improve performance;

(e) Education programs dealing with performance improvement, patient safety, medication errors, injury prevention; and

(f) Review serious or unanticipated patient outcomes in a timely manner.

(2) Systematically collect, measure and assess data on processes and outcomes related to patient care and organization functions;

(3) Collect, measure and assess data including, but not limited to:

(a) Operative, other invasive, and noninvasive procedures that place patients at risk;

(b) Infection rates, pathogen distributions and antimicrobial susceptibility profiles;

(c) Death;

(d) Medication management or administration related to wrong medication, wrong dose, wrong time, near misses and any other medication errors and incidents;

(e) Injuries, falls, restraint use, negative health outcomes and incidents injurious to patients in the ambulatory surgical facility;

(f) Adverse events according to chapter 70.56 RCW;

(g) Discrepancies or patterns between preoperative and postoperative (including pathologic) diagnosis, including pathologic review of specimens removed during surgical or invasive procedures;

(h) Adverse drug reactions (as defined by the ambulatory surgical facility);

(i) Confirmed transfusion reactions;

(j) Patient grievances, needs, expectations, and satisfaction; and

(k) Quality control and risk management activities.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-155, filed 4/7/09, effective 5/8/09.]

WAC 246-330-176 Infection control program. The purpose of this section is to identify and reduce the risk of acquiring and transmitting infections and communicable diseases between patients, staff, medical staff, and visitors.

An ambulatory surgical facility must:

(1) Develop, implement and maintain a written infection control and surveillance program;

(2) Designate staff to:

(a) Manage the activities of the infection control program;

(b) Assure the infection control program conforms with patient care and safety policies and procedures; and

(c) Provide consultation on the infection control program, policies and procedures throughout the entire facility.

(3) Ensure staff managing the infection control program have:

(a) A minimum of two years experience in a health related field; and

(b) Training in the principles and practices of infection control;

(4) Develop and implement infection control policies and procedures consistent with the guidelines of the centers for disease control and prevention (CDC);

(5) Assure the infection control policies and procedures address, but are not limited to the following:

(a) Routine surveillance, outbreak investigations and interventions including pathogen distributions and antimicrobial susceptibility profiles consistent with the 2006 CDC healthcare infection control practices advisory committee guideline, *Management of Multidrug-Resistant Organisms in Healthcare Settings*;

(b) Patient care practices in all clinical care areas;

(c) Receipt, use, disposal, sterilizing, processing, or reuse of equipment to prevent disease transmission;

(d) Preventing cross contamination of soiled and clean items during sorting, processing, transporting, and storage;

(e) Environmental management and housekeeping functions;

(f) Approving and properly using disinfectants, equipment, and sanitation procedures;

(g) Cleaning areas used for surgical procedures before, between, and after use;

(h) Facility-wide daily and periodic cleaning;

(i) Occupational health consistent with current practice;

(j) Clothing;

(k) Traffic patterns;

(l) Antisepsis;

(m) Handwashing;

(n) Scrub technique and surgical preparation;

(o) Biohazardous waste management according to applicable federal, state, and local regulations;

(p) Barrier, transmission and isolation precautions; and

(q) Pharmacy and therapeutics.

(6) Establish and implement a plan for:

(a) Reporting communicable diseases including cluster or outbreaks of postoperative infections according to chapter 246-100 WAC; and

(b) Surveying and investigating communicable disease occurrences in the ambulatory surgical facility consistent with chapter 246-100 WAC; and

(c) Collecting, measuring and assessing data on infection rates, pathogen distributions and antimicrobial susceptibility profiles.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-176, filed 4/7/09, effective 5/8/09.]

WAC 246-330-199 Fees—License, survey, change of ownership, refund process. This section establishes the license, survey, and change of ownership fees, a late penalty fee and request for refund of an initial fee. The license and survey fee are good for the entire three-year license period. The change of ownership fee is good for that transaction and does not change the original license ending date.

(1) Initial license. Applicants for an initial license must send the department:

(a) An initial license fee of two hundred dollars; and

(b) An initial survey fee based on the number of known or expected annual visits as follows:

(i) One thousand two hundred dollars for under one thousand annual patient visits;

(ii) One thousand six hundred dollars for one thousand one to five thousand annual patient visits; or

(iii) Two thousand two hundred dollars for more than five thousand annual patient visits.

(2) Renewal license. Licensees must send the department a license renewal and survey fee at least thirty days before the license expiration date as follows:

(a) One thousand three hundred dollars for under one thousand annual patient visits;

(b) One thousand seven hundred dollars for one thousand one to five thousand annual patient visits; or

(c) Two thousand three hundred dollars for more than five thousand annual patient visits.

(3) Late fee. A licensee must send the department a late fee in the amount of twenty-five dollars per day, not to exceed five hundred dollars, whenever the renewal fee is not paid by thirty days before the license expiration (date as indicated by the postmark).

(4) Change of ownership. The person purchasing or taking over ownership of a licensed ambulatory surgical facility must:

(a) Send the department a change of ownership fee in the amount of two hundred fifty dollars. The fee is paid thirty days before the change of ownership becomes final; and

(b) Receive from the department a new license valid for the remainder of the current license period.

(5) An applicant may request a refund for initial licensure as follows:

(a) Two-thirds of the initial fee paid after the department has received an application and not conducted an on-site survey or provided technical assistance; or

(b) One-third of the initial fee paid after the department has received an application and conducted either an on-site survey or provided technical assistance but not issued a license.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-199, filed 4/7/09, effective 5/8/09.]

WAC 246-330-200 Pharmaceutical services. This section assures patient pharmaceutical needs are met in a planned and organized manner. This section is consistent with the requirements for a health care entity license under RCW 18.64.450 and chapter 246-904 WAC.

An ambulatory surgical facility must:

(1) Only administer, dispense or deliver legend drugs and controlled substances to patients receiving care in the facility;

(2) Assure drugs dispensed to patients are dispensed and labeled consistent with the requirements of RCW 18.64.246, and chapters 69.41 and 69.50 RCW;

(3) Establish a process for selecting medications based on evaluating their relative therapeutic merits, safety, and cost; and

(4) Designate a pharmacist consultant who is licensed in Washington state. The pharmacist consultant can be either employed or contracted by the facility. The pharmacist consultant is responsible for:

(a) Establishing policy and procedures related to:

(i) Purchasing, ordering, storing, compounding, delivering, dispensing and administering of controlled substances or legend drugs;

(ii) Assuring drugs are stored, compounded, delivered or dispensed according to all applicable state and federal rules and regulations;

(iii) Maintaining accurate inventory records and patient medical records related to the administration of controlled substances and legend drugs;

(iv) Maintaining any other records required by state and federal regulations;

(v) Security of legend drugs and controlled substances; and

(vi) Controlling access to controlled substances and legend drugs.

(b) Establishing a process for completing all forms for the purchase and order of legend drugs and controlled substances; and

(c) Establishing a method for verifying receipt of all legend drugs and controlled substances purchased and ordered by the ambulatory surgical facility.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-200, filed 4/7/09, effective 5/8/09.]

WAC 246-330-205 Patient care services. This section guides the development of a plan for patient care. The ambulatory surgical facility accomplishes this by supervising staff, establishing, monitoring, and enforcing policies and procedures that define and outline the use of materials, resources, and promote the delivery of care.

An ambulatory surgical facility must:

(1) Provide personnel, space, equipment, reference materials, training, and supplies for the appropriate care and treatment of patients;

(2) Have a registered nurse available for consultation in the ambulatory surgical facility at all times patients are present;

(3) Adopt, implement, review and revise patient care policies and procedures designed to guide staff that address:

(a) Criteria for patient admission;

(b) Reliable method for personal identification of each patient;

(c) Conditions that require patient transfer to outside facilities;

(d) Patient safety measures;

(e) Staff access to patient care areas;

(f) Use of physical and chemical restraints or seclusion consistent with CFR 42.482;

(g) Use of preestablished patient care guidelines or protocols. When used, these must be documented in the medical record and be preapproved or authenticated by an authorized practitioner or advanced registered nurse practitioner;

(h) Care and handling of patients whose condition require special medical consideration;

(i) Preparation and administration of blood and blood products; and

(j) Discharge planning.

(4) Have a system to plan and document care in an interdisciplinary manner, including:

(a) Development of an individualized patient plan of care, based on an initial assessment;

(b) Assessment for risk of falls, skin condition, pressure ulcers, pain, medication use, therapeutic effects and side or adverse effects.

(5) Complete and document an initial assessment of each patient's physical condition, emotional, and social needs in the medical record. Initial assessment includes:

(a) Dependent upon the procedure and the risk of harm or injury, a patient history and physical assessment including but not limited to falls, mental status and skin condition;

(b) Current needs;

(c) Need for discharge planning;

(d) When treating pediatric patients, the immunization status;

(e) Physical examination, if within thirty days prior to admission, and updated as needed if patient status has changed; and

(f) Discharge plans when appropriate, coordinated with:

(i) Patient, family or caregiver; and

(ii) Receiving agency, when necessary.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-205, filed 4/7/09, effective 5/8/09.]

WAC 246-330-210 Surgical services. The purpose of this section is to guide the development and management of surgical services.

An ambulatory surgical facility must:

(1) Adopt and implement policies and procedures that:

(a) Identify areas where surgery and invasive procedures may be performed;

(b) Define staff access to areas where surgery and invasive procedures are performed;

(c) Identify practitioner and advanced registered nurse practitioner's privileges for operating room staff; and

(d) Define staff qualifications and oversight.

(2) Use facility policies and procedures which define standards of care;

(3) Implement a system to identify and indicate the correct surgical site prior to beginning a surgical procedure;

(4) Provide emergency equipment, supplies, and services to surgical and invasive areas;

(5) Provide separate refrigerated storage equipment with temperature alarms, when blood is stored in the surgical department; and

(6) Assure a registered nurse qualified by training and experience functions as the circulating nurse in every operating room whenever deep sedation or general anesthesia are used during surgical procedures.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-210, filed 4/7/09, effective 5/8/09.]

WAC 246-330-215 Anesthesia services. The purpose of this section is to guide the management and care of patients receiving anesthesia and sedation.

An ambulatory surgical facility must:

(1) Adopt and implement policies and procedures that:

(a) Identify the types of anesthesia and sedation that may be used;

(b) Identify areas where each type of anesthesia and sedation may be used; and

(c) Define the staff qualifications and oversight for administering each type of anesthesia and sedation used in the facility.

(2) Use facility policies and procedures which define standards of care; and

(3) Assure emergency equipment, supplies and services are immediately available in all areas where anesthesia is used.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-215, filed 4/7/09, effective 5/8/09.]

WAC 246-330-220 Recovery care. The purpose of this section is to guide the management of patients recovering from anesthesia and sedation.

An ambulatory surgical facility must:

(1) Adopt and implement policies and procedures that define the qualifications and oversight of staff delivering recovery services;

(2) Assure a physician or advanced registered nurse practitioner capable of managing complications and providing cardiopulmonary resuscitation is immediately available for patients recovering from anesthesia; and

(3) Assure a registered nurse trained and current in advanced cardiac life support measures is immediately available for patients recovering from anesthesia.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-220, filed 4/7/09, effective 5/8/09.]

WAC 246-330-225 Emergency services. The purpose of this section is to guide the management and care of patients receiving emergency services.

An ambulatory surgical facility must:

(1) Develop, implement and maintain a facility safety and emergency training program that includes:

(a) On-site equipment, medication and trained personnel to manage any medical emergency that may arise from the services provided or sought;

(b) A written and signed transfer agreement with one or more local hospitals that has been approved by the ambulatory surgical facility's medical staff;

(c) Policies and a procedural plan for handling medical emergencies; and

(d) Define the qualifications and oversight of staff delivering emergency care services.

(2) Assure at least one registered nurse skilled and trained in emergency care services on duty and in the ambulatory surgical facility at all times a patient is present, who is:

(a) Immediately available to provide care; and

(b) Trained and current in advanced cardiac life support.

(3) Assure communication with agencies and health care providers as indicated by patient condition; and

(4) Assure emergency equipment, supplies and services necessary to meet the needs of patients are immediately available.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-225, filed 4/7/09, effective 5/8/09.]

WAC 246-330-230 Management of environment for care. The purpose of this section is to manage environmental hazards and risks, prevent accidents and injuries, and maintain safe conditions for patients, visitors, and staff.

(1) An ambulatory surgical facility must create and follow an environment of care management plan that addresses safety, security, hazardous materials and waste, emergency preparedness, fire safety, medical equipment, utility systems and physical environment.

(2) An ambulatory surgical facility must assure the environment of care management plan contains the following items:

(a) Safety:

(i) Policies and procedures on safety-related issues such as but not limited to physical hazards and injury prevention;

(ii) Method to educate and periodically review with staff the safety policies and procedures;

(iii) Process to investigate, correct and report safety-related incidents; and

(iv) Process to keep the physical environment free of hazards.

(b) Security:

(i) Policies and procedures to protect patients, visitors, and staff while in the facility including preventing patient abduction;

(ii) Method to educate and periodically review security policies and procedures with staff; and

(iii) When the facility has security staff, train the security staff to a level of skill and competency for their assigned responsibility.

(c) Hazardous materials and waste:

(i) Establish and implement a program to safely control hazardous materials and waste according to federal, state, and local regulations;

(ii) Provide space and equipment for safe handling and storage of hazardous materials and waste;

(iii) Process to investigate all hazardous material or waste spills, exposures, and other incidents, and report as required to appropriate authority; and

(iv) Method to educate staff on hazardous materials and waste policies and procedures.

(d) Emergency preparedness:

(i) Establish, implement and periodically review a disaster plan for internal and external disasters that is specific to the facility and community;

(ii) Process to educate and train staff on the disaster plan;

(iii) Process to periodically conduct drills to test the plan.

(e) Fire safety:

(i) Policies and procedures on fire prevention and emergencies including an evacuation plan; and

(ii) Process to orient, educate, and conduct drills with staff fire prevention, emergency and evacuation policies and procedures.

(f) Medical equipment:

(i) Method to operate and maintain medical equipment properly, safely and according to manufacturer's recommendations;

(ii) Perform and document preventive maintenance; and

(iii) Process to investigate, report, and evaluate procedures in response to equipment failures.

(g) Utility systems:

(i) Policies and procedures to operate and maintain a safe and comfortable environment; and

(ii) Process to investigate and evaluate utility systems problems, failures, or user errors and report incidents.

(h) Physical environment:

(i) Process to keep the physical environment clean including cleaning the operating room between surgical procedures;

(ii) Provide hot and cold running water under pressure;

(iii) Assure hot water for handwashing does not exceed 120°F;

(iv) Assure cross connection controls meet the requirements of the state plumbing code; and

(v) Operate and maintain ventilation to prevent objectionable odors and excessive condensation.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-230, filed 4/7/09, effective 5/8/09.]

WAC 246-330-500 Applicability of WAC 246-330-500 through 246-330-510. The purpose of the new construction regulations is to provide minimum standards for the construction, maintenance and operation of ambulatory surgical facilities and the establishment of a safe and adequate care and treatment environment. These rules are consistent with other accrediting organizations and federal agency rules and

regulations without redundancy and contradictory requirements. Compliance with these new construction regulations does not relieve an ambulatory surgical facility of the need to comply with applicable state and local building and zoning codes.

(1) These regulations apply to ambulatory surgical facilities as defined in RCW 70.230.010:

(a) New buildings to be licensed as an ambulatory surgical facility;

(b) Conversion of an existing building or portion thereof for use as an ambulatory surgical facility;

(c) Additions to an existing ambulatory surgical facility;

(d) Alterations to an existing ambulatory surgical facility.

(2) This requirement does not apply to:

(a) Any ambulatory surgical facility existing and operating prior to July 1, 2009, that is certified by the Centers for Medicare and Medicaid Services or accredited by the Joint Commission, the Accreditation Association for Ambulatory Health Care, or the American Association for Accreditation of Ambulatory Surgery Facilities that is not doing any of the things described in subsection (1)(b) through (d) of this section after July 1, 2009;

(b) Any minor alteration to an ambulatory surgical facility; or

(c) Any area of an ambulatory surgical facility unaffected by an alteration of that ambulatory surgical facility.

(3) The requirements of this chapter in effect at the time the application, fee, and construction documents are submitted to the department for review will apply for the duration of the construction project.

(4) The new construction regulations apply only to facilities submitted to the construction review program after July 1, 2009.

(5) Facilities participating in the medicare/medicaid program prior to July 1, 2009, must be able to show compliance with the federal requirements for existing facilities.

(6) Facilities participating in medicare/medicaid submitted after July 1, 2009, must comply with the federal requirements for new facilities.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-500, filed 4/7/09, effective 5/8/09.]

WAC 246-330-505 Department responsibilities—Construction review, approval of plans. (1) This section identifies the actions and responsibilities of the department for reviewing and approving new construction of ambulatory surgical facilities.

(2) Before issuing an approval of plans, the department will verify compliance with chapter 70.230 RCW and this chapter which includes, but is not limited to:

(a) Review of all construction documents for compliance with these standards and other applicable federal and state regulations;

(b) Assure the issuance of a certificate of need, when needed, as provided in chapter 70.38 RCW;

(c) Receipt of the application for construction review services and a full plan review fee based on chapter 246-314 WAC;

(d) Approval by the local jurisdiction has been obtained;

(e) Approval of the initial license application;

(f) Verify compliance with the applicable chapters of the *2006 Guidelines for the Design and Construction of Healthcare Facilities*.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-505, filed 4/7/09, effective 5/8/09.]

WAC 246-330-510 Design, construction review, and approval of plans. (1) Drawings and specifications for new construction, must be prepared by, or under the direction of, an architect registered under chapter 18.08 RCW. The services of a consulting engineer registered under chapter 18.43 RCW must be used for the various branches of the work where appropriate. The services of a registered professional engineer may be used in lieu of the services of an architect if work involves engineering only.

(2) An ambulatory surgical facility must submit construction documents for proposed new construction to the department for review and approval prior to new construction as required in RCW 70.230.050 (1)(b).

(3) The facility must submit:

(a) A written functional program containing, at a minimum:

(i) Information concerning surgical services to be provided and operational methods to be used; and

(ii) Description of work, patient, soiled waste and clean processing flows.

(b) Two sets of construction drawings and specifications to include coordinated civil, architectural, structural, mechanical, fire sprinkler, fire alarm and electrical work. Each room, area, and item of fixed equipment and major movable equipment must be identified on all drawings to demonstrate that the required facilities for each function are provided.

(c) Floor plan of the building showing the alterations and additions including location of any service or support areas.

(d) For additions and/or alterations:

(i) A plan to show how the ambulatory surgical facility will ensure the health and safety of occupants during construction and installation of finishes. This includes taking appropriate infection control measures, keeping the surrounding area free of dust and fumes, and assuring rooms or areas are well-ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors.

(ii) A plan to show how the ambulatory surgical facility will provide safety during construction consistent with the fire code showing required paths of egress, exit discharge and interim life safety measures serving the alterations or additions.

(4) An ambulatory surgical facility must:

(a) Respond to requests for additional or corrected documents;

(b) Submit to the department for review and approval any addenda or modifications to the original department approved construction documents;

(c) Assure construction is completed in compliance with the final "department approved" documents; and

(d) Notify the department when construction is completed and provide a copy of the local jurisdiction's approval for occupancy if requested by the department.

(5) An ambulatory surgical facility will not use any new construction, alterations or additions until:

(a) The construction documents are approved by the department; and

(b) The local jurisdictions have issued an approval to occupy; and

(c) Notification to the department that the construction has been completed, the proposed occupancy date, final declared construction cost and that any additional fees have been paid.

[Statutory Authority: Chapter 70.230 RCW. 09-09-032, § 246-330-510, filed 4/7/09, effective 5/8/09.]

Chapter 246-366 WAC
PRIMARY AND SECONDARY SCHOOLS

WAC

WAC 246-366-005 Purpose. The purpose of this chapter is to maintain minimum environmental health and safety standards for school facilities until legislative action allows for full or partial implementation of chapter 246-366A WAC. To the extent the legislature funds or otherwise allows for its implementation, chapter 246-366A WAC is intended to replace or supersede this chapter.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366-005, filed 12/22/09, effective 7/1/10.]

WAC 246-366-160 Severability. If any provision of this chapter or its application to any person or circumstance is held invalid, the remainder of the chapter or the application of the provision to other persons or circumstances is not affected.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366-160, filed 12/22/09, effective 7/1/10.]

Chapter 246-366A WAC
ENVIRONMENTAL HEALTH AND SAFETY STANDARDS FOR PRIMARY AND SECONDARY SCHOOLS

WAC

WAC 246-366A-001 Introduction and purpose. (1) The purpose of this chapter is to replace chapter 246-366 WAC with a more modern set of minimum environmental health and safety standards for school facilities to promote healthy and safe school environments.

(2) Implementation of this chapter is subject to the state legislature providing funding to public schools in accordance with section 222 of the 2009-11 biennial operating budget, chapter 564, laws of 2009, and may be subject to future legislative requirements. Unless and until legislative action allows for full or partial implementation of this chapter, chapter 246-366 WAC shall take precedent and this chapter shall not be implemented or enforced in any manner.

(3) It is the intent of the Washington state board of health to work with the legislature to develop a strategy and timeline for funding and implementation of this chapter.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-001, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-003 Implementation. (1) Implementation of this chapter, in whole or in part, requires one or more of the following actions:

(a) Authorization of expenditures in the Omnibus Appropriations Act for the expressed purpose of funding implementation for public schools;

(b) Repeal, modification or expiration of statutory restrictions on implementation; or

(c) Enactment of any statute or resolution authorizing implementation.

(2) The state board of health shall amend as necessary any order adopting this chapter, filed in accordance with RCW 34.05.060, and any effective dates listed therein to ensure no portion of this rule is implemented at a time and in a manner prohibited by the legislature.

(3) Before implementing this rule, in whole or in part, the state board of health, in addition to filing an amended rule making order for publication in the *Washington State Register*, shall provide notice of implementation.

(a) The notice shall identify the action taken by the legislature that allows for implementation, the section or sections of chapter 246-366A WAC being implemented as a result of that action, the effective date or dates for each section or sections, the corresponding section or sections of chapter 246-366 WAC that will be superseded or repealed, and a brief explanation of significant differences between the requirements of this chapter that are being implemented and the corresponding requirements of chapter 246-366 WAC.

(b) The state board of health shall maintain a roster of interested persons and shall send an electronic copy of the

notice to each person on the roster as well as to the following agencies and organizations:

(i) The Washington state code reviser;

(ii) The Washington state department of health;

(iii) The Washington state office of superintendent of public instruction;

(iv) Washington state local health jurisdictions;

(v) Washington state professional associations representing school officials;

(vi) The Washington federation of independent schools;

(vii) Washington state labor organizations representing school employees;

(viii) The Washington state association of local public health officials;

(ix) The Washington state PTA; and

(x) The Washington state legislature through the chairs of the fiscal, health, and education committees of both houses.

(c) The office of superintendent of public instruction shall forward, to the extent possible, the notice of implementation electronically to school districts and approved private schools.

(4) The state board of health shall maintain a web page showing the sections of this chapter that have been or are scheduled to be implemented, their effective dates, and the corresponding sections of chapter 246-366 WAC that have been or will be superseded or repealed.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-003, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-005 Applicability. (1) To the extent implemented in accordance with legislative action, this chapter, or such portions thereof funded or approved as part of a phase-in or partial implementation, shall apply to all school facilities operated for the primary purpose of providing education at the kindergarten through twelfth grade (K-12) levels, and preschools that are part of such facilities except:

(a) Private residences used for home-based instruction as defined by RCW 28A.225.010(4);

(b) Facilities hosting educational programs where educational instruction is not a primary purpose, including, but not limited to, detention centers, jails, hospitals, mental health units, or long-term care facilities;

(c) Private facilities where tutoring is the primary purpose; and

(d) Public or private postsecondary education facilities providing instruction to students primarily enrolled in secondary school.

(2) These rules are in addition to all other requirements that apply to schools and, except as specified, do not affect the applicability of those requirements.

(3) Additional environmental health and safety rules that apply to school facilities include, but are not limited to:

(a) Chapter 246-215 WAC Food services;

(b) Chapter 246-217 WAC Food worker cards;

(c) Chapter 246-260 WAC Water recreation facilities;

(d) Chapter 246-262 WAC Recreational water contact facilities;

(e) Chapter 246-272A WAC On-site sewage systems;

(f) Chapter 246-272B WAC Large on-site sewage system regulations;

(g) Chapter 246-290 WAC Public water supplies; and

(h) Chapter 246-291 WAC Group B public water systems.

(4) This chapter, or portions thereof, are intended to replace or supersede chapter 246-366 WAC, or corresponding portions thereof as identified by the state board of health, once the legislature has provided funding for implementation by public schools or taken other action to authorize implementation.

(5) These rules are not intended to replace or supersede the department of labor and industries' authority and jurisdiction over employee safety and health.

(6) These rules are not intended to replace requirements of the building code council under Title 51 WAC, but may be more stringent to protect health and safety.

(7) For a school undergoing an alteration or addition, WAC 246-366A-040, 246-366A-060, 246-366A-090, 246-366A-100, 246-366A-110, 246-366A-120, 246-366A-150, and 246-366A-160 apply only to:

(a) Areas that are part of the addition;

(b) Areas undergoing alteration; and

(c) Changes to existing building systems, such as heating and ventilation systems, when those changes are included in construction documents or a building permit application describing the alteration or addition.

(8) If the local permitting jurisdiction received a complete building permit application for school construction prior to the effective date of any construction-related requirements of this chapter, the construction-related requirements of chapter 246-366 WAC and this chapter in effect at the time of application apply.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-005, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-010 Definitions. The following definitions apply to these rules:

(1) "Addition" means an extension or increase in floor area or height of a building or structure.

(2) "Air contaminants of public health importance" means pollutants in the indoor air that could, depending on dose and circumstances, have health impacts, including but not limited to:

(a) Volatile organic compounds, for example, formaldehyde and benzene;

(b) Combustion by-products, for example, carbon monoxide and nitrogen oxides;

(c) Vapors and gases, for example, chlorine, mercury, and ozone;

(d) Heavy metal dusts and fumes, for example, chromium and lead; and

(e) Particulates, for example, wood and ceramic dust.

(3) "Alteration" means any construction or renovation to an existing structure other than repair or addition.

(4) "Construction" or "construction project" means any activity subject to state or local building codes.

(5) "Construction documents" means written, graphic, and pictorial documents prepared or assembled for describing the design, location, and physical characteristics of the elements of a project necessary for obtaining a building permit.

(6) "Contaminant" means any hazardous material that occurs at greater than natural background levels.

(7) "Decibel (dB)" means a standard unit of measurement of sound pressure.

(8) "Decibel, A-weighted (dBA)" means a decibel measure that has been weighted in accordance with the A-weighting scale. The A-weighting adjusts sound level as a function of frequency to correspond approximately to the sensitivity of human hearing.

(9) "Department" means the Washington state department of health.

(10) "Drinking fountain" means the type of plumbing fixture that delivers a stream of water for drinking without actively cooling the water.

(11) "Emergency eye wash" means a hands-free device that:

(a) Irrigates and flushes both eyes simultaneously with tepid potable water;

(b) Activates an on-off valve in one second or less and remains on without user assistance until intentionally turned off; and

(c) Delivers at least 0.4 gallons (1.5 liters) of water per minute for at least fifteen minutes.

(12) "Emergency shower" means a hand-activated shower that delivers tepid potable water to cascade over the user's entire body at a minimum rate of 20 gallons (75 liters) per minute for at least fifteen minutes.

(13) "Equivalent sound level (L_{eq})" means the level of a constant sound that, over a given time period, contains the same amount of sound energy as the measured fluctuating sound.

(14) "Faucet" means a type of plumbing fixture that is a valved outlet device attached to a pipe that normally serves a sink or tub and can discharge hot water, cold water, or both.

(15) "First draw sample" means a water sample collected immediately upon opening a plumbing fixture that has not been used for at least eight hours prior to collection.

(16) "Flush sample" means a water sample collected after allowing cold water to run for at least thirty seconds from a plumbing fixture that has not been used for at least eight hours prior to collection.

(17) "Foot-candle" means a unit of measure of the intensity of light falling on a surface, equal to one lumen per square foot.

(18) "Hazardous materials" means toxic, corrosive, flammable, explosive, persistent, or chemically reactive substances that, depending on dose and circumstances, pose a threat to human health.

(19) "Imminent health hazard" means a significant threat or significant danger to health or safety that requires immediate action to prevent serious illness, injury, or death.

(20) "Implementation" or "implemented" means being given or having the force of law, requiring compliance, and being subject to enforcement.

(21) "Laboratory" means instructional areas of the school facility where students might be exposed to greater potential health and safety hazards than typically exist in general academic classrooms. Such laboratories may include, but are not limited to, chemistry, physics, material science, and biology laboratories or art studios (for example: Darkrooms, ceramic studios, and print making studios).

(22) "Local board of health" means the county or district board of health as defined in RCW 70.05.010(3).

(23) "Local health officer" means the legally qualified physician who has been appointed as the health officer for the county or district public health department as defined in RCW 70.05.010, or his or her authorized representative, including, but not limited to, the environmental health director.

(24) "Mechanical exhaust ventilation" means the removal of indoor air to the outside of the building by mechanical means.

(25) "Noise criterion (NC)" means a system for rating the noise level in an occupied area by comparing actual or calculated sound level spectra with a series of established octave band spectra.

(26) "Noise criterion 35 (NC35)" means the curve for specifying the maximum permissible sound pressure level for each frequency band.

(27) "Preschool" means an instructional curriculum and portion of a school facility designed to instruct children not old enough to attend kindergarten.

(28) "Portable" means any relocatable structure that is transported to a school site and is placed or assembled there for use by students as part of a school facility.

(29) "Repair" means the reconstruction or renewal of any part of an existing school facility for the purpose of its maintenance.

(30) "School" means any public, religious-affiliated, or private institution for instructing students in any grade from kindergarten through twelfth grade.

(31) "School board" means an appointed or elected board whose primary responsibility is to operate schools or to contract for school services and includes the governing body or owner of a private school.

(32) "School facility" means buildings or grounds owned or leased by the school or donated to the school for the primary purpose of student use including, but not limited to, portables, playgrounds and sports fields.

(33) "School officials" means those persons designated by the school board as responsible for planning, policy development, budgeting, management, or other administrative functions.

(34) "Shop" means instructional areas of the school facility where students are exposed to greater health and safety hazards than typically exist in general academic classrooms. Shops include, but are not limited to, industrial and agricultural shops, including career and technical education (for example: Metal-working, wood-working, construction, automotive, and horticulture).

(35) "Site" means any real property used or proposed to be used as a location for a school facility.

(36) "Source capture system" means a mechanical exhaust system designed and constructed to capture air contaminants at their source and release air contaminants to the outdoor atmosphere.

(37) "Tempered water" means water having a temperature range between eighty-five degrees Fahrenheit and one hundred ten degrees Fahrenheit.

(38) "Tepid water" means water having a temperature range between sixty degrees Fahrenheit and ninety-five degrees Fahrenheit.

(39) "Toxic" means having the properties to cause or significantly contribute to death, injury, or illness.

(40) "Variance" means an alternative to a specific requirement in these rules, approved by the local health officer, that provides a comparable level of protection.

(41) "Very low lead plumbing fixture" means plumbing fittings or fixtures used in the installation or repair of any plumbing providing water for human consumption that contain less than 0.3% lead by weight.

(42) "Water cooler" means a type of mechanical plumbing fixture that actively cools the water.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-010, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-015 Guidance. (1) The department, in cooperation with the office of superintendent of public instruction, shall:

(a) Update the *Health and Safety Guide for K-12 Schools in Washington* (the guide) at least every four years; and

(b) Make the guide available on the department's web site.

(2) The guide is the primary source of guidance for local health officers and school officials implementing these rules.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-015, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-020 Responsibilities—General. (1) Responsibilities of school officials. School officials shall:

(a) Maintain conditions within the school environment that will not endanger health and safety.

(b) Identify, assess, and mitigate or correct environmental health and safety hazards in their school facilities, establish necessary protective procedures, use appropriate controls, and take action to protect or separate those at risk from identified hazards, consistent with the level of risk presented by the specific hazard, until mitigation or correction is complete.

(c) When conditions are identified that pose an imminent health hazard:

(i) Take immediate action to mitigate hazards and prevent exposure;

(ii) Promptly notify the local health officer; and

(iii) Promptly inform school facility staff, students, and parents about the conditions and actions taken in response.

(d) Retain for at least six years, unless otherwise required by other state or federal laws, records pertaining to:

(i) Health and safety inspections of the school facilities, including the final report findings, correction schedules established in consultation with the local health officer, and recommended actions;

(ii) Imminent health hazards identified under this section and WAC 246-366A-190, and actions taken in response;

(iii) Site assessment, review, and approval as required under WAC 246-366A-030;

(iv) Construction project plan review and approval as required under WAC 246-366A-040; and

(v) Playground plan review and approval as required under WAC 246-366A-150.

(e) Have the records described in this subsection available to the public, except where otherwise provided by applicable public disclosure law.

(f) Prepare a report to the public and the school board at least annually about environmental health and safety conditions in the schools. The report must include an explanation of:

(i) Variances obtained from the local health officer regarding requirements of these rules;

(ii) Dates of environmental health and safety inspections conducted under requirements of these rules and any deficiencies not corrected within the time frame established by the local health officer in accordance with subsection (2) of this section;

(iii) Any imminent health hazards identified; and

(iv) A method for school officials to receive public comment about the report.

(2) Responsibilities of the local health officer.

(a) Except as provided in (b) of this subsection, the local health officer shall:

(i) Periodically conduct an environmental health and safety inspection of each school facility within his or her jurisdiction. Beginning one year after the effective date of this section, those inspections must be conducted at least once each year.

(ii) Notify school officials at the time of discovery or immediately following the inspection if conditions that pose an imminent health hazard are identified, and recommend actions to mitigate the hazards and prevent exposure.

(iii) Consult with school officials upon completion of the inspection about findings and recommended follow-up actions and, if necessary, develop a correction schedule. Approaches and timelines used to address noncompliant conditions will depend on the level of risk to health and safety presented by the condition, and may include consideration of low-cost alternatives.

(iv) Develop draft and final inspection reports, in consultation with school officials, within sixty days after conducting an inspection. The report must include inspection findings related to this rule and any required correction schedule.

(v) Confirm, as needed, that corrections are accomplished.

(vi) Retain for at least six years, unless otherwise required by other state or federal laws, records pertaining to:

(A) Health and safety inspections of the school facilities performed by the local health officer, including, but not limited to, the final inspection report and correction schedules; and

(B) Imminent health hazards identified under this section and WAC 246-366A-190, and local health officer actions taken in response.

(vii) Have the records described in this subsection available to the public, except where otherwise provided by applicable public disclosure law.

(b) The local health officer may allow a school official or qualified designee to conduct a required inspection under a program approved by the local health officer not more than two out of every three years. The program must include provisions for:

(i) Assuring that the school official or designee conducting the inspection has attended training in the standards, techniques, and methods used to conduct an environmental health and safety inspection;

(ii) Completing a standardized checklist at each inspection;

(iii) Providing a written report to the local health officer about the findings of the inspection;

(iv) Notifying the local health officer regarding any identified imminent health hazards and coordinating with the local health officer to mitigate hazards and prevent exposure; and

(v) Consulting with the local health officer on follow-up and corrective actions needed to address noncompliant conditions that do not pose an imminent health hazard.

(3) Responsibilities of the department.

(a) The department shall:

(i) Report to the state board of health once every three years. The report must include a summary of:

(A) Variances granted by local health officers; and

(B) Status of local rule implementation.

(ii) Make technical assistance and training available to local health jurisdictions, educational service districts, school districts, and school personnel for implementation of these rules, including:

(A) Inspection techniques and procedures;

(B) Inspection materials and checklists;

(C) Variance request evaluations; and

(D) Model environmental health and safety programs for schools and local health jurisdictions.

(b) The department, at the request of the local health officer, may assist in investigating environmental health and safety incidents at schools.

(c) Establish a school rule technical advisory committee to help promote consistent statewide interpretation and implementation of these rules.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-020, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-030 Site assessment, review, and approval. (1) A full site assessment and local health officer review and approval to determine environmental health and safety risk, is required for:

(a) Constructing a new school facility on a site that was previously undeveloped or developed for other purposes; or

(b) Converting an existing structure for primary use as a school facility.

(2) The local health officer shall determine, in consultation with school officials, the need for and scope of the site assessment, review, and approval process for:

(a) Constructing a new school facility on an existing school site;

(b) Constructing an addition to an existing school facility; or

(c) Converting part of an existing structure primarily used for other purposes into a school facility.

(3) A full site assessment must include:

(a) A Phase 1 Environmental Site Assessment (ESA) that meets the requirements of the *American Society for Testing and Materials (ASTM) Standard #1527-05* (published November 2005);

(b) Sampling and analysis of potential contaminants if the Phase 1 ESA indicates that hazardous materials may be present. Sampling and analysis must comply with applicable rules of the Washington state department of ecology;

(c) A noise assessment. Noise from any source must not exceed an hourly average of 55 dBA (the mean sound energy level for a specified time ($Leq_{60\ minutes}$)) and must not exceed an hourly maximum (the maximum sound level recorded during a specified time period (Lmax)) of 75 dBA during the time of day the school is in session. Sites exceeding these sound levels are acceptable if a plan for noise reduction is included in the new construction proposal and the plan for noise reduction is approved by the local health officer.

(4) School officials shall:

(a) Notify the local health officer within ninety days of starting preliminary planning for school construction that may require a site assessment with local health officer review and approval.

(b) Consult with the local health officer throughout the plan development phase regarding the scope of the site assessment and the timeline for completion of the site assessment.

(c) Have a site assessment completed when required under this section.

(d) Submit a written report to the local health officer assessing the potential impact of health and safety risks presented by the proposed site, including, but not limited to the following:

(i) The findings and results obtained under subsection (3) of this section;

(ii) Analysis of the findings;

(iii) Description of any mitigation proposed to address identified health and safety risks present at the site; and

(iv) Any site assessment-related information requested by the local health officer to complete the site assessment review and approval process.

(e) Obtain site review and written site approval from the local health officer when required under subsection (1) or (2) of this section.

(5) The local health officer shall:

(a) Conduct an inspection of the proposed site;

(b) Review the site assessment for environmental health and safety risk;

(c) For site assessments according to subsection (1) of this section, provide written approval, describe site deficiencies needing mitigation to obtain approval, or deny use of the proposed school facility site within sixty days of receiving a complete request unless the school officials and the local health officer agree to a different timeline; and

(d) For site assessments according to subsection (2) of this section, provide written approval or describe site deficiencies needing mitigation to obtain approval of the proposed school facility site within sixty days of receiving a complete request unless the school officials and the local health officer agree to a different timeline.

(6) If school officials notified the local health officer in writing prior to the effective date of this section that construction is planned for a particular site, the site review requirements in effect at the time of notification apply, provided that school officials comply with all agreed on timelines for completion.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-030, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-040 Construction project review. (1) The following school facility construction projects must be reviewed by the local health officer:

(a) Construction of a new school facility;

(b) Schools established in all or part of any existing structures previously used for other purposes;

(c) Additions or alterations consisting of more than five thousand square feet of floor area or having a value of more than ten percent of the total replacement value of an existing school facility;

(d) Any construction of a shop or laboratory for use by students; and

(e) Installation of a portable.

(2) Review and approval requirements for installation of a playground are established in WAC 246-366A-150.

(3) School officials shall:

(a) Consult with the local health officer during preliminary planning for school construction projects that are subject to the requirements of this section;

(b) Invite the local health officer to a predevelopment conference with school officials and project design professionals to participate in the discussion about the preliminary design to highlight health and safety matters and requirements of these rules;

(c) Obtain construction project review and written approval from the local health officer regarding environmental health and safety requirements in these rules before starting construction;

(d) Provide construction documents to the local health officer at the same time as the local building official to facilitate a concurrent and timely review; and

(e) Provide additional documents requested by the local health officer, which may include, but are not limited to, written statements signed by the project's licensed professional engineer verifying that design elements comply with requirements specified by these rules.

(4) The local health officer shall:

(a) Consult with school officials and determine what is required for plan review and approval;

(b) Review construction documents to confirm that the health and safety requirements of these rules are met;

(c) Identify and request any additional documents required to determine compliance with requirements specified by these rules; and

(d) Provide written approval, or describe plan deficiencies needing change to obtain approval, of the construction project within sixty days of receiving all documents needed to complete the review, unless the school officials and the local health officer agree to a different timeline.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-040, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-050 Preoccupancy inspection of construction projects. (1) School officials shall:

(a) Obtain a preoccupancy inspection by the local health officer of construction projects subject to WAC 246-366A-040(1), conducted in coordination with a final inspection by the local building official, in order to ensure imminent health hazards are corrected before allowing school facilities to be occupied; and

(b) Notify the local health officer at least five business days before a desired preoccupancy inspection.

(2) The local health officer:

(a) Shall coordinate all construction-related inspections with the on-site project manager or other appropriate person identified by school officials.

(b) May inspect for compliance with these rules during the construction phase.

(c) Shall conduct a preoccupancy inspection for construction projects subject to WAC 246-366A-040(1) to verify compliance with these rules before the building is occupied and not more than five business days after the date requested by school officials or as otherwise agreed to by the school officials and the local health officer.

(i) If an imminent health hazard is identified, a solution must be identified and agreed to by school officials, the local health officer, and the local building official and implemented by school officials before the affected portion of the building is occupied.

(ii) If other conditions of noncompliance with these rules are identified, school officials shall be provided with a written list of items and consulted in developing a correction schedule, based on the level of risk to health and safety.

(d) May reinspect to confirm satisfactory correction of the items identified under (c) of this subsection.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-050, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-060 General construction requirements. School officials shall:

(1) Design school facilities to minimize conditions that attract, shelter, and promote the propagation of insects, rodents, bats, birds, and other pests of public health significance. This subsection does not mandate the installation of window screens nor does it prohibit the installation of retention ponds or rain gardens.

(2) Design school facilities with windows in sufficient number, size, and location to enable students to see outside at least fifty percent of the school day. Windows are optional in special purpose instructional areas including, but not limited to, theaters, music areas, multipurpose areas, gymnasiums, auditoriums, shops, laboratories, libraries, and seminar areas.

(3) Provide sun control to exclude direct sunlight from window areas and skylights of instructional areas, assembly rooms and meeting rooms during at least eighty percent of the normal school hours. Each area must be considered as an individual case. Sun control is not required for sun angles less than forty-two degrees up from the horizontal. Sun control is not required if air conditioning is provided or special glass is installed having a total solar energy transmission factor less than sixty percent.

(4) Provide surfaces on steps that reduce the risk of injury caused by slipping.

(5) Provide floors throughout the school facility that are appropriate for the intended use, easily cleanable and can be dried effectively to inhibit mold growth. These floor materials include, but are not limited to, wood, vinyl, linoleum, and tightly woven carpets with water impervious backing.

(6) Provide reasonably sufficient space for the storage of play equipment, instructional equipment, and outdoor clothing. The space must be reasonably accessible, lighted, and ventilated.

(7) Provide measures to reduce potential injury from fall hazards, including but not limited to, retaining walls; perfor-

mance arts stages and orchestra pits; balconies; mezzanines; and other similar areas of drop-off to a lower floor.

(8) Provide the following items for health rooms, if health rooms are provided:

(a) The means to visually supervise and provide privacy of room occupants;

(b) Surfaces that can be easily cleaned and sanitized;

(c) A handwashing sink in the room;

(d) An adjoining restroom; and

(e) Mechanical exhaust ventilation so that air does not flow from the health room to other parts of the school facility.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-060, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-065 General operation and maintenance requirements. School officials shall:

(1) Keep school facilities clean and in good condition.

(2) Mitigate any environmental health and safety hazards.

(3) Control conditions that attract, shelter, and promote the propagation of insects, rodents, bats, birds, and other pests of public health significance. This subsection does not mandate the routine installation of window screens nor does it prohibit the proper operation of retention ponds or rain gardens.

(4) Label, use, store and dispose of hazardous materials to:

(a) Prevent health and safety hazards;

(b) Keep incompatible substances apart from each other;

(c) Prevent unauthorized access and use; and

(d) Follow procedures according to material safety data sheet instructions.

(5) Select supplies and methods of use that reduce exposure to hazardous materials.

(6) Allow only those hazardous materials in schools that they have approved for use. Types of commercial products that might contain hazardous materials include, but are not limited to, cleaners, sanitizers, maintenance supplies, pesticides, herbicides, and instruction-related supplies.

(7) Safely store play equipment, instructional equipment, and outdoor clothing where reasonably accessible.

(8) Use products that comply with American National Standards Institute/National Sanitation Foundation (ANSI/NSF) Standard 61 (2007) to coat, line, seal, or patch drinking water contact surfaces, if the interior of water piping or plumbing fixtures is coated or lined.

(9) Immediately clean and sanitize the contaminated area and prevent human exposure when sewage backups occur.

(10) Notify the local health officer when sewage backups:

(a) Result from failure of an on-site sewage system serving the school facility;

(b) Impact student use areas outside restrooms; or

(c) Occur in a food preparation, food storage, or food service area.

(11) Allow upholstered furniture, such as couches and overstuffed chairs, in school facilities only if the furniture has been purchased or approved by school officials.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-065, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-070 Moisture control, mold prevention, and remediation. School officials shall:

(1) Visually monitor the school facility for water intrusion and moisture accumulation that may lead to mold growth, especially after severe weather events.

(2) Begin corrective action within twenty-four hours of discovering water intrusion or moisture accumulation to inhibit and limit mold growth by:

(a) Identifying and eliminating the cause of the water intrusion or moisture accumulation; and

(b) Drying the affected portions of the school facility.

(3) When mold growth is observed or suspected, use recognized remediation procedures such as those provided by the Environmental Protection Agency (Mold Remediation in Schools and Commercial Buildings, EPA 402-K-01-001, March 2001). Begin recognized procedures within twenty-four hours to:

(a) Identify and eliminate the cause of the moisture or water contributing to the mold growth;

(b) Dry the affected portions of the school facility;

(c) Investigate the extent of the mold growth, including evaluation of potentially affected materials and surfaces inside walls and under floor coverings, when moisture or water has entered those spaces;

(d) Minimize exposure to indoor mold spores and fragments until mold remediation is complete using methods including, but not limited to, containment and negative air pressure; and

(e) Remediate surfaces and materials contaminated with mold.

(4) When remediation is required under subsection (3) of this section and there is significant risk of exposure, including when the total area affected is greater than ten square feet, promptly inform school facility staff, students, and parents of the conditions and the plans and time frame for the remediation. The extent of this communication will depend on the likelihood of individual exposure, the scope of the remediation project, and the time required to complete it.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-070, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-080 Safety—Animals in school facilities. (1) School officials shall allow in school facilities only those animals, other than service animals, approved under written policies or procedures.

(2) School officials shall develop written policies or procedures for any animals allowed in school facilities to prevent:

(a) Injuries caused by wild, dangerous, or aggressive animals;

(b) Spread of diseases from animals known to commonly carry diseases including, but not limited to, rabies, psittacosis, and salmonellosis;

(c) Allergic reactions;

(d) Exposure to animal wastes; and

(e) Handling animals or their bedding without proper handwashing afterward.

(3) Written policies or procedures required under subsection (2) of this section shall address service animals in the school facility that are not well behaved or present a risk to health and safety.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-080, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-090 Heating and ventilation—Construction requirements. School officials shall:

(1) Provide mechanical exhaust ventilation that meets or exceeds the requirements in chapter 51-52 WAC at locations intended for equipment or activities that produce air contaminants of public health importance.

(2) Situate fresh air intakes away from building exhaust vents and other sources of air contaminants of public health importance in a manner that meets or exceeds the requirements in chapter 51-52 WAC. Sources of air contaminants include bus and vehicle loading zones, and might include, but are not limited to, parking areas and areas where pesticides or herbicides are commonly applied.

(3) Use materials that will not deteriorate and contribute particulates to the air stream if insulating the interior of air handling ducts. Insulation materials must be designed to accommodate duct cleaning and exposure to air flow without deteriorating. This subsection does not apply if the local permitting jurisdiction received a complete building permit application within three years after the effective date of this section.

(4) Use ducted air returns and not open plenum air returns consisting of the open space above suspended ceilings. This subsection does not apply to:

(a) Alterations to school facilities;

(b) Additions to school facilities that tie into existing ventilation systems that use open plenum air returns; or

(c) Facilities for which the local permitting jurisdiction received a complete building permit application within three years after the effective date of this section.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-090, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-095 Heating and ventilation—Operation and maintenance requirements. School officials shall:

(1) Heat occupied areas of school buildings during school hours and school-sponsored events to maintain a minimum temperature of sixty-five degrees Fahrenheit except for gymnasiums and hallways, which must be maintained at a minimum temperature of sixty degrees Fahrenheit.

(2) Ventilate occupied areas of school buildings during school hours and school-sponsored events. During periods of ventilation:

(a) For school facilities constructed or sited under a building permit for which the local permitting jurisdiction received a completed building permit application on or after the effective date of this section, provide, as a minimum, outdoor air according to WAC 51-52-0403, Table 403.3, Required Outdoor Ventilation Air.

(b) For school facilities constructed or sited under a building permit for which the local permitting jurisdiction received a completed building permit application before the effective date of this section, conduct standard operation and maintenance best practices including, but not limited to, making timely repairs, removing obstructions, and replacing filters and fan drive belts, and setting system controls so that, to the extent possible given the design of the ventilation system, outdoor air is provided consistent with WAC 51-52-0403, Table 403.3, Required Outdoor Ventilation Air.

(3) Use and maintain mechanical exhaust ventilation installed for equipment or activities that produce air contaminants of public health importance or moisture.

(4) Limit student exposure to air contaminants of public health importance produced by heat laminators, laser printers, photocopiers, and other office equipment by placing such equipment in appropriately ventilated spaces and providing instruction to users on how to operate and maintain equipment as recommended by the manufacturer.

(5) Take preventive or corrective action when pesticides, herbicides, or air contaminants of public health importance are likely to be drawn or are drawn into the building or ventilation system.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-095, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-100 Noise control—Construction requirements. (1) School officials shall design ventilation equipment and other mechanical noise sources in classrooms to provide background sound which conforms to a noise criterion curve or equivalent not to exceed NC-35. School officials shall certify, or hire the appropriate person to certify, that ventilation equipment and other mechanical noise sources that have been installed meet the NC-35 noise criterion design standard.

(2) Portable classrooms constructed before January 1, 1990, moved within the same school property or within the same school district, are exempt from the requirements of this section if the portable classrooms meet all of the following criteria:

(a) Noise abating or noise generating features are not altered in a manner that may increase noise levels;

(b) The portable classrooms were previously in use for instruction;

(c) Ownership of the portable classrooms remains the same; and

(d) The new site meets the noise standard in WAC 246-366A-030 (3)(c).

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-100, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-105 Noise control—Operation and maintenance requirements. School officials shall:

(1) Maintain the background noise at any student location within classrooms constructed after January 1, 1990, at or below 45 dBA (Leq_x) where $_x$ is 30 seconds or more. Background noise levels must be determined when the ventilation system and the ventilation system's noise generating components, such as the condenser and heat pump, are operating and the room is unoccupied by students.

(2) Maintain the background noise level at any student location in laboratories and shops with local exhaust ventilation systems constructed after January 1, 1990, at or below 65 dBA (Leq_x) where $_x$ is 30 seconds or more. Background noise levels must be determined when all ventilation equipment is operating and the room is unoccupied by students.

(3) Maintain noise exposure for students below the maximum levels in Table 1.

Table 1
Maximum Noise Exposures Permissible

Duration per day (hours)	Sound level (dBA)
8	85
6	87
4	90
3	92
2	95
1-1/2	97
1	100
1/2	105
1/4	110

(4) Not allow student exposure to sound levels equal to or greater than 115 dBA.

(5) Provide and require students to use personal protective equipment, for example ear plugs or muffs, where noise levels exceed those specified in Table 1. Personal protective equipment must reduce student noise exposure to comply with the levels specified in Table 1.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-105, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-110 Lighting—Construction requirements. School officials shall equip school facilities with lighting systems designed to meet the requirements of WAC 246-366A-115. General, task or natural lighting may be used to achieve the minimum lighting intensities. Energy efficient lighting systems, lighting fixtures, or bulbs that meet the minimum lighting intensities in Table 2 of WAC 246-366A-115(1) may be used.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-110, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-115 Lighting—Operation and maintenance requirements. School officials shall:

(1) Provide light intensities that meet or exceed those specified in Table 2. General, task and/or natural lighting may be used to maintain the minimum lighting intensities. Energy efficient lighting systems, lighting fixtures, or bulbs that meet the minimum lighting intensities in Table 2 may be used.

Table 2
Lighting Intensities

Measured 30 inches above the floor or on working or teaching surfaces. Some lighting fixtures may require a start-up period before reaching maximum light output.	Minimum foot-candle intensity
General instructional areas, for example, study halls, lecture rooms, and libraries.	30
Special instructional areas where safety is of prime consideration or fine detail work is done, for example, family and consumer science laboratories, science laboratories (including chemical storage areas), shops, drafting rooms, and art and craft rooms.	50
Noninstructional areas, for example, auditoriums, lunch rooms, assembly rooms, corridors, stairs, storerooms, and restrooms.	10
Gymnasiums: Main and auxiliary spaces, shower rooms, and locker rooms.	20

(2) Control excessive brightness and glare in all instructional areas. Surface contrasts and direct or indirect glare must not cause excessive eye accommodation or eye strain problems.

(3) Provide lighting in a manner that minimizes shadows and other lighting deficiencies on work and teaching surfaces.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-115, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-120 Restrooms and showers—Construction requirements. School officials shall:

(1) Provide shower facilities for grades nine and above for classes in physical education and for team sports. Showers must supply hot water between one hundred and one hundred twenty degrees Fahrenheit.

(2) Provide floor surfaces in shower areas that are water impervious, slip-resistant, and sloped to floor drains. Walls must be water impervious up to showerhead height. Upper walls and ceilings must have an easily cleanable surface.

(3) Locate drying areas, if provided, adjacent to showers and locker or dressing rooms. Walls and ceilings must have an easily cleanable surface and floor surfaces must be water impervious, slip-resistant, and sloped to floor drains.

(4) Provide locker or dressing rooms adjacent to showers or drying rooms. Walls and ceilings must have an easily cleanable surface. When drying areas are provided, floor surfaces in locker or dressing rooms must be appropriate for the intended use, easily cleanable and dryable to effectively inhibit mold growth. When drying areas are not provided, locker or dressing room floor surfaces must be water impervious, slip-resistant, and sloped to floor drains.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-120, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-125 Restrooms and showers—Operation and maintenance requirements. School officials shall:

(1) Provide in each restroom:

(a) Toilet paper in each toilet stall;

(b) Single service handwashing soap near each handwashing sink; and

(c) Single-service towels or an adequate number of warm-air dryers. Common use towels are not allowed.

(2) Provide hot water to all handwashing plumbing fixtures at a maximum temperature of one hundred twenty degrees Fahrenheit.

(3) Provide tempered water for those handwashing plumbing fixtures that do not allow the user to select water temperature.

(4) Provide any hand operated, self-closing handwashing plumbing fixtures with the capability of providing at least ten seconds of running water.

(5) Provide access to restrooms when:

(a) School buildings are in use; or

(b) Outdoor facilities or athletic fields are in use for school-sponsored events. School officials are not required to provide access to restrooms when outdoor facilities and athletic fields are in use after school hours or on weekends unless it is a school-sponsored event.

(6) Provide access to shower facilities with hot water between one hundred and one hundred twenty degrees Fahrenheit for classes in physical education and school-sponsored sports teams at grades nine and above.

(7) When cloth towels are supplied by the school, provide them for individual use and launder them after each use.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-125, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-130 Water quality monitoring—Lead. (1) School officials shall:

(a) Sample plumbing fixtures that are regularly used for drinking or cooking.

(b) Use a laboratory to analyze all required water samples that is accredited by the department of ecology, or other appropriate agency if outside Washington state, according to EPA drinking water laboratory certification criteria.

(2) Water sampling protocols. School officials shall:

(a) Collect representative samples, according to the percentages required by subsections (3) and (4) of this section, from each type and age of plumbing fixture regularly used for drinking or cooking.

(i) For type of fixture, use at least the three types: Drinking fountains, water coolers and faucets.

(ii) For age of fixture, use at least two groupings: Those manufactured prior to 1999, and those manufactured since January 1, 1999.

(b) Sample as follows:

(i) Make sure cold water is the last to run through the fixture to be tested.

(ii) Allow water to sit in the plumbing system at least eight hours. No water may pass through the fixture during that time.

(iii) Place the 250 ml sample bottle under the faucet and open the cold water tap. Fill the bottle to the shoulder or the line marked "250 ml," turn off the water and cap the bottle tightly.

(3) Initial monitoring schedule for lead.

(a) School officials shall conduct initial monitoring by sampling fifty percent of the plumbing fixtures regularly used for drinking or cooking in elementary schools or used by preschool children in K-12 schools within one year after the effective date of this section. This may be either from fifty percent of the fixtures in each school or from all of the fixtures in fifty percent of the schools within a district. School districts shall sample the remaining fifty percent of the fixtures within two years after the effective date of this section.

(b) School officials shall conduct initial monitoring by sampling at least twenty-five percent of each type and age of plumbing fixture, as specified under subsection (2)(a) of this section, regularly used by students for drinking or cooking in:

(i) Middle and junior high schools within three years after the effective date of this section; and

(ii) High schools within four years after the effective date of this section.

(c) School officials, with local health officer approval, may apply samples collected after September 1, 2003, toward meeting the initial monitoring requirement if all plumbing fixtures with lead results above 0.020 milligrams per liter or 20.0 parts per billion have been removed from service, or have been or are being addressed according to subsection (5) of this section, and samples were:

(i) From plumbing fixtures regularly used for drinking or cooking; and

(ii) Collected consistent with subsection (2) of this section.

(4) Ongoing monitoring for lead.

(a) School officials shall repeat lead monitoring every five years, beginning within:

(i) Seven years after the effective date of this section for elementary schools;

(ii) Eight years after the effective date of this section for middle and junior high schools; and

(iii) Nine years after the effective date of this section for high schools.

(b) School officials shall use sampling protocols in subsection (2) of this section to collect samples in all schools from:

(i) No less than twenty-five percent of each type and age of plumbing fixture which is not a "very low lead" plumbing fixture; and

(ii) No less than ten percent of each type of plumbing fixture which is a "very low lead" plumbing fixture.

(c) Schools that are Group A public water systems are not required to do ongoing lead monitoring required by (a) of this subsection if the schools meet the lead monitoring requirements in chapter 246-290 WAC.

(5) Corrective actions. School officials shall:

(a) For all plumbing fixtures with sample results of lead above 0.020 milligrams per liter or 20.0 parts per billion, immediately shut off these fixtures or make them inoperable.

(b) For all plumbing fixtures of the same type and age as any fixture with results above 0.020 milligrams per liter or 20.0 parts per billion:

(i) Take immediate corrective action according to (a) of this subsection; or

(ii) Collect first draw samples within ten business days. Upon receipt of sample results, immediately shut off or make inoperable all plumbing fixtures with results of lead above 0.020 milligrams per liter or 20.0 parts per billion.

(c) To provide drinking water at the location of these fixtures, take one or more of the following remedies:

(i) Bottled water. If bottled water is used, provide bottled water that is produced by a Washington state department of agriculture-approved bottling operation or out-of-state or international bottler whose product meets federal Food and Drug Administration regulations.

(ii) Manual flushing. Manual flushing may be used only as a temporary remedy. If manual flushing is used:

(A) Take flush samples from twenty-five percent of each type and age of the fixtures planned to be included in the flushing program to determine the flushing time necessary to reduce lead to below 0.020 milligrams per liter or 20.0 parts per billion. Start by following the sample collection protocol of first-draw samples described in subsection (2)(b) of this section with the addition of letting the water run for thirty seconds before filling the bottle.

(B) Open the tap of every fixture included in the flushing program every morning before the school facility opens and let the water run for the length of time established in (c)(ii)(A) of this subsection.

(iii) Automated flushing. If automated flushing is used, take samples from twenty-five percent of each type and age of the fixtures included in the flushing program to demonstrate that the automated system reduces lead to below 0.020 milligrams per liter or 20.0 parts per billion.

(iv) Fixture replacement. If individual plumbing fixtures are replaced:

(A) Precondition the new plumbing fixtures by running water through the fixture continuously for twenty-four hours; and

(B) Collect first draw samples after preconditioning and verify sample results of lead below 0.020 milligrams per liter or 20.0 parts per billion. If the preconditioned plumbing fixture does not yield a sample result below this level, (a) of this subsection applies.

(v) Treatment. Before treatment is used, submit an engineering project report to the department, per WAC 246-290-110. Installation of treatment devices will result in the school's designation as a public water supply. School officials shall then ensure they comply with the Group A public water system rules and regulations, chapter 246-290 WAC and water works operator certification rules and regulations, chapter 246-292 WAC.

(6) Notification requirements. School officials shall:

(a) Notify school facility staff, students, parents, and the local health officer within five business days of the school officials receiving lead sampling results above 0.020 milligrams per liter or 20.0 parts per billion.

(b) Make all results available for review upon request.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-130, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-135 Water quality monitoring—Copper. (1) School officials shall collect water samples and have them tested for copper following the requirements of WAC 246-366A-130 (1) and (2)(b). The same water samples used for lead testing may be used for copper testing.

(2) School officials shall test water samples for copper from no less than twenty-five percent of each type and age of plumbing fixture regularly used for drinking or cooking.

(a) For type of fixture, use at least the three types: Drinking fountains, water coolers and faucets.

(b) For age of fixture, use at least two groupings: Those manufactured prior to 1999 and those manufactured since January 1, 1999.

(3) School officials shall complete water sampling of plumbing fixtures for copper in:

(a) Elementary schools within two years after the effective date of this section;

(b) Middle and junior high schools within three years after the effective date of this section; and

(c) High schools within four years after the effective date of this section.

(4) If school officials, with local health officer approval, include lead samples collected after September 1, 2003, toward meeting the initial monitoring requirement for lead, as specified in WAC 246-366A-130, they may wait to monitor those plumbing fixtures for copper until they conduct the next ongoing lead monitoring per WAC 246-366A-130(4).

(5) School officials, with local health officer approval, may include samples collected after September 1, 2003, toward meeting monitoring requirements if all plumbing fixtures with copper results above 1.30 milligrams per liter or 1300 parts per billion have been or are being addressed according to subsection (6) of this section, and the samples were:

(a) From plumbing fixtures regularly used for drinking and cooking; and

(b) Collected using the sampling protocol specified in WAC 246-366A-130 (2)(b).

(6) Corrective actions. For all plumbing fixtures with first draw sample results of copper above 1.30 milligrams per liter or 1300 parts per billion, school officials shall:

(a) Within five business days of getting sample results, consult with the department to develop a corrective action plan; and

(b) Implement the corrective action plan.

(7) Notification requirements. School officials shall:

(a) Notify staff, students and parents, and the local health officer within five business days of the school officials receiving copper sampling results above 1.30 milligrams per liter or 1300 parts per billion; and

(b) Make all results available for review upon request.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-135, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-140 Water quality monitoring—Other drinking water contaminants. The local health officer may require:

(1) Sampling of drinking water when public health concerns exist about drinking water contaminants other than lead or copper;

(2) Corrective actions in response to sampling results for other contaminants; and

(3) School officials to notify school facility staff, students and parents, and the local health officer about test results.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-140, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-150 Playgrounds—Construction and installation requirements. (1) School officials shall:

(a) Consult with the local health officer regarding playground review and approval requirements consistent with the scope of the project when proposing to:

(i) Install new playground equipment or fall protection surfaces;

(ii) Add new playground features or equipment to an existing playground; or

(iii) Modify, other than repair and maintain, existing playground equipment, features, or fall protection surfaces.

(b) If required by the local health officer after consultation:

(i) Provide playground plans and equipment specifications and any additional information the local health officer requests; and

(ii) Obtain plan review and written approval from the local health officer before installing, adding, or modifying playground equipment or fall protection surfaces.

(c) Install playground equipment, including used equipment, and fall protection surfaces:

(i) That meet the ASTM F 1487-01: Standard Consumer Safety Performance Specification for Playground Equipment for Public Use; and

(ii) In a manner that is consistent with the manufacturer's instructions and *Consumer Product Safety Commission Handbook for Public Playground Safety*, 2008.

(d) Prohibit the use of chromated copper arsenate or creosote treated wood to construct or install playground equipment, landscape structures, or other structures on which students may play.

(2) The local health officer shall:

(a) Consult with school officials to determine what is required for playground plan review and approval consistent with the scope of the project.

(b) If playground review and approval is required:

(i) Review playground plans and equipment specifications to confirm that the requirements of these rules are addressed;

(ii) Identify and request any additional documents required to complete the review;

(iii) Provide written approval or denial of the playground plans and equipment specifications within thirty days of receiving all documents needed to complete the review, unless the school officials and the local health officer agree to a different timeline; and

(iv) Verify that playground installation complies with requirements of this section.

(c) Coordinate all playground-related inspections with school officials.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-150, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-155 Playgrounds—Operation and maintenance requirements. School officials shall:

(1) Monitor and operate playgrounds so that protective surfacing and use zones are maintained, and equipment is properly anchored and free of puncture, pinching, crushing, shearing, entanglement, and entrapment hazards.

(2) Prohibit the use of chromated copper arsenate or creosote treated wood to repair or maintain playground equipment, landscape structures, or other structures on which students may play.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-155, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-160 Laboratories and shops—Construction requirements. School officials shall:

(1) Provide an emergency eyewash fountain for each laboratory and shop where hazardous materials are used or eye irritants are produced.

(2) Provide an emergency shower for each laboratory where hazardous materials are used and the potential for chemical spills exists.

(3) Assure that all emergency eyewash fountains and showers have unobstructed access and are reachable within ten seconds.

(4) Provide handwashing and appropriate drying facilities in an easily accessible location in each laboratory and shop.

(5) Provide emergency shut-offs for gas and electricity connected to stationary machinery in laboratories and shops. Emergency shut-offs must:

(a) Be located in close proximity to the room exit door;

(b) Have unobstructed access; and

(c) Have signage readable from across the room for immediate identification during an emergency.

(6) Provide all stationary machinery in laboratories and shops with magnetic-type switches to prevent machines from automatically restarting upon restoration of power after an electrical failure or activation of the emergency shut-off.

(7) Provide mechanical exhaust ventilation in hazardous material storerooms, and in laboratories and shops where equipment or activities may produce air contaminants of public health importance.

(8) When activities or equipment in laboratories or shops produce air contaminants of public health importance, provide an appropriate source capture system to prevent those contaminants from entering the student's breathing zone. These activities and equipment include, but are not limited to, spray painting, welding, pottery kilns, chemistry experiments, and wood-working.

(9) Design ventilation systems to operate so that air is not recirculated and does not flow from the laboratory or shop to other parts of the school facility. Open plenum air returns consisting of the space above suspended ceilings in laboratories and shops must not be used to recirculate air to other parts of the school facility.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-160, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-165 Laboratories and shops—Operation and maintenance requirements. In laboratories and shops, school officials shall:

(1) Select, label, use, store and dispose of hazardous materials in accordance with WAC 246-366A-065.

(2) Prohibit use and storage of compounds that are:

(a) Considered shock-sensitive explosives, for example, picric acid, dinitro-organics, isopropyl ether, ethyl ether, tetrahydrofuran, dioxane; or

(b) Lethal at low concentrations when inhaled or in contact with skin, for example, pure cyanides, hydrofluoric acid, toxic compressed gases, mercury liquid and mercury compounds, and chemicals identified as the P-list under WAC 173-303-9903.

(3) Adopt safety procedures and processes for instructing students regarding the proper use of hazardous materials and equipment.

(4) Provide and require use of appropriate personal protective equipment when exposure to potential hazards might occur. Potential hazards include, but are not limited to hazardous material exposures, burns, cuts, and punctures.

(5) Provide situation-specific emergency and protective equipment during demonstrations with hazardous materials and with hazardous procedures. Examples of protective equipment include, but are not limited to, safety shields for eyes, protective gloves that are fire retardant and chemical resistant, respiratory protection, and fire extinguishers.

(6) Properly maintain laboratory and shop equipment and mechanical exhaust ventilation.

(7) Provide single-use soap and single-use towels or warm-air dryers at handwashing sinks.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-165, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-170 Variances. (1) School officials:

(a) May request a variance from requirements in these rules from the local health officer if they wish to use an alternative to meet the intent of these rules.

(i) The request for a variance must be in writing and describe:

(A) The specific requirement the variance is requested to replace;

(B) The alternative proposed to meet the specific requirement; and

(C) How the proposed alternative will provide at least a comparable level of protection as that provided by the specific requirement.

(ii) The request for a variance must include information as needed to support and clarify the request, such as material descriptions and specifications, engineering reports, photos, drawings, or sketches.

(b) May implement a variance only after obtaining approval from the local health officer.

(2) The local health officer shall:

(a) Initially review documents submitted with the request for a variance and inform school officials if additional information is required.

(b) Compare the health and safety aspects of the specific requirement being addressed and the variance proposal to determine if the proposal provides at least a comparable level of protection as that provided by the specific requirement.

(c) Provide written approval or denial of a request for a variance within sixty days of receiving a complete written request, unless school officials and the local health officer agree to a different timeline.

(d) Submit an annual written report to the department regarding all variance requests. The report must be submitted by March 1st of each year, beginning the third year after the effective date of this section, and cover the calendar period January through December of the previous year.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-170, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-175 Temporary emergency waivers for disaster situations. The local health officer may grant school officials an emergency waiver from some or all of the requirements in these rules for the temporary use of a facility or site as a school when the facility normally used by the school is not safe to be occupied due to a natural or man-made disaster.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-175, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-180 Appeals. Decisions or actions of the local health officer may be appealed to the local board of health in a manner consistent with their established procedure.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-180, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-190 Complaints. (1) School officials shall establish a written complaint process, if such a written process does not already exist. The complaint process must clearly describe the means for a person to file a written complaint concerning failure to comply with a provision of these rules that jeopardizes the health and safety of students. At a minimum, the process shall provide for:

(a) Promptly investigating all complaints;

(b) Correcting conditions not in compliance with these rules within an appropriate time frame given the level of risk to health and safety;

(c) Providing notification for imminent health hazards in accordance with WAC 246-366A-020;

(d) Promptly communicating with the complainant regarding the outcome of the investigation, and the actions and time frame proposed to address any verified conditions not in compliance with these rules; and

(e) Communicating with the local health officer about the outcome of complaint investigations referred to school officials by the local health officer.

(2) The local health officer who receives a complaint concerning failure to comply with a provision of these rules that jeopardizes the health and safety of students shall:

(a) Promptly inform school officials that a complaint was filed with the local health officer;

(b) Conduct a preliminary inquiry to determine if an imminent health hazard exists;

(c) Investigate the complaint in consultation with school officials if an imminent health hazard exists;

(d) Either refer the complaint to school officials or investigate the complaint in consultation with school officials if an imminent health hazard does not appear to exist; and

(e) Communicate with the complainant about the outcome of the complaint investigation.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-190, filed 12/22/09, effective 7/1/10.]

WAC 246-366A-200 Severability. If any provision of this chapter or its application to any person or circumstance is held invalid, the remainder of the chapter or the application of the provision to other persons or circumstances is not affected.

[Statutory Authority: RCW 43.20.050. 10-01-174, § 246-366A-200, filed 12/22/09, effective 7/1/10.]

Chapter 246-491 WAC
VITAL STATISTICS—CERTIFICATES

WAC

WAC 246-491-149 Information collected on the legal or public section of certificates; modifications to the United States standard certificates and report forms. (1) Effective January 1, 2003, the department shall use the 2003 revisions of the United States standard forms for live birth and fetal death.

(2) Effective January 1, 2004, the department shall use the 2003 standard form for death.

(3) Effective January 1, 1992, the department shall use the 1988 revisions of the United States standard forms for marriage and certificate of divorce, dissolution of marriage or annulment.

(4) These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics. Copies of these forms may be obtained by contacting the department's center for vital statistics.

(5) With the exception of the confidential section, the department may modify any part of these forms.

(a) Table 3 identifies the modifications to the United States standard form for live birth.

(b) Table 4 identifies the modifications to the United States standard form for fetal death.

(c) Table 5 identifies the modifications to the United States standard form for death.

(d) Table 6 identifies modifications to the United States standard form for marriage.

(e) Table 7 identifies modifications to the United States standard form for certificate of divorce, dissolution of marriage, or annulment.

(6) Table 8 lists items to be collected on the certificate of dissolution of Washington state domestic partnership. This is a Washington state form not addressed in the United States standard forms.

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

Table 3:
Legal or Public Birth Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
1	Child's name	
2	Child's date of birth	
3	Time of birth	
4	Type of birthplace	Add "En route," Add "Planned birthplace if different"
5	Child's sex	
6	Name of facility	
7	City, town or location of birth	
8	County of birth	
9	Mother's name before first marriage	

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

Table 3:
Legal or Public Birth Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
10	Mother's date of birth	
11	Mother's birthplace	
12	Mother's Social Security number	
13	Mother's current legal last name	
14	Social Security number requested for child?	
16a	Mother's residence - number, street, and Apt. No.	
16b	Mother's residence - city or town	
16c	Mother's residence - county	
16d	Tribal reservation name (if applicable)	Added
16e	Mother's residence - state or foreign country	
16f	Mother's residence - zip code + 4	
16g	Mother's residence - inside city limits?	
17	Telephone number	Added
18	How long at current residence?	Added
19	Mother's mailing address, if different	
25	Father's current legal name	
26	Father's date of birth	
27	Father's birthplace	
28	Father's Social Security number	
66	Certifier name and title	Delete check boxes
67	Date certified	
68	Attendant name and title	Delete check boxes
69	NPI of person delivering the baby	
—-	Date filed by registrar	Deleted

U.S. STANDARD REPORT OF FETAL DEATH

Table 4:
Legal or Public Fetal Death Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
1	Name of fetus	
2	Sex	
3	Date of delivery	
4	Time of delivery	

U.S. STANDARD REPORT OF FETAL DEATH

Table 4:
Legal or Public Fetal Death Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
5	Type of birthplace	Add "En route," Add "Planned birthplace if different"
6	Name of facility	
7	Facility ID (NPI)	
8	City, town or location of birth	
9	Zip code of delivery	
10	County of birth	
11	Mother's name before first marriage	
12	Mother's date of birth	
13	Mother's current legal last name	
14	Mother's birthplace	
15a	Mother's residence - number, street, and Apt. No.	
15b	Mother's residence - city or town	
15c	Mother's residence - county	
15d	Tribal reservation name (if applicable)	Added
15e	Mother's residence - state or foreign country	
15f	Mother's residence - zip code + 4	
15g	Mother's residence - inside city limits?	
16	How long at current residence?	Added
17	Father's current legal name	
18	Father's date of birth	
19	Father's birthplace	
20	Name and title of person completing the report	
21	Date report completed	
22	Attendant name and title	Delete check boxes
23	NPI of person delivering the baby	
24	Method of disposition	
25	Date of disposition	
26	Place of disposition	Added
27	Location of disposition - city/town and state	Added
28	Name and complete address of funeral facility	Added
29	Funeral director signature	Added
30	Initiating cause/condition (cause of death)	

U.S. STANDARD REPORT OF FETAL DEATH

Table 4:
Legal or Public Fetal Death Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
31	Other significant causes or conditions	
32	Estimated time of fetal death	
33	Was an autopsy performed?	
34	Was a histological placental examination performed?	
35	Were autopsy or histological placental examination results used in determining the cause of death?	
36	Registrar signature	Added
37	Date received	

U.S. STANDARD CERTIFICATE OF DEATH

Table 5:
Death Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
1	Legal name (include a.k.a.'s if any)	
2	Death date	
3	Sex	
4a	Age - years	
4b	Age - under 1 year	
4c	Age - under 1 day	
5	Social Security number	
6	County of death	
7	Birth date	
8a	Birth place - city, town or county	
8b	Birth place - state or foreign country	
9	Decedent's education	Add "Specify": next to box for "8th Grade or less"
10	Decedent's Hispanic origin	
11	Decedent's race	
12	Was decedent ever in U.S. Armed Forces?	
13a	Residence - number and street	
13b	Residence - city or town	
13c	Residence - county	
13d	Tribal reservation name (if applicable)	Added
13e	Residence - state or foreign country	
13f	Residence - zip code	
13g	Inside city limits?	

U.S. STANDARD CERTIFICATE OF DEATH

Table 5:
Death Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
14	Estimated length of time at residence	Added
15	Marital status at time of death	
16	Surviving spouse's name	
17	Occupation	
18	Kind of business/industry	
19	Father's name	
20	Mother's name before first marriage	
21	Informant - name	
22	Informant - relationship to decedent	
23	Informant - address	
24	Place of death	
25	Facility name (if not a facility, give number and street)	
26a	City, town, or location of death	
26b	State of death	
27	Zip code of death	
28	Method of disposition	
29	Place of disposition (name of cemetery, crematory, other place)	
30	Disposition - city/town, and state	
31	Name and complete address of funeral facility	
32	Date of disposition	Added
33	Funeral director signature	
34	Causes of death and intervals between onset and death	
35	Other significant conditions contributing to death	
36	Autopsy?	
37	Were autopsy findings available to complete the cause of death?	
38	Manner of death	
39	Pregnancy status	
40	Did tobacco use contribute to death?	
41	Date of injury	
42	Hour of injury	
43	Place of injury	
44	Injury at work?	
45	Injury location - street, city, county, state, zip	County Added
46	Describe how injury occurred	
47	Transport injury type	

U.S. STANDARD CERTIFICATE OF DEATH

Table 5:
Death Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
48a	Certifying physician signature	
48b	Medical examiner/coroner signature	
49	Name and address of certifier	
50	Hour of death	
51	Name and title of attending physician if other than certifier	Added
52	Date certified	
53	Title of certifier	
54	License number of certifier	
55	ME/coroner file number	Added
56	Was case referred to medical examiner?	
57	County registrar signature	Added
58	County date received	Added
59	Record amendment	Added
—	License number of funeral director	Deleted
—	Date pronounced dead	Deleted
—	Time pronounced dead	Deleted
—	Signature of person pronouncing death	Deleted
—	License number of person pronouncing death	Deleted
—	Date person pronouncing death signed	Deleted

U.S. STANDARD LICENSE AND CERTIFICATE OF MARRIAGE

Table 6:
Certificate of Marriage

Item Number	Item Name	Difference from U.S. Standard, if any
—	Certificate name	Changed name of form to "Certificate of Marriage"
—	County of license	
—	Date valid	
—	Not valid after (date)	
1	Date of marriage	
2	County of ceremony	
3	Type of ceremony	Added
4	Date signed (by officiant)	Added
5	Officiant's name	
6	Officiant's signature	
7	Officiant's address	
8	Groom's name	
9	Groom's address (street)	
10	Groom's date of birth	
11	Groom's place of birth (state or country)	

U.S. STANDARD LICENSE AND CERTIFICATE OF MARRIAGE

Table 6:
Certificate of Marriage

Item Number	Item Name	Difference from U.S. Standard, if any
12	Groom's address (city)	
13	Groom's address (inside city limits)	Added
14	Groom's address (county)	
15	Groom's address (state)	
16	Groom's father - name	
17	Groom's father - place of birth	
18	Groom's mother - maiden name	
19	Groom's mother - place of birth	
20	Groom's signature	
21	Date signed (by groom)	
22	Bride's name	
23	Bride's maiden last name	
24	Bride's residence - (street)	
25	Bride's date of birth	
26	Bride's place of birth (state or country)	
27	Bride's residence (city)	
28	Bride's residence (inside city limits)	Added
29	Bride's residence (county)	
30	Bride's residence (state)	
31	Bride's father - name	
32	Bride's father - place of birth	
33	Bride's mother - maiden name	
34	Bride's mother - place of birth	
35	Bride's signature	
36	Date signed (by bride)	
37	Witness #1 signature	
38	Witness #2 signature	
39	County auditor signature	
40	Date received (by county auditor)	
Reverse side		Groom's Social Security number
Reverse side		Bride's Social Security number
	Groom's age last birthday	Deleted
	Bride's age last birthday	Deleted
	License to marry section	Deleted
	Expiration date of license	Deleted
	Title of issuing official	Deleted
	Confidential information	Deleted

U.S. STANDARD CERTIFICATE OF DIVORCE, DISSOLUTION OF MARRIAGE, OR ANNULMENT

TABLE 7:
Certification of Dissolution, Declaration of Invalidity of Marriage, or Legal Separation

Item Number	Item Name	Difference from U.S. Standard, if any
	Certificate name	Changed form name to certificate of dissolution, declaration of invalidity of marriage or legal separation
	Court file number	
1	Type of decree	Added check boxes
2	Date of filing	
3	County where decree filed	
4	Signature of superior court clerk	
5	Husband's name	
6	Husband's date of birth	
7	Husband's place of birth	
8	Husband's residence - street	
9	Husband's residence - city	
10	Husband's residence - inside city limits	Added
11	Husband's residence - county	
12	Husband's residence - state	
13	Wife's name	
14	Wife's maiden name	
15	Wife's date of birth	
16	Wife's place of birth	
17	Wife's residence - street	
18	Wife's residence - city	
19	Wife's residence - inside city limits	Added
20	Wife's residence - county	
21	Wife's residence - state	
22	Place of marriage - county	
23	Place of marriage - state	
24	Date of marriage	
25	Number of children of this marriage	Name change
26	Petitioner	Delete check boxes
27	Name of petitioner's attorney/pro se	
28	Petitioner's address	
29	Husband's Social Security number	
30	Wife's Social Security number	
	Date couple last resided in same household	Delete

U.S. STANDARD CERTIFICATE OF DIVORCE, DISSOLUTION OF MARRIAGE, OR ANNULMENT

TABLE 7:

Certification of Dissolution, Declaration of Invalidity of Marriage, or Legal Separation

Item Number	Item Name	Difference from U.S. Standard, if any
	Number of children under 18 whose physical custody was awarded to	Delete
	Title of court	Delete
	Title of certifying official	Delete
	Date signed	Delete
	Confidential information	Delete

TABLE 8:

Certification of Dissolution of Washington State Domestic Partnership

Item Number	Item Name
	Certificate name
	Court file number
1	Type of decree
2	Date of decree
3	County where decree filed
4	Signature of superior court clerk
5a	First partner’s name
5b	First partner’s name at birth
6	First partner’s date of birth
7	First partner's place of birth
8	First partner's residence - street
9	First partner's residence - city
10	First partner's residence - inside city limits
11	First partner's residence - county
12	First partner's residence - state
13a	Second partner's name
13b	Second partner's name at birth
14	Second partner's date of birth
15	Second partner's place of birth
16	Second partner's residence - street
17	Second partner's residence - city
18	Second partner's residence - inside city limits
19	Second partner's residence - county

TABLE 8:

Certification of Dissolution of Washington State Domestic Partnership

Item Number	Item Name
20	Second partner's residence - state
21	Date of this partnership
22	Domestic partnership certificate number
23	Petitioner
24	Name of petitioner's attorney/pro se
25	Petitioner’s address

[Statutory Authority: RCW 26.09.150. 09-11-111, § 246-491-149, filed 5/19/09, effective 6/19/09. Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. 02-20-092, § 246-491-149, filed 10/1/02, effective 11/1/02. Statutory Authority: RCW 43.70.150. 91-23-026 (Order 211), § 246-491-149, filed 11/12/91, effective 12/13/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-491-149, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.620. 88-19-034 (Order 2696), § 248-124-160, filed 9/12/88.]

Chapter 246-808 WAC

CHIROPRACTIC QUALITY ASSURANCE COMMISSION

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-808-640 Scope of practice—Revocation or suspension of license authorized for practice outside scope. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-640, filed 8/6/96, effective 9/6/96.] Repealed by 09-04-041, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.25.0171.

Chapter 246-809 WAC

LICENSURE FOR MENTAL HEALTH COUNSELORS, MARRIAGE AND FAMILY THERAPISTS, AND SOCIAL WORKERS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-809-061 Health care institutions. [Statutory Authority: RCW 18.225.040, 18.130.050. 06-09-032, § 246-809-061, filed 4/12/06, effective 5/13/06.] Repealed by 09-15-039, filed 7/8/09, effective 7/8/09. Statutory Authority: Chapter 18.225 RCW.

246-809-062 Licensed counselor associations or societies. [Statutory Authority: RCW 18.225.040, 18.130.050. 06-09-032, § 246-809-062, filed 4/12/06, effective 5/13/06.] Repealed by 09-15-039, filed 7/8/09, effective 7/8/09. Statutory Authority: Chapter 18.225 RCW.

246-809-063 Health care service contractors and disability insurance carriers. [Statutory Authority: RCW 18.225.040, 18.130.050. 06-09-032, § 246-809-063, filed 4/12/06, effective 5/13/06.] Repealed by 09-15-039, filed 7/8/09, effective 7/8/09. Statutory Authority: Chapter 18.225 RCW.

246-809-064 Professional liability carriers. [Statutory Authority: RCW 18.225.040, 18.130.050. 06-09-032, § 246-809-064, filed 4/12/06, effective 5/13/06.] Repealed by 09-15-039, filed 7/8/09, effective 7/8/09. Statutory Authority: Chapter 18.225 RCW.

246-809-065 Courts. [Statutory Authority: RCW 18.225.040, 18.130.050. 06-09-032, § 246-809-065, filed 4/12/06, effective 5/13/06.] Repealed by 09-15-039, filed 7/8/09, effective 7/8/09. Statutory Authority: Chapter 18.225 RCW.

246-809-066 State and federal agencies. [Statutory Authority: RCW 18.225.040, 18.130.050. 06-09-032, § 246-809-066, filed 4/12/06, effective 5/13/06.] Repealed by 09-15-039, filed 7/8/09, effective 7/8/09. Statutory Authority: Chapter 18.225 RCW.

WAC 246-809-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Associate" means a prelicensure candidate who has a graduate degree in a mental health field under RCW 18.225.090 and is gaining the supervision and supervised experience necessary to become a licensed independent clinical social worker, a licensed advanced social worker, a licensed mental health counselor, or a licensed marriage and family therapist. Associates may not independently provide social work, mental health counseling, or marriage and family therapy for a fee, monetary or otherwise. Associates must work under the supervision of an approved supervisor.

(2) "Independent social work, mental health counseling, or marriage and family therapy" means the practice of these disciplines without being under the supervision of an approved supervisor.

(3) "Licensed counselor" means a licensed marriage and family therapist, licensed mental health counselor, licensed advanced social worker, or licensed independent clinical social worker regulated under chapter 18.225 RCW.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-010, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040, 18.130.050. 06-09-032, § 246-809-010, filed 4/12/06, effective 5/13/06.]

WAC 246-809-035 Recordkeeping and retention. (1) The licensed counselor or associate providing professional services to a client or providing services billed to a third-party payor, must document services, except as provided in subsection (2) of this section. The documentation includes:

(a) Client name;

(b) The fee arrangement and record of payments;

(c) Dates counseling was received;

(d) Disclosure form, signed by licensed counselor and client or associate and client;

(e) The presenting problem(s), purpose or diagnosis;

(f) Notation and results of formal consults, including information obtained from other persons or agencies through a release of information;

(g) Progress notes sufficient to support responsible clinical practice for the type of theoretical orientation/therapy the licensed counselor or associate uses. The associate must provide adequate information about their clinical work to the approved supervisor. This can be in the form of progress notes, case discussions/analysis, or reports from collaborating professionals. The approved supervisor must have an understanding of the clinical work that the associate is doing.

(2) If a client requests that no treatment records be kept, and the licensed counselor or associate agrees to the request, the request must be in writing and the licensed counselor or associate must retain only the following documentation:

(a) Client name;

(b) Fee arrangement and record of payments;

(c) Dates counseling was received;

(d) Disclosure form, signed by licensed counselor or associate and client;

(e) Written request that no records be kept.

(3) The licensed counselor or associate may not agree to the request if maintaining records is required by other state or federal law.

(4) The licensed counselor or associate or the associate's supervisor must keep all records for a period of five years following the last visit. Within this five-year period, all records must be maintained safely, with properly limited access.

(5) The licensed counselor or associate or the associate's supervisor must make provisions for retaining or transferring records in the event of going out of business, death or incapacitation. These provisions may be made in the practitioner's will, an office policy, or by ensuring another licensed counselor is available to review records with a client and recommend a course of action; or other appropriate means as determined by the licensed counselor or associate.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-035, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040, 18.130.050. 06-09-032, § 246-809-035, filed 4/12/06, effective 5/13/06.]

WAC 246-809-040 Reporting of suspected abuse or neglect of a child or vulnerable adult. As required by chapter 26.44 RCW, all licensed counselors and associates must report abuse or neglect of a child if the counselor has reasonable cause to believe that an incident has occurred.

As required by chapter 74.34 RCW, all licensed counselors and associates must report suspected abandonment, abuse, neglect, or financial exploitation of a vulnerable adult, when there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect has occurred.

The counselor or associate shall report to the local law enforcement agency or to the department of social and health services at the first opportunity, but no longer than twenty-four hours after deciding there is reasonable cause to believe that the child or vulnerable adult has suffered abandonment, abuse, neglect, or financial exploitation.

The associate will inform their approved supervisor of any report made by the associate.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-040, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040, 18.130.050. 06-09-032, § 246-809-040, filed 4/12/06, effective 5/13/06.]

WAC 246-809-049 Sexual misconduct. (1) The definitions and prohibitions on sexual misconduct described in chapter 246-16 WAC apply to licensed counselors and associates except WAC 246-16-100 (3) and (4).

(2) A licensed counselor or associate shall never engage, or attempt to engage, in the activities listed in WAC 246-16-100(1) with a former patient, former client or former key party.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-049, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.155.040, 18.19.050, 18.225.040, 18.205.060, 18.130.050. 08-07-090, § 246-809-049, filed 3/19/08, effective 4/19/08. Statutory Authority: RCW 18.225.040, 18.130.050. 06-09-032, § 246-809-049, filed 4/12/06, effective 5/13/06.]

WAC 246-809-100 One year exemption option. Persons who submit an application for licensure as a marriage and family therapist by July 1, 2010, and who have held a registered counselor credential issued under chapter 18.19 RCW in good standing for five consecutive years since obtaining their master's degree in an approved field, are deemed to have met the supervised postgraduate experience requirements of WAC 246-809-130. Applicants must meet the education requirements in WAC 246-809-120 and the examination requirements of WAC 246-809-140.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-100, filed 7/8/09, effective 7/8/09.]

WAC 246-809-110 Definitions. The following terms apply to the licensure of marriage and family therapists and marriage and family therapist associates.

(1) "Approved educational program" means:

(a) Any college or university accredited by a national or regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation or its successor; or

(b) A program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), at the time the applicant completed the required education.

(2) "Approved supervisor" means a licensed marriage and family therapist, or an equally qualified licensed mental health practitioner.

(3) "Equally qualified licensed mental health practitioner" means a licensed mental health counselor, licensed clinical social worker, licensed psychologist, licensed physician practicing as a psychiatrist, or licensed psychiatric nurse practitioner, who has completed:

(a) Three hundred clock hours in graduate or postgraduate marriage and family education, or continuing education in marriage and family therapy or supervision by an approved marriage and family therapist supervisor in marriage and family therapy or any combination of these; and

(b) Five years of clinical practice that includes the equivalent of one year of clinical practice working with couples and families.

(4) "Group supervision" means face-to-face supervision with an approved supervisor, involving one supervisor and no more than six licensure candidates.

(5) "Licensure candidate" means an individual that is accruing supervised clinical experience required for licensure.

(6) "One-on-one supervision" means face-to-face supervision with an approved supervisor, involving one supervisor and no more than two licensure candidates.

(7) "Supervised experience requirement" means experience that is obtained under an approved supervisor who meets the requirements described in WAC 246-809-134.

(8) "Supervision of supervision" means supervision by an approved supervisor for the purpose of training and qualifying a license holder to act as an approved supervisor for purposes of chapter 18.225 RCW and WAC 246-809-134.

(9) "Peer" means a co-worker who is not the licensure candidate's employer or supervisor.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-110, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040 and [18.225.]090. 06-18-043, § 246-809-110, filed 8/30/06, effective 9/30/06.]

WAC 246-809-120 Education requirements—Degree equivalents. (1) To meet the education requirement for full licensure or associate licensure an applicant must have a master's or doctoral degree in marriage and family therapy or a behavioral science master's or doctoral degree with equivalent course work from an approved school. An official transcript must be provided as evidence of fulfillment of the course work required.

(2) The following are considered to be equivalent to a master's or doctoral degree in marriage and family therapy from an approved school:

(a) A doctoral or master's degree from an approved school in any of the behavioral sciences that shows evidence of fulfillment of the course work requirements set out in WAC 246-809-121; or

(b) A doctoral or master's degree in any of the behavioral sciences from an approved school that shows evidence of partial fulfillment of the equivalent course work requirements set out in WAC 246-809-121, plus supplemental course work from an approved school to satisfy the remaining equivalent course work requirements set out in WAC 246-809-121.

(3) Applicants who held a behavioral science master's or doctoral degree and are completing supplemental course work through an approved school to satisfy any missing program equivalencies may count any postgraduate experience hours acquired concurrently with the additional course work.

(4) Anyone who has obtained American Association for Marriage and Family Therapy (AAMFT) clinical membership status is considered to have met the education requirements of this chapter. Verification must be sent directly to the department from the AAMFT.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-120, filed 7/8/09, effective 7/8/09. Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-120, filed 8/22/01, effective 9/22/01.]

WAC 246-809-121 Program equivalency. Course work equivalent to a master's or doctoral degree in marriage and family therapy must include graduate level courses in marital and family systems, marital and family therapy, individual development psychopathology, human sexuality, research, professional ethics and law, and supervised clinical practice and electives.

A total of forty-five semester credits and sixty quarter credits are required in all nine areas of study. A minimum of twenty-seven semester credits or thirty-six quarter credits are required in the first five areas of study: Marital and family systems, marital and family therapy, individual development psychopathology, human sexuality, and research. Distribution of the course work is as follows:

(1) Marital and family systems.

(a) An applicant must have taken at least two courses in marital and family systems. Course work required is a minimum of six semester credits or eight quarter credits.

(b) Marital and family systems is a fundamental introduction to the systems approach to intervention. The student should learn to think in systems terms on a number of levels across a wide variety of family structures, and regarding a diverse range of presenting problems. While the most intense focus may be on the nuclear family (in both its traditional and alternative forms), models should be taught which integrate information regarding the marital, sibling, and individual subsystems, as well as the family of origin and external societal influences. Developmental aspects of family functioning should also be considered of the family system; it also provides a theoretical basis for treatment strategy. Some material may be drawn from familiar sources such as family sociology, but it should be integrated with recent clinically oriented systems concepts. Supplemental studies may include family simulation, the observation of well families, and study of the student's family of origin.

(2) Marital and family therapy.

(a) An applicant must have taken at least two courses in marital and family therapy. Course work required is a minimum of six semester credits or eight quarter credits.

(b) Marital and family therapy is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each orientation. Major theoretical approaches to be surveyed might include strategic, structural, experiential, neoanalytical (e.g., object relations), communications, and behavioral. Applied studies should consider the range of technique associated with each orientation, as well as a variety of treatment structures, including individual, concurrent, collaborative, conjoint marital, marital group, transgenerational, and network therapies.

(3) Individual development.

(a) An applicant must have taken at least one course in individual development. Course work required is a minimum of two semester credits or three quarter credits.

(b) A course in this area is intended to provide a knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant course work in human development across the life span, and in personality theory. An attempt should be made to integrate this material with systems concepts. Several of the courses in this category may be required as prerequisites for some degree programs.

(4) Psychopathology.

(a) An applicant must have taken at least one course in psychopathology. Course work required is a minimum of two semester credits or three quarter credits.

(b) Psychopathology is the assessment and diagnosis including familiarity with current diagnostic nomenclature, diagnostic categories and the development of treatment strategies.

(5) Human sexuality.

(a) An applicant must have taken at least one course in human sexuality. Course work required is a minimum of two semester credits or three quarter credits.

(b) Human sexuality includes normal psycho-sexual development, sexual functioning and its physiological aspects and sexual dysfunction and its treatment.

(6) Research.

(a) An applicant must have taken at least one course in research methods. Course work required is a minimum of three semester credits or four quarter credits.

(b) The research area is intended to provide assistance to students in becoming informed consumers of research in the marital and family therapy field. Familiarity with substantive findings, together with the ability to make critical judgments as to the adequacy of research reports, is expected.

(7) Professional ethics and law.

(a) An applicant must have taken at least one course in professional ethics and law. Course work required is a minimum of three semester credits or four quarter credits.

(b) This area is intended to contribute to the development of a professional attitude and identity. Areas of study will include professional socialization and the role of the professional organization, licensure or certification legislation, legal responsibilities and liabilities, ethics and family law, confidentiality, independent practice and interprofessional cooperation.

(8) Electives.

(a) An individual must take one course in an elective area. Course work required is a minimum of three semester credits and four quarter credits.

(b) This area will vary with different institutions but is intended to provide supplemental and/or specialized supporting areas.

(9) Supervised clinical practice.

(a) An applicant may acquire up to nine semester credits or twelve quarter credits through supervised clinical practice in marriage and family therapy under the supervision of a qualified marriage and family therapist as determined by the school.

(b) If an applicant completed a master's or doctoral degree program in marriage and family therapy, or a behavioral science master's or doctoral degree with equivalent course work, prior to January 1, 1997; and if that degree did not include a supervised clinical practice component, the applicant may substitute the clinical practice component with proof of a minimum of three years postgraduate experience in marriage and family therapy, in addition to the two years supervised postgraduate experience required under section 9(1), chapter 251, Laws of 2001.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-121, filed 7/8/09, effective 7/8/09. Statutory Authority: 2001 c 251, RCW 43.70.-250. 01-17-113, § 246-809-121, filed 8/22/01, effective 9/22/01.]

WAC 246-809-130 Supervised postgraduate experience. The experience requirements for the marriage and family therapist applicant's practice area include successful completion of a supervised experience requirement. The experience requirement consists of a minimum of two calendar

years of full-time marriage and family therapy. Of the total supervision, one hundred hours must be with a licensed marriage and family therapist with at least five years' clinical experience; the other one hundred hours may be with an equally qualified licensed mental health practitioner. Total experience requirements include:

(1) A minimum of three thousand hours of experience, one thousand hours of which must be direct client contact; at least five hundred hours must be gained in diagnosing and treating couples and families; plus

(2) At least two hundred hours of qualified supervision with an approved supervisor. At least one hundred of the two hundred hours must be one-on-one supervision, and the remaining hours may be in one-on-one or group supervision.

(3) Applicants who have completed a master's program accredited by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy may be credited with five hundred hours of direct client contact and one hundred hours of formal meetings with an approved supervisor.

(4) Licensed marriage and family therapist associate applicants are not required to have supervised postgraduate experience prior to becoming an associate.

(5) Licensed marriage and family therapist associate applicants must declare they are working towards full licensure.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-130, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040 and [18.225.]090. 06-18-043, § 246-809-130, filed 8/30/06, effective 9/30/06. Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-130, filed 8/22/01, effective 9/22/01.]

WAC 246-809-134 Approved supervisor. (1) The approved supervisor must hold a license without restrictions that has been in good standing for at least two years.

(2) The approved supervisor must not be a blood or legal relative or cohabitant of the licensure candidate, licensure candidate's peer, or someone who has acted as the licensure candidate's therapist within the past two years.

(3) The approved supervisor, prior to the commencement of any supervision, must provide the licensure candidate a declaration, on a form provided by the department, that the supervisor has met the requirements of WAC 246-809-134 and qualify as an approved supervisor.

(4) The approved supervisor must have completed the following:

(a) A minimum of fifteen clock hours of training in clinical supervision obtained through:

(i) A supervision course; or

(ii) Continuing education credits on supervision; or

(iii) Supervision of supervision; or

(iv) Any combination of these; and

(b) Twenty-five hours of experience in supervision of clinical practice; or

(c) An American Association for Marriage and Family Therapy (AAMFT) approved supervisor meets the qualifications above.

(5) The approved supervisor must attest to having thorough knowledge of the supervisee's practice activities including:

(a) Practice setting;

(b) Recordkeeping;

(c) Financial management;

(d) Ethics of clinical practice; and

(e) A backup plan for coverage.

(6) Applicants whose supervised postgraduate experience began before September 30, 2006, are exempt from the requirements of subsection (4) of this section.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-134, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040 and [18.225.]090. 06-18-043, § 246-809-134, filed 8/30/06, effective 9/30/06.]

WAC 246-809-140 Examination. Examination required. Applicants for full licensure must take and pass the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) examination. The passing score on the examination is established by the testing company in conjunction with the AMFTRB.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-140, filed 7/8/09, effective 7/8/09. Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-140, filed 8/22/01, effective 9/22/01.]

WAC 246-809-200 One year exemption option. Persons who submit an application for licensure as a mental health counselor by July 1, 2010, and who have held a registered counselor credential issued under chapter 18.19 RCW in good standing for five consecutive years since obtaining their master's degree in an approved field, are deemed to have met the supervised postgraduate experience requirements of WAC 246-809-230. Applicants must meet the education requirements in WAC 246-809-220 and the examination requirements of WAC 246-809-240.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-200, filed 7/8/09, effective 7/8/09.]

WAC 246-809-210 Definitions. The following definitions apply to the licensure of mental health counselors and mental health counselor associates.

(1) "Approved educational program" means any college or university accredited by an accreditation body recognized by the Council for Higher Education Accreditation (CHEA) or its successor, at the time the applicant completed the required education.

(2) "Approved setting" includes facilities, agencies or private practice where an applicant works with individuals, families, couples or groups under the supervision of an approved supervisor.

(3) "Approved supervisor" means a qualified licensed mental health counselor or equally qualified licensed mental health practitioner who has been licensed without restrictions for at least two years.

(4) "Equally qualified licensed mental health practitioner" means a licensed marriage and family therapist, licensed clinical social worker, licensed psychologist, licensed physician practicing as a psychiatrist, or licensed psychiatric nurse practitioner.

(5) "Group supervision" means face-to-face supervision with an approved supervisor, involving one supervisor and no more than six licensure candidates.

(6) "Immediate supervision" means a meeting with an approved supervisor, involving one supervisor and no more than two licensure candidates.

(7) "Licensure candidate" means an individual that is accruing supervised clinical experience required for licensure.

(8) "Supervision of supervision" means supervision by an approved supervisor for the purpose of training and qualifying a licensee to act as an approved supervisor for purposes of chapter 18.225 RCW and WAC 246-809-234.

(9) "Peer" means a co-worker who is not the licensure candidate's employer or supervisor.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-210, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040 and [18.225.]090. 06-18-043, § 246-809-210, filed 8/30/06, effective 9/30/06.]

WAC 246-809-220 Education requirements. (1) To meet the education requirement for licensure as a mental health counselor or mental health counselor associate, an applicant must have a master's or doctoral degree in mental health counseling or a behavioral science master's or doctoral degree in a field relating to mental health counseling from an approved school. Fields recognized as relating to mental health counseling include counseling, psychology, social work, nursing, education, pastoral counseling, rehabilitation counseling, or social sciences. Any field of study qualifying as related to mental health counseling must satisfy course work equivalency requirements included in WAC 246-809-221. An official transcript must be provided as evidence of fulfillment of the course work required.

(2) Any supplemental course work required must be from an approved school.

(3) Applicants who held a behavioral science master's or doctoral degree and are completing supplemental course work through an approved school to satisfy any missing program equivalencies may count any postgraduate experience hours acquired concurrently with the additional course work.

(4) A person who is a Nationally Certified Counselor (NCC) or a Certified Clinical Mental Health Counselor (CCMHC) through the National Board of Certified Counselors (NBCC) is considered to have met the education requirements of this chapter. Verification must be sent directly to the department from NBCC.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-220, filed 7/8/09, effective 7/8/09. Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-220, filed 8/22/01, effective 9/22/01.]

WAC 246-809-230 Supervised postgraduate experience. (1) The experience requirements for the mental health applicant's practice area include successful completion of a supervised experience requirement. The experience requirement consists of a minimum of thirty-six months full-time counseling or three thousand hours of postgraduate mental health counseling under the supervision of a qualified licensed mental health counselor or equally qualified licensed mental health practitioner in an approved setting. The three thousand hours of required experience includes a minimum of one hundred hours spent in immediate supervision with the qualified licensed mental health counselor or equally qualified licensed mental health practitioner, and includes a minimum of one thousand two hundred hours of direct counseling with individuals, couples, families, or groups.

(2) Applicants who have completed a master's or doctoral program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) will be credited with fifty hours of postgraduate supervision and five hundred hours of postgraduate experience.

(3) Applicants for licensed mental health counselor associate are not required to have supervised postgraduate experience prior to becoming an associate.

(4) Licensed mental health counselor associate applicants must declare they are working toward full licensure.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-230, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040 and [18.225.]090. 06-18-043, § 246-809-230, filed 8/30/06, effective 9/30/06. Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-230, filed 8/22/01, effective 9/22/01.]

WAC 246-809-234 Approved supervisor. (1) The approved supervisor must hold a license without restrictions that has been in good standing for at least two years.

(2) The approved supervisor must not be a blood or legal relative or cohabitant of the licensure candidate, licensure candidate's peer, or someone who has acted as the licensure candidate's therapist within the past two years.

(3) The approved supervisor, prior to the commencement of any supervision, must provide the licensure candidate a declaration, on a form provided by the department, that the supervisor has met the requirements of WAC 246-809-234 and qualify as an approved supervisor.

(4) The approved supervisor must have completed the following:

(a) A minimum of fifteen clock hours of training in clinical supervision obtained through:

(i) A supervision course; or

(ii) Continuing education credits on supervision; or

(iii) Supervision of supervision; and

(b) Twenty-five hours of experience in supervision of clinical practice.

(5) The approved supervisor shall have full knowledge of the licensure candidate's practice activities including:

(a) Recordkeeping;

(b) Financial management;

(c) Ethics of clinical practice; and

(d) The licensure candidate's backup plan for coverage in times when the licensure candidate is not available to their clients.

(6) Applicants whose supervised postgraduate experience began before September 30, 2006, are exempt from the requirements of subsection (4) of this section.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-234, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040 and [18.225.]090. 06-18-043, § 246-809-234, filed 8/30/06, effective 9/30/06.]

WAC 246-809-240 Examination for licensed mental health counselors. (1) Applicants for licensure as a mental health counselor must pass an examination administered by the National Board of Certified Counselors (NBCC). Applicants who pass the National Certification Examination (NCE) or the National Clinical Mental Health Counselor Examination (NCMHCE), as administered by the NBCC, meet the examination requirements to be licensed as mental health counselors. Each applicant must cause the NBCC to send verification of the applicant's examination passage

directly to the department of health before licensure can be granted.

(2) The department of health shall accept the passing score established by the NBCC for licensed mental health counselor examinations.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-240, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040 and 18.225.090. 08-08-092, § 246-809-240, filed 4/1/08, effective 5/2/08. Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-240, filed 8/22/01, effective 9/22/01.]

WAC 246-809-300 One year exemption option. Persons who submit an application for licensure as an advanced social worker or independent clinical social worker by July 1, 2010, and who have held a registered counselor credential issued under chapter 18.19 RCW in good standing for five consecutive years since obtaining their master's degree in an approved field, are deemed to have met the supervised postgraduate experience requirements of WAC 246-809-320. Applicants must meet the education requirements in WAC 246-809-320 and the examination requirements of WAC 246-809-340.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-300, filed 7/8/09, effective 7/8/09.]

WAC 246-809-310 Definitions. The following definitions apply to the licensure of independent clinical and advanced social workers and independent clinical and advanced social work associates.

(1) "Approved educational program" means a master's or doctoral educational program in social work accredited by the Council on Social Work Education.

(2) "Approved supervisor" means a licensed independent clinical social worker (LICSW), licensed advanced social worker (LASW) (for LASWs only), or an equally qualified licensed mental health practitioner.

(3) "Equally qualified licensed mental health practitioner" means a licensed mental health counselor, licensed marriage and family therapist, licensed psychologist, licensed physician practicing as a psychiatrist, or licensed psychiatric nurse practitioner.

(4) "Group supervision" means face-to-face supervision with an approved supervisor, involving one supervisor and no more than six licensure candidates.

(5) "Licensure candidate" means an individual that is accruing supervised clinical experience required for licensure.

(6) "Nationally recognized standards" means the *Educational Policy and Accreditation Standards*, revised October 2004 published by the Council on Social Work Education revised October 2004 or any future revisions.

(7) "One-on-one supervision" means face-to-face supervision with an approved supervisor, involving one supervisor and one licensure candidate.

(8) "Supervision of supervision" means supervision by an approved supervisor for the purpose of training and qualifying a licensee to become an approved supervisor for purposes of chapter 18.225 RCW and WAC 246-809-334.

(9) "Peer" means a co-worker who is not the licensure candidate's employer or supervisor.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-310, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040 and [18.225.]090. 06-18-043, § 246-809-310, filed 8/30/06, effective 9/30/06.]

WAC 246-809-320 Education requirements and supervised postgraduate experience. (1) The following are the education requirements for the social worker applicant's practice area:

(a) Licensed advanced social worker or licensed social worker associate-advanced. Graduation from a master's or doctoral social work educational program accredited by the Council on Social Work Education and approved by the secretary based upon nationally recognized standards.

(b) Licensed independent clinical social worker or licensed social worker associate-independent clinical. Graduation from a master's or doctorate level social work educational program accredited by the Council on Social Work Education and approved by the secretary based upon nationally recognized standards.

(2) The following are the supervised postgraduate experience requirements for the social worker applicant's practice area:

(a) Licensed advanced social worker. Successful completion of a supervised experience requirement. The experience requirement consists of a minimum of three thousand two hundred hours with ninety hours of supervision by a licensed independent clinical social worker or a licensed advanced social worker who has been licensed or certified for at least two years. Of those hours, fifty hours must include direct supervision by a licensed advanced social worker or licensed independent clinical social worker; the other forty hours may be with an equally qualified licensed mental health practitioner. Forty hours must be in one-to-one supervision and fifty hours may be in one-to-one supervision or group supervision. Distance supervision is limited to forty supervision hours. Eight hundred hours must be in direct client contact.

(b) Licensed independent clinical social worker. Successful completion of a supervised experience requirement. The experience requirement consists of a minimum of four thousand hours of experience, of which one thousand hours must be direct client contact, over a three-year period supervised by a licensed independent clinical social worker, with supervision of at least one hundred thirty hours by a licensed mental health practitioner. Of the total supervision, seventy hours must be with an independent clinical social worker; the other sixty hours may be with an equally qualified licensed mental health practitioner. Sixty hours must be in one-to-one supervision and seventy hours may be in one-to-one supervision or group supervision. Distance supervision is limited to sixty supervision hours.

(3) Licensed social worker associate-advanced and licensed social worker associate-independent clinical applicants are not required to have supervised postgraduate experience prior to becoming an associate.

(4) Licensed social worker associate-advanced and licensed social worker associate-independent clinical applicants must declare they are working toward full licensure.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-320, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040 and [18.225.]090. 06-18-043, § 246-809-320, filed 8/30/06, effective 9/30/06.

Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-320, filed 8/22/01, effective 9/22/01.]

WAC 246-809-334 Approved supervisor standards and responsibilities. (1) The approved supervisor must hold a license without restrictions that has been in good standing for at least two years.

(2) The approved supervisor must not be a blood or legal relative or cohabitant of the licensure candidate, licensure candidate's peer, or someone who has acted as the licensure candidate's therapist within the past two years.

(3) The approved supervisor, prior to the commencement of any supervision, must provide the licensure candidate a declaration, on a form provided by the department, that the supervisor has met the requirements of WAC 246-809-334 and qualify as an approved supervisor.

(4) The approved supervisor must have completed the following:

(a) A minimum of fifteen clock hours of training in clinical supervision obtained through:

(i) A supervision course; or

(ii) Continuing education credits on supervision; or

(iii) Supervision of supervision; and

(b) Twenty-five hours of experience in supervision of clinical practice; and

(c) Has had two years of clinical experience postlicensure.

(5) The approved supervisor must attest to having thorough knowledge of the licensure candidate's practice activities including:

(a) Specific practice setting;

(b) Recordkeeping;

(c) Financial management;

(d) Ethics of clinical practice; and

(e) The licensure candidate's backup plan for coverage in times when he/she is not available to their clients.

(6) Licensure candidates whose supervised postgraduate experience began before September 30, 2006, are exempt from the requirements of subsection (4) of this section.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-334, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040 and [18.225.]090. 06-18-043, § 246-809-334, filed 8/30/06, effective 9/30/06.]

WAC 246-809-600 Who is required to have continuing education? Licensed marriage and family therapists, licensed mental health counselors, and licensed social workers are required to have continuing education.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-600, filed 7/8/09, effective 7/8/09. Statutory Authority: Chapter 18.19 RCW. 02-11-108, § 246-809-600, filed 5/20/02, effective 6/20/02.]

WAC 246-809-710 Required disclosure information. (1) The following information shall be provided to each client or patient at the commencement of any program of treatment:

(a) Name of firm, agency, business, or licensee's practice;

(b) Licensee's business address and telephone number;

(c) Washington state license number;

(d) The licensee's name;

(e) The methods or treatment modality and therapeutic orientation the licensee uses;

(f) The licensee's education, and training;

(g) The course of treatment, when known;

(h) Billing information, including:

(i) Client's cost per each treatment session; and

(ii) Billing practices, including any advance payments and refunds;

(i) Clients are to be informed that they as individuals have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits their needs;

(j) This subsection does not grant (clients) new rights and is not intended to supersede state or federal laws and regulations, or professional standards;

(k) The licensee must provide department of health contact information to the client so the client may obtain a list of or copy of the acts of unprofessional conduct listed under RCW 18.130.180. Department of health contact information must include the name, address, and telephone number for the health professions complaint process.

(2) Associates must provide each client or patient, during the first professional contact, with a disclosure form disclosing that he or she is an associate under the supervision of an approved supervisor. Associates may not independently provide clinical social work, mental health counseling, or marriage and family therapy for a fee, monetary or otherwise.

(3) Signatures are required of both the licensee providing the disclosure information and the client following a statement that the client had been provided a copy of the required disclosure information and the client has read and understands the information provided. The date of signature by each party is to be included at the time of signing.

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-710, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040. 04-06-011, § 246-809-710, filed 2/20/04, effective 3/22/04.]

WAC 246-809-990 Licensed counselor, and associate—Fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) Associate licenses are valid for one year and must be renewed every year on the date of issuance. The associate license may be renewed no more than four times.

Title		Fee
(3)	The following nonrefundable fees will be charged for licensed marriage and family therapist:	
	Application	$150.00
	Initial license	75.00
	Renewal	140.00
	Late renewal penalty	70.00
	Expired license reissuance	85.00
	Duplicate license	10.00
	Certification of license	10.00
(4)	The following nonrefundable fees will be charged for licensed mental health counselor:	
	Application	125.00
	Initial license	125.00
	Renewal	75.00
	Late renewal penalty	50.00

Title		Fee
	Expired license reissuance	65.00
	Duplicate license	10.00
	Certification of license	10.00
	UW library access fee	25.00
(5)	The following nonrefundable fees will be charged for licensed advanced social worker and licensed independent clinical social worker:	
	Application	125.00
	Initial license	125.00
	Renewal	105.00
	Late renewal penalty	52.50
	Expired license reissuance	72.50
	Duplicate license	10.00
	Certification of license	10.00
	UW library access fee	25.00
(6)	The following nonrefundable fees will be charged for licensed marriage and family therapy associates:	
	Application	50.00
	Renewal	40.00
	Late renewal penalty	40.00
	Expired license reissuance	40.00
	Duplicate license	15.00
	Certification of license	15.00
(7)	The following nonrefundable fees will be charged for licensed mental health counselor associates:	
	Application	50.00
	Renewal	40.00
	Late renewal penalty	40.00
	Expired license reissuance	40.00
	Duplicate license	15.00
	Certification of license	15.00
(8)	The following nonrefundable fees will be charged for licensed advanced social worker associates and licensed independent clinical social worker associates:	
	Application	50.00
	Renewal	40.00
	Late renewal penalty	40.00
	Expired license reissuance	40.00
	Duplicate license	15.00
	Certification of license	15.00

[Statutory Authority: Chapter 18.225 RCW. 09-15-039, § 246-809-990, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 43.70.110, 43.70.250 and 2008 c 329. 08-16-008, § 246-809-990, filed 7/24/08, effective 7/25/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-809-990, filed 5/20/05, effective 7/1/05. Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-990, filed 8/22/01, effective 9/22/01.]

Chapter 246-810 WAC
COUNSELORS

WAC

WAC 246-810-010 Definitions. The definitions in this section apply throughout this chapter unless the content clearly requires otherwise.

(1) "Agency" means an agency or facility operated, licensed, or certified by the state of Washington to provide a specific counseling service or services.

(2) "Agency affiliated counselor" means a person registered under chapter 18.19 RCW, and this chapter, who is engaged in counseling and employed by an agency listed in WAC 246-810-016 or an agency recognized under WAC 246-810-017 to provide a specific counseling service or services.

(3) "Certified adviser" means a person certified under chapter 18.19 RCW, and this chapter, who is engaged in private practice counseling to the extent authorized in WAC 246-810-021.

(4) "Certified counselor" means a person certified under chapter 18.19 RCW, and this chapter, who is engaged in private practice counseling to the extent authorized in WAC 246-810-0201.

(5) "Client" means an individual who receives or participates in counseling or group counseling.

(6) "Consultation" means the professional assistance and practice guidance that a certified counselor receives from a counseling-related professional credentialed under chapter 18.130 RCW. This may include:

(a) Helping the certified counselor focus on counseling practice objectives;

(b) Refining counseling modalities;

(c) Providing support to progress in difficult or sensitive cases;

(d) Expanding the available decision-making resources; and

(e) Assisting in discovering alternative approaches.

(7) "Counseling" means employing any therapeutic techniques including, but not limited to, social work, mental health counseling, marriage and family therapy, and hypnotherapy, for a fee that offer, assist, or attempt to assist, an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems, and includes therapeutic techniques to achieve sensitivity and awareness of self and others and the development of human potential. For the purpose of this chapter, nothing may be construed to imply that the practice of hypnotherapy is necessarily limited to counseling.

(8) "Counselor" means an individual who engages in the practice of counseling to the public for a fee, including for the purposes of this chapter, agency affiliated counselors, certified counselors, certified advisers, hypnotherapists, and until July 1, 2010, registered counselors.

(9) "Department" means the Washington state department of health.

(10) "Fee" as referred to in RCW 18.19.030 means compensation received by the counselor for counseling services provided, regardless of the source.

(11) "Hypnotherapist" means a person registered under chapter 18.19 RCW, and this chapter, who is practicing hypnosis as a modality.

(12) "Licensed healthcare practitioner" means a licensed practitioner under the following chapters:

(a) Physician licensed under chapter 18.71 RCW.

(b) Osteopathic physician licensed under chapter 18.57 RCW.

(c) Psychiatric registered nurse practitioner licensed under chapter 18.79 RCW.

(d) Naturopathic physician licensed under chapter 18.36A RCW.

(e) Psychologist licensed under chapter 18.83 RCW.

(f) Independent clinical social worker, marriage and family therapist, or advanced social worker licensed under chapter 18.225 RCW.

(13) "Private practice counseling" means the practice of counseling by a certified counselor or certified adviser as specified in WAC 246-810-0201 or 246-810-021.

(14) "Psychotherapy" means the practice of counseling using diagnosis of mental disorders according to the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, and the development of treatment plans for counseling based on diagnosis of mental disorders in accordance with established practice standards.

(15) "Recognized" means acknowledged or formally accepted by the secretary.

(16) "Recognized agency or facility" means an agency or facility that has requested and been recognized under WAC 246-810-017 to employ agency affiliated counselors to perform a specific counseling service, or services for those purposes only.

(17) "Secretary" means the secretary of the department of health or the secretary's designee.

(18) "Supervision" means the oversight that a counseling-related professional credentialed under chapter 18.130 RCW provides.

(19) "Unprofessional conduct" means the conduct described in RCW 18.130.180.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-010, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.19.050. 06-08-106, § 246-810-010, filed 4/5/06, effective 5/6/06. Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-010, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-030, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-030, filed 5/11/88.]

WAC 246-810-011 Exempt activities and individuals. This chapter does not prevent or restrict:

(1) The practice of a profession by a person who is either registered, certified, licensed, or similarly regulated under the laws of this state and who is performing services within the person's authorized scope of practice, including any attorney admitted to practice law in this state when providing counseling incidental to and in the course of providing legal counsel;

(2) The practice of counseling by an employee or trainee of any federal agency, or the practice of counseling by a student of a college or university, if the employee, trainee, or student is practicing solely under the supervision of and accountable to the agency, college, or university, through which he or she performs such functions as part of his or her position for no additional fee other than ordinary compensation;

(3) The practice of counseling by a person for no compensation;

(4) The practice of counseling by persons offering services for public and private nonprofit organizations or charities not primarily engaged in counseling for a fee when approved by the organizations or agencies for whom they render their services;

(5) Evaluation, consultation, planning, policymaking, research, or related services conducted by social scientists for private corporations or public agencies;

(6) The practice of counseling by a person under the auspices of a religious denomination, church, or organization, or the practice of religion itself;

(7) The practice of counseling by peer counselors who use their own experience to encourage and support people with similar conditions or activities related to the training of peer counselors; and

(8) Counselors who reside outside Washington state from providing up to ten days per quarter of training or workshops in the state, as long as they do not hold themselves out to be registered or certified in Washington state.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-011, filed 7/8/09, effective 7/8/09.]

WAC 246-810-012 Application process. (1) Applicants for agency affiliated counselor, certified counselor, certified adviser, or hypnotherapist must apply on forms established by the secretary.

(2) The application for agency affiliated counselor, certified counselor, or certified adviser, must include a description of the applicant's orientation, discipline, theory, or technique.

(3) The secretary may require additional documentation to determine whether an applicant meets the qualifications for the credential and if there are any grounds for denial of the credential.

(4) Each applicant must pay the applicable fee as identified in WAC 246-810-990.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-012, filed 7/8/09, effective 7/8/09.]

WAC 246-810-013 State agency employee credentialing requirements. (1) Until July 1, 2010, an employee of a state agency who is practicing counseling, as part of his or her position, must be credentialed as a registered counselor or an agency affiliated counselor unless they are exempt under WAC 246-810-011.

(2) On and after July 1, 2010, an employee of a state agency, practice counseling, as part of his or her position, must be credentialed as an agency affiliated counselor unless they are exempt under WAC 246-810-011.

(3) A person may not, for a fee or as a part of his or her position as an employee of a state agency, practice hypnotherapy without being registered to practice as a hypnotherapist unless they are exempt under WAC 246-810-011.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-013, filed 7/8/09, effective 7/8/09.]

WAC 246-810-015 Agency affiliated counselor: Scope of practice and credentialing requirements. (1) An agency affiliated counselor may only provide counseling services as part of his or her employment as an agency affiliated counselor for a recognized agency.

(2) An applicant for an agency affiliated counselor must be employed by, or have an offer of employment from, an agency or facility identified in WAC 246-810-016.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-015, filed 7/8/09, effective 7/8/09.]

WAC 246-810-016 Agencies or facilities that can employ agency affiliated counselors. Agencies or facilities that may employ an agency affiliated counselor are:

(1) Washington state departments and agencies listed in the Agency, Commission & Organization Directory available on the state of Washington web site.

(2) Community and technical colleges governed by the Washington state board for community and technical colleges.

(3) Colleges and universities governed by the Washington state higher education coordinating board.

(4) Hospitals licensed under chapter 70.41 RCW.

(5) Home health care agencies, home care agencies, and hospice care agencies licensed under chapter 70.127 RCW.

(6) Agencies and facilities licensed or certified under chapters 71.05 or 71.24 RCW.

(7) Psychiatric hospitals, residential treatment facilities, hospitals, and alcohol and chemical dependency entities licensed under chapter 71.12 RCW.

(8) Other agencies or facilities recognized by the secretary as provided in WAC 246-810-017.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-016, filed 7/8/09, effective 7/8/09.]

WAC 246-810-017 Process to become a recognized agency or facility. (1) To become a recognized agency or facility, an agency or facility must demonstrate to the satisfaction of the secretary that it is operated, licensed, or certified by the state of Washington to provide specific counseling services.

(2) When reviewing requests for recognition, the secretary may:

(a) Require forms and documentation;

(b) Consult with other state agencies and entities.

(3) In determining whether or not to recognize the agency or facility, the secretary may consider multiple criteria, including, but not limited to:

(a) Counseling quality assurance standards and requirements that are applicable to the agency or facility;

(b) Protections for ensuring patient safety in the delivery of supervised counseling services by counselors employed by the agency or facility; and

(c) Mechanisms for receiving and reporting complaints regarding counselors, investigating counselor conduct and practices, and taking corrective and disciplinary actions against counselors.

(4) The department will maintain a list of recognized agencies and facilities that may employ agency affiliated counselors to perform a specific counseling service or services under this section.

(5) Recognized agencies or facilities that cease to be operated, licensed, or certified by the state of Washington will no longer be recognized and will be removed from the list of recognized agencies.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-017, filed 7/8/09, effective 7/8/09.]

WAC 246-810-018 An agency affiliated counselor must report an employment change. Agency affiliated counselors must notify the department within thirty calendar days if they are no longer employed by the agency identified on their application, are now employed with another agency, or both. Agency affiliated counselors may not practice counseling unless they are employed by an agency.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-018, filed 7/8/09, effective 7/8/09.]

WAC 246-810-0201 Practice scope and limits for certified counselors. The scope of practice of certified counselors consists exclusively of the following:

(1) Appropriate screening of the client's level of functional impairment using the global assessment of functioning as described in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. Recognition of a mental or physical disorder or a global assessment of functioning score of sixty or less requires that the certified counselor refer the client for diagnosis and treatment to a licensed healthcare practitioner.

(2) If the client has a global assessment of functioning score greater than sixty, a certified counselor may counsel and guide the client in adjusting to life situations, developing new skills, and making desired changes, in accordance with the theories and techniques of a specific counseling method and established practice standards.

(3) If the client has a global assessment of functioning score of sixty or less, a certified counselor may counsel and guide the client in adjusting to life situations, developing new skills, and making desired changes, in accordance with the

theories and techniques of a specific counseling method and established practice standards if:

(a) The client has been referred to the certified counselor by a licensed healthcare practitioner and care is provided as part of a plan of treatment developed by the referring practitioner who is actively treating the client. The certified counselor must adhere to any conditions related to the certified counselor's role as specified in the plan of care; or

(b) The certified counselor referred the client for diagnosis and treatment from a licensed healthcare practitioner and the client refused, in writing, to seek diagnosis and treatment from the other provider. The certified counselor may provide services to the client consistent with a treatment plan developed by the certified counselor and the consultant or supervisor with whom the certified counselor has a written consultation or supervisory agreement.

(4) A certified counselor must not be the sole treatment provider for a client with a global assessment of functioning score of less than fifty.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-0201, filed 7/8/09, effective 7/8/09.]

WAC 246-810-021 Practice scope and limits for certified advisers. The scope of practice of certified advisers consists exclusively of the following:

(1) Appropriate screening of the client's level of functional impairment using the global assessment of functioning as described in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. Recognition of a mental or physical disorder or a global assessment of functioning score of sixty or less requires that the certified adviser refer the client to a licensed healthcare practitioner.

(2) If the client has a global assessment of functioning score greater than sixty, a certified adviser may counsel and guide the client in adjusting to life situations, developing new skills, and making desired changes, in accordance with the theories and techniques of a specific counseling method and established practice standards.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-021, filed 7/8/09, effective 7/8/09.]

WAC 246-810-0221 Qualifications to become a certified counselor. (1) Until July 1, 2010, an applicant for certified counselor who has been a registered counselor for a minimum of five years must:

(a) Hold a valid, active registration that is in good standing or be in compliance with any disciplinary process and orders;

(b) Show evidence of having completed at least six clock hours of course work that included risk assessment, ethics, appropriate screening using the global assessment of functioning scale, client referral, and Washington state law;

(c) Pass an examination in risk assessment, ethics, appropriate screening using the global assessment of functioning scale, client referral, and Washington state law; and

(d) Have a written consultation agreement which meets the requirements in WAC 246-810-025 with a credential holder who meets the qualifications to be a consultant in WAC 246-810-026.

(2) Unless eligible for certification under subsection (1)(a) of this section, applicants for a certified counselor must:

(a) Have a bachelor's degree in a counseling-related field, as defined in WAC 246-810-024;

(b) Pass an examination in risk assessment, ethics, and appropriate screening using the global assessment of functioning scale, client referral, and Washington state law; and

(c) Have a written supervisory agreement which meets the requirements in WAC 246-810-025 with a credential holder who meets the qualifications to be a supervisor in WAC 246-810-026.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-0221, filed 7/8/09, effective 7/8/09.]

WAC 246-810-023 Qualifications to become a certified adviser. Applicants for certified adviser must:

(1) Have an associate degree which included a supervised internship in a counseling-related field as defined in WAC 246-810-024;

(2) Pass an examination in risk assessment, ethics, and appropriate screening using the global assessment of functioning scale, client referral, and Washington state law; and

(3) Have a written supervisory agreement which meets the requirements in WAC 246-810-025 with a credential holder who meets the qualifications to be a supervisor in WAC 246-810-026.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-023, filed 7/8/09, effective 7/8/09.]

WAC 246-810-024 Counseling-related degrees that meet the requirements for certified counselor and certified adviser. (1) A counseling-related bachelor's degree must be from a recognized educational program or institution. The degree must have required the equivalent of at least four years of full-time study and at least one third of the courses must have included one or more of subjects listed in subsection (4) of this section.

(2) A counseling-related associate degree must be from a recognized educational program or institution. The degree must have the equivalent of at least two years of full-time study and a supervised internship. At least one fourth of the required courses must have included one or more of the subjects listed in subsection (4) of this section.

(3) An advanced or graduate degree from a recognized educational program or institution in any of the subject areas listed in subsection (4) of this section will meet the education requirements for certified counselor or certified adviser.

(4) Counseling-related subjects:

(a) Addiction counseling;

(b) Adolescent and child counseling;

(c) Anger management counseling;

(d) Applied behavioral science;

(e) Behavior management or behavior modification;

(f) Biofeedback;

(g) Child development;

(h) Clinical social work;

(i) Community mental health;

(j) Counseling persons with developmental or intellectual disabilities;

(k) Counseling ethics;

(l) Developmental psychology;
(m) Domestic violence counseling;
(n) Elder counseling;
(o) Grief counseling;
(p) Human development;
(q) Human services counseling;
(r) Learning disabilities counseling;
(s) Marriage and family counseling;
(t) Mental health counseling;
(u) Ministerial or pastoral counseling;
(v) Multicultural counseling;
(w) Organizational psychology;
(x) Personality theory;
(y) Physiological psychology;
(z) Psychiatry and psychiatric nursing;
(aa) Psychological measurement and research;
(bb) Psychology;
(cc) Psychopathology and abnormal psychology;
(dd) Sexual disorder counseling;
(ee) Social work;
(ff) Special education;
(gg) Stress disorder counseling;
(hh) Substance and chemical abuse counseling; and
(ii) Transpersonal psychology.

(5) The secretary may accept other equivalent counseling-related education or training programs in the subjects listed in subsection (4) of this section.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-024, filed 7/8/09, effective 7/8/09.]

WAC 246-810-025 Supervision and consultation requirements for certified counselors and supervision requirements for certified advisers. (1) Supervision. Certified counselors who do not meet the requirements in WAC 246-810-0221(1) and certified advisers must meet the following supervision requirements:

(a) Written agreement. A written agreement between a qualified supervisor and the certified counselor or certified adviser is required and must be reviewed and renewed at least every two years. The agreement must address:

(i) The agreement duration;
(ii) Expectations of both parties;
(iii) Frequency and modalities of supervision;
(iv) Recordkeeping;
(v) Financial arrangements;
(vi) Client confidentiality; and
(vii) Potential conflict of interest.

(b) Frequency of supervision.

(i) During the first five years of practice, a minimum of two hours of supervision is required in any calendar month in which the certified counselor or certified adviser has had forty or more client contact hours.

(ii) After five years of practice, a minimum of one hour of supervision is required in any calendar month in which the certified counselor or certified adviser has forty or more client contact hours.

(iii) A minimum of two hours of supervision is required in any calendar quarter, regardless of the years in practice or number of client contact hours.

(iv) Up to half of the required supervision time may be supervision of practice in a group setting.

(c) Recordkeeping. A written record of supervision hours and topics must be maintained by both the supervisor and the certified counselor or certified adviser.

(2) Consultation. Certified counselors who meet the requirements of WAC 246-810-0221(1), must meet the following consultation requirements:

(a) Written agreement. A written agreement between a consultant who meets the requirements in WAC 246-810-026 and the certified counselor is required, and must be reviewed and renewed at least every two years. The agreement must address:

(i) The agreement duration;
(ii) Expectations of both parties;
(iii) Frequency and modalities of consultation;
(iv) Recordkeeping;
(v) Financial arrangements;
(vi) Client confidentiality; and
(vii) Potential conflict of interest.

(b) Frequency. The certified counselor will determine the consultation he or she needs. However, a minimum of one hour of consultation is required during any calendar quarter in which the certified counselor has forty or more client contact hours.

(c) Recordkeeping. A written record of consultation hours and topics must be maintained by the consultant and the certified counselor.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-025, filed 7/8/09, effective 7/8/09.]

WAC 246-810-026 Qualifications to be a certified counselor supervisor, certified adviser supervisor, or a certified counselor consultant. The following qualifications are required to be a certified counselor supervisor, certified adviser supervisor, or a certified counselor consultant.

(1) The supervisor or consultant must have held a Washington state credential in counseling-related fields for a minimum of five years. All credentials held by the supervisor or consultant must be in good standing. At least one credential must be active.

(2) For purposes of this section, counseling-related fields means a credential issued under chapter 18.130 RCW for:

(a) Certified counselor;
(b) Hypnotherapist;
(c) Mental health counselor;
(d) Marriage and family therapist;
(e) Independent clinical social work;
(f) Advanced social work;
(g) Psychologist;
(h) Chemical dependency professional;
(i) Sex offender treatment provider;
(j) Sex offender treatment provider affiliate;
(k) Medical physician;
(l) Osteopathic physician;
(m) Advanced registered nurse practitioner;
(n) Naturopathic physician; and
(o) Until July 1, 2010, registered counselor.

Additional credentials may be accepted by the secretary as counseling-related.

(3) The supervisor or consultant may not be a blood or legal relative or cohabitant of the credential holder, or someone who has acted as the credential holder's counselor within

the past two years. A supervisor or consultant may not have a reciprocal supervisory or consultant arrangement with another credential holder.

(4) Prior to the commencement of any supervision or consultation, the supervisor or consultant must provide the certified counselor or certified adviser with a declaration on a form provided by the department.

(5) The supervisor must have completed education and training in:

(a) Supervision or management of individuals who provide counseling or mental health services;

(b) Risk assessment;

(c) Screening using the global assessment of functioning scale;

(d) Professional ethics; and

(e) Washington state law.

(6) The consultant must have completed education and training in:

(a) Risk assessment;

(b) Screening using the global assessment of functioning scale;

(c) Professional ethics; and

(d) Washington state law.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-026, filed 7/8/09, effective 7/8/09.]

WAC 246-810-027 Continuing education for a certified counselor or certified adviser. (1) Certified counselors or certified advisers must complete thirty-six credit hours of continuing education every two years as required by chapter 246-12 WAC, Part 7.

(2) At least six of the thirty-six credit hours must be in law and professional ethics related to counseling.

(3) For those first credentialed in 2009, the first date to report the required continuing education begins with a credential holder's renewal date in 2011.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-027, filed 7/8/09, effective 7/8/09.]

WAC 246-810-029 Acceptable continuing education courses for certified counselor and certified adviser. (1) A continuing education program or course must be relevant to counseling and must contribute to the advancement, extension and enhancement of the professional competence of the credential holder. Relevant courses include those that are related to counseling theory and practice, modality(ies) of the counseling services the credential holder will provide, professional ethics, courses related to risk assessment, screening using the global assessment of functioning scale, referral of clients, and Washington state law applicable to counseling.

(2) Continuing education courses, seminars, workshops, training programs, and institutes must have a featured instructor, speaker(s), or panel approved by an industry-recognized institution of higher learning, or a local, state, national, or international organization.

(3) Distance learning programs approved by an industry-recognized local, state, national or international organization or educational organization may meet these requirements. The programs must require a test of comprehension upon completion. Distance learning programs are limited to twelve hours per reporting period.

(4) Other learning experiences, such as serving on a panel, board or council, community service, research, peer consultation, or publishing articles for professional publications are acceptable if the experience contributes to the advancement, extension, and enhancement of the professional competence of the certified counselor or certified adviser. The experience is limited to six hours per reporting period.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-029, filed 7/8/09, effective 7/8/09.]

WAC 246-810-0293 Recognized institutions of higher learning, or local, state, national, or international organizations. The recognized institutions of higher learning, or local, state, national, or international organizations that qualify to provide continuing education for certified counselor and certified adviser include:

(1) Washington Association for Marriage and Family Therapy;

(2) Washington State Society for Clinical Social Work;

(3) Washington Chapter of the National Association of Social Work;

(4) American Mental Health Counselors Association;

(5) American Association for Marriage and Family Therapy;

(6) Clinical Social Work Association;

(7) National Association of Social Workers;

(8) Washington Mental Health Counselors Association;

(9) National Board for Certified Counselors;

(10) Association for Humanistic Psychology;

(11) The Association for Integrative Psychology;

(12) Society for Social Work Leadership in Health Care;

(13) Institutions of higher learning that are accredited by a national or regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation;

(14) Washington Professional Counselor Association;

(15) State Association and National Association for the Treatment of Sexual Abusers;

(16) National Association of Alcohol and Drug Addiction Counselors; and

(17) Other organizations recognized by the secretary and included on a list maintained by the department.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-0293, filed 7/8/09, effective 7/8/09.]

WAC 246-810-0295 Continuing education credit for preparing and presenting a lecture or course. A certified counselor or certified adviser who prepares and presents lectures or education that contributes to the professional competence of other counselors or mental health providers may accumulate the same number of hours obtained for continuing education purposes by attendees. The hours for presenting a lecture or education on a specific topic may only be used for continuing education credit once during each reporting period.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-0295, filed 7/8/09, effective 7/8/09.]

WAC 246-810-0297 Continuing education documentation for certified counselor or certified adviser. (1) Acceptable continuing education documentation for certified counselor or certified adviser includes transcripts, signed letters from course instructors, certificate of completion, or other formal certification, as required in chapter 246-12 WAC, Part 7.

(2) The credential holder must provide documentation which demonstrates fulfillment of continuing education requirements if requested by the secretary.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-0297, filed 7/8/09, effective 7/8/09.]

WAC 246-810-031 Disclosure statement to be provided to clients by certified counselors and certified advisers. (1) Certified counselors and certified advisers must provide a disclosure statement to each client prior to starting a program of treatment.

(2) The following must appear in the disclosure statement:

(a) The name of the certified counselor or certified adviser and the name of their firm, agency, or business, if any.

(b) The certified counselor's or certified adviser's business address and telephone number.

(c) The certified counselor's or certified adviser's Washington state credential number.

(d) The certified counselor's or certified adviser's education, training, and experience.

(e) The name and description of the types of counseling provided by the certified counselor or certified adviser, including the therapeutic orientation, methods, and techniques employed in their practice, and a list of resources relevant to the therapeutic orientation.

(f) The type and duration of counseling expected, if known at the time of providing the disclosure information.

(g) Fee information, including:

(i) The cost for each counseling session;

(ii) Billing practices, including any advance payments and refunds;

(iii) A statement that clients are not liable for any fees or charges for services rendered prior to receipt of the disclosure statement.

(h) The limits of confidentiality under RCW 18.19.180.

(i) Disclosure of the certified counselor's or certified adviser's supervisory or consultation agreement as defined in WAC 246-810-025.

(j) Disclosure that the certified counselor or certified adviser is not credentialed to diagnose mental disorders or to conduct psychotherapy as defined in WAC 246-810-010(14).

(k) All of the following:

(i) Counselors practicing counseling for a fee must be credentialed with the department of health for the protection of the public health and safety.

(ii) Credentialing of an individual with the department of health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

(iii) The purpose of the Counselor Credentialing Act, chapter 18.19 RCW, is to:

(A) Provide protection for public health and safety; and

(B) Empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

(iv) Clients have the right to choose counselors who best suit their needs and purposes.

(l) A copy of the acts of unprofessional conduct in RCW 18.130.180 and the name, address, and contact telephone number within the department of health for complaints.

(m) Signature and date blocks for the client, and the certified counselor or certified adviser, including an attestation that the client agrees that the required disclosure statement has been provided and that the client has read and understands the information.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-031, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.19.050. 06-08-106, § 246-810-031, filed 4/5/06, effective 5/6/06. Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-031, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-031, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-041, filed 6/30/89.]

WAC 246-810-035 Record requirements. (1) A counselor providing professional services to a client or providing services billed to a third-party payor, must document services, except as provided in subsection (2) of this section. The documentation must include:

(a) Client name;

(b) The fee arrangement and record of payments;

(c) Dates counseling was received;

(d) Disclosure form, signed by counselor and client;

(e) The presenting problem(s), or purpose of counseling;

(f) Notation and results of formal consults, including information obtained from other persons or agencies through a release of information;

(g) Progress notes sufficient to support responsible clinical practice for the type of theoretical orientation/therapy the counselor uses.

(2) If a client requests that no treatment records be kept, and the counselor agrees to the request, the request must be in writing and only the following must be retained:

(a) Client name;

(b) Fee arrangement and record of payments;

(c) Dates counseling was received;

(d) Disclosure form, signed by counselor and client;

(e) Written request that no records be kept.

(3) The counselor may not agree to the request if maintaining records is required by other state or federal law.

(4) All records must be kept for a period of five years following the last visit. Within this five-year period, all records must be secured, with properly limited access.

Special provisions must be made for the retention or transferal of active or inactive records and for continuity of services in the event of a counselor's death, incapacitation, or cessation of practice. Such special provisions may be made by having another counselor review records with a client and recommend a course of action; or other appropriate means as determined by the counselor.

(5) After the five-year retention period, the counselor may dispose of the record. Disposal must be done in a secure and confidential manner that includes:

(a) Shredding;

(b) Deleting, erasing, or reformatting electronic media; and

(c) Other readable forms of media that are defaced or rendered unusable or unreadable.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-035, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-035, filed 8/20/97, effective 9/20/97.]

WAC 246-810-040 Requirements to report suspected abuse or neglect of a child or vulnerable adult. (1) Chapter 26.44 RCW requires that all counselors must report suspected abuse or neglect of a child, when they have reasonable cause to believe that such an incident has occurred.

(2) Chapter 74.34 RCW requires that all counselors report when there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred.

(3) The report must be made to the local law enforcement agency or to the department of social and health services within twenty-four hours after there is reasonable cause to believe that the child or vulnerable adult has suffered abuse or neglect.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-040, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-040, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-042, filed 6/30/89.]

WAC 246-810-045 Requirements for client fees paid in advance. (1) The practice of collecting fees in advance and refund policies must be included in the disclosure statement to the client before any funds are collected.

(2) Counselors who collect fees in advance of the service provided must separate such funds from operating/expense funds. Failure to properly account for such funds may be a violation of the Securities Act, RCW 21.20.005. The counselor may not spend the funds until the service is provided. Any funds left in the account, for services not provided must be returned to the client within thirty days of the request.

(3) Room rental fees or similar expenses, for example, as relating to group therapy, are not considered fees paid in advance.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-045, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-045, filed 8/20/97, effective 9/20/97.]

WAC 246-810-049 Sexual misconduct regulations. (1) The definitions and prohibitions on sexual misconduct in chapter 246-16 WAC apply to counselors except WAC 246-16-100 (3) and (4).

(2) A counselor shall never engage, or attempt to engage, in the activities listed in WAC 246-16-100(1) with a former patient, former client or former key party.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-049, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.155.040, 18.19.050, 18.225.040, 18.205.060, 18.130.050. 08-07-090, § 246-810-049, filed 3/19/08, effective 4/19/08. Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-049, filed 8/20/97, effective 9/20/97.]

WAC 246-810-060 Mandatory reporting. All individuals credentialed under this chapter are subject to the mandatory reporting requirements of chapter 246-16 WAC.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-060, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-060, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-070, filed 6/30/89.]

WAC 246-810-080 What are the requirements for AIDS prevention and information education? Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-080, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-810-080, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-080, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-190-200, filed 11/2/88.]

WAC 246-810-089 Transitional dates for a registered counselor credential. (1) The department of health will not issue any new registered counselor credentials after July 1, 2009.

(2) Individuals with a current or prior credential as a registered counselor may renew or reinstate their credential if all fees are paid and credentialing requirements are met. No registered counselor credentials will be renewed or reinstated after June 30, 2010.

(3) To continue to practice counseling, all registered counselors must hold a different counseling credential by July 1, 2010.

(4) All registered counselor credentials are abolished on July 1, 2010.

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-089, filed 7/8/09, effective 7/8/09.]

WAC 246-810-990 Counselors fees and renewal cycle. (1) Under chapter 246-12 WAC, Part 2, a counselor must renew his or her credential every year on the practitioner's birthday.

(2) Any separate examination fees are the responsibility of the applicant.

Title		Fee
(3)	The following nonrefundable fees will be charged for registered counselor through 6/30/2010:	
	Renewal	$117.00
	Late renewal penalty	58.50
	Expired registration reissuance	65.00
	Duplicate registration	15.00
	Certification of registration	15.00
(4)	The following nonrefundable fees will be charged for registered hypnotherapist:	
	Application and registration	95.00
	Renewal	130.00
	Late renewal penalty	65.00
	Expired registration reissuance	65.00
	Duplicate registration	15.00

Title	Fee
Certification of registration	15.00

(5) The following nonrefundable fees will be charged for certified counselor:

Application and certification	110.00
Examination or reexamination	85.00
Renewal	90.00
Late renewal penalty	50.00
Expired credential reissuance	50.00
Duplicate credential	15.00
Certification of credential	15.00

(6) The following nonrefundable fees will be charged for certified adviser:

Application and certification	80.00
Examination or reexamination	85.00
Renewal	65.00
Late renewal penalty	50.00
Expired credential reissuance	50.00
Duplicate credential	15.00
Certification of credential	15.00

(7) The following nonrefundable fees will be charged for registered agency affiliated counselor:

Application and registration	50.00
Renewal	40.00
Late renewal penalty	40.00
Expired registration reissuance	40.00
Duplicate registration	15.00
Certification of registration	15.00

[Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-990, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 43.70.110, 43.70.250 and 2008 c 329. 08-16-008, § 246-810-990, filed 7/24/08, effective 7/25/08. Statutory Authority: RCW 18.19.050. 06-08-106, § 246-810-990, filed 4/5/06, effective 5/6/06. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-810-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250. 99-08-101, § 246-810-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-810-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-990, filed 8/20/97, effective 9/20/97. Statutory Authority: Chapter 18.19 RCW. 96-08-069, § 246-810-990, filed 4/3/96, effective 5/4/96. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-810-990, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-18-039 (Order 084), § 308-190-010, filed 8/29/90, effective 9/29/90; 90-04-094 (Order 029), § 308-190-010, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-18-033 (Order PM 669), § 308-190-010, filed 8/27/87.]

Chapter 246-811 WAC

CHEMICAL DEPENDENCY PROFESSIONALS AND CHEMICAL DEPENDENCY PROFESSIONALS TRAINEES

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-811-082 What is the retired active credential renewal fee? [Statutory Authority: RCW 18.130.250. 02-07-083, § 246-811-082, filed 3/19/02, effective 4/19/02.] Repealed by 09-14-111, filed 6/30/09, effective 7/1/09. Statutory Authority: Chapter 18.205 RCW.

WAC 246-811-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly states otherwise.

(1) **Approved school** means any college or university accredited by a national or regional accrediting body recognized by the commission on recognition of postsecondary accreditation, at the time the applicant completed the required education or other educational programs approved by the secretary.

(2) **Certified chemical dependency professional (CDP)** means an individual certified in chemical dependency counseling under chapter 18.205 RCW.

(3) **Certified chemical dependency professional trainee (CDPT)** means an individual working toward the education and experience requirements for certification as a chemical dependency professional, and who has been credentialed as a CDPT under chapter 18.205 RCW.

(4) **Core competencies of chemical dependency counseling** means competency in the following nationally recognized areas:

(a) Knowledge;

(b) Skills;

(c) Attitudes of professional practice, including assessment and diagnosis of chemical dependency;

(d) Chemical dependency treatment planning and referral;

(e) Patient and family education in the disease of chemical dependency;

(f) Individual and group counseling with alcoholic and drug addicted individuals; and

(g) Relapse prevention counseling, and case management.

All oriented to assist alcohol and drug addicted patient to achieve and maintain abstinence from mood-altering substances and develop independent support systems.

(5) **Direct supervision** means the supervisor is on the premises and available for immediate consultation.

(6) **Enrolled** means participating in an approved school and progressing toward the completion of the course work, or completion of the course work to be certified as a chemical dependency professional as described in WAC 246-811-030 (2)(a) through (w).

(7) **Individual formal meetings** means a meeting with an approved supervisor, involving one approved supervisor and no more than four supervisees.

(8) **Official transcript** means the transcript from an approved college or school, in an envelope readily identified as having been sealed by the school.

(9) **Related field** means health education, behavioral science, sociology, psychology, marriage and family therapy, mental health counseling, social work, psychiatry, nursing, divinity, criminal justice, and counseling education.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-010, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-010, filed 6/14/99, effective 7/15/99.]

WAC 246-811-020 Sexual misconduct. (1) The definitions and prohibitions on sexual misconduct described in chapter 246-16 WAC apply to chemical dependency professionals and a chemical dependency professional trainee except WAC 246-16-100 (3) and (4).

(2) A chemical dependency professional or a chemical dependency professional trainee shall never engage, or attempt to engage, in the activities listed in WAC 246-16-100(1) with a former patient, former client or former key party.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-020, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.155.040, 18.19.050, 18.225.040, 18.205.060, 18.130.050. 08-07-090, § 246-811-020, filed 3/19/08, effective 4/19/08.]

WAC 246-811-030 Educational requirements. (1) The minimum education requirements for a chemical dependency professional are:

(a) An associate's degree in human services or related field from an approved school; or

(b) Successful completion of ninety quarter or sixty semester college credits in courses from an approved school.

(2) At least forty-five quarter or thirty semester credits must be in courses relating to the chemical dependency profession and shall include the following topics specific to alcohol and drug addicted individuals:

(a) Understanding addiction;

(b) Pharmacological actions of alcohol and other drugs;

(c) Substance abuse and addiction treatment methods;

(d) Understanding addiction placement, continuing care, and discharge criteria, including American Society of Addiction Medicine (ASAM) criteria;

(e) Cultural diversity including people with disabilities and its implication for treatment;

(f) Chemical dependency clinical evaluation (screening and referral to include comorbidity);

(g) HIV/AIDS brief risk intervention for the chemically dependent;

(h) Chemical dependency treatment planning;

(i) Referral and use of community resources;

(j) Service coordination (implementing the treatment plan, consulting, continuing assessment and treatment planning);

(k) Individual counseling;

(l) Group counseling;

(m) Chemical dependency counseling for families, couples and significant others;

(n) Client, family and community education;

(o) Developmental psychology;

(p) Psychopathology/abnormal psychology;

(q) Documentation, to include, screening, intake, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client related data;

(r) Chemical dependency confidentiality;

(s) Professional and ethical responsibilities;

(t) Relapse prevention;

(u) Adolescent chemical dependency assessment and treatment;

(v) Chemical dependency case management; and

(w) Chemical dependency rules and regulations.

(3) All applicants, including individuals who are licensed under chapter 18.225 RCW, Psychologists under chapter 18.83 RCW; and Advance nurse practitioner under chapter 18.79 RCW, must meet the requirements in subsection (2) of this section.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-030, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-030, filed 6/14/99, effective 7/15/99.]

WAC 246-811-035 Certification of a chemical dependency professional trainee (CDPT). (1) The department of health will issue a CDPT certificate to an individual who:

(a) Submits an application on forms the department provides;

(b) Includes written documentation to meet the eligibility criteria;

(c) Declares that he or she is enrolled in an approved school and gaining the experience required to receive a CDP credential;

(d) Submit evidence of completion of four clock hours of AIDS education. The requirement of WAC 246-811-030 (2)(g) will satisfy this requirement.

(2) A CDPT must submit a signed declaration with their annual renewal that states they are enrolled in an approved education program, or have completed the educational requirements, and are obtaining the experience requirements for a CDP credential.

(3) A CDPT certificate can only be renewed four times.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-035, filed 6/30/09, effective 7/1/09.]

WAC 246-811-045 Accumulation of experience. (1) The department of health will consider experience in the field of chemical dependency up to seven years prior to the date of application.

(2) Accumulation of the experience hours is not required to be consecutive. Experience that will count toward certifi-

cation must meet the requirements outlined in WAC 246-811-046 through 246-811-049.

(3) Supervised experience is the practice as referred to in RCW 18.205.090 (1)(c) and is the experience received under an approved supervisor. A practicum or internship taken while acquiring the degree or semester/quarter hours is applicable.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-045, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-045, filed 6/14/99, effective 7/15/99.]

WAC 246-811-046 Number of experience hours required for certification as a chemical dependency professional. You will be required to complete one thousand to two thousand five hundred hours of supervised experience depending upon your formal education.

(1) Two thousand five hundred hours of chemical dependency counseling as defined in RCW 18.205.020(3), for individuals who possess an associate degree; or

(2) Two thousand hours of chemical dependency counseling for individuals who possess a baccalaureate degree in human services or a related field from an approved school; or

(3) One thousand five hundred hours of chemical dependency counseling for individuals who possess a master or doctoral degree in human services or a related field from an approved school; or

(4) One thousand hours of chemical dependency counseling for individuals who are licensed as advanced registered nurse practitioners under chapter 18.79 RCW, marriage and family therapists, mental health counselors, advanced social workers, and independent clinical social workers under chapter 18.225 RCW or licensed as a psychologist under chapter 18.83 RCW.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-046, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-046, filed 6/14/99, effective 7/15/99.]

WAC 246-811-047 Competency—Experience requirements. (1) It is the intent that an individual applying for a chemical dependency professional certificate has become competent in the core competencies of chemical counseling, as defined in WAC 246-811-010(5), through the experience requirement.

(2) Individuals must have experiences to gain the core competencies of chemical dependency counseling listed in (a) through (i) of this subsection.

(a) Two hundred hours of clinical evaluation. One hundred hours of the two hundred must be face-to-face patient contact hours.

(b) Six hundred hours of face-to-face counseling to include:

Individual counseling;

Group counseling;

Counseling family, couples, and significant others.

(c) Fifty hours of discussion of professional and ethical responsibilities.

(d) Transdisciplinary foundations:

Understanding addiction;

Treatment knowledge;

Application to practice;

Professional readiness.

(e) Treatment planning.

(f) Referral.

(g) Service coordination.

(h) Client, family, and community education.

(i) Documentation, to include, screening, intake, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client related data.

(3) Eight hundred fifty hours of experience must be divided among subsection (2)(a) through (c) of this subsection, the remaining experience hours must be divided among subsection (2)(d) through (i) of this subsection as determined by the supervisor.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-047, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-047, filed 6/14/99, effective 7/15/99.]

WAC 246-811-048 Supervision requirements. (1) All of the experience must be under an approved supervisor as defined in WAC 246-811-049.

(2) A chemical dependency professional trainee (CDPT) can provide chemical dependency assessment, counseling, and case management to patients consistent with his or her education, training, and experience as documented by the approved supervisor.

(a) The first fifty hours of any face-to-face patient contact must be under direct observation of an approved supervisor or a chemical dependency professional.

(b) An approved supervisor or designated certified chemical dependency professional must provide direct supervision when a CDPT is providing clinical services to patients until the approved supervisor documents in the employee file that the CDPT has obtained the necessary education, training, and experience.

(3) Approved supervisors must attest to the department of the supervised person's satisfactory progress in becoming proficient in the addiction counseling competencies as listed in WAC 246-811-047 (2)(a) through (i) on forms provided by the department.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-048, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-048, filed 6/14/99, effective 7/15/99.]

WAC 246-811-049 Approved supervisor requirements. (1) An approved supervisor is a certified chemical dependency professional (CDP) or a person who meets or exceeds the requirements of a certified CDP in the state of Washington, and who would be eligible to take the examination required for certification.

(2) An approved supervisor has at least four thousand hours of experience in a state approved chemical dependency treatment agency in addition to the supervised experience hours required to become a CDP.

(3) Twenty-eight clock hours of recognized supervisory training may be substituted for one thousand hours of experience.

(4) An approved supervisor is not a blood or legal relative, significant other, cohabitant of the supervisee, or someone who has acted as the supervisee's primary counselor.

(5) A chemical dependency professional trainee (CDPT) must receive documentation of his or her approved supervisor's qualifications before training begins.

(6) An approved supervisor or other certified CDP must review and sign all CDPT clinical documentation.

(7) An approved supervisor is responsible for all patients assigned to the CDPT they supervise.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-049, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-049, filed 6/14/99, effective 7/15/99.]

WAC 246-811-060 Examination requirements for a chemical dependency certification professional. (1) All applicants must take and pass the National Association of Alcoholism and Drug Abuse Counselor (NAADAC) National Certification Examination for Addiction Counselors or International Certification and Reciprocity Consortium (ICRC) Certified Addiction Counselor Level II or higher examination.

(2) The department will accept the passing score set by the testing company.

(3) The application and application fee must be submitted to the department at least ninety days prior to the scheduled examination date. All other supporting documents, including verification of education and experience, must be submitted at least sixty days prior to the examination date.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-060, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(7). 00-01-122, § 246-811-060, filed 12/17/99, effective 1/17/00.]

WAC 246-811-070 National certification. (1) A person who is certified through the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) or the International Certification and Reciprocity Consortium (ICRC), is considered to meet the experience requirements of WAC 246-811-046.

(2) A person who is certified through NAADAC or ICRC is considered to have met the requirements of WAC 246-811-030 pertaining to the forty-five quarter or thirty semester credits in courses covering the subject content described in WAC 246-811-030(2). Verification of the additional forty-five quarter or thirty semester credits will be required upon application to the department.

(3) Verification of certification must be sent directly to the department from NAADAC or ICRC.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-070, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-070, filed 6/14/99, effective 7/15/99.]

WAC 246-811-075 AIDS prevention and information education requirements. Chemical dependency professional applicants and chemical dependency professional trainee applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-075, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-075, filed 6/14/99, effective 7/15/99.]

WAC 246-811-080 What happens if my certification expires? (1) If the chemical dependency professional (CDP) or chemical dependency certification trainee (CDPT) certification has expired for five years or less, the individual must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If a CDP certification has lapsed for more than five years, the applicant must demonstrate continued competency and must pass an examination, if an examination was not successfully passed for the initial certification. In addition, the requirements of chapter 246-12 WAC, Part 2, must be met.

(3) If a CDPT certification has lapsed for more than five years, the applicant must meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-080, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-080, filed 6/14/99, effective 7/15/99.]

WAC 246-811-081 Retired active chemical dependency professional (CDP) credential. A certified CDP may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-081, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.130.250. 02-07-083, § 246-811-081, filed 3/19/02, effective 4/19/02.]

WAC 246-811-090 A chemical dependency professional and a chemical dependency professional trainee must provide client disclosure information. A chemical dependency professional and a chemical dependency professional trainee must provide disclosure information to each client prior to the delivery of certified services (WAC 388-805-325). Disclosure information may be printed in a format of the chemical dependency professional's choosing or in a general format used by a state approved treatment facility.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-090, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(15). 00-12-102, § 246-811-090, filed 6/7/00, effective 7/8/00.]

WAC 246-811-100 Disclosure statement requirements. (1) The following information must be printed on all disclosure statements provided to counseling clients in language that can be easily understood by the client:

(a) Name of firm, agency, business, or chemical dependency professional's practice.

(b) Employment address and telephone number.

(c) Name, credential, and credential number.

(d) Billing information, including:

(i) Client's cost per each counseling session;

(ii) Billing practices, including any advance payments and refunds.

(e) A list of the acts of unprofessional conduct in RCW 18.130.180 including the name, address, and contact telephone number within the department of health.

(2) The CDP or CDPT and the client must sign and date a statement indicating that the client has been given a copy of the required disclosure information, and the client has read and understands the information provided.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-100, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(15). 00-12-102, § 246-811-100, filed 6/7/00, effective 7/8/00.]

WAC 246-811-110 Failure to provide client disclosure information. Failure to provide to the client any of the disclosure information required by WAC 246-811-090 and 246-811-100 constitutes an act of unprofessional conduct as

defined in RCW 18.130.180(7) and may be grounds for disciplinary action.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-110, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(15). 00-12-102, § 246-811-110, filed 6/7/00, effective 7/8/00.]

WAC 246-811-200 Continuing competency definitions. (1) **Continuing education** means a program or course (including distance learning), seminars, or workshops, professional conferences approved by an industry recognized local, state, national, international organization or institution of higher learning.

(2) **Professional development activities** means addiction competencies as outlined in WAC 246-811-047, including: Clinical evaluation, individual counseling, group counseling, counseling family, couples, and significant others, professional and ethical responsibilities, understanding addiction, treatment knowledge, application to practice, professional readiness, treatment planning, referral, service coordination, client, family, and community education, screening, intake, assessment, clinical reports, clinical progress notes, discharge summaries, and other client related data.

(3) **Industry recognized** is any local, state, national, international organization, or institution of higher learning, including, but not limited to, the following organizations:

(a) National Association of Alcoholism and Drug Abuse Counselors (NAADAC);

(b) National Association of Addiction Treatment Providers (NAATP);

(c) International Certification and Reciprocity Consortium (ICRC);

(d) Northwest Indian alcohol/drug specialist certification board;

(e) Institutions of higher learning that are accredited by a national or regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation; or

(f) Division of alcohol and substance abuse (DASA).

(4) **Distance learning** is industry recognized education obtained to enhance proficiency in one or more of the professional development activities as outlined in subsection (2) of this section, through sources such as, internet course work, satellite downlink resources, telecourses, or correspondence courses.

(5) **Agency sponsored training** is training provided by an agency that is **not** limited to people working within that agency and is a professional development activity as outlined in subsection (2) of this section.

(6) **In-service training** is training provided by an agency that is limited to people working within that agency and is a professional development activity as outlined in subsection (2) of this section.

(7) **Continuing competency enhancement plan** is a plan showing the goals the CDP will develop to continue proficiency in their profession. The plan will be based on core competencies as listed in WAC 246-811-047. The plan will be developed on forms provided by the department.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-200, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-200, filed 3/19/02, effective 4/19/02.]

WAC 246-811-210 Purpose of a continuing competency program. To enhance the professional competency of the chemical dependency professional. A successful continuing competency program focuses on all aspects of professional practice to ensure that the practitioner is competent to provide safe and quality care to patients. The purpose of the professional development activities is to broaden the experience that a CDP may undertake to maintain competency.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-210, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-210, filed 3/19/02, effective 4/19/02.]

WAC 246-811-220 Continuing competency program requirements. (1) A chemical dependency professional must complete an enhancement plan, as described in WAC 246-811-200(7);

(2) Twenty-eight hours of continuing education, as described in WAC 246-811-240; and

(3) Twelve hours of other professional development activities as described in WAC 246-811-047 and 246-811-200(2).

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-220, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-220, filed 3/19/02, effective 4/19/02.]

WAC 246-811-230 Continuing competency reporting period. A chemical dependency professional must complete the continuing competency program requirements every two years. A CDP must develop and implement the plan upon initial certification, and every two years thereafter.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-230, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-230, filed 3/19/02, effective 4/19/02.]

WAC 246-811-240 Number of continuing education hours required. A chemical dependency professional must complete twenty-eight hours of continuing education every two years. At least fourteen hours must be completed in one or more of the topic areas as described in WAC 246-811-030 (2)(a) through (w). At least four hours must be in professional ethics and law. The additional ten hours shall be in areas relating to the various phases of their professional career.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-240, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-240, filed 3/19/02, effective 4/19/02.]

WAC 246-811-250 Acceptable continuing education. (1) Programs having a featured instructor, speaker(s) or panel that is industry recognized;

(2) Distance learning programs;

(3) Agency sponsored trainings;

(4) Course work at institutions of higher learning that are accredited by a national or regional accrediting body recognized by the commission on recognition of postsecondary accreditation; or

(5) In-service training programs limited to seven hours per reporting period.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-250, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-250, filed 3/19/02, effective 4/19/02.]

WAC 246-811-260 Completion of the twelve hours of other professional development activities. (1) A chemical dependency professional (CDP) may obtain hours through the following:

(a) Practicum;

(b) Peer-review including serving on a formal peer review panel or committee, or individual review of a sole provider, where the purpose of the review is to determine whether appropriate treatment was rendered;

(c) Public presentation including preparing and presenting lectures or education that contribute to the professional competence of a CDP. The CDP may accumulate the same number of hours obtained for continuing education purposes by attendees as required in WAC 246-12-220. The hours for presenting a specific topic lecture or education may only be used for continuing education credit once during each reporting period;

(d) Publication of writings;

(e) Other activities as determined by the CDP's supervisor;

(f) Continuing education; these continuing education hours are in addition to the twenty-eight hours of continuing education as listed in WAC 246-811-240.

(2) All documentation must include the dates the continuing competency activity that took place, and if appropriate, the title of the course, the location of the course, and the name of the instructor.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-260, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-260, filed 3/19/02, effective 4/19/02.]

WAC 246-811-270 Acceptable audit documentation for continuing education, professional development activities, and the enhancement plan. (1) Acceptable documentation must be specific to the program completed and include:

(a) Transcripts, letters from course instructors, or certificate of completion;

(b) Written report by the CDP explaining how they achieved the competencies in WAC 246-811-047; or

(c) Signed agreement between parties involved.

(2) A chemical dependency professional must comply with the requirements of chapter 246-12 WAC, Part 7.

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-270, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-270, filed 3/19/02, effective 4/19/02.]

WAC 246-811-990 Chemical dependency professional and chemical dependency professional trainee—Fees and renewal cycle. (1) A chemical dependency professional (CDP) certificate must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) A chemical dependency professional trainee (CDPT) certificate must be renewed every year to correspond with issuance date.

(3) The following nonrefundable fees will be charged for a certified chemical dependency professional:

Title of Fee	Fee
Application	$200.00
Initial certification	225.00
Renewal	230.00
Renewal retired active	115.00
Late renewal retired active	57.50
Late renewal penalty	115.00
Expired certification reissuance	115.00
Duplicate certification	10.00
Certification of certificate	10.00

(4) The following nonrefundable fees will be charged for a certified chemical dependency professional trainee:

Title of Fee	Fee
Application	$110.00
Renewal	90.00
Late renewal penalty	50.00
Expired certification reissuance	50.00
Duplicate certification	15.00
Certification of certificate	15.00

[Statutory Authority: Chapter 18.205 RCW. 09-14-111, § 246-811-990, filed 6/30/09, effective 7/1/09. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. 08-15-014, § 246-811-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-811-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 18.130.250. 02-07-083, § 246-811-990, filed 3/19/02, effective 4/19/02. Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-990, filed 6/14/99, effective 7/15/99.]

Chapter 246-817 WAC

DENTAL QUALITY ASSURANCE COMMISSION

(Formerly chapters 246-816 and 246-818 WAC)

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-817-170 Applications—Permits—Renewals for the administration of conscious sedation with multiple oral or parenteral agents or general anesthesia (including deep sedation). [Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-170, filed 10/10/95, effective 11/10/95.] Repealed by 09-04-042, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.640 and 18.32.0365.

246-817-175	Conscious sedation with parenteral or multiple oral agents—Education and training requirements—Application. [Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-175, filed 10/10/95, effective 11/10/95.] Repealed by 09-04-042, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.640 and 18.32.0365.
246-817-180	General anesthesia (including deep sedation)—Education and training requirements. [Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-180, filed 10/10/95, effective 11/10/95.] Repealed by 09-04-042, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.640 and 18.32.0365.
246-817-750	Conscious sedation with an oral agent. [Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-750, filed 10/10/95, effective 11/10/95.] Repealed by 09-04-042, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.640 and 18.32.0365.

WAC 246-817-510 Definitions for WAC 246-817-501 through 246-817-570. (1) **"Close supervision"** means that a licensed dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. A dentist shall be physically present in the treatment facility while the procedures are performed. Close supervision does not require a dentist to be physically present in the operatory; however, an attending dentist must be in the treatment facility and be capable of responding immediately in the event of an emergency.

(2) **"Coronal polishing"** means a procedure limited to the removal of plaque and stain from exposed tooth surfaces, utilizing an appropriate instrument and polishing agent.

This procedure shall not be intended or interpreted as an oral prophylaxis as defined in WAC 246-817-510 a procedure specifically reserved to performance by a licensed dentist or dental hygienist. Coronal polishing may, however, be performed by dental assistants under close supervision as a portion of the oral prophylaxis. In all instances, however, a licensed dentist shall determine that the teeth need to be polished and are free of calculus or other extraneous material prior to performance of coronal polishing by a dental assistant.

(3) **"Debridement at the periodontal surgical site"** means curettage or root planing after reflection of a flap by the supervising dentist. This does not include cutting of osseous tissues.

(4) **"Elevating soft tissues"** is defined as part of a surgical procedure involving the use of the periosteal elevator to raise flaps of soft tissues. Elevating soft tissue is not a separate and distinct procedure in and of itself.

(5) **"General supervision"** means supervision of dental procedures based on examination and diagnosis of the patient and subsequent instructions given by a licensed dentist but not requiring the physical presence of the supervising dentist in the treatment facility during the performance of those procedures.

(6) **"Incising"** is defined as part of the surgical procedure of which the end result is removal of oral tissue. Incising, or the making of an incision, is not a separate and distinct procedure in and of itself.

(7) **"Luxation"** is defined as an integral part of the surgical procedure of which the end result is extraction of a tooth. Luxation is not a distinct procedure in and of itself. It is the dislocation or displacement of a tooth or of the temporomandibular articulation.

(8) **"Oral prophylaxis"** means the preventive dental procedure of scaling and polishing which includes complete removal of calculus, soft deposits, plaque, stains and the smoothing of unattached tooth surfaces. The objective of this treatment shall be creation of an environment in which hard and soft tissues can be maintained in good health by the patient.

(9) **"Periodontal soft tissue curettage"** means the closed removal of tissue lining the periodontal pocket, not involving the reflection of a flap.

(10) **"Root planing"** means the process of instrumentation by which the unattached surfaces of the root are made smooth by the removal of calculus or deposits.

(11) **"Supportive services"** means services that are related to clinical functions in direct relationship to treating a patient.

(12) **"Suturing"** is defined as the readaption of soft tissue by use of stitches as a phase of an oral surgery procedure. Suturing is not a separate and distinct procedure in and of itself.

(13) **"Treatment facility"** means a dental office or connecting suite of offices, dental clinic, room or area with equipment to provide dental treatment, or the immediately adjacent rooms or areas. A treatment facility does not extend to any other area of a building in which the treatment facility is located.

(14) **"Noncredentialed person"** means a person who is not a dentist licensed under chapter 18.32 RCW; dental hygienist licensed under chapter 18.29 RCW; expanded function dental auxiliary licensed under chapter 18.260 RCW; or a dental assistant registered under chapter 18.260 RCW.

(15) **"Volunteer dental assistant"** means an individual who, without compensation, provides the supportive services set forth in WAC 246-817-520 in a charitable dental clinic.

[Statutory Authority: RCW 18.32.0365, 18.260.110, and 18.260.120. 09-15-075, § 246-817-510, filed 7/13/09, effective 8/13/09. Statutory Authority: RCW 18.260.120 and 18.32.0365. 08-14-010, § 246-817-510, filed 6/19/08, effective 7/1/08. Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-510, filed 10/10/95, effective 11/10/95.]

WAC 246-817-701 Administration of anesthetic agents for dental procedures. The purpose of WAC 246-817-701 through 246-817-790 is to govern the administration of sedation and general anesthesia by dentists licensed in the state of Washington in settingsother than hospitals as defined in WAC 246-320-010 and ambulatory surgical facilities as defined in WAC 246-310-010, pursuant to the DQAC authority in RCW 18.32.640.

(1) The DQAC has determined that anesthesia permitting should be based on the "level" of anesthesia because anesthesia/sedation is a continuum, and the route of administration and drug combinations are both capable of producing a deeper level of sedation/anesthesia than is initially intended. Practitioners intending to produce a given level of sedation should be able to rescue patients who enter a state deeper than initially intended.

(2) All anesthesia providers must provide twenty-four hour, on-call availability following an anesthesia procedure.

(3) The dental assistant and expanded function dental auxiliary may not administer any general or local anesthetic, including intravenous sedation.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-701, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.-035. 95-21-041, § 246-817-701, filed 10/10/95, effective 11/10/95.]

WAC 246-817-710 Definitions—The definitions in this section apply throughout WAC 246-817-701 through 246-817-790 unless the context clearly requires otherwise. (1) **"Analgesia"** is the diminution of pain in the conscious patient.

(2) **"Anesthesia"** is the loss of feeling or sensation, especially loss of sensation of pain.

(3) **"Anesthesia assistant/anesthesia monitor"** means a credentialed health care provider specifically trained in monitoring patients under sedation and capable of assisting with procedures, problems and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication.

(4) **"Anesthesia provider"** means a dentist, physician anesthesiologist, dental hygienist or certified registered nurse anesthetist licensed and authorized to practice within the state of Washington.

(5) **"Deep sedation/analgesia"** is a drug induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(6) **"Direct supervision"** means that a licensed provider whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedure to be performed. A dentist must be physically present in the treatment facility while the procedures are performed.

(7) **"Direct visual supervision"** means direct supervision and direct line of sight to the activity being performed, chairside.

(8) **"General anesthesia"** is a drug induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or nonpharmacologic method, or combination thereof may be impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(9) **"Local anesthesia"** is the elimination of sensations, especially pain, in one part of the body by the topical application or regional injection of a drug.

(10) **"Minimal sedation"** is a drug induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

(11) **"Moderate sedation"** is a drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Moderate sedation can include both moderate sedation/analgesia (conscious sedation) and moderate sedation with parenteral agent.

(12) **"Parenteral"** means a technique of administration in which the drug bypasses the gastrointestinal (GI) tract (i.e., intramuscular, intravenous, intranasal, submuscosal, subcutaneous, intraosseous).

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-710, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.-035. 95-21-041, § 246-817-710, filed 10/10/95, effective 11/10/95.]

WAC 246-817-720 Basic life support requirements. Dental staff providing direct patient care in an in-office or out-patient setting must hold a current and valid health care provider basic life support (BLS) certification. Dental staff providing direct patient care include: Licensed dentists, licensed dental hygienists, licensed expanded function dental auxiliaries, and registered dental assistants.

Newly hired office staff providing direct patient care are required to obtain the required certification within forty-five days from the date hired.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-720, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.-035. 95-21-041, § 246-817-720, filed 10/10/95, effective 11/10/95.]

WAC 246-817-722 Defibrillator. Every dental office in the state of Washington that administers anesthetic must have an automatic external defibrillator (AED) or defibrillator. The dentist and staff must be prepared to use this equipment in an emergency.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-722, filed 1/30/09, effective 3/2/09.]

WAC 246-817-724 Recordkeeping, equipment and emergency medications or drugs required in all sites where anesthetic agents of any kind are administered. (1) Dental records must contain an appropriate medical history and patient evaluation. Any adverse reactions, and all medications and dosages, must be recorded.

(2) Office facilities and equipment must include:

(a) Suction equipment capable of aspirating gastric contents from the mouth and pharynx;

(b) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen enriched ventilation to the patient;

(c) Blood pressure cuff (sphygmomanometer) of appropriate size;

(d) Stethoscope or equivalent monitoring device.

(3) The following emergency drugs must be available and maintained:

(a) Bronchodilator;

(b) Sugar (glucose);

(c) Aspirin;

(d) Antihistaminic;

(e) Coronary artery vasodilator;

(f) Anti-anaphylactic agent.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-724, filed 1/30/09, effective 3/2/09.]

WAC 246-817-730 Local anesthesia. Local anesthesia shall be administered only by a person qualified under this chapter and dental hygienists as provided in chapter 18.29 RCW.

(1) All offices must comply with the requirements listed in WAC 246-817-724.

(2) A permit of authorization is not required.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-730, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-730, filed 10/10/95, effective 11/10/95.]

WAC 246-817-740 "Minimal sedation by inhalation" (to include but not limited to nitrous oxide). (1) Training requirements: To administer inhalation minimal sedation a dentist must have completed a course containing a minimum of fourteen hours of either predoctoral dental school or postgraduate instruction in inhalation minimal sedation.

(2) Procedures for administration: Inhalation minimal sedation must be administered under the close supervision of a person qualified under this chapter and dental hygienists as provided in chapter 18.29 RCW:

(a) When administering inhalation minimal sedation, a second individual must be on the office premises able to immediately respond to any request from the person administering the inhalation minimal sedation;

(b) The patient must be continuously observed while inhalation minimal sedation is administered.

(3) Equipment and emergency medications: All offices in which inhalation minimal sedation is administered must comply with the recordkeeping and equipment standards listed in WAC 246-817-724.

(4) Dental records must contain documentation in the chart of either nitrous oxide, oxygen or any other inhalation sedation agent dispensed. In the case of nitrous oxide sedation only "N_2O used" is required. Other inhalation agents require a dose record noting the time each concentration or agent was used.

(5) Continuing education: A dentist who administers inhalation sedation to patients must participate in seven hours of continuing education or equivalent every five years.

(a) The education must include instruction in one or more of the following areas: Sedation; physiology; pharmacology; inhalation analgesia; patient evaluation; patient monitoring and medical emergencies;

(b) Healthcare provider basic life support (BLS), or advanced cardiac life support (ACLS) training does not count towards this requirement; however, these continuing education credit hours may be used to meet renewal requirements for the dental license.

(6) A permit of authorization is not required.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-740, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-740, filed 10/10/95, effective 11/10/95.]

WAC 246-817-745 "Minimal sedation." (1) Training requirements: To administer "minimal sedation," including:

(a) A single oral agent, a dentist must have completed a course containing a minimum of fourteen hours of a predoctoral dental school, postgraduate instruction, or continuing education (as defined in WAC 246-817-440) in the use of oral agents;

(b) Any oral agent in combination with a different agent or multiple agents other than nitrous oxide or injectable agents, a dentist must have completed a course containing a minimum of twenty-one hours of either predoctoral dental school or postgraduate instruction.

(2) Procedures for administration:

(a) Oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment;

(b) A second individual must be on the office premises and able to immediately respond to any request from the person administering the drug;

(c) The patient shall be continuously observed while in the office under the influence of the drug;

(d) Any adverse reactions must be documented in the records;

(e) If a patient unintentionally enters into a moderate level of sedation, the patient must be returned to a level of minimal sedation as quickly as possible. While returning the patient to the minimal sedation level, periodic monitoring of pulse, respiration, and blood pressure must be maintained. In such cases, these same parameters must be taken and recorded at appropriate intervals throughout the procedure and vital signs and level of consciousness must be recorded during the sedation and prior to dismissal of the patient.

(3) Dental records must contain documentation in the chart of all agents administered and dosage for minimal sedation. In the case of nitrous oxide sedation only "N_2O used" is required. Other inhalation agents require a dose record noting the time each concentration and agent was used.

(4) Continuing education: A dentist who administers minimal sedation to patients must participate in seven hours of continuing education or equivalent every five years.

(a) The education must include instruction in one or more of the following areas:

(i) Sedation;

(ii) Physiology;

(iii) Pharmacology;

(iv) Nitrous oxide analgesia;

(v) Patient evaluation;

(vi) Patient monitoring; and

(vii) Medical emergencies;

(b) Health care provider basic life support (BLS) or advanced cardiac life support (ACLS) must be taken in addition to the continuing education requirement; however, these continuing education credit hours may be used to meet the renewal requirements for the dental license.

(5) A permit of authorization is not required.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-745, filed 1/30/09, effective 3/2/09.]

WAC 246-817-755 Moderate sedation. (1) Training requirements: To administer moderate sedation the dentist must have completed a course containing a minimum of seven hours of a predoctoral dental school, postgraduate instruction, or continuing education (as defined in WAC 246-817-440) in moderate sedation in addition to twenty-one hours for minimal sedation.

(2) Procedures for administration:

(a) Oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment.

(b) A second individual must be on the office premises who can immediately respond to any request from the person administering the drug.

(c) The patient must be continuously observed while in the office under the influence of the drug.

(d) Any adverse reactions must be documented in the records.

(e) If a patient unintentionally enters a deeper level of sedation, the patient must be returned to a level of moderate sedation as quickly as possible. While returning the patient to the moderate level of sedation, periodic monitoring of pulse, respiration, and blood pressure and pulse oximetry must be maintained. In such cases, these same parameters must be taken and recorded at appropriate intervals throughout the procedure and vital signs and level of consciousness must be recorded during the sedation and prior to dismissal of the patient.

(f) Patients receiving these forms of sedation must be accompanied by a responsible adult upon departure from the treatment facility.

(3) Equipment and emergency medications: All offices must comply with the requirements listed in WAC 246-817-724. When a sedative drug is used that has a reversal agent, the reversal agent must be in the office emergency kit and the equipment to administer the reversal agent must be stored with the delivery device. Pulse oximetry equipment or equivalent respiratory monitoring equipment must be available in the office.

(4) Continuing education: A dentist who administers moderate sedation to patients must participate in seven hours of continuing education or equivalent every five years.

(a) The education must include instruction in one or more of the following areas: Sedation; physiology; pharmacology; nitrous oxide analgesia; patient evaluation; patient monitoring or medical emergencies.

(b) Health care provider basic life support (BLS), advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) must be taken in addition to the continuing education requirement; however, these continuing education credit hours may be used to meet the renewal requirements for the dental license.

(5) A permit of authorization is required. See WAC 246-817-774 for permitting requirements.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-755, filed 1/30/09, effective 3/2/09.]

WAC 246-817-760 Moderate sedation with parenteral agents. (1) Training requirements: To administer moderate sedation with parenteral agents, the dentist must have successfully completed a postdoctoral course(s) of sixty clock hours or more which includes training in basic moderate sedation, physical evaluation, venipuncture, technical administration, recognition and management of complications and emergencies, monitoring, and supervised experience in providing moderate sedation to fifteen or more patients.

(2) In addition to meeting the above criteria, the dentist must also have a current and documented proficiency in advanced cardiac life support (ACLS) or pediatric advanced life support (PALS). One way to demonstrate such proficiency is to hold a valid and current ACLS, PALS certificate or equivalent.

(3) Procedures for administration:

(a) In the treatment setting, a patient receiving moderate parenteral sedation must have that sedation administered by a person qualified under this chapter.

(b) A patient may not be left alone in a room and must be monitored by a dentist or trained anesthesia monitor.

(c) An intravenous infusion shall be maintained during the administration of a parenteral agent.

(d) When the operative dentist is also the person administering the moderate sedation, the operative dentist must be continuously assisted by at least one individual experienced in monitoring sedated patients.

(e) In the treatment setting, a patient experiencing moderate sedation with parenteral agents shall have visual and tactile observation as well as continual monitoring of pulse, respiration, blood pressure and blood oxygen saturation. Unless prevented by the patient's physical or emotional condition, these vital sign parameters must be noted and recorded whenever possible prior to the procedure. In all cases these vital sign parameters must be noted and recorded at the conclusion of the procedure.

(f) Blood oxygen saturation must be continuously monitored and recorded at appropriate intervals.

(g) The patient's level of consciousness shall be recorded prior to the dismissal of the patient.

(h) Patient's receiving these forms of sedation must be accompanied by a responsible adult upon departure from the treatment facility.

(i) If a patient unintentionally enters a deeper level of sedation, the patient must be returned to a level of moderate sedation as quickly as possible. While returning the patient to the moderate level of sedation, periodic monitoring of pulse, respiration, blood pressure and continuous monitoring of oxygen saturation must be maintained. In such cases, these same parameters must be taken and recorded at appropriate intervals throughout the procedure and vital signs and level of consciousness must be recorded during the sedation and prior to dismissal of the patient.

(4) Dental records must contain appropriate medical history and patient evaluation. Dosage and forms of medications dispensed shall be noted.

(5) Equipment and emergency medications: All offices in which moderate parenteral sedation is administered or prescribed must comply with the following equipment standards:

Office facilities and equipment shall include:

(a) Suction equipment capable of aspirating gastric contents from the mouth and pharynx;

(b) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched patient ventilation and oral and nasal pharyngeal airways of appropriate size;

(c) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices;

(d) An emergency drug kit with minimum contents of:

(i) Sterile needles, syringes, and tourniquet;
(ii) Narcotic antagonist;
(iii) Alpha and beta adrenergic stimulant;
(iv) Vasopressor;
(v) Coronary vasodilator;
(vi) Antihistamine;
(vii) Parasympatholytic;
(viii) Intravenous fluids, tubing, and infusion set; and
(ix) Sedative antagonists for drugs used, if available.

(6) Continuing education: A dentist who administers moderate parenteral sedation must participate in eighteen hours of continuing education or equivalent every three years.

(a) The education must include instruction in one or more of the following areas: Venipuncture; intravenous sedation; physiology; pharmacology; nitrous oxide analgesia; patient evaluation; patient monitoring and medical emergencies.

(b) Health care provider basic life support (BLS), advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) must be taken in addition to the continuing education requirement; however, these continuing education credit hours may be used to meet the renewal requirements for the dental license.

(7) A permit of authorization is required. See WAC 246-817-774 for permitting requirements.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-760, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.-035. 95-21-041, § 246-817-760, filed 10/10/95, effective 11/10/95.]

WAC 246-817-770 General anesthesia and deep sedation. Deep sedation and general anesthesia must be administered by an individual qualified to do so under this chapter.

(1) Training requirements: To administer deep sedation or general anesthesia, the dentist must meet one or more of the following criteria:

(a) Any provider currently permitted as of the effective date of this revision to provide deep sedation or general anesthesia by the state of Washington will be grandfathered regarding formal training requirements, provided they meet current continuing education and other ongoing applicable requirements.

(b) New applicants with anesthesia residency training will be required to have had two years of continuous full-time anesthesia training meeting the following requirements based on when they began their anesthesia training:

(i) For dentists who began their anesthesia training prior to 2008, training must include two full years of continuous full-time training in anesthesiology beyond the undergraduate dental school level, in a training program as outlined in part 2 of "*Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry*," published by the American Dental Association, Council on Dental Education (last revised October 2005).

(ii) For dentists who begin their anesthesia training in January 2008 or after, must have either received a certificate of completion.

(A) From a dental anesthesiology program accredited by CODA (ADA Commission on Dental Accreditation, "*Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology*," January 2007); or

(B) From a dental anesthesiology program approved by the Dental Quality Assurance Commission; or

(C) With a minimum of two years of full-time anesthesia residency training at a medical program accredited by the Accreditation Council for Graduate Medical Education (ACGME).

(c) New applicants who completed residency training in oral and maxillofacial surgery must meet at least one of the following requirements:

(i) Be a diplomate of the American Board of Oral and Maxillofacial Surgery;

(ii) Be a fellow of the American Association of Oral and Maxillofacial Surgeons; or

(iii) Be a graduate of an Oral and Maxillofacial Residency Program accredited by CODA.

(2) In addition to meeting one or more of the above criteria, the dentist must also have a current and documented proficiency in advanced cardiac life support (ACLS).

(3) Procedures for administration:

(a) Patients receiving deep sedation or general anesthesia must have continual monitoring of their heart rate, blood pressure, and respiration. In so doing, the licensee must utilize electrocardiographic monitoring and pulse oximetry;

(b) The patient's blood pressure and heart rate shall be recorded every five minutes and respiration rate shall be recorded at least every fifteen minutes;

(c) During deep sedation or general anesthesia, the person administering the anesthesia and the person monitoring the patient may not leave the immediate area;

(d) During the recovery phase, the patient must be continually observed by the anesthesia provider or credentialed personnel;

(e) A discharge entry shall be made in the patient's record indicating the patient's condition upon discharge and the responsible party to whom the patient was discharged.

(4) Dental records must contain appropriate medical history and patient evaluation. Anesthesia records shall be recorded during the procedure in a timely manner and must include: Blood pressure; heart rate; respiration; blood oxygen saturation; drugs administered including amounts and time administered; length of procedure; and any complications of anesthesia.

(5) Equipment and emergency medications: All offices in which general anesthesia (including deep sedation) is administered must comply with the following equipment standards:

(a) An operating theater large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit conclusion of any operation underway at the time of general power failure;

(d) Suction equipment capable of aspirating gastric contents from the mouth and pharyngeal cavities. A backup suction device must be available;

(e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate portable backup system;

(f) A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating theater;

(g) Ancillary equipment which must include the following:

(i) Laryngoscope complete with adequate selection of blades, spare batteries, and bulb;

(ii) Endotracheal tubes and appropriate connectors, and laryngeal mask airway (LMA) and other appropriate equipment necessary to do an intubation;

(iii) Oral airways;

(iv) Tonsillar or pharyngeal suction tip adaptable to all office outlets;

(v) Endotracheal tube forceps;

(vi) Sphygmomanometer and stethoscope;

(vii) Adequate equipment to establish an intravenous infusion;

(viii) Pulse oximeter or equivalent;

(ix) Electrocardiographic monitor;

(x) Defibrillator or automatic external defibrillator (AED) available and in reach within sixty seconds from any area where general or deep anesthesia care is being delivered. Multiple AEDs or defibrillators may be necessary in large facilities. The AED or defibrillator must be on the same floor. (In dental office settings where sedation or general anesthesia are not administered, AEDs or defibrillators are required as defined in WAC 246-817-722);

(h) Emergency drugs of the following types shall be maintained:

(i) Vasopressor or equivalent;

(ii) Corticosteroid or equivalent;

(iii) Bronchodilator;

(iv) Muscle relaxant;

(v) Intravenous medications for treatment of cardiac arrest;

(vi) Narcotic antagonist;

(vii) Benzodiazepine antagonist;

(viii) Antihistaminic;

(ix) Anticholinergic;

(x) Antiarrhythmic;

(xi) Coronary artery vasodilator;

(xii) Antihypertensive;

(xiii) Anticonvulsant.

(6) Continuing education:

(a) A dentist granted a permit to administer general anesthesia (including deep sedation) under this chapter, must complete eighteen hours of continuing education every three years.

A dentist granted a permit must maintain records that can be audited and must submit course titles, instructors, dates attended, sponsors, and number of hours for each course every three years.

(b) The education must be provided by organizations approved by the DQAC and must be in one or more of the following areas: General anesthesia; conscious sedation; physical evaluation; medical emergencies; pediatric advanced life support (PALS); monitoring and use of monitoring equipment; pharmacology of drugs; and agents used in sedation and anesthesia.

(c) Hourly credits earned from certification in health care provider basic life support (BLS) and advanced cardiac life support (ACLS) courses may not be used to meet the continuing education hourly requirements for obtaining or renewing a general anesthesia and deep sedation permit, however these continuing education hours may be used to meet the renewal requirement for the dental license.

(7) A permit of authorization is required. See WAC 246-817-774 for permitting requirements.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-770, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.-035. 95-21-041, § 246-817-770, filed 10/10/95, effective 11/10/95.]

WAC 246-817-772 Training requirements for anesthesia monitor. (1) In addition to those individuals necessary to assist the practitioner in performing the procedure, a trained individual must be present to monitor the patient's cardiac and respiratory functions.

(2) When the dentist is also administering the deep sedation or general anesthesia, one additional appropriately trained team member must be designated for patient monitoring.

(3) When deep sedation or general anesthesia is administered by a dedicated anesthesia provider, the anesthesia provider may serve as the monitoring personnel.

(4) The dentist cannot employ an individual to monitor patients receiving deep sedation or general anesthesia unless that individual has received a minimum of fourteen hours of documented training (such as national certification American Association of Oral and Maxillofacial Surgeons "AAOMS") in a course specifically designed to include instruction and practical experience in use of equipment to include, but not be limited to, the following equipment:

(a) Sphygmomanometer; or a device able to measure blood pressure;

(b) Pulse oximeter; or other respiratory monitoring equipment;

(c) Electrocardiogram;

(d) Bag-valve-mask resuscitation equipment;

(e) Oral and nasopharyngeal airways;

(f) Defibrillator; automatic external defibrillator.

(5) The course referred to in subsection (4) of this section must also include instruction in:

(a) Basic sciences;

(b) Evaluation and preparation of patients with systemic diseases;

(c) Anesthetic drugs and techniques;

(d) Anesthesia equipment and monitoring; and

(e) Office anesthesia emergencies.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-772, filed 1/30/09, effective 3/2/09.]

WAC 246-817-774 Permitting/renewal requirements. (1) To administer moderate sedation (oral and/or parenteral), or general anesthesia (including deep sedation), a dentist must first meet the requirements of this chapter, pos-

sess and maintain a current dental license pursuant to chapter 18.32 RCW and obtain a permit of authorization from the DQAC through the department of health. Application forms for permits may be obtained on-line or from the department and must be fully completed and include the current application fee.

(2) A permit of authorization is valid for three years from the date of issuance and must be renewed prior to the expiration date.

(3) In addition to the renewal application form, the permit holder must:

(a) Demonstrate continuing compliance with this chapter.

(b) Submit satisfactory evidence of continuing education hours as required by this chapter.

The dentist must maintain records that can be audited and must submit course titles, instructors, dates of attendance, sponsors and number of hours for each course every three years as required by this chapter.

(c) Pay the applicable renewal fee.

(4) Site visits may be conducted at the DQAC discretion. Site visits will be conducted by an anesthesia provider permitted at the same level, in conjunction with a department of health investigator. Site visits may include the evaluation of equipment, medications, patient records, documentation of training of personnel, and other items as determined necessary.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-774, filed 1/30/09, effective 3/2/09.]

WAC 246-817-776 Discharge criteria for all levels of sedation/general anesthesia. The anesthesia provider must assess patient responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(1) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(2) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(3) The patient can talk and respond coherently to verbal questioning as appropriate to age and preoperative psychological status;

(4) The patient can sit up unassisted;

(5) The patient can walk with minimal assistance;

(6) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness;

(7) A discharge entry must be made in the patient's record by the anesthesia provider indicating the patient's condition upon discharge, and the name of the responsible party to whom the patient is released (if a patient is required to be released to a responsible party);

(8) If the patient does not meet established discharge criteria, the anesthesia provider must evaluate the patient and determine if the patient has safely recovered to be discharged. The evaluation determining that the patient can be safely discharged must be noted in the patient's record.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-776, filed 1/30/09, effective 3/2/09.]

WAC 246-817-778 Nondental anesthesia providers. (1) A licensed dentist, certified registered nurse anesthetist (CRNA) or physician anesthesiologist may provide anesthesia services in dental offices where dentists do not have an anesthesia permit when the anesthesia provider ensures that all equipment, facility, monitoring and assistant training requirements as established within this chapter related to anesthesia have been met. The anesthesia provider is exclusively responsible for the pre, intra, and post operative anesthetic management of the patient.

(2) The dentist without a general anesthesia permit must establish a written contract with the anesthesia provider to guarantee that when anesthesia is provided, all facility, equipment, monitoring and training requirements, for all personnel, as established by DQAC related to anesthesia, have been met.

(a) The dentist and the anesthesia provider may agree upon and arrange for the provision of items such as facility, equipment, monitoring and training requirements to be met by either party, provided the delineation of such responsibilities is written into the contract.

(b) Any contract under this section must state that the anesthesia provider must ensure anesthesia related requirements as set forth in this chapter have been met.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-778, filed 1/30/09, effective 3/2/09.]

WAC 246-817-780 Mandatory reporting of death or significant complication as a result of any dental procedure. All licensees engaged in the practice of dentistry must submit a report of any patient death or other life-threatening incident or complication, permanent injury or admission to a hospital that results in a stay at the hospital for more than twenty-four hours, which is or may be a result of a dental procedure caused by a dentist or dental treatment.

(1) The dentist involved must notify the department of health/DQAC, by telephone, e-mail or fax within seventy-two hours of discovery and must submit a complete written report to the DQAC within thirty days of the incident.

(2) When a patient comes into an office with an existing condition, and hospital admission is the result of that condition and not the dental procedure, it is not reportable.

(3) The written report must include the following:

(a) Name, age, and address of the patient.

(b) Name of the dentist and other personnel present during the incident.

(c) Address of the facility or office where the incident took place.

(d) Description of the type of sedation or anesthetic being utilized at the time of the incident.

(e) Dosages, if any, of drugs administered to the patient.

(f) A narrative description of the incident including approximate times and evolution of symptoms.

(g) Additional information which the DQAC may require or request.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 09-04-042, § 246-817-780, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.-035. 95-21-041, § 246-817-780, filed 10/10/95, effective 11/10/95.]

Chapter 246-824 WAC
DISPENSING OPTICIANS

WAC

WAC 246-824-075 Continuing education requirements for dispensing opticians. Purpose and scope. The purpose of these requirements is to ensure the continued high quality of services provided by the licensed dispensing optician. Continuing education consists of educational activities designed to review existing concepts and techniques and conveys information and knowledge about advances in the field of opticianry, so as to keep the licensed dispensing opticians abreast of current and forecasted developments in a rapidly changing field.

(1) Basic requirements. Licensed dispensing opticians must complete thirty hours of continuing education every three years as required in chapter 246-12 WAC, Part 7.

(2) Fifteen of the credit hours must relate to contact lenses.

(3) Qualification of program for continuing education credit. Courses offered by the organizations and methods listed in this section will be presumed to qualify as continuing education courses. The secretary reserves the authority to refuse to accept credits in any course if the secretary determines that the course did not provide information sufficient in amount or relevancy to opticianry. Qualifying organizations and methods for the purposes of this section shall include in-class training, correspondence courses, video and/or audio tapes offered by any of the following:

(a) American Board of Opticianry;

(b) National Academy of Opticianry;

(c) Optical Laboratories Association;

(d) National Contact Lens Examiners;

(e) Contact Lens Society of America;

(f) Opticians Association of Washington;

(g) Joint Commission of Allied Health Personnel in Ophthalmology;

(h) Council on Optometric Practitioner Education;

(i) Opticianry colleges or universities approved by the secretary;

(j) Speakers sponsored by any of the above organizations;

(k) Any state or national opticianry association; and

(l) Additional qualifying organizations or associations as approved by the secretary.

[Statutory Authority: RCW 18.34.120. 09-07-023, § 246-824-075, filed 3/6/09, effective 4/6/09. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-824-075, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.17.060 and 18.130.070. 91-09-024 (Order 155), § 246-824-075, filed 4/10/91, effective 5/11/91.]

Chapter 246-826 WAC
HEALTH CARE ASSISTANTS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-826-090 Decertification or disciplinary actions. [Statutory Authority: RCW 18.135.030 and 34.05.220. 92-02-018 (Order 224), § 246-826-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-070, filed 2/25/85.] Repealed by 09-02-081, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 18.135.030, 2008 c 58.

246-826-190 Grandfather clause. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-125, filed 11/12/87.] Repealed by 09-02-081, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 18.135.030, 2008 c 58.

WAC 246-826-030 Supervision of health care assistants. A health care assistant may be supervised by either the delegator or by another practitioner who can order the act under his or her own license. The practitioner who is supervising the health care assistant must be physically present and immediately available in the facility during the administration of injections or vaccines. The supervising practitioner need not be present during procedures to withdraw blood.

[Statutory Authority: RCW 18.135.030, 2008 c 58. 09-02-081, § 246-826-030, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-020, filed 2/25/85.]

WAC 246-826-070 Maintenance of listing of drugs and functions authorized. Each delegator must maintain a list of the specific medications, diagnostic agents, or vaccines and the route of administration of each that he or she has authorized. Both the delegator and the delegatee shall sign and date the list. The signed list shall be available for review by the secretary of the department of health or his/her designee.

[Statutory Authority: RCW 18.135.030, 2008 c 58. 09-02-081, § 246-826-070, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-060, filed 2/25/85.]

WAC 246-826-080 Medication, diagnostic agent, and vaccine list. The list of specific medications, diagnostic agents, and vaccines, and the route of administration of each that has been authorized shall be submitted to the secretary at the time of initial certification and again with every recertification. If any changes occur which alter the list, a new list with the delegator and delegatee's signatures must be submitted to the department within thirty days of the change. All submitted lists will be maintained by the department of health.

[Statutory Authority: RCW 18.135.030, 2008 c 58. 09-02-081, § 246-826-080, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-065, filed 11/12/87.]

WAC 246-826-100 Health care assistant classification. There are seven categories of health care assistants. All categories may administer vaccines with appropriate delegation and supervision. This can be done by injection, orally, topically, or by nasal administration.

(1) Category A assistants may perform venous and capillary invasive procedures for blood withdrawal.

(2) Category B assistants may perform arterial invasive procedures for blood withdrawal.

(3) Category C assistants may perform intradermal, subcutaneous and intramuscular injections for diagnostic agents and administer skin tests.

(4) Category D assistants may perform intravenous injections for diagnostic agents.

(5) Category E assistants may perform intradermal, subcutaneous and intramuscular injections for therapeutic agents and administer skin tests.

(6) Category F assistants may perform intravenous injections for therapeutic agents.

(7) Category G assistants may perform hemodialysis.

[Statutory Authority: RCW 18.135.030, 2008 c 58. 09-02-081, § 246-826-100, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 18.135.030 and 18.135.020. 02-06-115, § 246-826-100, filed 3/6/02, effective 4/6/02. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-075, filed 11/12/87.]

Chapter 246-830 WAC
MASSAGE PRACTITIONERS

WAC

WAC 246-830-475 Continuing education requirements. (1) To renew a license, licensed massage practitioners must complete twenty-four hours of continuing education every two years.

(a) A minimum of eight hours must be direct supervised massage skills training; and

(b) A minimum of four hours must be in professional ethics, communication, and/or Washington state massage laws and regulations. Two of these hours must include professional roles and boundaries; and

(c) The remaining twelve hours may be met by meeting the requirements in subsection (2) of this section.

(2) For the purposes of this chapter, continuing education is defined as any of the following activities that involve direct application of massage therapy knowledge, skills, and business practices:

(a) Attendance at a local, state, national, or international continuing education program.

(b) First aid, CPR, or emergency related classes.

(c) Self study through the use of multimedia devices or the study of books, research materials, and/or other publications.

(i) Multimedia devices. The required documentation for this activity is a letter or other documentation from the organization. A maximum of twelve hours is allowed per reporting period.

(ii) Books, research materials, and/or other publications. The required documentation for this activity is a two-page synopsis of what was learned written by the licensee. A maximum of two hours is allowed per reporting period.

(d) Teaching a course for the first time, not to exceed eight hours.

(e) Business and management courses not to exceed eight hours.

(f) Specialized training. Training must be provided for a fee by an individual who has no less than three years of expertise in that area.

(g) Distance learning. Distance learning includes, but is not limited to, correspondence course, webinar, print, audio/video broadcasting, audio/video teleconferencing, computer aided instruction, e-learning/on-line-learning, or computer broadcasting/webcasting. A maximum of twelve hours is allowed per reporting period.

(h) Active service on massage related boards or committees. A maximum of twelve hours is allowed per reporting period.

[Statutory Authority: RCW 18.108.025, 18.108.125, and 43.70.250. 09-11-016, § 246-830-475, filed 5/7/09, effective 6/7/09. Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-475, filed 5/23/95, effective 6/23/95; 94-13-181, § 246-830-475, filed 6/21/94, effective 7/22/94.]

WAC 246-830-477 Inactive credential. (1) A licensed massage practitioner may obtain an inactive credential.

(2) Licensed massage practitioners with an inactive credential for four years or less who wish to return to active status must meet the requirements of chapter 246-12 WAC, Part 4.

(3) Licensed massage practitioners with an inactive credential for more than four years but less than ten years who wish to return to active status must:

(a) Successfully pass a Washington state approved licensure exam;

(b) Complete continuing education for the two most recent years as specified in WAC 246-830-475; and

(c) Complete the requirements of chapter 246-12 WAC, Part 4.

(4) Licensed massage practitioners with an inactive credential for more than ten years must:

(a) Successfully pass a Washington state approved licensure exam;

(b) Complete continuing education for the two most recent years as specified in WAC 246-830-475;

(c) Successfully complete a refresher course of at least fifty hours by a Washington state board approved massage school or massage apprenticeship program; and

(d) Complete the requirements of chapter 246-12 WAC, Part 4.

(5) Licensed massage practitioners with a Washington state inactive credential who have been in active practice in another United States jurisdiction, and who wish to return to active status must:

(a) Submit verification of active credential from any other United States jurisdiction;

(b) Complete continuing education for the two most recent years as specified in WAC 246-830-475; and

(c) Complete the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 18.108.025, 18.108.125, and 43.70.250. 09-11-016, § 246-830-477, filed 5/7/09, effective 6/7/09.]

WAC 246-830-990 Massage fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Written examination and reexamination	$65.00
Practical examination and reexamination	50.00
Initial license	90.00
Renewal	65.00
Late renewal penalty	50.00
Expired license reissuance	50.00
Inactive license renewal	50.00
Expired inactive license reissuance	50.00
Certification of license	10.00
Duplicate license	10.00
Intraoral massage endorsement	25.00
UW library access fee	25.00

[Statutory Authority: RCW 18.108.025, 18.108.125, and 43.70.250. 09-11-016, § 246-830-990, filed 5/7/09, effective 6/7/09. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. 08-15-014, § 246-830-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-830-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250. 03-07-095, § 246-830-990, filed 3/19/03, effective 7/1/03; 99-08-101, § 246-830-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-830-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-990, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-830-990, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 18.108.085 and 43.70.250. 92-02-018 (Order 224), § 246-830-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 88-24-042 (Order PM 788), § 308-51-210, filed 12/6/88; 87-18-031 (Order PM 667), § 308-51-210, filed 8/27/87.]

Chapter 246-840 WAC
PRACTICAL AND REGISTERED NURSING

WAC

WAC 246-840-095 Temporary practice permits. A new rule is needed to create a temporary practice permit. The nursing care quality assurance commission (NCQAC) conducts background checks on applicants to assure safe patient care. Completion of a national criminal background check may require additional time. The NCQAC may issue a temporary practice permit when the applicant is licensed in another state with licensing standards substantially equivalent to Washington. The applicant must not be subject to denial of a license or issuance of a conditional license under this chapter.

(1) If there are no violations identified because of the preliminary background check, and the applicant meets all other licensure conditions, the NCQAC may issue a temporary practice permit allowing time to complete the national criminal background check requirements.

The NCQAC issues a temporary practice permit valid for six months. At the fifth month, if the department of health has not received information from the Federal Bureau of Investigations (FBI), the applicant must contact the NCQAC office.

A one time extension of six months may be granted for good cause documented as beyond the control of the applicant. The applicant must file a request for extension petition with the department of health indicating their fingerprint card has not been received from the FBI. The request must be filed at least thirty days before the temporary practice permit expires.

(2) The temporary practice permit allows the applicant to work in the state of Washington as a nurse during the time period specified on the permit. The temporary practice permit serves as a license to practice nursing.

(3) The NCQAC issues a license after it receives the national background check report if the report is negative and the applicant otherwise meets the requirements for a license.

(4) The temporary practice permit is no longer valid after the license is issued or action is taken on the application because of the background check.

[Statutory Authority: RCW 18.130.075 and 18.130.064. 09-17-053, § 246-840-095, filed 8/13/09, effective 9/13/09.]

WAC 246-840-910 Purpose. This rule defines a consistent standard of nursing care with the delegation of nursing tasks to nursing assistants. The registered nurse delegator makes independent professional decisions of the delegation of a nursing task. A licensed registered nurse may delegate specific nursing care tasks to nursing assistants meeting certain requirements and providing care to individuals in a community-based care setting defined by RCW 18.79.260 (3)(e)(i) and to individuals in an in-home care setting defined by RCW 18.79.260 (3)(e)(ii). Before delegating a task, the registered nurse delegator determines that specific criteria are met and the patient is in a stable and predictable condition. Registered nurses delegating tasks are accountable to the Washington state nursing care quality assurance commission. The registered nurse delegator and nursing assistant are accountable for their own individual actions in the delegation process. No person may coerce a registered nurse into compromising patient safety by requiring the registered nurse to delegate. Registered nurse delegators shall not delegate the following care tasks:

(1) Administration of medications by injection (by intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) with the exception of insulin injections.

(2) Sterile procedures.

(3) Central line maintenance.

(4) Acts that require nursing judgment.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-840-910, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.-210, 2003 c 140. 04-14-065, § 246-840-910, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-910, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-910, filed 2/19/96, effective 3/21/96.]

WAC 246-840-920 Definitions. For the purposes of this chapter, the definitions in this section apply.

(1) "Authorized representative" means a person allowed to provide written consent for health care on behalf of a patient who is not competent to consent. Such person shall be a member of one of the classes of persons as directed in RCW 7.70.065.

(2) "Coercion" means to force or compel another, by authority, to do something that he/she would not otherwise choose to do.

(3) "Complex task" means that a nursing task may become more complicated because of:

(a) The patient's condition;

(b) The setting;

(c) The nursing care task(s) and involved risks; and

(d) The skill level required to perform the task.

The registered nurse delegator identifies and facilitates additional training of the nursing assistant prior to delegation in these situations. The registered nurse delegator decides if the task is not delegable. In no case, may administration of medications by injection with the exception of insulin injections, sterile procedures and central line maintenance be delegated.

(4) "Medication assistance" as defined in chapter 246-888 WAC does not require delegation by a licensed nurse.

(5) "Nursing assistant" means a nursing assistant-registered under chapter 18.88A RCW or a nursing assistant-certified under chapter 18.88A RCW, providing support and care to individuals served by certified community residential programs for the developmentally disabled, to individuals residing in licensed adult family homes, to in-home care and to individuals residing in licensed boarding homes.

(6) "Outcome" means the end result or consequence of an action after following a plan of care.

(7) "Patient" means the individual receiving nursing care tasks. In the community residential settings, the patient may be a client, consumer, or resident.

(8) "Personal care services" as defined in WAC 388-106-0010 do not require delegation by a licensed nurse.

(9) "Procedure" means a series of steps with a desired result; a particular course of action or way of doing something.

(10) "Registered nurse delegation" means the registered nurse transfers the performance of selected nursing tasks to competent nursing assistants in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the patient.

(11) "Supervision" means the guidance and evaluation by a registered nurse delegator for the accomplishment of a nursing task or activity, including the initial direction of the task or activity; periodic inspection at least every ninety days of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(12) "Immediate supervision" means the registered nurse delegator is on the premises, within audible and visual range of the patient and the patient assessment by the registered nurse delegator occurs prior to the delegation of duties to any care giver.

(13) "Direct supervision" means the registered nurse delegator on the premises, quickly and easily available and the patient assessment by the registered nurse delegator occurs prior to the delegation of the duties to any care giver.

(14) "Indirect supervision" means the registered nurse delegator is not on the premises. The registered nurse delegator previously provided written instructions for the care and treatment of the patient. The registered nurse delegator documents in the patient record the instruction to the nursing assistant, observation of the delegated task, and confirmation of the nursing assistant understanding the directions.

(15) "Stable and predictable condition" means the registered nurse delegator determines the patient's clinical and behavioral status is nonfluctuating and consistent. Stable and predictable may include a terminally ill patient whose deteriorating condition is expected. Stable and predictable may include a patient with sliding scale insulin orders. The registered nurse delegator determines the patient does not require frequent nursing presence and evaluation.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-840-920, filed 2/18/09, effective 3/21/09. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-920, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-920, filed 2/19/96, effective 3/21/96.]

WAC 246-840-930 Criteria for delegation. (1) Before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

ASSESS

(2) The setting allows delegation because it is a community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).

(3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.

(4) Determine the task to be delegated is within the delegating nurse's area of responsibility.

(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant. The registered nurse delegator assesses the potential risk of harm for the individual patient.

(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant.

(7) Assess the level of interaction required. Consider language or cultural diversity affecting communication or the ability to accomplish the task and to facilitate the interaction.

(8) Verify that the nursing assistant:

(a) Is currently registered or certified as a nursing assistant in Washington state without restriction;

(b) As required in WAC 246-841-405 (2)(a), nursing assistants registered have completed both the basic caregiver training and core delegation training before performing any delegated task;

(c) Has a certificate of completion issued by the department of social and health services indicating completion of the required core nurse delegation training;

(d) Has a certificate of completion issued by the department of social and health services indicating completion of diabetes training when providing insulin injections to a diabetic client; and

(e) Is willing and able to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.

(9) Assess the ability of the nursing assistant to competently perform the delegated nursing task in the absence of direct or immediate nurse.

(10) If the registered nurse delegator determines delegation is appropriate, the nurse:

(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant delivering care.

(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within thirty days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse or nursing assistant will be participating in the process.

PLAN

(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.

(12) Provide specific, written delegation instructions to the nursing assistant with a copy maintained in the patient's record that includes:

(a) The rationale for delegating the nursing task;

(b) The delegated nursing task is specific to one patient and is not transferable to another patient;

(c) The delegated nursing task is specific to one nursing assistant and is not transferable to another nursing assistant;

(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;

(e) A clear description of the procedure or steps to follow to perform the task;

(f) The predictable outcomes of the nursing task and how to effectively deal with them;

(g) The risks of the treatment;

(h) The interactions of prescribed medications;

(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;

(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:

(i) How to notify the registered nurse delegator of the change;

(ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and

(iii) The process to notify the nursing assistant of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;

(k) How to document the task in the patient's record;

(l) Document teaching done and a return demonstration, or other method for verification of competency; and

(m) Supervision shall occur at least every ninety days. With delegation of insulin injections, the supervision occurs at least weekly for the first four weeks, and may be more frequent.

(13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant written directions specific to an individual patient.

IMPLEMENT

(14) Delegation requires the registered nurse delegator teach the nursing assistant how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).

EVALUATE

(16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care.

(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant, including direct observation or other method of verification of competency of the nursing assistant. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant, the outcome of the task, and any problems.

(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occurs at least every ninety days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

(19) The registered nurse must supervise and evaluate the performance of the nursing assistant with delegated insulin injection authority at least weekly for the first four weeks.

After the first four weeks the supervision shall occur at least every ninety days.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.060], and 18.88A.210. 09-06-006, § 246-840-930, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.210, 2003 c 140. 04-14-065, § 246-840-930, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-930, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-930, filed 6/18/97, effective 7/19/97; 96-05-060, § 246-840-930, filed 2/19/96, effective 3/21/96.]

WAC 246-840-940 Washington state nursing care quality assurance commission community-based and in-home care setting delegation decision tree.

(1)	Does the patient reside in one of the following settings? A community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).	No ⇒	Do not delegate
Yes ↓			
(2)	Has the patient or authorized representative given consent to the delegation?	No ⇒	Obtain the written, informed consent
Yes ↓			
(3)	Is RN assessment of patient's nursing care needs completed?	No ⇒	Do assessment, then proceed with a consideration of delegation
Yes ↓			
(4)	Does the patient have a stable and predictable condition?	No ⇒	Do not delegate
Yes ↓			
(5)	Is the task within the registered nurse's scope of practice?	No ⇒	Do not delegate
Yes ↓			
(6)	Is the nursing assistant registered or certified and properly trained in the nurse delegation for nursing assistants? Is the nursing assistant trained in diabetes care and insulin injections when delegating insulin?	No ⇒	Do not delegate
Yes ↓			
(7)	Does the delegation exclude the administration of medications by injection other than insulin, sterile procedures or central line maintenance?	No ⇒	Do not delegate
Yes ↓			
(8)	Can the task be performed without requiring judgment based on nursing knowledge?	No ⇒	Do not delegate
Yes ↓			
(9)	Are the results of the task reasonably predictable?	No ⇒	Do not delegate
Yes ↓			
(10)	Can the task be safely performed according to exact, unchanging directions?	No ⇒	Do not delegate
Yes ↓			
(11)	Can the task be performed without a need for complex observations or critical decisions?	No ⇒	Do not delegate
Yes ↓			
(12)	Can the task be performed without repeated nursing assessments?	No ⇒	Do not delegate
Yes ↓			
(13)	Can the task be performed properly?	No ⇒	Do not delegate
Yes ↓			
(14)	Is appropriate supervision available? With insulin injections, the supervision occurs at least weekly for the first four weeks.	No ⇒	Do not delegate
Yes ↓			
(15)	There are no specific laws or rules prohibiting the delegation?	No ⇒	Do not delegate
Yes ↓			
(16)	Task is delegable		

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-840-940, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.-210, 2003 c 140. 04-14-065, § 246-840-940, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-940, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-940, filed 6/18/97, effective 7/19/97; 96-05-060, § 246-840-940, filed 2/19/96, effective 3/21/96.]

WAC 246-840-950 How to make changes to the delegated tasks. (1) **Medication.** The registered nurse delegator discusses with the nursing assistant the process for continuing, rescinding, or adding medications to the delegation list when the changes occur:

(a) The registered nurse delegator verifies the change in medication or a new medication order with the health care provider;

(b) If the medication dosage or type of medication changes or for the same problem (i.e., one medication is deleted and another is substituted) and the patient remains in a stable and predictable condition, delegation continues at the registered nurse delegator's discretion; and

(c) If a new medication is added, the registered nurse delegator reviews the criteria and process for delegation prior to delegating the administration of the new medication to the nursing assistant. The registered nurse delegator maintains the authority to decide if the new medication can be delegated immediately, if a site visit is warranted prior to delegation, or if delegation is no longer appropriate. If delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan to meet the needs of the patient.

(2) **Treatments and/or procedures.**

(a) The registered nurse delegator verifies the change in the medical order with the health care provider.

(b) The registered nurse delegator decides if the new treatment or procedure can be delegated immediately, if a site visit is warranted prior to delegation, or if delegation is no longer appropriate. If rescinding delegation, the registered nurse delegator initiates and participates in developing an alternative plan to meet the needs of the patient.

Transferring delegation to another registered nurse.

(3) The registered nurse delegator may transfer the delegation process to another registered nurse. The registered nurse assuming responsibility assesses the patient, the skills of the nursing assistant, and the plan of care. The registered nurse is accountable and responsible for the delegated task. The registered nurse delegator must document the following in the patient's record:

(a) The reason and justification for another registered nurse assuming responsibility for the delegation;

(b) The registered nurse assuming responsibility must agree, in writing, to perform the supervision; and

(c) The nursing assistant and patient have been informed of this change.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-840-950, filed 2/18/09, effective 3/21/09. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-950, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-950, filed 2/19/96, effective 3/21/96.]

WAC 246-840-960 Rescinding delegation. (1) The registered nurse delegator may rescind delegation of the nursing task based on the following circumstances which may include, but are not limited to:

(a) The registered nurse delegator believes patient safety is being compromised;

(b) The patient's condition is no longer stable and predictable;

(c) When the frequency of staff turnover makes delegation impractical to continue in the setting;

(d) A change in the nursing assistant's willingness or competency to do the task;

(e) When the task is not being performed correctly;

(f) When the patient or authorized representative requests rescinding the delegation;

(g) When the facility's license lapsed; or

(h) When caregivers are not currently registered, certified, or have restrictions to practice.

(2) In the event delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan to provide continuity of the task or assumes responsibility for performing the task.

(3) The registered nurse delegator documents the reason for rescinding delegation of the task and the plan for continuing the task.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-840-960, filed 2/18/09, effective 3/21/09. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-960, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-960, filed 2/19/96, effective 3/21/96.]

WAC 246-840-970 Accountability, liability, and coercion. (1) The registered nurse delegator and nursing assistant are accountable for their own individual actions in the delegation process. While the delegated task becomes the responsibility of the nursing assistant, the registered nurse delegator retains overall accountability for the nursing care of the patient.

(2) Under RCW 18.79.260 (3)(d)(iv), delegating nurses acting within their delegation authority shall be immune from liability for any action performed in the course of their delegation duties.

(3) Under RCW 18.88A.230(1), nursing assistants following written delegation instructions from registered nurse delegators for delegated tasks shall be immune from liability.

(4) Complaints regarding delegation of nursing tasks may be reported to the aging and adult services administration of the department of social and health services or via a toll-free telephone number.

(5) All complaints related to registered nurse delegators shall be referred to the nursing care quality assurance commission.

(6) All complaints related to nursing assistants performing delegated tasks shall be referred to the secretary of health.

(7) Under RCW 18.79.260 (3)(c), no person may coerce the registered nurse delegator into compromising patient safety by requiring the nurse to delegate if the registered nurse delegator determines it is inappropriate to do so. Registered nurse delegators shall not be subject to any employer reprisal or disciplinary action by the Washington nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety.

(8) Under RCW 18.88A.230(2), nursing assistants shall not be subject to any employer reprisal or disciplinary action by the secretary for refusing to accept delegation of a nursing task based on patient safety issues.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-840-970, filed 2/18/09, effective 3/21/09. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-970, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-970, filed 2/19/96, effective 3/21/96.]

Chapter 246-841 WAC
NURSING ASSISTANTS

WAC

WAC 246-841-405 Nursing assistant delegation. Provision for delegation of certain tasks.

(1) Nursing assistants perform tasks delegated by a registered nurse for patients in community-based care settings or in-home care settings each as defined in RCW 18.79.260 (3)(e).

(2) Before performing any delegated task:

(a) Nursing assistants-registered must show the certificate of completion of both the basic caregiver training and core delegation training from the department of social and health services to the registered nurse delegator.

(b) Nursing assistants-certified must show the certificate of completion of the core delegation training from the department of social and health services to the registered nurse delegator.

(c) All nursing assistants must comply with all applicable requirements of the nursing care quality assurance commission in WAC 246-840-910 through 246-840-970.

(d) All nursing assistants, registered and certified, who may be completing insulin injections must give a certificate

of completion of diabetic training from the department of social and health services to the registered nurse delegator.

(e) All nursing assistants must meet any additional training requirements identified by the nursing care quality assurance commission. Any exceptions to additional training requirements must comply with RCW 18.79.260 (3)(e)(v).

(3) Delegated nursing care tasks described in this section are:

(a) Only for the specific patient receiving delegation;

(b) Only with the patient's consent; and

(c) In compliance with all applicable requirements in WAC 246-840-910 through 246-840-970.

(4) A nursing assistant may consent or refuse to consent to perform a delegated nursing care task. The nursing assistant is responsible for their own actions with the decision to consent or refuse to consent and the performance of the delegated nursing care task.

(5) Nursing assistants shall not accept delegation of, or perform, the following nursing care tasks:

(a) Administration of medication by injection, with the exception of insulin injections;

(b) Sterile procedures;

(c) Central line maintenance;

(d) Acts that require nursing judgment.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-841-405, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.88A.060 and 2003 c 140. 04-14-064, § 246-841-405, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapter 18.88A RCW. 96-06-029, § 246-841-405, filed 2/28/96, effective 3/30/96.]

Chapter 246-869 WAC
PHARMACY LICENSING

WAC

WAC 246-869-090 Prescription transfers. The transfer of original prescription information for a noncontrolled substance legend drug for the purpose of refill dispensing is permissible between pharmacies subject to the following requirements:

(1) The transfer is communicated directly between two licensed pharmacists and the transferring pharmacist records the following information:

(a) Record in the patient medication record system that a copy has been issued.

(b) Record in the patient medication record system the name and address of the pharmacy to which it was transferred and the name of the pharmacist receiving the prescription information.

(2) The pharmacist receiving the transferred prescription information shall reduce to writing the following:

(a) Write the word "TRANSFER" on the face of the transferred prescription.

(b) Provide all information required to be on the prescription - patient's name and address; prescriber's name and address, and also include:

(i) Date of issuance of original prescription.

(ii) Number of valid refills remaining and date of last refill.

(iii) The pharmacy's name, address, and original prescription number from which the prescription information was transferred.

(iv) Name of transferor pharmacist.

(c) Both the original and transferred prescription must be maintained as if they were original prescriptions.

(d) A transferred prescription may not be refilled after one year from the date the original was issued.

(e) The above subsections apply to the transfer of prescription information for noncontrolled substances. The transfer of controlled substance prescription information must conform to the requirements of 21 CFR 1306.25.

(3) When a prescription is transferred, no further refills shall be issued by the transferring pharmacy.

(4) If two or more pharmacies utilize a common electronic data base for prescription recordkeeping, prescriptions may be refilled at any of these pharmacies as long as there is provided an audit trail which documents the location of each filling and provisions are made to assure that the number of authorized refills are not exceeded.

[Statutory Authority: RCW 18.64.005 and 69.41.050. 09-19-068, § 246-869-090, filed 9/14/09, effective 10/15/09. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-23-058 (Order 221), § 360-16-094, filed 11/15/88.]

WAC 246-869-180 Physical standards for pharmacies—Adequate equipment. (1) All pharmacies shall have in their possession the equipment and supplies necessary to compound, dispense, label, administer and distribute drugs and devices. The equipment shall be in good repair and shall be available in sufficient quantity to meet the needs of the practice of pharmacy conducted therein.

(2) All pharmacies will have in their possession one up-to-date copy of the state of Washington statutes and rules governing the practice of pharmacy, the sale and dispensing of drugs, poisons, controlled substances, and medicines. Electronic or on-line versions are acceptable.

(3) All pharmacies shall have up-to-date references in order for the pharmacist(s) to furnish patients and practitioners with information concerning drugs.

[Statutory Authority: RCW 18.64.005. 09-08-085, § 246-869-180, filed 3/30/09, effective 4/30/09. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-180, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-16-230, filed 5/21/85; 84-03-015 (Order 180), § 360-16-230, filed 1/9/84; Order 131, § 360-16-230, filed 2/4/77; Order 118, § 360-16-230, filed 1/2/74; Order 51 (part), filed 8/15/67.]

Chapter 246-918 WAC
PHYSICIAN ASSISTANTS—MEDICAL QUALITY ASSURANCE COMMISSION

WAC

WAC 246-918-990 Physician assistants fees and renewal cycle. (1) Licenses must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The applicant or licensee must pay the following nonrefundable fees:

Title of Fee	Fee
Physician assistants:	
Application (annual)*	$125.00
Two-year renewal*	220.00
Expired license reissuance	50.00
Duplicate license	15.00

*Includes: The application or renewal fee, the Washington physician health program surcharge (RCW 18.71A.020(3)) assessed at $50.00 per year, and the fee to access the University of Washington (UW) HEALWA web site (RCW 43.70.110) assessed at $25.00 per year.

[Statutory Authority: RCW 43.70.250, 43.70.280, 18.31.310, 18.71A.020, 18.71.080, and 43.70.110. 09-16-120, § 246-918-990, filed 8/4/09, effective 8/15/09. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. 08-15-014, § 246-918-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250. 06-11-167, § 246-918-990, filed 5/24/06, effective 7/1/06. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-918-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 18.71.017, 18.71A.020 and 43.70.280. 02-05-009, § 246-918-990, filed 2/8/02, effective 3/11/02. Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-918-990, filed 11/16/99, effective 1/1/00. Statutory Authority: RCW 18.71.017 and 18.71A.020(3). 99-13-087, § 246-918-990, filed 6/14/99, effective 7/15/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-918-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-990, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 43.70.040. 91-06-027 (Order 131), § 246-918-990, filed 2/26/91, effective 3/29/91.]

Chapter 246-919 WAC
MEDICAL QUALITY ASSURANCE COMMISSION

WAC

WAC 246-919-990 Physician and surgeon fees and renewal cycle. (1) Licenses must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2, except postgraduate training limited licenses.

(2) Postgraduate training limited licenses must be renewed every year to correspond to the program's date.

(3) A retired active physician who resides and practices in Washington and obtains or renews a retired active license is exempt from all licensing fees except for the impaired physician program surcharge authorized by RCW 18.71.310.

(4) The applicants and licensees must pay the following nonrefundable fees:

Title of Fee	Fee
Physicians and surgeons: Chapter 18.71 RCW	
Application (annual)*	$500.00
Two-year renewal*	675.00
Late renewal penalty	262.50
Expired license reissuance	262.50
Certification of license	50.00
Duplicate license	15.00
Temporary permit	50.00
Application fee for transitioning from a postgraduate training limited license (annual)*	175.00
Retired active physicians and surgeons: (Two-year cycle)	
Retired active physician who resides and practices in-state per RCW 18.71.080 and 18.130.250 (Washington physician health program surcharge)	100.00
Retired active physician license renewal *(does not meet in-state exemption)	350.00
Retired active late renewal penalty	50.00
Postgraduate limited license fees: RCW 18.71.095 (One-year cycle)	
Limited license application*	400.00
Limited license renewal*	400.00
Limited duplicate license	15.00

*Includes: The application or renewal fee, the Washington physician health program surcharge (RCW 18.71.310(2)) assessed at $50.00 per year, and the fee to access the University of Washington (UW) HEALWA web site (RCW 43.70.110) assessed at $25.00 per year.

[Statutory Authority: RCW 43.70.250, 43.70.280, 18.31.310, 18.71A.020, 18.71.080, and 43.70.110. 09-16-120, § 246-919-990, filed 8/4/09, effective 8/15/09. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. 08-15-014, § 246-919-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250. 06-11-167, § 246-919-990, filed 5/24/06, effective 7/1/06. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-919-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 18.71.017, 18.71A.020 and 43.70.280. 02-05-009, § 246-919-990, filed 2/8/02, effective 3/11/02. Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-919-990, filed 11/16/99, effective 1/1/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-919-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 43.70.250. 97-15-100, § 246-919-990, filed 7/21/97, effective 8/21/97. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-990, filed 1/17/96, effective 2/17/96.]

Chapter 246-933 WAC
VETERINARIANS—VETERINARY BOARD

WAC

WAC 246-933-300 Veterinary specialty licensure. (1) A person may be licensed to practice only specialized veterinary medicine in Washington state. Application for specialty licensure shall be made on forms provided by the secretary and include:

(a) Official transcript or other evidence of graduation from an American Veterinary Medical Association approved or accredited college or university; or

(b) Certification that the applicant has successfully completed either:

(i) The American Veterinary Medical Association's Educational Commission for Foreign Veterinary Graduates; or

(ii) The American Association of Veterinary State Board's Program for the Assessment of Veterinary Education Equivalence (PAVE); and

(c) Documented licensure, in good standing, to practice veterinary medicine in any state, United States territory, or province of Canada; and

(d) Certification as a diplomate of a national board or college recognized in the specialty area for which application is submitted.

(2) Applicants must pass a written examination approved by the board pertaining to laws regulating the practice of veterinary medicine in the state of Washington. Examination grades will be based on a possible score of one hundred percent with a minimum passing score of ninety percent.

(3) At the time of license renewal, licensees must present evidence of continued certification by the veterinary specialty board authority.

(4) The veterinary board of governors recognizes all veterinary medicine specialties recognized by the American Veterinary Medical Association. The practice of a veterinarian licensed as a specialized practitioner is limited to the specific specialty for which licensed.

(5) Individuals licensed as a veterinary specialist are subject to chapter 18.130 RCW.

(6) Veterinary specialty licensees shall be charged the impaired veterinarian assessment on each license issuance or renewal: Provided however, That no licensee shall pay more than one impaired veterinarian assessment per year.

[Statutory Authority: RCW 18.92.030, 18.92.135. 09-09-045, § 246-933-300, filed 4/9/09, effective 5/10/09. Statutory Authority: RCW 18.92.030. 92-17-076 (Order 299B), § 246-933-300, filed 8/19/92, effective 9/19/92; 92-03-074 (Order 235B), § 246-933-300, filed 1/14/92, effective 2/14/92.]

Chapter 246-935 WAC
VETERINARY TECHNICIANS

WAC

WAC 246-935-010 Definitions. (1) "Anesthesia maintenance" means maintaining adequate depth of anesthesia through control of the amount and type of drug(s) delivered to the animal patient.

(2) "Anesthesia monitoring" means measuring, reporting, and recording vital signs.

(3) "Direct supervision" means the veterinary supervisor is on the premises, is quickly and easily available and the animal patient has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task.

(4) "Emergency" means that the animal patient has a life-threatening condition where immediate treatment is necessary to sustain life or avoid significant injury and morbidity.

(5) "Immediate supervision" means the supervisor is in audible and visual range of the animal patient and the person treating the patient.

(6) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the animal patient and the animal patient has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task and the animal patient is not anesthetized.

(7) "Licensed veterinary technician" means any person who has met the requirements of RCW 18.92.015 and who is licensed as required by chapter 18.92 RCW.

(8) "Supervisor" means a veterinarian or a licensed veterinary technician.

(9) "Unregistered assistant" means any individual who is not a veterinary technician or veterinarian.

(10) "Veterinarian" means a person authorized by chapter 18.92 RCW to practice veterinary medicine in the state of Washington.

(11) "Veterinary medical facility" is any premises, unit, structure or vehicle where any animal patient is received and/or confined, in order to provide veterinary medicine, surgery, or dentistry as defined in RCW 18.92.010.

[Statutory Authority: RCW 18.92.030, 18.92.125. 09-15-120, § 246-935-010, filed 7/17/09, effective 8/17/09. Statutory Authority: RCW 18.92.030 and 2007 c 235. 08-11-099, § 246-935-010, filed 5/20/08, effective 6/20/08. Statutory Authority: RCW 18.92.030. 02-10-135, § 246-935-010, filed 5/1/02, effective 6/1/02; 91-24-098 (Order 221B), § 246-935-010, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-010, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-010, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-010, filed 12/21/79.]

WAC 246-935-040 Responsibilities of a veterinarian supervising a licensed veterinary technician or an unregistered assistant. (1) A veterinarian must not delegate:

(a) To any licensed veterinary technician the performance of any animal health care services not authorized by WAC 246-935-040 or 246-935-050.

(b) To any unregistered assistant the performance of any animal health care services not authorized by WAC 246-935-040 or 246-935-050.

(2) The supervising veterinarian shall:

(a) Have legal responsibility for the health, safety and welfare of the animal patient which the licensed veterinary technician or unregistered assistant serves.

(b) Delegate animal health care tasks only if the licensed veterinary technician or unregistered assistant is qualified to perform the task, and the task is not precluded by the medical condition of the animal patient.

(c) Use the level of supervision required for a specific task.

(d) Make all decisions relating to the diagnosis, treatment, management, and future disposition of an animal patient.

(e) Limit the number of unregistered assistants under indirect supervision to that which is appropriate for the circumstances.

(f) Allow licensed veterinary technicians and unregistered assistants the right and responsibility to refuse to perform duties they are not legally or technically able to perform.

(3) A supervising veterinarian shall examine the animal patient prior to the delegation of any animal health care task to either a licensed veterinary technician or unregistered assistant. The examination of the animal patient must be conducted at the times and in the manner consistent with veterinary medicine practice, and the particular delegated animal health care task.

(4) If a licensed veterinary technician is authorized to provide supervision for an unregistered assistant performing a specified health care task, the licensed veterinary technician shall be under the same degree of supervision by the veterinarian, as if the licensed veterinary technician were performing the task.

[Statutory Authority: RCW 18.92.030, 18.92.125. 09-15-120, § 246-935-040, filed 7/17/09, effective 8/17/09. Statutory Authority: RCW 18.92.030.

02-02-046, § 246-935-040, filed 12/27/01, effective 1/27/02; 92-02-057 (Order 233B), § 246-935-040, filed 12/30/91, effective 1/30/92; 91-24-098 (Order 221B), § 246-935-040, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-040, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-045, filed 9/19/83.]

WAC 246-935-050 Animal health care tasks. No individual, other than a licensed veterinary technician, may advertise or offer her/his services in a manner calculated to lead others to believe that she/he is a trained or licensed veterinary technician.

(1) Licensed veterinary technicians and unregistered assistants are prohibited from performing the following activities:

(a) Surgery except as outlined below;

(b) Diagnosis and prognosis;

(c) Prescribing drugs, medication or appliances;

(d) Initiation of treatment without prior instruction by a veterinarian except as outlined under emergency animal care.

(2) Immediate supervision. Unregistered assistants are not authorized to perform the tasks in this section. A licensed veterinary technician may perform the following tasks only under the immediate supervision of a veterinarian: Dental extractions.

(3) Direct supervision. Unregistered assistants are not authorized to perform the tasks in this section. A licensed veterinary technician may perform the following tasks only under the direct supervision of a veterinarian:

(a) Anesthesia:

(i) Induction, including preanesthesia;

(ii) Maintenance;

(iii) Monitoring.

(b) Application of casts and splints;

(c) Floating teeth;

(d) Intraperitoneal injections;

(e) Blood administration;

(f) Closure, including suturing, of prepared skin wound or gingival incision;

(g) Arterial and central venous catheters.

(4) Indirect supervision. Unregistered assistants are not authorized to perform the tasks in this section. A licensed veterinary technician may perform the following tasks only under the indirect supervision of a veterinarian:

(a) Intravenous injections into uncatheterized vein;

(b) Centesis, including fine needle aspirates;

(c) Unobstructed bladder catheter;

(d) Diagnostic procedures:

(i) Fecal analysis;

(ii) Electrocardiograms;

(iii) Blood pressure;

(iv) Cytology analysis, including urinalysis and hematology;

(v) Microbiology.

(e) Placement and use of nasogastric and orogastric tubes for gavage, lavage, or reflux;

(f) Ophthalmological procedures:

(i) Tear production testing;

(ii) Topical anesthetic application;

(iii) Fluorescein staining of the cornea;

(iv) Tonometry.

(g) Tasks authorized to be performed under immediate or direct supervision for unregistered assistants, may be performed by licensed veterinary technicians under indirect supervision unless otherwise restricted.

(5) Immediate supervision for unregistered assistants. An unregistered assistant may perform the following tasks only under the immediate supervision of a veterinarian or licensed veterinary technician:

(a) Place and secure an intravenous catheter;

(b) Monitor vital signs of an anesthetized patient;

(c) Dental prophy.

(6) Direct supervision for unregistered assistant. An unregistered assistant may perform the following tasks only under the direct supervision of a veterinarian or licensed veterinary technician:

(a) Intravenous injection into catheterized vein;

(b) Biologics injections (vaccines) with the veterinarian's verification signature on appropriate certificate;

(c) Imaging procedures;

(d) Removal of sutures, drain tubes and staples;

(e) Bandaging;

(f) Removal of exposed foreign bodies;

(g) Lab sample collection and test preparation (not evaluation) to include:

(i) Venipuncture;

(ii) Skin scraping.

(h) Microchip implantation;

(i) Enema;

(j) Ear flush;

(k) Perform electrocardiogram and blood pressure measurements;

(l) Intramuscular and subcutaneous injection;

(m) Massage except where regulated.

(7) Indirect supervision for unregistered assistants. An unregistered assistant must always be under the indirect supervision of a veterinarian or licensed veterinary technician, except as listed in subsections (5) and (6) of this section. Tasks not specifically listed or otherwise restricted may be performed by a licensed veterinary technician or unregistered assistant under the indirect supervision of a veterinarian.

(8) To be authorized to dispense pharmaceuticals, unregistered assistants must be registered as a veterinary medication clerk under chapter 246-937 WAC.

(9) Emergency animal care. Under conditions of an emergency, a licensed veterinary technician and unregistered assistant may render certain life saving aid to an animal patient.

(a) A licensed veterinary technician may:

(i) Apply emergency cardiopulmonary resuscitation and first aid procedures and all tasks as listed in subsections (3), (4), (5), and (6) of this section;

(ii) Administer pharmacologic agents and parenteral fluids only after communication with a veterinarian.

(b) An unregistered assistant may:

(i) Apply noninvasive cardiopulmonary resuscitation and basic first aid procedures;

(ii) Provide other aid upon the order of a licensed veterinarian as outlined in this section.

[Statutory Authority: RCW 18.92.030, 18.92.125. 09-15-120, § 246-935-050, filed 7/17/09, effective 8/17/09. Statutory Authority: RCW 18.92.030 and 2007 c 235. 08-11-099, § 246-935-050, filed 5/20/08, effective 6/20/08.

Statutory Authority: RCW 18.92.030. 07-17-169, § 246-935-050, filed 8/22/07, effective 9/22/07; 02-02-046, § 246-935-050, filed 12/27/01, effective 1/27/02; 91-02-060 (Order 108B), recodified as § 246-935-050, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-050, filed 9/19/83.]

WAC 246-935-060 Eligibility for examination as veterinary technician. Applicants must meet one of the following criteria to be eligible for the examination.

(1) Completion of an approved postsecondary educational program for animal or veterinary technology.

(a) Completion of a program for animal or veterinary technology approved by the Committee on Veterinary Technician Education and Activities (CVTEA) of the American Veterinary Medical Association (AVMA). The board approves all institutions accredited by, and in good standing with, the AVMA.

(b) Completion of a program for animal or veterinary technology approved by the Animal Health Technologist/Veterinary Technician Program Accreditation Committee (AHT/VTPAC) of the Canadian Veterinary Medical Association (CVMA). The board approves all institutions accredited by, and in good standing with, the CVMA.

(c) Other institutions applying for board approval must meet the accreditation standards of the CVTEA. It is the responsibility of the institution to apply for approval and of a student to ascertain whether or not a school has been approved by the board.

(d) The examination may be taken no sooner than six months before graduation from the approved course of instruction.

(2) Graduation from a two-year curriculum in animal health or veterinary technology which is not accredited by the CVTEA or AHT/VTPAC plus a minimum of thirty-six months of full-time experience under the supervision of a licensed veterinarian(s) who must attest to the completion of that experience.

(3) Award of a D.V.M. or V.M.D. degree or equivalent from an American Veterinary Medical Association accredited or listed college of veterinary medicine.

(4) Registration, certification, or licensure as an animal health or veterinary technician in one or more states and thirty-six months of full-time experience under the supervision of a licensed veterinarian(s).

(5) Completion of a course in veterinary technician education as a member of the United States military and completion of a tour of active duty as a veterinary technician or specialist.

(6) Five years full-time experience as an unregistered assistant under the supervision of a licensed veterinarian(s) who must attest to the completion of that experience.

[Statutory Authority: RCW 18.92.030. 09-21-022, § 246-935-060, filed 10/9/09, effective 11/9/09; 02-02-046, § 246-935-060, filed 12/27/01, effective 1/27/02; 93-12-126 (Order 368B), § 246-935-060, filed 6/2/93, effective 7/3/93; 91-24-098 (Order 221B), § 246-935-060, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-060, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-055, filed 9/19/83.]

Chapter 246-976 WAC

EMERGENCY MEDICAL SERVICES AND TRAUMA CARE SYSTEMS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-976-485 Designation of facilities to provide trauma care services. [Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-485, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-485, filed 1/29/98, effective 3/1/98.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-490 Suspension or revocation of designation. [Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-490, filed 1/29/98, effective 3/1/98.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-530 Trauma service designation—Administration and organization. [Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-530, filed 12/10/03, effective 1/10/04.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-535 Trauma service designation—Basic resources and capabilities. [Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-535, filed 12/10/03, effective 1/10/04.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-540 Trauma service designation—Outreach, public education, provider education, and research. [Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-540, filed 12/10/03, effective 1/10/04.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-620 Equipment standards for trauma service designation. [Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-620, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-620, filed 1/29/98, effective 3/1/98.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-750 Pediatric trauma service designation—Administration and organization. [Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-750, filed 12/10/03, effective 1/10/04.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-755 Pediatric trauma service designation—Basic resources and capabilities. [Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-755, filed 12/10/03, effective 1/10/04.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-760 Pediatric trauma service designation—Outreach, public education, provider education, and research. [Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-760, filed 12/10/03, effective 1/10/04.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-830 Designation standards for facilities providing level I trauma rehabilitation service. [Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-830, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-830, filed 10/1/93, effective 11/1/93.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-840 Designation standards for facilities providing level II trauma rehabilitation service. [Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-840, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-840, filed 10/1/93, effective 11/1/93.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-850 Designation standards for level III trauma rehabilitation service. [Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-850, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-850, filed 10/1/93, effective 11/1/93.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-860 Designation standards for facilities providing level I pediatric trauma rehabilitation service. [Statutory Authority: Chapter 70.168 RCW. 98-19-107, § 246-976-860, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-860, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-860, filed 10/1/93, effective 11/1/93.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-870 Trauma team activation. [Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-870, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-870, filed 1/29/98, effective 3/1/98.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-881 Trauma quality improvement programs for designated trauma care services. [Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-881, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-881, filed 1/29/98, effective 3/1/98.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-885 Educational requirements—Designated trauma care service personnel. [Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-885, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-885, filed 1/29/98, effective 3/1/98. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-885, filed 12/23/92, effective 1/23/93.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-886 Pediatric education requirements (PER) for nonpediatric designated facilities. [Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-886, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-886, filed 6/5/02, effective 7/6/02.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

246-976-887 Pediatric education requirements (PER) for pediatric designated facilities. [Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-887, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-887, filed 6/5/02, effective 7/6/02.] Repealed by 09-23-085, filed 11/16/09, effective 12/17/09. Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070.

WAC 246-976-420 Trauma registry—Department responsibilities. (1) **Purpose:** The department maintains a trauma registry, as required by RCW 70.168.060 and 70.168.090. The purpose of this registry is to:

(a) Provide data for injury surveillance, analysis, and prevention programs;

(b) Monitor and evaluate the outcome of care of major trauma patients, in support of statewide and regional quality assurance and system evaluation activities;

(c) Assess compliance with state standards for trauma care;

(d) Provide information for resource planning, system design and management;

(e) Provide a resource for research and education.

(2) **Confidentiality:** It is essential for the department to protect information regarding specific patients and providers. Data elements related to the identification of individual patient's, provider's, and facility's care outcomes shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450, and shall not be subject to discovery by subpoena or admissible as evidence.

(a) The department may release confidential information from the trauma registry in compliance with applicable laws and regulations. No other person may release confidential information from the trauma registry without express written permission from the department.

(b) The department may approve requests for trauma registry data from qualified agencies or individuals, consistent with applicable statutes and rules. The department may charge reasonable costs associated with such requests.

(c) The data elements indicated in Tables E, F and G below are considered confidential.

(d) The department will establish criteria defining situations in which additional registry information is confidential, in order to protect confidentiality for patients, providers, and facilities.

(e) This paragraph does not limit access to confidential data by approved regional quality assurance programs established under chapter 70.168 RCW and described in WAC 246-976-910.

(3) **Inclusion criteria:**

(a) The department will establish inclusion criteria to identify those injured patients that designated trauma services must report to the trauma registry.

These criteria will include:

All patients who were discharged with ICD diagnosis codes of 800.0 - 904.99, 910 - 959.9 (injuries), 994.1 (drowning), 994.7 (asphyxiation), or 994.8 (electrocution) and:

(i) For whom the hospital trauma resuscitation team (full or modified) was activated; or

(ii) Who were dead on arrival at your facility; or

(iii) Who were dead at discharge from your facility; or

(iv) Who were transferred by ambulance into your facility from another facility; or

(v) Who were transferred by ambulance out of your facility to another acute care facility; or

(vi) Adult patients (age fifteen or greater) who were admitted as inpatients to your facility and have a length of stay greater than two days or forty-eight hours; or

(vii) Pediatric patients (ages under fifteen years) who were admitted as inpatients to your facility, regardless of length of stay; or

(viii) All injuries flown from the scene;

(b) For all licensed rehabilitation services, these criteria will include all patients who were included in the trauma registry for acute care.

(4) **Other data:** The department and regional quality assurance programs may request data from medical examiners and coroners in support of the registry.

(5) **Data linking:** To link data from different sources, the department will establish procedures to assign a unique identifying number to each trauma patient. All providers

reporting to the trauma registry must include this trauma number.

(6) **Data submission:** The department will establish procedures and format for providers to submit data electronically. These will include a mechanism for the reporting agency to check data for validity and completeness before data is sent to the registry.

(7) **Data quality:** The department will establish mechanisms to evaluate the quality of trauma registry data. These mechanisms will include at least:

(a) Detailed protocols for quality control, consistent with the department's most current data quality guidelines.

(b) Validity studies to assess the timeliness, completeness and accuracy of case identification and data collection.

(8) **Registry reports:**

(a) Annually, the department will report:

(i) Summary statistics and trends for demographic and related information about trauma care, for the state and for each EMS/TC region;

(ii) Outcome measures, for system-wide evaluation, and regional quality improvement programs;

(iii) Trends, patient care outcomes, and other data, for each EMS/TC region and for the state, for the purpose of regional evaluation;

(iv) Aggregate regional data to the regional EMS/TC council, excluding any confidential or identifying data.

(b) The department will provide reports to facilities upon request, according to the confidentiality provisions in subsection (2) of this section.

[Statutory Authority: RCW 70.168.060 and 70.168.090. 09-23-083, § 246-976-420, filed 11/16/09, effective 12/17/09; 02-02-077, § 246-976-420, filed 12/31/01, effective 1/31/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-420, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-420, filed 12/23/92, effective 1/23/93.]

WAC 246-976-430 Trauma registry—Provider responsibilities. (1) All trauma care providers must protect the confidentiality of data in their possession and as it is transferred to the department.

(2) All trauma care providers must correct and resubmit records which fail the department's validity tests described in WAC 246-976-420(7). You must send corrected records to the department within three months of notification.

(3) Licensed prehospital services that transport trauma patients must:

(a) Provide an initial report of patient care to the receiving facility at the time the trauma patient is delivered as described in WAC 246-976-330.

(b) Within ten days after the trauma patient is delivered, send a complete patient care report to the receiving facility to include the data shown in Table E.

(4) Designated trauma services must:

(a) Have a person identified as responsible for coordination of trauma registry activities.

(b) Report data elements shown in Table F for all patients defined in WAC 246-976-420.

(c) Report patients in a calendar quarter in a department-approved format by the end of the following quarter.

(5) Designated trauma rehabilitation services must: Provide data to the trauma registry upon request.

(a) Data elements shown in Table G; or

(b) If the service submits data to the Centers for Medicare and Medicaid Services (CMS) for medical rehabilitation, provide a copy of the data to the department.

TABLE E: Prehospital Data Elements for the Washington Trauma Registry

Data Element / Type of patient	Pre-Hosp Transport	Inter-Facility
Incident Information		
Transporting EMS agency number	X	X
Unit en route date/time	X	
Patient care report number	X	X
First EMS agency on scene identification number	X	
Crew member level	X	X
Mode of transport	X	X
Incident county	X	
Incident zip code	X	
Incident location type	X	
Incident response area type	X	
Mass casualty incident declared		
Patient Information		
Name	X	X
Date of birth**, or** Age	X	X
Sex	X	X
Cause of injury	X	
Use of safety equipment (occupant)	X	
Extrication required		
Extrication > 20 minutes		
Transportation		
Facility transported from (code)		X

TABLE E: Prehospital Data Elements for the Washington Trauma Registry		
Data Element Type of patient	**Pre-Hosp Transport**	**Inter-Facility**
Times		
Unit notified by dispatch date/time	X	X
Unit arrived on scene date/time	X	X
Unit left scene date/time	X	X
Vital Signs		
Date/time vital signs taken	X	
Systolic blood pressure (first)	X	
Respiratory rate (first)	X	
Pulse (first)	X	
GCS eye, GCS verbal, GCS motor, GCS total, GCS qualifier	X	
Treatment: Procedure performed	X	
Procedure performed prior to this unit's care		

TABLE F: Hospital Data Elements for the Washington Trauma Registry

All licensed hospitals must submit the following data for patients identified in WAC 246-976-420(3):

Record Identification

Identification of reporting facility;
Date and time of arrival at reporting facility;
Unique patient identification number assigned to the patient by the reporting facility;

Patient Identification

Name;
Date of birth;
Sex;
Race;
Ethnicity;
Was the patient pregnant;
Last four digits of Social Security number;
Home zip code;

Prehospital Incident Information

Date and time of incident;
Incident zip code;
Mechanism/type of injury;
First EMS agency on-scene ID number;
Transporting agency ID and unit number;
Transporting agency patient care report number;
Cause of injury;
Incident county code;
Incident location type;
Incident response area type;
Work related?;
Use of safety equipment (occupant);

Earliest Available Prehospital Vital Signs

Time;
Systolic blood pressure (first);
Respiratory rate (first);
Pulse rate (first);
GCS eye, GCS verbal, GCS motor, GCS qualifier, GCS total;
Intubated at time of scene GCS;
Pharmacologically paralyzed at time of scene GCS;
Vitals from first EMS agency on-scene;

Extrication;
Extrication time over twenty minutes;
Transportation Information
Date and time unit dispatched;
Time unit arrived at scene;
Time unit left scene;
Transportation mode;
Crew member level;
Transferred in from another facility;
Transported from (hospital patient transferred from);
Who initiated the transfer?;

ED or Admitting Information

Was patient intubated prior to arrival at hospital?;
Readmission;
Direct admit;
Time ED physician called;
Time ED physician available for patient care;
Trauma team activated;
Level of trauma team activation;
Time of trauma team activation;
Time trauma surgeon called;
Time trauma surgeon available for patient care;
Vital Signs in ED
First systolic blood pressure;
First temperature;
First pulse rate;
First spontaneous respiration rate;
Lowest systolic blood pressure;
First hematocrit level;
Controlled rate of respiration;
Glasgow coma scores (eye, verbal, motor);
Intubated at time of ED GCS;
Pharmacologically paralyzed at time of ED GCS;
Disaster plan implemented;
Injury severity scores
Revised trauma score (RTS) on admission;
For pediatric patients:
Pediatric trauma score (PTS) on admission;
TRISS;
ED procedures performed;

ED care issues;
Date and time of ED discharge;
ED discharge disposition, including
If transferred out, ID of receiving hospital;
Was patient admitted to hospital?;
If admitted, the admitting service;
Reason for referral (receiving facility);
Reason for transfer (sending facility);

Diagnostic and Consultative Information

Date and time of head CT scan;
For patients with diagnosis of brain or facial injury:
Was the patient diagnosed with brain or facial injury before transfer?;
Was the diagnosis of brain or facial injury based on either physician documentation or head CT report?;
Did the patient receive Coumadin or warfarin medication in the four days prior to injury?;
Date/time of first international normalized ratio (INR) performed at your hospital;
Results of first INR done at your hospital;
Source of date and time of CT scan of head;
Was fresh frozen plasma (FFP) or Factor VIIa administered for reversal of anticoagulation?;
What medication was first used to reverse anticoagulation?;
Date and time of first dose of anticoagulation reversal medication;
Date of physical therapy consult;
Date of rehabilitation consult;
Blood alcohol content;
Toxicology screen results;
Drugs found;
Was a brief substance use intervention done?;
Comorbid factors/preexisting conditions;

Surgical Information

For the first operation:
Date and time patient arrived in operating room;
Date and time operation started;
OR procedure codes;
OR disposition;
For later operations:
Date and time of operation;
OR procedure codes;
OR disposition;

Critical Care Unit Information

Patient admitted to ICU;
Patient readmitted to ICU;
Date and time of admission for primary stay in critical care unit;
Date and time of discharge from primary stay in critical care unit;
Length of readmission stay(s) in critical care unit;

Other in-house procedures performed (not in OR)

Discharge Status

Date and time of facility discharge;
Most recent ICD diagnosis codes/discharge codes, including nontrauma codes;
E-codes, primary and secondary;
Glasgow Score at discharge;
Disability at discharge (feeding/locomotion/expression);
Total ventilator days;

Discharge disposition

Hospital discharge disposition;
If transferred out, ID of facility patient was transferred to
Rehabilitation facility ID;
If patient died in your facility
Date and time of death;
Was an autopsy done?;
Was patient declared brain dead prior to expiring?;
Was life support withdrawn?;
Was organ donation requested?;
Organs donated?;

Financial Information (All Confidential)

For each patient
Total billed charges;
Payer sources (by category);
Reimbursement received (by payer category);

TABLE G: Data Elements for Designated Rehabilitation Services

Designated trauma rehabilitation services must provide the following data upon request by the department for patients identified in WAC 246-976-420(3).

Rehabilitation services, Levels I and II

Patient Information

Facility ID
Facility code
Patient code
Date of birth
Social Security number
Patient name
Patient sex

Care Information

Date of admission
Admission class
Date of discharge
Impairment group code
ASIA impairment scale

Diagnosis (ICD-9) Codes

Etiologic diagnosis
Other significant diagnoses
Complications/comorbidities
Diagnosis for transfer or death

Other Information

Date of onset
Admit from (type of facility)
Admit from (ID of facility)
Acute trauma care by (ID of facility)
Prehospital living setting
Prehospital vocational category
Discharge-to-living setting

Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI) - One set on admission and one on discharge

Self care
Eating

Grooming
Bathing
Dressing - Upper
Dressing - Lower
Toileting
Sphincter control
Bladder
Bowel
Transfers
Bed/chair/wheelchair
Toilet
Tub/shower
Locomotion
Walk/wheelchair
Stairs
Communication
Comprehension
Expression
Social cognition
Social interaction
Problem solving
Memory

Payment Information (all confidential)
Payer source - primary and secondary
Total charges
Remitted reimbursement by category

Rehabilitation, Level III

Patient Information
Facility ID
Patient number
Social Security number
Patient name

Care Information
Date of admission

Impairment Group Code

Diagnosis (ICD-9) Codes
Etiologic diagnosis
Other significant diagnoses
Complications/comorbidities

Other Information
Admit from (type of facility)
Admit from (ID of facility)
Acute trauma care given by (ID of facility)
Inpatient trauma rehabilitation given by (ID of facility)
Discharge-to-living setting

Payment Information (all confidential)
Payer source - primary and secondary
Total charges
Remitted reimbursement by category

[Statutory Authority: RCW 70.168.060 and 70.168.090. 09-23-083, § 246-976-430, filed 11/16/09, effective 12/17/09; 02-02-077, § 246-976-430, filed 12/31/01, effective 1/31/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-430, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-430, filed 12/23/92, effective 1/23/93.]

WAC 246-976-580 Trauma designation process. The department designates health care facilities to provide adult and pediatric acute care trauma services ("trauma services") and adult and pediatric trauma rehabilitation services ("trauma rehabilitation services") as part of the statewide emergency medical services and trauma care (EMS/TC) system. This section describes the designation process.

(1) The department must:

(a) Provide written notification to all licensed hospitals and to other health care facilities that a new designation period is beginning. The written notification and the EMS/TC regional plans are posted on the department's web site;

(b) Provide a trauma designation application schedule outlining the steps and timeline requirements for a facility to apply for trauma service designation. The schedule must provide each facility at least ninety days to complete an application for trauma designation. The application schedule is posted on the department's web site;

(c) Provide an application for each level, type and combination of designation. Designation applications are released region by region, according to the established schedule;

(d) Conduct a site review for any hospital applying for level I, II, or III adult and/or pediatric trauma service designation to determine compliance with required standards;

(e) Initiate a three-year contract with successful applicants to authorize participation in the trauma system.

(2) To apply for trauma service designation the health care facility must do the following according to the application schedule:

(a) Request an application;

(b) Submit a letter of intent to apply for trauma service designation indicating what level they are applying for;

(c) Submit a completed application(s);

(d) For health care facilities applying for level I, II, III adult and/or pediatric trauma service designation, the facility must complete a site review arranged and conducted by the department according to the following process:

(i) The department will contract with trauma surgeons and trauma nurses to conduct the site review. The review team members must:

(A) Work outside the state, for level I and II site reviews;

(B) Work outside the applicant's EMS&TC region, for level III site reviews;

(C) Maintain the confidentiality of all documents examined, in accordance with RCW 70.41.200 and 70.168.070. This includes, but is not limited to, all trauma patient data, staff discussions, patient, provider, and facility care outcomes, and any reports resulting from the site review;

(D) Present their preliminary findings to the health care facility at the end of the site review visit;

(ii) The department will provide the applicant the names of review team members prior to the site review. Any objections must be sent to the department within ten days of receiving the department's notification of review team members;

(iii) A site review fee, as established in WAC 246-976-990, is charged and must be paid by the health care facility prior to the site review. A standard fee schedule is posted on the department's web site. For facilities applying for more than one type of designation or for joint designation, fee rates can be obtained by contacting the department;

(iv) The applicant must provide the department and the site review team full access to the facility, facility staff, and all records and documents concerning trauma care including trauma patient data, education, training and credentialing documentation, standards of care, policies, procedures, protocols, call schedules, medical records, quality improvement materials, receiving facility patient feedback, and other relevant documents;

(e) For health care facilities applying for level IV or V trauma service designation, level I, II, or III trauma rehabilitation service designation or level I pediatric trauma rehabilitation service designation, the department may, at its discretion, conduct a site review as part of the application process to determine compliance with required standards. If a site review is conducted, the process will be the same as identified in (d) of this subsection, except a site review fee will not be charged.

(3) The department will designate the health care facilities it considers most qualified to provide trauma care services including when there is competition for trauma service designation within a region. There is competition for designation within a region when the number of applications for a level and type of designation is more than the maximum number of trauma services identified in the approved EMS/TC regional plan. The department will evaluate at least the following in making its decisions:

(a) The quality of the health care facility's performance, based on:

(i) The submitted application, attachments and any other information the department requests from the facility to verify compliance, or the ability to comply with trauma standards;

(ii) Recommendations from the site review team;

(iii) Trauma patient outcomes during the previous designation period, if applicable;

(iv) Compliance with the contract during the previous designation period, if applicable;

(b) The health care facility's conformity with the EMS/TC regional and state plans, based on:

(i) The impact of the facility's designation on the effectiveness of the trauma system;

(ii) Patient volumes for the area;

(iii) The number, level, and distribution of trauma services identified in the state and approved regional plans;

(iv) The facility's ability to comply with state and regional EMS/TC plan goals.

(4) After trauma service designation decisions are made in a region, the department will:

(a) Notify each applicant in writing of the department's designation decision;

(b) Send each applicant a written report summarizing the department's findings, recommendations and additional requirements to maintain designation. If a site review was conducted as part of the application process, the review team findings and recommendations are also included in the written report. Reports are sent:

(i) Within sixty days of announcing designation decisions for level IV and V trauma services and trauma rehabilitation services;

(ii) Within one hundred twenty days of the site review for level I, II and III adult and pediatric trauma services and any other facility that received a site review as part of the application process;

(c) Notify the EMS/TC regional council of designation decisions within the region and all subsequent changes in designation status;

(d) Initiate a trauma designation contract with successful applicants. The contract will include:

(i) Authority from the department to participate in the state trauma system, receive trauma patients from EMS agencies, and provide trauma care services for a three-year period;

(ii) The contractual and financial requirements and responsibilities of the department and the trauma service;

(iii) A provision to allow the department to monitor compliance with trauma service standards;

(iv) A provision to allow the department to have full access to trauma patient data; the facility, equipment, staff and their credentials, education, and training documentation, and all trauma care documents such as: Standards of care, policies, procedures, protocols, call schedules, medical records, quality improvement documents, receiving facility patient feedback, and other relevant documents;

(v) The requirement to maintain confidentiality of information relating to individual patient's, provider's and facility's care outcomes under RCW 70.41.200 and 70.168.070;

(e) Notify the designated trauma service and other interested parties in the region of the next trauma designation application process at least one hundred fifty days before the contract expires.

(5) Designated trauma services may ask the department to conduct a site review for technical assistance at any time during the designation period. The department has the right to require reimbursement for the costs of conducting the site review.

(6) The department will not approve an application for trauma service designation if the applicant:

(a) Is not the most qualified, when there is competition for designation; or

(b) Does not meet the trauma care standards for the level applied for; or

(c) Does not meet the requirements of the approved EMS/TC regional plan; or

(d) Has made a false statement about a material fact in its designation application; or

(e) Refuses to permit the department to examine any part of the facility that relates to the delivery of trauma care services, including, but not limited to, records, documentation, or files.

(7) If the department denies an application, the department will send the facility a written notice to explain the reasons for denial and to explain the facility's right to appeal the department's decision in accordance with chapters 34.05 RCW and 246-10 WAC.

(8) To ensure adequate trauma care in the state, the department may:

(a) Provisionally designate health care facilities that are not able to meet all the requirements of this chapter. The provisional designation will not be for more than two years. A department-approved plan of correction must be prepared specifying steps necessary to bring the facility into compliance and an expected date of compliance. The department may conduct a site review to verify compliance with required

standards. If a site review is conducted the department has the right to require reimbursement for the cost of conducting the site review;

(b) Consider additional applications at any time, regardless of the established schedule, if necessary to attain the numbers and levels of trauma services identified in the approved EMS/TC regional and state plan;

(c) Consider applications from hospitals located and licensed in adjacent states. The department will evaluate an out-of-state application in the same manner as all other applications. However, if the out-of-state applicant is designated as a trauma service in an adjacent state with an established trauma system whose standards meet or exceed Washington's standards and there is no competition for designation at that level, then the department may use the administrative findings, conclusions, and decisions of the adjacent state's designation evaluation to make the decision to designate. Additional information may be requested by the department to make a final decision.

(9) The department may suspend or revoke a trauma designation if the facility or any owner, officer, director, or managing employee:

(a) Is substantially out of compliance with trauma care standards WAC 246-976-700 through 246-976-800 or chapter 70.168 RCW and has refused or is unwilling to comply after a reasonable period of time;

(b) Makes a false statement of a material fact in the designation application, or in any document required or requested by the department, or in a matter under investigation;

(c) Prevents, interferes with, or attempts to impede in any way, the work of a department representative in the lawful enforcement of chapter 246-976 WAC, 34.05 RCW, 246-10 WAC, or 70.168 RCW;

(d) Uses false, fraudulent, or misleading advertising, or makes any public claims regarding the facility's ability to care for nontrauma patients based on its trauma designation status;

(e) Misrepresents or is fraudulent in any aspect of conducting business.

(10) The Administrative Procedure Act, chapter 34.05 RCW, and chapter 246-10 WAC govern the suspension and revocation process. The department will use the following process to suspend or revoke a facility's trauma designation:

(a) The department will send the facility a written notice to explain the reasons it intends to suspend or revoke the designation and to explain the facility's right to a hearing to contest the department's intended action under WAC 246-10-201 through 246-10-205;

(b) The notice will be sent at least twenty-eight days before the department takes action, unless it is a summary suspension, as provided for in the Administrative Procedure Act and WAC 246-10-301 through 246-10-306;

(c) If a facility requests a hearing within twenty-eight days of the date the notice was mailed, a hearing before a health law judge will be scheduled. If the department does not receive the facility's request for a hearing within twenty-eight days of the date the notice was mailed, the facility will be considered in default under WAC 246-10-204;

(d) For nonsummary suspensions, in addition to its request for a hearing, the facility may submit a plan within twenty-eight days of receiving the notice of the department's intent to suspend, describing how it will correct deficiencies:

(i) The department will approve or disapprove the plan within thirty days of receipt;

(ii) If the department approves the plan, the facility must begin to implement it within thirty days;

(iii) The facility must notify the department when the problems are corrected;

(iv) If, prior to sixty days before the scheduled hearing, the facility is able to successfully demonstrate to the department that it is meeting the requirements of chapters 246-976 WAC and 70.168 RCW, which may require a site review at the facility's expense, the department will withdraw its notice of intent to suspend designation;

(e) The department will notify the regional EMS&TC council of the actions it has taken.

(11) A facility may seek judicial review of the department's final decision under the Administrative Procedure Act, RCW 34.05.510 through 34.05.598.

(12) A newly designated or upgraded trauma service must meet education requirements for all applicable personnel according to the following schedule:

(a) At the time of the new designation, twenty-five percent of all personnel must meet the education and training requirements in WAC 246-976-700 through 246-976-800;

(b) At the end of the first year of designation, fifty percent of all personnel must meet the education and training requirements in WAC 246-976-700 through 246-976-800;

(c) At the end of the second year of designation, seventy-five percent of all personnel must meet the education and training requirements defined in WAC 246-976-700 through 246-976-800;

(d) At the end of the third year of designation, and all subsequent designation periods, ninety percent of all personnel must meet the education and training requirements defined in WAC 246-976-700 through 246-976-800.

(13) All currently designated trauma services must have a written education plan with a process for tracking and assuring that new physicians and staff meet all trauma education requirements within the first eighteen months of employment.

[Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070. 09-23-085, § 246-976-580, filed 11/16/09, effective 12/17/09.]

WAC 246-976-700 Trauma service standards.

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
(1) A written trauma scope of service outlining the trauma care resources and capabilities available twenty-four hours every day for:	X	X	X	X	X	X	X	X

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
(a) Adult and pediatric trauma patient care;	X	X	X	X	X			
(b) Pediatric trauma patient care.						X	X	X
(2) A trauma medical director responsible for the organization and direction of the trauma service, who:	X	X	X	X	X			
(a) Is a board-certified general surgeon;	X	X						
(b) Is a board-certified general surgeon, **or** a general surgeon advanced cardiac life support (ACLS) trained with current certification in advanced trauma life support (ATLS);			X					
(c) Is a board-certified general surgeon or emergency physician, **or** a general surgeon ACLS trained with current certification in ATLS **or** a physician ACLS trained with current certification in ATLS;				X				
(d) Is a board-certified general surgeon or emergency physician, **or** a physician ACLS trained with current certification in ATLS, **or** a physician assistant or advanced registered nurse practitioner ACLS trained and who audits ATLS every four years;					X			
(e) Is a board-certified pediatric surgeon, **or** a board-certified general surgeon, with special competence in the care of pediatric patients;						X	X	
(f) Is a board-certified general surgeon, with special competence in the care of pediatric patients, **or** a general surgeon ACLS trained, with current certification in ATLS and with special competence in the care of pediatric patients;								X
(g) Meets the pediatric education requirement (PER) as defined in subsection (27) of this section.	X	X	X	X	X	X	X	X
(3) A trauma program manager or trauma service coordinator responsible for the overall operation of trauma service, who:	X	X	X	X	X	X	X	X
(a) Is a registered nurse;	X	X	X	X	X	X	X	X
(b) Has taken ACLS;	X	X	X	X	X	X	X	X
(c) Has successfully completed a trauma nursing core course (TNCC) or a department approved equivalent course, and thereafter completes twelve hours of trauma-related education every three-year designation period. The trauma education must include, but is not limited to, the following topics:	X	X	X	X	X	X	X	X
(i) Mechanism of injury;	X	X	X	X	X	X	X	X
(ii) Shock and fluid resuscitation;	X	X	X	X	X	X	X	X
(iii) Initial assessment;	X	X	X	X	X	X	X	X
(iv) Stabilization and transport;	X	X	X	X	X	X	X	X
(d) Has taken pediatric advanced life support (PALS) or emergency nursing pediatric course (ENPC), and thereafter meets the PER contact hours as defined in subsection (27) of this section;	X	X	X	X	X			
(e) Has current PALS or ENPC certification;						X	X	X
(f) Has attended a trauma program manager orientation course provided by the department or a department approved equivalent, within the first eighteen months in the role.	X	X	X	X	X	X	X	X
(4) A multidisciplinary trauma quality improvement program that must:	X	X	X	X	X	X	X	X
(a) Be lead by the multidisciplinary trauma service committee with the trauma medical director as chair of the committee;	X	X	X	X	X	X	X	X
(b) Demonstrate a continuous quality improvement process;	X	X	X	X	X	X	X	X
(c) Have membership representation and participation that reflects the facility's trauma scope of service;	X	X	X	X	X	X	X	X
(d) Have an organizational structure that facilitates the process of quality improvement, with a reporting relationship to the hospital's administrative team and medical executive committee;	X	X	X	X	X	X	X	X

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
(e) Have authority to establish trauma care standards and implement patient care policies, procedures, guidelines, and protocols throughout the hospital;	X	X	X	X	X	X	X	X
(f) Have a process to monitor and track compliance with the trauma care standards using audit filters and benchmarks;	X	X	X	X	X	X	X	X
(g) Have a process to evaluate the care provided to trauma patients and to resolve identified prehospital, physician, nursing, or system issues;	X	X	X	X	X	X	X	X
(h) Have a process for correcting problems or deficiencies;	X	X	X	X	X	X	X	X
(i) Have a process to analyze, evaluate, and measure the effect of corrective actions to determine whether issue resolution was achieved;	X	X	X	X	X	X	X	X
(j) Have a process to continuously evaluate compliance with full and modified (if used) trauma team activation criteria;	X	X	X	X	X	X	X	X
(k) Have assurance from other hospital quality improvement committees, including peer review if conducted separately from the trauma committee, that resolution was achieved on trauma-related issues;	X	X	X	X	X	X	X	X
(l) Have a process to ensure the confidentiality of patient and provider information, in accordance with RCW 70.41.200 and 70.168.090;	X	X	X	X	X	X	X	X
(m) Have a process to communicate with, and provide feedback to, referring trauma services and trauma care providers;	X	X	X	X	X	X	X	X
(n) Have a current trauma quality improvement plan that outlines the trauma service's quality improvement process, as defined in this subsection;	X	X	X	X	X	X	X	X
(o) For level III, IV, V trauma services or level III pediatric trauma services with a total annual trauma volume of less than one hundred patients, the trauma service may integrate trauma quality improvement into the hospital's quality improvement program; however, trauma care must be formally addressed in accordance with the quality improvement requirements in this subsection. In that case, the trauma medical director is not required to serve as chair.			X	X	X			X
(5) Written trauma service standards of care to ensure appropriate care throughout the facility for:	X	X	X	X	X	X	X	X
(a) Adult and pediatric trauma patients;	X	X	X	X	X			
(b) Pediatric trauma patients.						X	X	X
(6) Participation in the regional quality improvement program as defined in WAC 246-976-910.	X	X	X	X	X	X	X	X
(7) Participation in the Washington state trauma registry as defined in WAC 246-976-430.	X	X	X	X	X	X	X	X
(8) Written transfer-in guidelines consistent with the facility's designation level and trauma scope of service. The guidelines must identify the type, severity and complexity of injuries the facility can safely accept, admit, and provide with definitive care.	X	X	X	X	X	X	X	X
(9) Written transfer-out guidelines consistent with the facility's designation level and trauma scope of service. The guidelines must identify the type, severity and complexity of injuries that exceed the resources and capabilities of the trauma service.	X	X	X	X	X	X	X	X
(10) Written interfacility transfer agreements with all trauma services that receive the facility's trauma patients. Agreements must have a process to identify medical control during the interfacility transfer, and address the responsibilities of the trauma service, the receiving hospital, and the verified prehospital transport agency. All trauma patients must be transported by a trauma verified prehospital transport agency.	X	X	X	X	X	X	X	X

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
(11) An air medical transport plan addressing the receipt or transfer of trauma patients with a heli-stop, landing zone, or airport located close enough to permit the facility to receive or transfer trauma patients by fixed-wing or rotary-wing aircraft.	X	X	X	X	X	X	X	X
(12) A written diversion protocol for the emergency department to divert trauma patients from the field to another trauma service when resources are temporarily unavailable. The process must include: (a)Trauma service and patient criteria used to decide when diversion is necessary; (b) How the divert status will be communicated to the nearby trauma services and prehospital agencies; (c) How the diversion will be coordinated with the appropriate prehospital agency; (d) A method of documenting/tracking when the trauma service is on trauma divert, including the date, time, duration, reason, and decision maker.	X	X	X	X	X	X	X	X
(13) A trauma team activation protocol consistent with the facility's trauma scope of service. The protocol must:	X	X	X	X	X	X	X	X
(a) Define the physiologic, anatomic, and mechanism of injury criteria used to activate the full and modified (if used) trauma teams;	X	X	X	X	X	X	X	X
(b) Identify members of the full and modified (if used) trauma teams consistent with the provider requirements of this chapter;	X	X	X	X	X	X	X	X
(c) Define the process to activate the trauma team. The process must:	X	X	X	X	X	X	X	X
(i) Consistently apply the trauma service's established criteria;	X	X	X	X	X	X	X	X
(ii) Use information obtained from prehospital providers or an emergency department assessment for patients not delivered by a prehospital agency;	X	X	X	X	X	X	X	X
(iii) Be applied regardless of time post injury or previous care, whether delivered by prehospital or other means and whether transported from the scene or transferred from another facility;	X	X	X	X	X	X	X	X
(iv) Include a method to upgrade a modified activation to a full activation when newly acquired information warrants additional capabilities and resources;	X	X	X	X	X	X	X	X
(v) For full trauma team activations, include the mandatory presence of a general surgeon. The general surgeon assumes leadership and overall care - using professional judgment regarding the need for surgery and/or transfer;	X	X	X			X	X	X
(vi) For full trauma team activations, include the mandatory presence of a general surgeon if general surgery services are included in the facility's trauma scope of service. The general surgeon assumes leadership and overall care - using professional judgment regarding the need for surgery and/or transfer;				X				
(vii) For trauma team activations in pediatric designated trauma services (within five minutes for level I, twenty minutes for level II or thirty minutes for level III), one of the following pediatric physician specialists must respond: • A pediatric surgeon; • A pediatric emergency medicine physician; • A pediatric intensivist; • A pediatrician; • A postgraduate year two or higher pediatric resident.						X	X	X
(14) Emergency care services available twenty-four hours every day, with:	X	X	X	X	X	X	X	X
(a) An emergency department (except for level V clinics);	X	X	X	X	X	X	X	X

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
(b) The ability to resuscitate and stabilize adult and pediatric trauma patients in a designated resuscitation area;	X	X	X	X	X			
(c) The ability to resuscitate and stabilize pediatric trauma patients in a designated resuscitation area;						X	X	X
(d) A medical director, who:	X	X	X			X	X	X
(i) Is board-certified in emergency medicine **or** board-certified in general surgery **or** is board-certified in another relevant specialty practicing emergency medicine as their primary practice;	X	X	X					
(ii) Is board-certified in pediatric emergency medicine, **or** board-certified in emergency medicine with special competence in the care of pediatric patients **or** board-certified in general surgery with special competence in the care of pediatric patients, **or** board-certified in a relevant specialty practicing emergency medicine as their primary practice with special competence in the care of pediatric patients;						X	X	X
(e) Emergency physicians who:	X	X	X	X	X	X	X	X
(i) Are board-certified in emergency medicine **or** board-certified in a relevant specialty practicing emergency medicine as their primary practice. This requirement can be met by a postgraduate year two or higher emergency medicine or general surgery resident working under the direct supervision of the attending emergency physician. The resident must be available within five minutes of notification of the patient's arrival to provide leadership and care until arrival of the general surgeon;	X	X						
(ii) Are board-certified in pediatric emergency medicine, **or** board-certified in emergency medicine with special competence in the care of pediatric patients, **or** board-certified in a relevant specialty practicing emergency medicine as their primary practice with special competence in the care of pediatric patients. This requirement can be met by a postgraduate year two or higher emergency medicine or general surgery resident with special competence in the care of pediatric trauma patients and working under the direct supervision of the attending emergency physician. The resident must be available within five minutes of notification of the patient's arrival, to provide leadership and care until arrival of the general surgeon;						X	X	
(iii) Are board-certified in emergency medicine or another relevant specialty practicing emergency medicine as their primary practice, **or** physicians practicing emergency medicine as their primary practice with current certification in ACLS and ATLS;			X					
(iv) Are board-certified pediatric emergency medicine, **or** board-certified in emergency medicine or surgery, with special competence in the care of pediatric patients, **or** board-certified in a relevant specialty practicing emergency medicine as their primary practice, with special competence in the care of pediatric patients, **or** physicians with current certification in ATLS, practicing emergency medicine as their primary practice, with special competence in the care of pediatric patients;								X
(v) Are board-certified in emergency medicine or another relevant specialty and practicing emergency medicine as their primary practice, **or** physicians with current certification in ACLS and ATLS. A physician assistant or advanced registered nurse practitioner current in ACLS and who audits ATLS every four years may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the physician;				X				

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
(vi) Are board-certified or qualified in emergency medicine, surgery, or other relevant specialty and practicing emergency medicine as their primary practice, **or** physicians with current certification in ACLS and ATLS **or** physician assistants (PAs), or advanced registered nurse practitioners (ARNPs) with current certification in ACLS and who audit ATLS every four years;					X			
(vii) Are available within five minutes of notification of the patient's arrival in the emergency department;	X	X	X			X	X	X
(viii) Are on-call and available within twenty minutes of notification of the patient's arrival in the emergency department;				X	X			
(ix) Are currently certified in ACLS and ATLS. This requirement applies to all emergency physicians and residents who care for trauma patients in the emergency department except this requirement does not apply to physicians who are board-certified in emergency medicine **or** board-certified in another relevant specialty and practicing emergency medicine as their primary practice;	X	X	X	X	X			
(x) Are currently certified in ATLS. This requirement applies to all emergency physicians and residents who care for pediatric patients in the emergency department except this requirement does not apply to physicians who are board-certified in pediatric emergency medicine **or** board-certified in emergency medicine **or** board-certified in another relevant specialty and practicing emergency medicine as their primary practice;						X	X	X
(xi) Meet the PER as defined in subsection (27) of this section;	X	X	X	X	X	X	X	X
(f) Emergency care registered nurses (RNs), who:	X	X	X	X	X	X	X	X
(i) Are in the emergency department and available within five minutes of notification of patient's arrival;	X	X	X			X	X	X
(ii) Are in-house, and available within five minutes of notification of the patient's arrival (except for level V clinics);				X	X			
(iii) Have current certification in ACLS;	X	X	X	X	X			
(iv) Have successfully completed a trauma nurse core course (TNCC) or department approved equivalent course;	X	X	X	X	X	X	X	X
(v) Have completed twelve hours of trauma related education every designation period. The trauma education must include, but is not limited to, the following topics: • Mechanism of injury; • Shock and fluid resuscitation; • Initial assessment; • Stabilization and transport;	X	X	X	X		X	X	X
(vi) Meet the PER as defined in subsection (27) of this section.	X	X	X	X	X	X	X	X
(g) Standard emergency equipment for the resuscitation and life support of adult and pediatric trauma patients, including:	X	X	X	X	X	X	X	X
(i) Immobilization devices:	X	X	X	X	X	X	X	X
■ Back board;	X	X	X	X	X	X	X	X
■ Cervical injury;	X	X	X	X	X	X	X	X
■ Long-bone;	X	X	X	X	X	X	X	X
(ii) Infusion control device:	X	X	X	X	X	X	X	X
■ Rapid infusion capability;	X	X	X			X	X	X
(iii) Intraosseous needles;	X	X	X	X	X	X	X	X
(iv) Sterile surgical sets:	X	X	X	X	X	X	X	X
■ Chest tubes with closed drainage devices;	X	X	X	X	X	X	X	X
■ Emergency transcutaneous airway;	X	X	X	X	X	X	X	X
■ Peritoneal lavage;	X	X	X	X		X	X	X
■ Thoracotomy;	X	X	X			X	X	X
(v) Thermal control equipment:	X	X	X	X	X	X	X	X
■ Blood and fluid warming;	X	X	X	X	X	X	X	X
■ Devices for assuring warmth during transport;	X	X	X	X	X	X	X	X

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
■ Expanded scale thermometer capable of detecting hypothermia;	X	X	X	X	X	X	X	X
■ Patient warming and cooling;	X	X	X	X	X	X	X	X
(vi) Other equipment:	X	X	X	X	X	X	X	X
■ Medication chart, tape or other system to assure ready access to information on proper doses-per-kilogram for resuscitation drugs and equipment sizes for pediatric patients;	X	X	X	X	X	X	X	X
■ Pediatric emergency airway equipment readily available or transported in-house with the pediatric patient for evaluation, treatment or diagnostics, including: • Bag-valve masks; • Face masks; • Oral/nasal airways.	X	X	X	X	X	X	X	X
(15) Respiratory therapy services, with a respiratory care practitioner available within five minutes of notification of patient's arrival.	X	X	X			X	X	X
(16) Diagnostic imaging services (except for level V clinics), with:	X	X	X	X	X	X	X	X
(a) A radiologist in person or by teleradiology, who is:	X	X	X			X	X	X
(i) On-call and available within twenty minutes of the trauma team leader's request;	X	X				X	X	
(ii) On-call and available within thirty minutes of the trauma team leader's request;			X					X
(b) Personnel able to perform routine radiological capabilities, who are:	X	X	X	X	X	X	X	X
(i) Available within five minutes of notification of the patient's arrival;	X	X				X	X	
(ii) On-call and available within twenty minutes of notification of the patient's arrival;			X	X	X			X
(c) A technologist able to perform computerized tomography, who is:	X	X	X			X	X	X
(i) Available within five minutes of the trauma team leader's request;	X					X		
(ii) On-call and available within twenty minutes of the trauma team leader's request;		X	X				X	X
(d) Angiography with a technologist on-call and available within thirty minutes of the trauma team leader's request;	X	X				X	X	
(e) Magnetic resonance imaging, with a technologist on-call and available within sixty minutes of the trauma team leader's request;	X	X				X	X	
(f) Sonography with a technologist on-call and available within thirty minutes of the trauma team leader's request;	X	X				X	X	
(g) Interventional radiology services on-call and available within thirty minutes of the trauma team leader's request.	X	X				X	X	
(17) Clinical laboratory services (except for level V clinics), with:	X	X	X	X	X	X	X	X
(a) Lab services available within five minutes of notification of the patient's arrival;	X	X	X			X	X	X
(b) Lab services on-call and available within twenty minutes of notification of the patient's arrival;				X	X			
(c) Blood gases and pH determination;	X	X	X	X		X	X	X
(d) Coagulation studies;	X	X	X	X	X	X	X	X
(e) Drug or toxicology measurements;	X	X	X	X	X	X	X	X
(f) Microbiology;	X	X	X	X	X	X	X	X
(g) Serum alcohol determination;	X	X	X	X	X	X	X	X
(h) Serum and urine osmolality;	X	X				X	X	
(i) Standard analysis of blood, urine, and other body fluids.	X	X	X	X	X	X	X	X
(18) Blood and blood-component services (except for level V clinics), with:	X	X	X	X	X	X	X	X

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
(a) Ability to obtain blood typing and crossmatching;	X	X	X	X	X	X	X	X
(b) Autotransfusion;	X	X	X			X	X	X
(c) Blood and blood components available from in-house or through community services, to meet patient needs;	X	X	X	X	X	X	X	X
(d) Blood storage capability;	X	X	X	X		X	X	X
(e) Noncrossmatched blood available on patient arrival in the emergency department;	X	X	X	X	X	X	X	X
(f) Policies and procedures for massive transfusion.	X	X	X	X		X	X	X
(19) General surgery services, with:	X	X	X			X	X	X
(a) Surgeons who:	X	X	X			X	X	X
(i) Are board-certified in general surgery and available within five minutes of notification of the patient's arrival when the full trauma team is activated. This requirement can be met by a postgraduate year four or higher surgery resident. The resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until arrival of the general surgeon. In this case the general surgeon must be available within twenty minutes of notification of patient's arrival;	X							
(ii) Are board-certified in pediatric surgery or board-certified in general surgery with special competence in the care of pediatric patients and are available within five minutes of notification of the patient's arrival when the full trauma team is activated. This requirement can be met by a post graduate year four or higher pediatric surgery resident or a general surgery resident with special competence in the care of pediatric patients. The resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until arrival of the pediatric or general surgeon. In this case the pediatric or general surgeon must be available within twenty minutes of notification of patient's arrival;						X		
(iii) Are board-certified in general surgery. For full trauma team activations, the surgeon must be in the emergency department upon patient arrival when prehospital estimated time of arrival (ETA) is twenty minutes or more. Otherwise the surgeon must be in the emergency department within twenty minutes of notification of patient's arrival. This requirement can be met by a postgraduate year four or higher surgery resident. The resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until arrival of the general surgeon;		X						
(iv) Are board-certified in pediatric surgery **or** board-certified in general surgery with special competence in the care of pediatric patients. For full trauma team activations, the surgeon must be in the emergency department upon patient arrival when prehospital estimated time of arrival (ETA) is twenty minutes or more. Otherwise the surgeon must be in the emergency department within twenty minutes of notification of patient's arrival. This requirement can be met by a postgraduate year four or higher pediatric surgery resident or a general surgical resident with special competence in the care of pediatric patients. The resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until arrival of the pediatric or general surgeon;							X	

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
(v) Are board-certified or trained in ACLS and currently certified in ATLS. For full trauma team activations, the surgeon must be in the emergency department upon patient arrival when prehospital estimated time of arrival (ETA) is thirty minutes or more. Otherwise the surgeon must be in the emergency department within thirty minutes of notification of patient's arrival;			X					
(vi) Are board-certified or board-qualified, with special competence in the care of pediatric patients. For full trauma team activations, the surgeon must be in the emergency department upon patient arrival when prehospital estimated time of arrival (ETA) is thirty minutes or more. Otherwise the surgeon must be in the emergency department within thirty minutes of notification of patient's arrival;								X
(vii) Are trained in ACLS and currently certified in ATLS. This requirement applies to all surgeons and residents caring for trauma patients except this requirement does not apply to surgeons who are board certified in general surgery;	X	X	X					
(viii) Are currently certified in ATLS. This requirement applies to all surgeons and residents caring for pediatric trauma patients except this requirement does not apply to surgeons who are board certified in pediatric or general surgery;						X	X	X
(ix) Meet the PER as defined in subsection (27) of this section;	X	X	X			X	X	X
(b) A written plan for general surgery coverage, if the general surgeon on call for trauma is otherwise clinically engaged. The plan must take into consideration the trauma service's total patient volume, patient acuity, geographic proximity to other trauma services, depth of trauma care resources, and the trauma scope of service. The plan must be monitored through the trauma service's trauma quality improvement program;	X	X	X			X	X	X
(c) For level IV, general surgery services that meet all level III general surgery service standards if the facility's trauma scope of service includes general surgery services twenty-four hours every day, **or** transfer trauma patients who need general surgery services to a designated trauma service with general surgery services available.				X				
(20) Neurosurgery services with neurosurgeons, who are: (a) Board-certified, and: (i) Available within five minutes of the trauma team leader's request; (ii) This requirement can be met by a postgraduate year four or higher neurosurgery resident. The resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until arrival of the neurosurgeon. In this case the neurosurgeon must be available within thirty minutes of the trauma team leader's request;	X X	X				X X	X	
(b) Board-certified or board-qualified and on-call and available within thirty minutes of the trauma team leader's request;		X					X	
(c) For level III and IV, board-certified or board-qualified and on-call and available within thirty minutes of the trauma team leader's request if the facility's trauma scope of service includes neurosurgery services twenty-four hours every day **or** transfer trauma patients who need neurosurgery services to a designated trauma service with neurosurgery services available.			X	X				X
(21) Surgical services on-call and available within thirty minutes of the trauma team leader's request for:	X	X	X			X	X	X
(a) Cardiac surgery;	X					X		
(b) Microsurgery;	X					X		

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
(c) Obstetric surgery **or** for level III trauma services, a plan to manage the pregnant trauma patient;	X	X	X			X	X	X
(d) Orthopedic surgery;	X	X	X			X	X	X
(e) For level IV, orthopedic surgery services on-call and available within thirty minutes of the trauma team leader's request if the facility's trauma scope of service includes orthopedic surgery services twenty-four hours every day, **or** transfer trauma patients who need orthopedic surgery services to a designated trauma service with orthopedic surgery services available;				X				
(f) Thoracic surgery;	X	X				X	X	
(g) Urologic surgery;	X	X				X	X	
(h) Vascular surgery.	X	X				X	X	
(22) Surgical services on-call for patient consultation or management at the trauma team leader's request for:	X	X				X	X	
(a) Cranial facial surgery;	X	X				X	X	
(b) Gynecologic surgery;	X	X				X	X	
(c) Ophthalmic surgery;	X	X				X	X	
(d) Plastic surgery.	X	X				X	X	
(23) Anesthesiology services, with board-certified anesthesiologists or certified registered nurse anesthetists (CRNAs), who:	X	X	X			X	X	X
(a) Are available within five minutes of the trauma team leader's request;	X					X		
(b) Are on-call and available within twenty minutes of the trauma team leader's request;		X					X	
(c) Are on-call and available within thirty minutes of the trauma team leader's request;			X					X
(d) Are ACLS trained except this requirement does not apply to physicians board-certified in anesthesiology;	X	X	X			X	X	X
(e) Meet the PER as defined in subsection (27) of this section.	X	X	X			X	X	X
(f) For level IV, meet all level III anesthesiology service standards, if the facility's trauma scope of service includes surgery services twenty-four hours every day **or** transfer trauma patients who need surgery services to a designated trauma service with surgery services available.				X				
(24) Operating room services, with:	X	X	X			X	X	X
(a) Hospital staff responsible for opening and preparing the operating room available within five minutes of notification;	X	X	X			X	X	X
(b) Operating room staff on-call and available within twenty minutes of notification;	X	X				X	X	
(c) Operating room staff on-call and available within thirty minutes of notification;			X					X
(d) A written plan to mobilize additional surgical team members for trauma patient surgery;	X	X	X			X	X	X
(e) Standard surgery instruments and equipment needed to perform operations on adult and pediatric patients, including:	X	X	X			X	X	X
(i) Autologous blood recovery and transfusion;	X	X	X			X	X	X
(ii) Bronchoscopic capability;	X	X	X			X	X	X
(iii) Cardiopulmonary bypass;	X	X				X	X	
(iv) Craniotomy set;	X	X				X	X	
(v) Endoscopes;	X	X	X			X	X	X
(vi) Rapid infusion capability;	X	X	X			X	X	X
(vii) Thermal control equipment:	X	X	X			X	X	X
■ Blood and fluid warming;	X	X	X			X	X	X
■ Patient warming and cooling;	X	X	X			X	X	X
(f) For level IV, operating room services that meet all level III operating room service standards if the facility's trauma scope of care includes surgery services twenty-four hours every day **or** transfer trauma patients who need surgery services to a designated trauma service with surgery services available.				X				

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
(25) Post anesthesia care services with:	X	X	X			X	X	X
(a) At least one registered nurse available twenty-four hours every day;	X					X		
(b) At least one registered nurse on-call and available twenty-four hours every day;		X	X				X	X
(c) Registered nurses who are ACLS trained;	X	X	X			X	X	X
(d) For level IV, post anesthesia care services that meet all level III post anesthesia care service standards if the facility's trauma scope of care includes general surgery services twenty-four hours every day **or** transfer trauma patients who need surgery services to a designated trauma service with surgery services available.				X				
(26) Critical care services, with:	X	X	X			X	X	
(a) A critical care medical director, who is:	X	X	X			X	X	
(i) Board-certified in:	X							
(A) Surgery and critical care;	X							
(B) Pediatric critical care;						X		
(ii) Board-certified in critical care **or** board-certified in surgery, internal medicine or anesthesiology with special competence in critical care;		X	X					
(iii) Board-certified in critical care, with special competence in pediatric critical care **or** is board-certified in surgery, internal medicine or anesthesiology, with special competence in pediatric critical care;							X	
(iv) Responsible for coordinating with the attending physician for trauma patient care;	X	X	X			X	X	
(b) Critical care registered nurses, who:	X	X	X			X	X	
(i) Are ACLS trained;	X	X	X					
(ii) Have special competence in pediatric critical care;						X	X	
(iii) Have completed a minimum of six contact hours of trauma specific education every three-year designation period;	X	X				X	X	
(iv) Have completed a minimum of three contact hours of trauma specific education every three-year designation period;			X					
(c) A physician directed code team;	X	X	X			X	X	
(d) Pediatric patient isolation capacity;						X	X	
(e) General surgery consults for critical care trauma patients **or** if intensivists are the primary admitting nonsurgical physician caring for trauma patients, the intensivists must complete a minimum of twelve hours of trauma critical care specific continuing medical education (CME) every three-year designation period;	X	X	X			X	X	X
(f) Standard critical care equipment for adult and pediatric trauma patients, including:	X	X	X			X	X	
(i) Cardiac devices:	X	X	X			X	X	
■ Cardiac pacing capabilities;	X	X	X			X	X	
■ Cardiac monitor with at least two pressure monitoring modules (cardiac output and hard copy recording), with the capability to continuously monitor heart rate, respiratory rate, and temperature;	X	X	X			X	X	
(ii) Intracranial pressure monitoring devices;	X	X				X	X	
(iii) Intravenous supplies:	X	X	X			X	X	
■ Infusion control device;	X	X	X			X	X	
■ Rapid infusion capability;	X	X	X			X	X	
(iv) Sterile surgical sets:	X	X	X			X	X	
■ Chest tubes;	X	X	X			X	X	
■ Emergency surgical airway;	X	X	X			X	X	
■ Peritoneal lavage;	X	X	X			X	X	
■ Thoracotomy;	X	X	X			X	X	
(v) Thermal control equipment:	X	X	X			X	X	

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
■ Blood and fluid warming;	X	X	X			X	X	
■ Devices for assuring warmth during transport;	X	X	X			X	X	
■ Expanded scale thermometer capable of detecting hypothermia;	X	X	X			X	X	
■ Patient warming and cooling;	X	X	X			X	X	
(g) A written policy to transfer all pediatric trauma patients who need critical care services to a pediatric designated trauma service with critical care services available;	X	X	X					
(h) For level IV, critical care services that meet all level III critical care service standards, if the facility's trauma scope of service includes critical care services for trauma patients twenty-four hours every day **or** transfer trauma patients who need critical care services to a designated trauma service with critical care services available;				X				
(i) For level III pediatric trauma services, critical care services that meet all level II pediatric critical care service standards if the facility's trauma scope of care includes pediatric critical care services for trauma patients twenty-four hours every day **or** transfer pediatric trauma patients who need critical care services to a designated pediatric trauma service, with pediatric critical care services available.								X
(27) Pediatric education requirement (PER):	X	X	X	X	X	X	X	X
(a) PER must be met by the following providers who are directly involved in the initial resuscitation and stabilization of pediatric trauma patients:	X	X	X	X	X	X	X	X
(i) Emergency department physicians;	X	X	X	X	X	X	X	X
(ii) Emergency department registered nurses;	X	X	X	X	X	X	X	X
(iii) Physician assistants or ARNPs who initiate evaluation and treatment prior to the arrival of the physician in the emergency department;				X	X			
(iv) Emergency medicine or surgical residents who initiate care prior to the arrival of the emergency physician;	X	X				X	X	
(v) General surgeons;	X	X	X			X	X	X
(vi) Surgical residents who initiate care prior to the arrival of the general surgeon;	X	X				X	X	
(vii) Anesthesiologists and CRNAs;	X	X	X			X	X	X
(viii) General surgeons, anesthesiologists and CRNAs if the facility's trauma scope of service includes general surgery services twenty-four hours every day;				X				
(ix) Intensivists involved in the resuscitation, stabilization and in-patient care of pediatric trauma patients;						X	X	X
(b) PER must be met by completing pediatric specific contact hours as defined below:	X	X	X	X	X	X	X	X
(i) Five contact hours per provider during each three-year designation period;	X	X	X	X	X			
(ii) Seven contact hours per provider during each three-year designation period;						X	X	X
(iii) Contact hours should include, but are not limited to, the following topics: • Initial stabilization and transfer of pediatric trauma; • Assessment and management of pediatric airway and breathing; • Assessment and management of pediatric shock, including vascular access; • Assessment and management of pediatric head injuries; • Assessment and management of pediatric blunt abdominal trauma;	X	X	X	X	X	X	X	X

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
(iv) Contact hours may be accomplished through one or more, but not limited to, the following methods: • Review and discussion of individual pediatric trauma cases within the trauma quality improvement program; • Staff meetings; • Classes, formal or informal; • Web-based learning; • Certification in ATLS, PALS, APLS, ENPC, or other department approved equivalents; • Other methods of learning which appropriately communicates the required topics listed in this section.	X	X	X	X	X	X	X	X
(28) Acute dialysis services, **or** must transfer trauma patients needing dialysis.	X	X	X	X	X	X	X	X
(29) A burn center, in accordance with the American Burn Association, to care for burn patients, **or** must transfer burn patients to a burn center, in accordance with the American Burn Association transfer guidelines.	X	X	X	X	X	X	X	X
(30) Services on-call for consultation or patient management:	X	X	X			X	X	X
(a) Cardiology;	X	X				X	X	
(b) Gastroenterology;	X	X				X	X	
(c) Hematology;	X	X				X	X	
(d) Infectious disease specialists;	X	X				X	X	
(e) Internal medicine;	X	X	X					
(f) Nephrology;	X	X				X	X	
(g) Neurology;	X	X				X	X	
(h) Pediatric neurology;						X	X	
(i) Pathology;	X	X	X			X	X	X
(j) Pediatrician;	X	X				X	X	X
(k) Pulmonology;	X	X				X	X	
(l) Psychiatry **or** a plan for management of the psychiatric trauma patient.	X	X				X	X	
(31) Ancillary services available for trauma patient care:	X	X	X	X	X	X	X	X
(a) Adult protective services;	X	X	X	X	X			
(b) Child protective services;	X	X	X	X	X	X	X	X
(c) Chemical dependency services;	X	X	X			X	X	X
(d) Nutritionist services;	X	X	X	X		X	X	X
(e) Occupational therapy services;	X	X	X			X	X	X
(f) Pastoral or spiritual care;	X	X	X	X	X	X	X	X
(g) Pediatric therapeutic recreation/child life specialist;						X	X	
(h) Pharmacy services, with an in-house pharmacist;	X					X		
(i) Pharmacy services;		X	X	X	X		X	X
(j) Physical therapy services;	X	X	X	X		X	X	X
(k) Psychological services;	X	X	X			X	X	X
(l) Social services;	X	X	X	X		X	X	X
(m) Speech therapy services.	X	X	X			X	X	X
(32) A trauma care outreach program, including: (a) Telephone consultations with physicians of the community and outlying areas; (b) On-site consultations with physicians of the community and outlying areas.	X	X				X	X	
(33) Injury prevention, including:	X	X	X	X	X	X	X	X
(a) A public injury prevention education program;	X	X	X			X	X	X
(b) Participation in community or regional injury prevention activities;	X	X	X	X	X	X	X	X
(c) A written plan for drug and alcohol screening and brief intervention and referral.	X	X	X	X	X	X	X	X
(34) A formal trauma education training program, for:	X	X				X	X	
(a) Allied health care professional;	X	X				X	X	
(b) Community physicians;	X	X				X	X	

WAC 246-976-700 Trauma Service Standards	Adult Levels					Pediatric Levels		
A facility with a designated trauma service must have:	**I**	**II**	**III**	**IV**	**V**	**I P**	**II P**	**III P**
(c) Nurses;	X	X				X	X	
(d) Prehospital personnel;	X	X				X	X	
(e) Staff physicians.	X	X				X	X	
(35) Provisions to allow for initial and maintenance training of invasive manipulative skills for prehospital personnel.	X	X	X	X		X	X	X
(36) Residency programs: (a) Accredited by the Accreditation Council of Graduate Medical Education; (b) With a commitment to training physicians in trauma management.	X					X		
(37) A trauma research program with research applicable to the adult and pediatric trauma patient population.	X					X		
(38) For joint trauma service designation (when two or more hospitals apply to share a single trauma designation): (a) A single, joint multidisciplinary trauma quality improvement program in accordance with the trauma quality improvement standards defined in subsection (4) of this section; (b) A set of common policies and procedures adhered to by all hospitals and providers in the joint trauma service; (c) A predetermined, published hospital rotation schedule for trauma care.	X	X	X			X	X	X

[Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070. 09-23-085, § 246-976-700, filed 11/16/09, effective 12/17/09.]

WAC 246-976-800 Trauma rehabilitation service standards.

WAC 246-976-800 Trauma Rehabilitation Service Standards	Levels			
A designated trauma rehabilitation service must:	**I**	**II**	**III**	**I Pediatric**
(1) Be a licensed hospital as defined in chapter 246-320 WAC.	X			X
(2) Treat adult and adolescent trauma patients in inpatient and outpatient settings regardless of disability or level of severity or complexity.	X			
(3) Treat pediatric and adolescent trauma patients in inpatient and outpatient settings regardless of disability or level of severity or complexity.				X
(4) Treat adult and adolescent trauma patients in inpatient and outpatient settings with disabilities or level of severity or complexity within the facility's capability and as specified in the facility's admission criteria.		X		
(5) For adolescent patients (approximately twelve to eighteen years of age), the service must consider whether physical development, educational goals, preinjury learning or developmental status, social or family needs, and other factors indicate treatment in an adult or pediatric rehabilitation service.	X	X		X
(6) Have and retain full accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) for inpatient medical rehabilitation programs.	X	X		
(7) Have and retain full accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) for pediatric inpatient medical rehabilitation programs.				X
(8) House patients on a designated rehabilitation nursing unit.	X	X		
(9) House patients in a designated pediatric rehabilitation area, providing an environment appropriate to the age and developmental status of the patient.				X
(10) Provide a peer group for persons with similar disabilities.	X	X		X
(11) Have a medical director who: (a) Is a physiatrist; (b) Is responsible for the organization and direction of the trauma rehabilitation service; and (c) Participates in the trauma rehabilitation service's quality improvement program.	X	X		X
(12) Have a physiatrist in-house or on-call twenty-four hours every day and responsible for the day-to-day clinical management and the treatment plan of trauma patients.	X	X		X
(13) Provide rehabilitation nursing personnel twenty-four hours every day, with:	X	X		X
(a) Management and supervision by a registered nurse;	X	X		X
(b) The initial care plan and weekly update reviewed and approved by a certified rehabilitation registered nurse (CRRN);	X	X		X
(c) An orientation and training program for all levels of rehabilitation nursing personnel;	X	X		X

WAC 246-976-800 Trauma Rehabilitation Service Standards	Levels			
A designated trauma rehabilitation service must:	**I**	**II**	**III**	**I Pediatric**
(d) A minimum of six clinical nursing care hours, per patient day, for each trauma patient;	X	X		X
(e) At least one CRRN on duty, each day and evening shift, when a trauma patient is present;	X			X
(f) At least one CRRN on duty, one shift each day, when a trauma patient is present.		X		
(14) Provide the following trauma rehabilitation services with providers who are licensed, registered, certified, or degreed and are available to provide treatment as defined in the patient's rehabilitation plan:	X	X		X
(a) Occupational therapy;	X	X		X
(b) Physical therapy;	X	X		X
(c) Speech/language pathology;	X	X		X
(d) Social services;	X	X		X
(e) Nutritional counseling;	X	X		X
(f) Clinical psychological services, including testing and counseling;	X	X		X
(g) Neuropsychological services.	X	X		X
(15) Provide the following health personnel and consultative services in-house or on-call twenty-four hours every day:	X	X		X
(a) A pharmacist with immediate access to pharmaceuticals and patient medical records and pharmacy data bases;	X	X		X
(b) Respiratory care practitioners;	X	X		X
(c) Pastoral or spiritual care;	X	X		X
(d) A radiologist;	X	X		X
(e) A pediatrician.				X
(16) Provide the following services in-house or through affiliation or consultative arrangements with providers who are licensed, registered, certified, or degreed:	X	X		X
(a) Anesthesiology (anesthesiologist or CRNA);	X	X		X
(b) Audiology;	X	X		X
(c) Communication augmentation;	X	X		X
(d) Dentistry;	X	X		X
(e) Diagnostic imaging, including: (i) Computerized tomography; (ii) Magnetic resonance imaging; (iii) Nuclear medicine; and (iv) Radiology;	X	X		X
(f) Driver evaluation and training;	X	X		
(g) Educational program appropriate to the disability and developmental level of the pediatric or adolescent patient, to include educational screening, instruction, and discharge planning coordinated with the receiving school district;	X	X		X
(h) Electrophysiologic testing, including: (i) Electroencephalography; (ii) Electromyography; and (iii) Evoked potentials;	X	X		X
(i) Laboratory services;	X	X		X
(j) Orthotics;	X	X		X
(k) Prosthetics;	X	X		X
(l) Pediatric therapeutic recreation specialist or child life specialist;				X
(m) Rehabilitation engineering for device development and adaptations;	X	X		X
(n) Substance abuse counseling;	X	X		X
(o) Therapeutic recreation;	X	X		X
(p) Vocational rehabilitation;	X	X		
(q) Urodynamic testing.	X	X		X
(17) Have providers with documented special competence in pediatric rehabilitation care. This requirement applies to all pediatric trauma rehabilitation providers.				X
(18) Serve as a regional referral center for patients in their geographical area needing only level II or III rehabilitation care.	X			
(19) Have an outreach program regarding trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas.	X	X		X

WAC 246-976-800 Trauma Rehabilitation Service Standards	Levels			
A designated trauma rehabilitation service must:	**I**	**II**	**III**	**I Pediatric**
(20) Have a formal program of continuing trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals.	X	X		X
(21) Have an ongoing structured program to conduct clinical studies, applied research, or analysis in rehabilitation of trauma patients, and report results within a peer review process.	X			X
(22) Have a quality improvement program that reflects and demonstrates a process for continuous quality improvement in the delivery of trauma rehabilitation care, with: (a) An organizational structure and plan that facilitates the process of quality improvement and identifies the authority to change policies, procedures, and protocols that address the care of the trauma patient; (b) Representation and participation by the interdisciplinary trauma rehabilitation team; (c) A process for communicating and coordinating with referring trauma care providers as needed; (d) Development of outcome standards; (e) A process for monitoring compliance with or adherence to the outcome standards; (f) A process of internal peer review to evaluate specific cases or problems; (g) A process for implementing corrective action to address problems or deficiencies; (h) A process to analyze and evaluate the effect of corrective action; and (i) A process to ensure that confidentiality of patient and provider information is maintained according to the standards of RCW 70.41.200 and 70.168.090.	X	X		X
(23) Participate in the regional trauma quality improvement program as defined in WAC 246-976-910.	X	X	X	X
(24) Participate in the Washington state trauma registry as defined in WAC 246-976-430.	X	X	X	X
(25) Provide a community based program of coordinated and integrated outpatient trauma rehabilitation services, evaluation, and treatment to persons with trauma-related functional limitations who do not need or no longer require comprehensive inpatient rehabilitation. Services may be provided in, but not limited to, the following settings: (a) Freestanding outpatient rehabilitation centers; (b) Organized outpatient rehabilitation programs in acute hospital settings; (c) Day hospital programs; (d) Other community settings.			X	
(26) Treat patients according to admission criteria based on diagnosis and severity.			X	
(27) Be directed by a physician with training and experience necessary to provide rehabilitative physician services, acquired through one of the following: (a) Formal residency in physical medicine and rehabilitation; or (b) A fellowship in rehabilitation for a minimum of one year; or (c) A minimum of two years' experience in providing rehabilitation services for patients typically seen in CARF-accredited inpatient rehabilitation programs.			X	
(28) Provide the following trauma rehabilitation services with providers who are licensed, registered, or certified according to the frequency as defined in the rehabilitation plan: (a) Occupational therapy; (b) Physical therapy; (c) Social services; (d) Speech/language pathology.			X	
(29) Provide or assist the patient to obtain the following as defined in the rehabilitation plan: (a) Audiology; (b) Dentistry; (c) Driver evaluation and training; (d) Education; (e) Nursing; (f) Nutrition counseling; (g) Orthotics; (h) Pastoral or spiritual care; (i) Prosthetics; (j) Psychology; (k) Rehabilitation engineering for device development and adaptations; (l) Respiratory therapy;			X	

WAC 246-976-800 Trauma Rehabilitation Service Standards	Levels			
A designated trauma rehabilitation service must:	**I**	**II**	**III**	**I Pediatric**
(m) Substance abuse counseling; (n) Therapeutic recreation; (o) Vocational rehabilitation.				
(30) Have a quality improvement program that reflects and demonstrates a process for continuous quality improvement in the delivery of trauma care, with: (a) A process to identify and monitor trauma rehabilitation care and outcome standards and indicators; (b) An interdisciplinary team, to include the trauma rehabilitation service physician director; (c) A process to ensure confidentiality of patient and provider information in accordance with RCW 70.41.200 and 70.168.090.			X	

[Statutory Authority: RCW 70.168.050, 70.168.060, and 70.168.070. 09-23-085, § 246-976-800, filed 11/16/09, effective 12/17/09.]

Chapter 246-978 WAC
DEATH WITH DIGNITY ACT REQUIREMENTS

WAC

WAC 246-978-001 Purpose and authority. This chapter is adopted by the Washington state department of health to implement the provisions of chapter 70.245 RCW, the Washington Death with Dignity Act.

[Statutory Authority: Chapter 70.245 RCW. 09-06-010, § 246-978-001, filed 2/20/09, effective 3/5/09.]

WAC 246-978-010 Definitions. For the purpose of this chapter, the following definitions apply:

(1) "Act" means the "Washington Death with Dignity Act" or Initiative Measure No. 1000 as adopted by the voters on November 4, 2008, codified as chapter 70.245 RCW.

(2) "Adult" means an individual who is eighteen years of age or older.

(3) "Attending physician" means the physician, as defined in chapter 18.71 or 18.57 RCW, who has primary responsibility for the care of the patient and treatment of the patient's terminal disease.

(4) "Competent" means that, in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, psychiatrist, or psychologist, a patient has the ability to make and communicate an informed decision to health care providers, including communication through persons familiar with the patient's manner of communicating, if those persons are available.

(5) "Consulting physician" means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.

(6) "Counseling" means one or more consultations as necessary between a state licensed psychiatrist or psychologist and a patient for the purpose of determining that the patient is competent and not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

(7) "Department" means the department of health.

(8) "Dispensing record" means a copy of the Pharmacy Dispensing Record form, DOH 422-067.

(9) "Health care provider" means a person licensed, certified or otherwise authorized or permitted by the law to administer health care or dispense medication in the ordinary course of business or practice of a profession and includes a health care facility.

(10) "Informed decision" means a decision by a qualified patient, to request and obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner, that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:

(a) His or her medical diagnosis;

(b) His or her prognosis;

(c) The potential risks associated with taking the medication to be prescribed;

(d) The probable result of taking the medication to be prescribed; and

(e) The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.

(11) "Long-term care facility" means a facility licensed under chapter 18.51 or 72.36 RCW.

(12) "Medically confirmed" means the medical opinion of the attending physician has been confirmed by a consulting physician who has examined the patient and the patient's relevant medical records.

(13) "Patient" means a person who is under the care of a physician.

(14) "Physician" means a doctor of medicine, as defined in chapter 18.71 RCW, or osteopathy, as defined in chapter 18.57 RCW, licensed to practice medicine in the state of Washington.

(15) "Qualified patient" means a competent adult who is a resident of Washington state and has satisfied the requirements of the act in order to obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner.

(16) "Self-administer" means a qualified patient's act of ingesting medication to end his or her life in a humane and dignified manner.

(17) "Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.

[Statutory Authority: Chapter 70.245 RCW. 09-06-010, § 246-978-010, filed 2/20/09, effective 3/5/09.]

WAC 246-978-020 Reporting. (1) To comply with the act, within thirty calendar days of writing a prescription for medication to end the life of a qualified patient, the attending physician shall send the following completed, signed, and dated documentation by mail to the State Registrar, Center for Health Statistics, P.O. Box 47814, Olympia, WA 98504:

(a) The patient's completed written request for medication to end life, either using the Written Request for Medication to End My Life in a Humane and Dignified Manner form, DOH 422-063, or in substantially the same form as described in the act;

(b) Attending Physician's Compliance form, DOH 422-064;

(c) Consulting Physician's Compliance form, DOH 422-065; and

(d) Psychiatric/Psychological Consultant's Compliance form, DOH 422-066, if an evaluation was performed.

(2) Within thirty calendar days of a qualified patient's ingestion of a lethal dose of medication obtained under the act, or death from any other cause, whichever comes first, the attending physician shall complete the Attending Physician's After Death Reporting form, DOH 422-068.

(3) To comply with the act, within thirty calendar days of dispensing medication, the dispensing health care provider shall file a copy of the Pharmacy Dispensing Record form, DOH 422-067, with the State Registrar, Center for Health Statistics, P.O. Box 47814, Olympia, WA 98504. Information to be reported to the department shall include:

(a) Patient's name and date of birth;

(b) Patient's address;

(c) Prescribing physician's name and phone number;

(d) Dispensing health care provider's name, address and phone number;

(e) Medication dispensed and quantity;

(f) Date the prescription was written; and

(g) Date the medication was dispensed.

[Statutory Authority: Chapter 70.245 RCW. 09-06-010, § 246-978-020, filed 2/20/09, effective 3/5/09.]

WAC 246-978-030 Confidentiality—Liability. All information collected by the department under the act shall not be a public record and may not be available for inspection by the public under chapter 42.56 RCW. This information includes, but is not limited to, the identity of patients, health care providers, and health care facilities.

[Statutory Authority: Chapter 70.245 RCW. 09-06-010, § 246-978-030, filed 2/20/09, effective 3/5/09.]

WAC 246-978-040 Qualifications of witness in a long-term care facility. When a patient makes a written request for medication under the act, they must have at least two witnesses who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is competent, acting voluntarily, and is not being coerced to sign the request. The patient's attending physician at the time the request is signed may not be a witness.

If the patient is a patient in a long-term care facility at the time the written request is made, one of the witnesses must be designated by the long-term care facility. The witness designated by the long-term care facility may be, but is not limited to, an ombudsman, chaplain, or social worker. The witness designated by the long-term care facility may not be:

(1) A relative of the patient by blood, marriage, or adoption;

(2) A person who at the time the request is signed would be entitled to any portion of the estate of the qualified patient upon death under any will or by operation of law; or

(3) An owner, operator, or employee of a long-term care facility where the qualified patient is receiving medical treatment or is a resident.

[Statutory Authority: Chapter 70.245 RCW. 09-06-010, § 246-978-040, filed 2/20/09, effective 3/5/09.]