

Chapter 246-100 WAC
COMMUNICABLE AND CERTAIN OTHER DISEASES

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WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-100-016 Confidentiality. [Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-016, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-016, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-016, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.105. WSR 90-07-033 (Order 043), § 248-100-016, filed 3/14/90, effective 4/14/90. Statutory Authority: Chapter 70.24 RCW. WSR 88-21-093 (Order 322), § 248-100-016, filed 10/19/88; WSR 88-17-057 (Order 317), § 248-100-016, filed 8/17/88. Statutory Authority: RCW 43.20.050. WSR 87-11-047 (Order 302), § 248-100-016, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-026 Responsibilities and duties—Veterinarians. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-026, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-026, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-026, filed 3/16/88.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-031 Responsibilities and duties—Laboratory directors. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-031, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-031, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-031, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-041 Responsibilities and duties—State health officer. [Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-041, filed 8/13/99, effective 9/1/99. Statutory Authority: Chapter 70.24 RCW. WSR 93-08-036 (Order 354B), § 246-100-041, filed 4/1/93, effective 5/2/93. Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-041, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-041, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-041, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-042 Reporting of blood lead levels. [Statutory Authority: RCW 43.20.050. WSR 99-11-037, § 246-100-042, filed 5/13/99, effective 5/14/99; WSR 96-11-077, § 246-100-042, filed 5/13/96, effective 6/13/96. Statutory Authority: RCW 43.20.050(3). WSR 93-10-038 (Order 358), § 246-100-042, filed 4/28/93, effective 5/29/93.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-043 Surveillance report to the board—State health officer. [Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-043, filed 8/13/99, effective 9/1/99.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-046 Responsibilities and duties—Cases, suspected cases, carriers, contacts, and others. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-046, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-046, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-046, filed

5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-071 Responsibility for reporting to and cooperating with the local health department. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-071, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-071, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-071, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-076 Reportable diseases and conditions. [Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-076, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.28.032. WSR 96-23-064, § 246-100-076, filed 11/20/96, effective 12/21/96. Statutory Authority: Chapter 70.24 RCW. WSR 93-08-036 (Order 354B), § 246-100-076, filed 4/1/93, effective 5/2/93. Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-076, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-076, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-076, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010.

246-100-081 Reports—Content—Time—Hospital monthly report permitted for certain diseases. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-081, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-081, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-081, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010.

246-100-086 Reporting diseases and conditions directly to department. [Statutory Authority: RCW 43.20.050 and 70.104.055. WSR 92-02-019 (Order 225B), § 246-100-086, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-086, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.104 RCW. WSR 90-10-036 (Order 049), § 248-100-086, filed 4/26/90, effective 5/27/90. Statutory Authority: RCW 43.20.050. WSR 87-11-047 (Order 302), § 248-100-086, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-091 Handling of reports by local health department—Handling of reports by department. [Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-091, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-091, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-166 Immunization of child care and school children against certain vaccine-preventable diseases. [Statutory Authority: RCW 43.20.050, 28A.210.140. WSR 08-03-071, § 246-100-166, filed 1/14/08, effective 2/14/08; WSR 06-17-183, § 246-100-166, filed 8/23/06, effective 9/23/06. Statutory Authority: RCW 28A.210.140. WSR 05-16-051, § 246-100-166, filed 7/28/05, effective 8/28/05; WSR 05-08-094, § 246-100-166, filed 4/1/05, effective 5/2/05; WSR 96-04-079, § 246-100-166, filed 2/7/96, effective 3/9/96. Statutory Authority: RCW 28A.210.140 and 43.20.050. WSR 91-15-066 (Order 182B), § 246-100-166, filed 7/22/91, effective 8/22/91. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-166, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-166, filed 3/16/88.] Repealed by WSR 09-02-003, filed 12/26/08, effective 1/26/09. Statutory Authority: RCW 28A.210.140. Later promulgation, see chapter 246-105 WAC.

246-100-171 Special settings—Food service establishments. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-171, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-171, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-171, filed 3/16/88.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-176 Special settings—Schools. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-176, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-176, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-176, filed 3/16/88.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-181 Special settings—Child day care facilities. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-181, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-181, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-181, filed 3/16/88.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-196 Animal bites—Report to local health department. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-196, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-196, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-196, filed 3/16/88.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-216 Special diseases—Surveillance for influenza. [Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-216, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-216, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-217 Special condition—Pesticide poisoning. [Statutory Authority: RCW 43.20.050 and 70.104.055. WSR 92-02-019 (Order 225B), § 246-100-217, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-217, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.104 RCW. WSR 90-10-036 (Order 049), § 248-100-217, filed 4/26/90, effective 5/27/90.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 70.104.030.

246-100-218 Special condition—Gunshot wounds. [Statutory Authority: RCW 43.70.545. WSR 96-08-028, § 246-100-218, filed 3/27/96, effective 4/27/96.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: 43.70.545.

- 246-100-221 Duties of laboratories—Annual registration of laboratories. [Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-221, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-221, filed 5/19/87.] Repealed by WSR 96-19-043, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 43.20.050.
- 246-100-226 Duties of laboratories—Approval of laboratories to perform prenatal serologic tests for syphilis. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-226, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-226, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-226, filed 5/19/87.] Repealed by WSR 96-19-043, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 43.20.050.
- 246-100-231 Duties of laboratories—Submission of specimens by laboratories. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-231, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-231, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-231, filed 3/16/88; WSR 87-11-047 (Order 302), § 248-100-231, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010.
- 246-100-236 Duties of laboratories—Reporting of laboratory results indicative of certain reportable diseases. [Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-236, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.130. WSR 95-13-037, § 246-100-236, filed 6/14/95, effective 7/15/95. Statutory Authority: Chapter 70.24 RCW. WSR 93-08-036 (Order 354B), § 246-100-236, filed 4/1/93, effective 5/2/93. Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-236, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-236, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-236, filed 3/16/88; WSR 87-11-047 (Order 302), § 248-100-236, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010.
- 246-100-241 Duties of laboratories—Duty to cooperate with local health departments and the department. [Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-241, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-241, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

WAC 246-100-006 Purpose. The following rules and regulations are adopted under the authority of chapter 43.20 RCW to protect the health and well-being of the public by controlling communicable and certain other diseases.

[Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-006, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-006, filed 5/19/87.]

WAC 246-100-011 Definitions. The definitions in this section apply throughout chapter 246-100 WAC unless the context clearly requires otherwise:

(1) "Acquired immunodeficiency syndrome (AIDS)" means illness, disease, or conditions defined and described by the Centers for Disease Control, U.S. Public Health Service, Morbidity and Mortality Weekly Report (MMWR), April 11, 2014, Volume 63, Number RR-03. A copy of this publication is available for review at the department and at each local health department.

(2) "HIV counseling" means counseling directed toward:

(a) Increasing the individual's understanding of acquired immunodeficiency syndrome; and

(b) Assessing the individual's risk of HIV acquisition and transmission; and

(c) Affecting the individual's behavior in ways to reduce the risk of acquiring and transmitting HIV infection.

(3) "Anonymous HIV testing" means that the name or identity of the individual tested for HIV will not be recorded or linked to the HIV test result. However, once the individual testing positive receives HIV health care or treatment services, reporting of the identity of the individual to the state or local public health officer is required.

(4) "Board" means the Washington state board of health.

(5) "Case" means a person, alive or dead, having been diagnosed to have a particular disease or condition by a health care provider with diagnosis based on clinical or laboratory criteria or both.

(6) "Child day care facility" means an agency regularly providing care for a group of children for less than twenty-four hours a day and subject to licensing under chapter 74.15 RCW.

(7) "Communicable disease" means an illness caused by an infectious agent which can be transmitted from one person, animal, or object to another person by direct or indirect means including transmission via an intermediate host or vector, food, water, or air.

(8) "Confidential HIV testing" means that the name or identity of the individual tested for HIV will be recorded and linked to the HIV test result, and that the name of the individual testing positive for HIV will be reported to the state or local health officer in a private manner.

(9) "Contaminated" or "contamination" means containing or having contact with infectious agents or chemical or radiological materials that pose an immediate threat to present or future public health.

(10) "Contamination control measures" means the management of persons, animals, goods, and facilities that are contaminated, or suspected to be contaminated, in a manner to avoid human exposure to the contaminant, prevent the contaminant from spreading, and/or effect decontamination.

(11) "Department" means the Washington state department of health.

(12) "Detention" or "detainment" means physical restriction of activities of an individual by confinement for the purpose of controlling or preventing a serious and imminent threat to public health and may include physical plant, facilities, equipment, and/or personnel to physically restrict activities of the individual to accomplish such purposes.

(13) "Disease control measures" means the management of persons, animals, goods, and facilities that are infected with, suspected to be infected with, exposed to, or suspected to be exposed to an infectious agent in a manner to prevent transmission of the infectious agent to humans.

(14) "Health care facility" means:

(a) Any facility or institution licensed under chapter 18.20 RCW, assisted living facilities, chapter 18.46 RCW, birthing centers, chapter 18.51 RCW, nursing homes, chapter 70.41 RCW, hospitals, or chapter 71.12 RCW, private establishments, clinics, or other settings where one or more health care providers practice; and

(b) In reference to a sexually transmitted disease, other settings as defined in chapter 70.24 RCW.

(15) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care who is:

(a) Licensed or certified in this state under Title 18 RCW; or

(b) Is military personnel providing health care within the state regardless of licensure.

(16) "HIV testing" means conducting a laboratory test or sequence of tests to detect the human immunodeficiency virus (HIV) or antibodies to HIV performed in accordance with requirements to WAC 246-100-207. To assure that the protection, including but not limited to, pre- and post-test counseling, and confidentiality afforded to HIV testing as described in chapter 246-100 WAC also applies to the enumeration of CD4 + (T4) lymphocyte counts (CD4 + counts) and CD4 + (T4)

percents of total lymphocytes (CD4 + percents) when used to diagnose HIV infection, CD4 + counts and CD4 + percents will be presumed HIV testing except when shown by clear and convincing evidence to be for use in the following circumstances:

- (a) Monitoring previously diagnosed infection with HIV;
- (b) Monitoring organ or bone marrow transplants;
- (c) Monitoring chemotherapy;
- (d) Medical research; or
- (e) Diagnosis or monitoring of congenital immunodeficiency states or autoimmune states not related to HIV.

The burden of proving the existence of one or more of the circumstances identified in (a) through (e) of this subsection shall be on the person asserting such existence.

(17) "Infectious agent" means an organism such as a virus, rickettsia, bacteria, fungus, protozoan, or helminth that is capable of producing infection or infectious disease.

(18) "Isolation" means the separation, for the period of communicability or contamination, of infected or contaminated persons or animals from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent or contaminant from those infected or contaminated to those who are susceptible or who may spread the agent or contaminant to others.

(19) "Local health department" means the city, town, county, or district agency providing public health services to persons within the area, as provided in chapter 70.05 RCW and chapter 70.08 RCW.

(20) "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 delegee appointed by the local board of health.

(21) "Nosocomial infection" means an infection acquired in a hospital or other health care facility.

(22) "Outbreak" means the occurrence of cases of a disease or condition in any area over a given period of time in excess of the expected number of cases.

(23) "Post-test counseling" means counseling after the HIV test when results are provided and directed toward:

- (a) Increasing the individual's understanding of human immunodeficiency virus (HIV) infection;
- (b) Affecting the individual's behavior in ways to reduce the risk of acquiring and transmitting HIV infection;
- (c) Encouraging the individual testing positive to notify persons with whom there has been contact capable of spreading HIV;
- (d) Assessing emotional impact of HIV test results; and
- (e) Appropriate referral for other community support services.

(24) "Pretest counseling" means counseling provided prior to HIV testing and aimed at:

- (a) Helping an individual to understand:
 - (i) Ways to reduce the risk of human immunodeficiency virus (HIV) transmission;
 - (ii) The nature, purpose, and potential ramifications of HIV testing;
 - (iii) The significance of the results of HIV testing; and
 - (iv) The dangers of HIV infection; and
- (b) Assessing the individual's ability to cope with the results of HIV testing.

(25) "Principal health care provider" means the attending physician or other health care provider recognized as primarily responsible for diagnosis and treatment of a patient or, in the absence of such, the health care provider initiating diagnostic testing or therapy for a patient.

(26) "Quarantine" means the limitation of freedom of movement of such well persons or domestic animals as have been exposed to, or are suspected to have been exposed to, an infectious agent, for a period of time not longer than the longest usual incubation period of the infectious agent, in such manner as to prevent effective contact with those not so exposed.

(27) "School" means a facility for programs of education as defined in RCW 28A.210.070 (preschool and kindergarten through grade twelve).

(28) "Sexually transmitted disease (STD)" means a bacterial, viral, fungal, or parasitic disease or condition which is usually transmitted through sexual contact, including:

- (a) Acute pelvic inflammatory disease;
- (b) Chancroid;
- (c) Chlamydia trachomatis infection;
- (d) Genital and neonatal herpes simplex;
- (e) Genital human papilloma virus infection;
- (f) Gonorrhea;
- (g) Granuloma inguinale;
- (h) Hepatitis B infection;
- (i) Human immunodeficiency virus infection (HIV) and acquired immunodeficiency syndrome (AIDS);
- (j) Lymphogranuloma venereum;
- (k) Nongonococcal urethritis (NGU); and
- (l) Syphilis.

(29) "Spouse" means any individual who is the marriage partner of an HIV-infected individual, or who has been the marriage partner of the HIV-infected individual within the ten-year period prior to the diagnosis of HIV-infection, and evidence exists of possible exposure to HIV.

(30) "State health officer" means the person designated by the secretary of the department to serve as statewide health officer, or, in the absence of such designation, the person having primary responsibility for public health matters in the state.

(31) "Suspected case" or "suspected to be infected" means the local health officer, in his or her professional judgment, reasonably believes that infection with a particular infectious agent is likely based on signs and symptoms, laboratory evidence, or contact with an infected individual, animal, or contaminated environment.

(32) "Veterinarian" means an individual licensed under provisions of chapter 18.92 RCW, veterinary medicine, surgery, and dentistry and practicing animal health care.

[Statutory Authority: RCW 70.24.380. WSR 18-23-056, § 246-100-011, filed 11/15/18, effective 12/16/18. Statutory Authority: RCW 70.24.130 and 2012 c 10. WSR 14-08-046, § 246-100-011, filed 3/27/14, effective 4/27/14. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-011, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050 and 70.05.060. WSR 03-06-003, § 246-100-011, filed 2/19/03, effective 2/19/03. Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-100-011, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 70.24.022,

[70.24].340 and Public Law 104-146. WSR 97-15-099, § 246-100-011, filed 7/21/97, effective 7/21/97. Statutory Authority: Chapter 70.24 RCW. WSR 93-08-036 (Order 354B), § 246-100-011, filed 4/1/93, effective 5/2/93. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-011, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-011, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-07-095 (Order 325), § 248-100-011, filed 3/22/89; WSR 88-17-057 (Order 317), § 248-100-011, filed 8/17/88. Statutory Authority: RCW 43.20.050. WSR 88-07-063 (Order 308), § 248-100-011, filed 3/16/88; WSR 87-11-047 (Order 302), § 248-100-011, filed 5/19/87.]

WAC 246-100-021 Responsibilities and duties—Health care providers. Every health care provider, as defined in chapter 246-100 WAC, shall:

(1) Provide adequate, understandable instruction in control measures designed to prevent the spread of disease to:

(a) Each patient with a communicable disease under his or her care; and

(b) Others as appropriate to prevent spread of disease.

(2) Cooperate with public health authorities during investigation of:

(a) Circumstances of a case or suspected case of a notifiable condition or other communicable disease; and

(b) An outbreak or suspected outbreak of illness.

Comply with requirements in WAC 246-100-206, 246-100-211, and chapter 246-101 WAC.

(3) Use protocols established in the *Control of Communicable Diseases Manual*, 20th edition, published by the American Public Health Association, when treating wounds caused by animal bites. A copy of this publication is available for review at the department and at each local health department.

[Statutory Authority: RCW 43.20.050. WSR 15-05-014, § 246-100-021, filed 2/6/15, effective 3/9/15; WSR 00-23-120, § 246-100-021, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050, 70.24.130 and 70.104.055. WSR 92-02-019 (Order 225B), § 246-100-021, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-021, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.104 RCW. WSR 90-10-036 (Order 049), § 248-100-021, filed 4/26/90, effective 5/27/90. Statutory Authority: RCW 43.20.050. WSR 87-11-047 (Order 302), § 248-100-021, filed 5/19/87.]

WAC 246-100-036 Responsibilities and duties—Local health officers. (1) The local health officer shall establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and any other entity he or she deems necessary, plans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination.

(2) Local health officers shall:

(a) Notify health care providers within the health district regarding requirements in this chapter;

(b) Ensure anonymous HIV testing is reasonably available;

(c) Make HIV testing, AIDS counseling, and pretest and post-test counseling, as defined in this chapter, available for voluntary, mandatory, and anonymous testing and counseling as required by RCW 70.24.400;

(d) Make information on anonymous HIV testing, AIDS counseling, and pretest and post-test counseling, as described under WAC 246-100-208 and 246-100-209, available;

(e) Use identifying information on HIV-infected individuals provided according to chapter 246-101 WAC only:

(i) For purposes of contacting the HIV-positive individual to provide test results and post-test counseling; or

(ii) To contact persons who have experienced substantial exposure, including sex and injection equipment-sharing partners, and spouses; or

(iii) To link with other name-based public health disease registries when doing so will improve ability to provide needed care services and counseling and disease prevention; and

(f) Destroy documentation of referral information established in WAC 246-100-072 and this subsection containing identities and identifying information on HIV-infected individuals and at-risk partners of those individuals immediately after notifying partners or within three months, whichever occurs first.

(3) Local health officers shall, when necessary, conduct investigations and institute disease control and contamination control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, vector control, condemnation of food supplies, and inspection and closure of facilities, consistent with those indicated in the *Control of Communicable Diseases Manual*, 20th edition, published by the American Public Health Association, or other measures he or she deems necessary based on his or her professional judgment, current standards of practice and the best available medical and scientific information.

(4) A local health department should seek agreements as necessary with tribal governments, with federal authorities or with state agencies or institutions of higher education that empower the local health officer to conduct investigations and institute control measures in accordance with WAC 246-100-040 on tribal lands, federal enclaves and military bases, and the campuses of state institutions. State institutions include, but are not limited to, state-operated colleges and universities, schools, hospitals, prisons, group homes, juvenile detention centers, institutions for juvenile delinquents, and residential habilitation centers.

[Statutory Authority: RCW 43.20.050. WSR 15-05-014, § 246-100-036, filed 2/6/15, effective 3/9/15; WSR 03-17-022, § 246-100-036, filed 8/13/03, effective 9/13/03. Statutory Authority: RCW 43.20.050 (2) (d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-036, filed 2/13/03, effective 2/13/03. Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-100-036, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-036, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. WSR 97-15-099, § 246-100-036, filed 7/21/97, effective 7/21/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-036, filed

12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-036, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-02-008 (Order 324), § 248-100-036, filed 12/27/88. Statutory Authority: RCW 43.20.050. WSR 88-07-063 (Order 308), § 248-100-036, filed 3/16/88.]

WAC 246-100-040 Procedures for isolation or quarantine. (1) At his or her sole discretion, a local health officer may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine in accordance with subsection (3) of this section, or may petition the superior court *ex parte* for an order to take the person or group of persons into involuntary detention for purposes of isolation or quarantine in accordance with subsection (4) of this section, provided that he or she:

(a) Has first made reasonable efforts, which shall be documented, to obtain voluntary compliance with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities, or has determined in his or her professional judgment that seeking voluntary compliance would create a risk of serious harm; and

(b) Has reason to believe that the person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; and

(c) Has reason to believe that the person or group of persons would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine.

(2) A local health officer may invoke the powers of police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department to enforce immediately orders given to effectuate the purposes of this section in accordance with the provisions of RCW 43.20.050(4) and 70.05.120.

(3) If a local health officer orders the immediate involuntary detention of a person or group of persons for purposes of isolation or quarantine:

(a) The emergency detention order shall be for a period not to exceed ten days.

(b) The local health officer shall issue a written emergency detention order as soon as reasonably possible and in all cases within twelve hours of detention that shall specify the following:

(i) The identity of all persons or groups subject to isolation or quarantine;

(ii) The premises subject to isolation or quarantine;

(iii) The date and time at which isolation or quarantine commences;

(iv) The suspected communicable disease or infectious agent if known;

(v) The measures taken by the local health officer to seek voluntary compliance or the basis on which the local health officer determined that seeking voluntary compliance would create a risk of serious harm; and

(vi) The medical basis on which isolation or quarantine is justified.

(c) The local health officer shall provide copies of the written emergency detention order to the person or group of persons detained or, if the order applies to a group and it is impractical to provide individual copies, post copies in a conspicuous place in the premises where isolation or quarantine has been imposed.

(d) Along with the written order, and by the same means of distribution, the local health officer shall provide the person or group of persons detained with the following written notice:

NOTICE: You have the right to petition the superior court for release from isolation or quarantine in accordance with WAC 246-100-055. You have a right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.

(4) If a local health officer petitions the superior court *ex parte* for an order authorizing involuntary detention of a person or group of persons for purposes of isolation or quarantine pursuant to this section:

(a) The petition shall specify:

(i) The identity of all persons or groups to be subject to isolation or quarantine;

(ii) The premises where isolation or quarantine will take place;

(iii) The date and time at which isolation or quarantine will commence;

(iv) The suspected communicable disease or infectious agent if known;

(v) The anticipated duration of isolation or quarantine based on the suspected communicable disease or infectious agent if known;

(vi) The measures taken by the local health officer to seek voluntary compliance or the basis on which the local health officer determined that seeking voluntary compliance would create a risk of serious harm;

(vii) The medical basis on which isolation or quarantine is justified.

(b) The petition shall be accompanied by the declaration of the local health officer attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.

(c) Notice to the persons or groups identified in the petition shall be accomplished in accordance with the rules of civil procedure.

(d) The court shall hold a hearing on a petition filed pursuant to this section within seventy-two hours of filing, exclusive of Saturdays, Sundays, and holidays.

(e) The court shall issue the order if there is a reasonable basis to find that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others.

(f) A court order authorizing isolation or quarantine as a result of an *ex parte* hearing shall:

(i) Specify a maximum duration for isolation or quarantine not to exceed ten days;

(ii) Identify the isolated or quarantined persons or groups by name or shared or similar characteristics or circumstances;

(iii) Specify factual findings warranting isolation or quarantine pursuant to this section;

(iv) Include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section;

(v) Specify the premises where isolation or quarantine will take place; and

(vi) Be served on all affected persons or groups in accordance with the rules of civil procedure.

(5) A local health officer may petition the superior court for an order authorizing the continued isolation or quarantine of a person or group detained under subsections (3) or (4) of this section for a period up to thirty days.

(a) The petition shall specify:

(i) The identity of all persons or groups subject to isolation or quarantine;

(ii) The premises where isolation or quarantine is taking place;

(iii) The communicable disease or infectious agent if known;

(iv) The anticipated duration of isolation or quarantine based on the suspected communicable disease or infectious agent if known;

(v) The medical basis on which continued isolation or quarantine is justified.

(b) The petition shall be accompanied by the declaration of the local health officer attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.

(c) The petition shall be accompanied by a statement of compliance with the conditions and principles for isolation and quarantine contained in WAC 246-100-045.

(d) Notice to the persons or groups identified in the petition shall be accomplished in accordance with the rules of civil procedure.

(e) The court shall hold a hearing on a petition filed pursuant to this subsection within seventy-two hours of filing, exclusive of Saturdays, Sundays, and holidays. In extraordinary circumstances and for good cause shown, the local health officer may apply to continue the hearing date for up to ten days, which continuance the court may grant at its discretion giving due regard to the rights of the affected individuals, the protection of the public's health, the severity of the public health threat, and the availability of necessary witnesses and evidence.

(f) The court shall grant the petition if it finds that there is clear, cogent, and convincing evidence that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others.

(g) A court order authorizing continued isolation or quarantine as a result of a hearing shall:

(i) Specify a maximum duration for isolation or quarantine not to exceed thirty days;

(ii) Identify the isolated or quarantined persons or groups by name or shared or similar characteristics or circumstances;

(iii) Specify factual findings warranting isolation or quarantine pursuant to this section;

(iv) Include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section;

(v) Specify the premises where isolation or quarantine will take place; and

(vi) Be served on all affected persons or groups in accordance with the rules of civil procedure.

(6) Prior to the expiration of a court order for continued detention issued pursuant to subsection (5) of this section, the local health officer may petition the superior court to continue isolation or quarantine provided:

(a) The court finds there is a reasonable basis to require continued isolation or quarantine to prevent a serious and imminent threat to the health and safety of others.

(b) The order shall be for a period not to exceed thirty days.

(7) State statutes, rules, and state and federal emergency declarations governing procedures for detention, examination, counseling, testing, treatment, vaccination, isolation, or quarantine for specified health emergencies or specified communicable diseases, including, but not limited to, tuberculosis and HIV, shall supersede this section.

[Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-040, filed 2/13/03, effective 2/13/03.]

WAC 246-100-045 Conditions and principles for isolation or quarantine. The local health officer shall adhere to the following conditions and principles when isolating or quarantining a person or group of persons in accordance with WAC 246-100-040:

(1) Isolation or quarantine must be by the least restrictive means necessary to prevent the spread of a communicable or possibly communicable disease to others and may include, but are not limited to, confinement to private homes or other public or private premises;

(2) Isolated individuals must be confined separately from quarantined individuals;

(3) The health status of isolated or quarantined individuals must be monitored regularly to determine if they require continued isolation or quarantine;

(4) If a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a communicable or possibly communicable disease that the local health officer believes poses a significant threat to the health and safety of other quarantined individuals, he or she must promptly be placed in isolation;

(5) Isolated or quarantined individuals must be released as soon as practicable when the local health officer determines that they have been successfully decontaminated or that they pose no substantial risk of transmitting a communicable or possibly communicable disease that would constitute a serious or imminent threat to the health and safety of others;

(6) The needs of a person isolated or quarantined must be addressed to the greatest extent possible in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in isolation or quarantine and outside these settings, medication, and competent medical care;

(7) Premises used for isolation or quarantine must be maintained in a safe and hygienic manner to minimize the likelihood of further transmission of infection or other harm to persons isolated and quarantined;

(8) To the extent possible, cultural and religious beliefs should be considered in addressing the needs of individuals, and establishing and maintaining isolation or quarantine premises;

(9) Isolation or quarantine shall not abridge the right of any person to rely exclusively on spiritual means alone through prayer to treat a communicable or possibly communicable disease in accordance with religious tenets and practices, nor shall anything in this chapter be deemed to prohibit a person so relying who is infected with a contagious or communicable disease from being isolated or quarantined in a private place of his or her own choice, provided, it is approved by the local health officer, and all laws, rules and regulations governing control, sanitation, isolation and quarantine are complied with. At his or her sole discretion, the local health officer may isolate infected individuals declining treatment for the duration of their communicable infection.

[Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-045, filed 2/13/03, effective 2/13/03.]

WAC 246-100-050 Isolation or quarantine premises. (1) Entry into isolation or quarantine premises shall be restricted under the following conditions:

(a) The local health officer may authorize physicians, health care workers, or others access to individuals in isolation or quarantine pursuant to WAC 246-100-040 as necessary to meet the needs of isolated or quarantined individuals;

(b) No person, other than a person authorized by the local health officer, shall enter isolation or quarantine premises;

(c) Any person entering isolation or quarantine premises shall be provided with infection control training and may be required to wear personal protective equipment or receive vaccination as appropriate;

(d) Any person entering isolation or quarantine premises with or without authorization of the local health officer may be isolated or quarantined.

(2) Persons subject to isolation or quarantine and persons entering isolation or quarantine premises shall obey the rules established by the state board of health and the orders of the local health officer, and failure to do so shall constitute a misdemeanor consistent with the provisions of RCW 43.20.050(4) and 70.05.120.

[Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-050, filed 2/13/03, effective 2/13/03.]

WAC 246-100-055 Relief from isolation or quarantine. Any person or group of persons isolated or quarantined pursuant to this chapter may seek relief from the superior court.

(1) Any person or group of persons detained by order of a local health officer pursuant to WAC 246-100-040(3) may apply to the court for an order to show cause why the individual or group should not be released.

(a) The court shall rule on the application to show cause within forty-eight hours of its filing.

(b) If the court grants the application, the court shall schedule a hearing on the order to show cause as soon as practicable.

(c) The issuance of an order to show cause shall not stay or enjoin an isolation or quarantine order.

(2) An individual or group isolated or quarantined may request a hearing in the court for remedies regarding breaches to the conditions of isolation or quarantine required by WAC 246-100-045.

(3) A request for a hearing shall not stay or enjoin an isolation or quarantine order.

(4) Upon receipt of a request under this subsection alleging extraordinary circumstances justifying the immediate granting of relief, the court shall fix a date for hearing on the matters alleged as soon as practicable.

(5) Otherwise, upon receipt of a request under this section, the court shall fix a date for hearing on the matters alleged within five days from receipt of the request.

(6) In any proceedings brought for relief under this subsection, in extraordinary circumstances and for good cause shown, the local health authority may move the court to extend the time for a hearing, which extension the court in its discretion may grant giving due regard to the rights of the affected individuals, the protection of the public's health, the severity of the emergency and the availability of necessary witnesses and evidence.

(7) Any hearings for relief under this section involving a petitioner or petitioners judged to be contagious for a communicable disease will be conducted in a manner that utilizes appropriate infection control precautions and minimizes the risk of disease transmission.

[Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-055, filed 2/13/03, effective 2/13/03.]

WAC 246-100-060 Right to counsel. A person or group of persons isolated or quarantined pursuant to WAC 246-100-040 has a right to be represented by counsel if they so elect. If such person or group requests counsel and cannot afford counsel, the court shall appoint counsel consistent with the provisions of chapter 10.101 RCW. The local health officer must provide adequate means of communication between such persons or groups and their counsel.

[Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-060, filed 2/13/03, effective 2/13/03.]

WAC 246-100-065 Consolidation. In any proceedings brought pursuant to this chapter, to promote the fair and efficient operation of justice and having given due regard to the rights of affected persons, the severity of the threat to the public's health, and the availability of necessary witnesses and evidence, the court may order the consolidation of individual claims into group claims where:

(1) The number of individuals involved or to be affected is so large as to render individual participation impractical;

(2) There are questions of law or fact common to the individual claims or rights to be determined;

(3) The group claims or rights to be determined are typical of the affected persons' claims or rights; and

(4) The entire group will be adequately represented in the consolidation.

[Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-065, filed 2/13/03, effective 2/13/03.]

WAC 246-100-070 Enforcement of local health officer orders. (1)

An order issued by a local health officer in accordance with this chapter shall constitute the duly authorized application of lawful rules adopted by the state board of health and must be enforced by all police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department in accordance with RCW 43.20.050.

(2) Any person who shall violate any of the provisions of this chapter or any lawful rule adopted by the board shall be deemed guilty of a misdemeanor punishable as provided under RCW 43.20.050.

(3) Any person who shall fail or refuse to obey any lawful order issued by any local health officer shall be deemed guilty of a misdemeanor punishable as provided under RCW 70.05.120.

[Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-070, filed 2/13/03, effective 2/13/03.]

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

WAC 246-100-186 Special settings—Health care facilities.

Health care facilities shall:

(1) Adopt written policy and procedures restricting work of employees, staff, students, and volunteers diagnosed to have a communicable disease from direct contact with patients, residents, and recipients of care during the period of communicability when:

(a) Transmission of the disease to recipients of care or other employees can occur in that particular job environment, and

(b) The disease can cause serious illness.

(2) Permit employees, staff, students, and volunteers to return to work when measures have been taken to prevent transmission of disease if:

(a) Measures are consistent with recommendations of an infection control committee or equivalent authorized group if existing, and

(b) Measures are consistent with recommendations of local health officer.

(3) Comply with applicable state licensure law and department rules regarding communicable disease screening and control.

[Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-186, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-186, filed 3/16/88.]

WAC 246-100-191 Animals—General measures to prevent human disease. (1) The purpose of this rule is to protect the public from acquiring diseases transmissible by animals and animal products.

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

(a) "Carapace" means a hard bony outer covering, such as the fused dorsal plates of a turtle.

(b) "Immunocompromised" means having the immune system impaired or weakened as by drugs or illness.

(c) "Person" means any individual, corporation, company, association, society, firm, partnership, joint stock company, or governmental agency; or the authorized agents of these entities.

(d) "Poultry" means chickens, ducks, turkeys, and other domestic farm birds.

(e) "Turtles" means all animals commonly known as turtles, tortoises, terrapins, and all other animals of the order Testudinata, class Reptilia, except marine species in the families Dermachelidae and Chelonidae.

(f) "Vendor" means a person selling, trading, or transferring an animal to another person as a commercial activity.

(3) A vendor transferring a reptile, amphibian, or poultry chick for the purpose of being kept as a pet shall provide the buyer or recipient a written notification including:

(a) Information about possible human diseases contracted from reptiles, amphibians, or poultry chicks, such as Salmonella infection;

(b) Who is at greater risk for contracting and experiencing severe illness related to contact with reptiles, amphibians, and poultry chicks, such as young, elderly, and immunocompromised persons; and

(c) Disease prevention messages, such as proper hand washing and recommendations for high risk groups.

(4) To meet the requirements of subsection (3) of this section, vendors may use materials provided by the department and available at www.doh.wa.gov.

(5) Live turtles with a carapace length of less than four inches shall not be sold, held for sale, or offered for sale or distribution for the purpose of being kept as a pet.

(6) All persons are prohibited from selling products containing milk, meat, hides, or hair that is contaminated or suspected of being contaminated with anthrax as determined by the state health officer, local health officer, or a federal agency.

(7) All persons are prohibited from selling, transferring, or acquiring an animal or animal product associated with a zoonotic disease outbreak or suspected outbreak as determined by the state health officer, local health officer, or a federal agency.

[Statutory Authority: RCW 43.20.050 and 16.70.040(1). WSR 11-04-017, § 246-100-191, filed 1/21/11, effective 1/1/12. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-191, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-191, filed 3/16/88.]

WAC 246-100-192 Animals in public settings—Measures to prevent human disease. (1) The purpose of this rule is to protect the public from diseases transmitted to humans from animals in public settings.

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

(a) "Animal exhibitor" means a person with a valid class C certification as an exhibitor under the Animal Welfare Act, 7 U.S.C. 2131-2159.

(b) "Animal venue operator" means a person furnishing a setting where public contact with animals is encouraged such as a petting zoo, county fair, or horse or pony rides.

(c) "Immunocompromised" means having the immune system impaired or weakened as by drugs or illness.

(d) "Person" means any individual, corporation, company, association, society, firm, partnership, joint stock company, or governmental agency; or the authorized agents of these entities.

(3) Animal venue operators shall:

(a) Provide an accessible hand-washing station or alternative hand sanitizing method approved by the local health officer;

(b) Post a prominent sign in a simple and easy to understand format for visitors to see before they enter the animal exhibit area which warns that:

(i) Animals can carry germs that can make people sick, even animals that appear healthy;

(ii) Eating, drinking, or putting things in a person's mouth in animal areas could cause illness;

(iii) Older adults, pregnant women, immunocompromised people, and young children are more likely to become ill from contact with animals;

(iv) Young children and individuals with intellectual disabilities should be supervised in animal exhibit areas; and

(v) Strollers, baby bottles, pacifiers, and children's toys are not recommended in animal exhibit areas.

(c) Post a prominent sign at each exit of the animal exhibit area reminding visitors to wash their hands.

(4) To meet the requirements of subsections (3)(b) and (c) of this section, animal venue operators may use materials provided by the department and available at www.doh.wa.gov.

(5) Animal exhibitors and other persons legally responsible for animals in public settings shall:

(a) Observe animals daily for signs of illness;

(b) Prevent public contact with sick animals;

(c) As applicable, comply with WAC 246-100-197, Rabies—Measures to prevent human disease;

(d) As applicable, comply with WAC 246-100-201, Psittacosis—Measures to prevent human disease; and

(e) Comply with, and have in their possession, any local, state, or federally required documents allowing the exhibition of animals in public settings.

(6) Animal venue operators, animal exhibitors, other persons legally responsible for animals in public settings, and veterinarians shall cooperate with local health officer investigations and control measures for zoonotic disease.

[Statutory Authority: RCW 43.20.050 and 16.70.040(1). WSR 11-04-017, § 246-100-192, filed 1/21/11, effective 1/1/12.]

WAC 246-100-197 Rabies—Measures to prevent human disease. (1)

The purpose of this rule is to protect the public from rabies, a deadly disease.

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

(a) "Adequate anamnestic response" means paired serum specimens that show a two fold increase in titer between the first and second specimens, and show the second titer is above 0.5 IU/mL (1:50).

(b) "Animal exhibitor" means a person with a valid class C certification as an exhibitor under the Animal Welfare Act, 7 U.S.C. 2131-2159.

(c) "Cat" means an animal of the species *Felis domesticus*, and excludes felid hybrid animals.

(d) "Certificate of veterinary inspection" means a legible veterinary health inspection certificate on an official form (electronic or paper) from the state of origin or from Animal and Plant Health Inspection Service (APHIS), United States Department of Agriculture (USDA) executed by a licensed and accredited veterinarian or a veterinarian approved by APHIS, USDA.

(e) "Dog" means an animal of the species *Canis familiaris* and excludes canid hybrid animals.

(f) "Entry permit" means prior written permission from the director of the department of agriculture.

(g) "Euthanize" means to humanely destroy an animal by a method that involves instantaneous unconsciousness and immediate death or by a method that causes painless loss of consciousness and death during the loss of consciousness.

(h) "Ferret" means an animal of the species *Mustela furo*.

(i) "Hybrid" means any mammal which is the offspring of the reproduction between any species of:

(i) Wild canid or hybrid wild canid and a domestic dog or hybrid wild canid, or is represented by its owner to be a wolf hybrid, coyote hybrid, coy dog or any other kind of wild canid hybrid; or

(ii) Wild felid or hybrid wild felid and a domestic cat or hybrid wild felid or is represented by its owner to be a wild felid hybrid.

(j) "Livestock" means horses, mules, donkeys, cattle, bison, sheep, goats, swine, rabbits, llamas, alpacas, ratites, poultry, waterfowl, game birds, and other species so designated by statute. Livestock does not mean "wild animals" as defined in RCW 77.08.010.

(k) "Owner" means any person legally responsible for the care and actions of a pet animal.

(l) "Person" means any individual, corporation, company, association, society, firm, partnership, joint stock company, or governmental agency; or the authorized agents of these entities.

(m) "Prospective serologic monitoring protocol" means the protocol identified in Part I B.5 of the *Compendium of Animal Rabies Prevention and Control*, 2016.

(n) "Research facility" means a person with a valid class R certification as a research facility under the Animal Welfare Act, 7 U.S.C. 2131-2159.

(o) "USDA" means the United States Department of Agriculture.

(p) "Vaccination status" means one of the following:

(i) "Currently vaccinated" means a dog, cat, or ferret that has been initially vaccinated and revaccinated against rabies following veterinary and USDA-licensed rabies vaccine manufacturer instructions.

(ii) "Overdue for vaccination" means a dog, cat, or ferret that has not received a booster vaccination against rabies following veterinary and USDA-licensed rabies vaccine manufacturer instructions.

(iii) "Unvaccinated" means a dog, cat, or ferret that has never received a vaccination against rabies.

(q) "Wildlife rehabilitator" means a person with a valid permit as a wildlife rehabilitator under chapter 77.12 RCW.

(r) "Zoological park" means an accredited member of the American Zoo and Aquarium Association (AZA).

(3) An owner of a dog, cat, or ferret shall have it vaccinated and revaccinated against rabies following veterinary and USDA-licensed rabies vaccine manufacturer instructions. This requirement does not apply to animal shelters.

(4) Zoological parks and other types of animal exhibitors shall confine for a minimum of six months all wild-caught mammals susceptible to rabies and intended for public exhibition.

(5) The following restrictions apply to the importation and movement of certain mammals in Washington state.

(a) All persons are prohibited from acquiring, selling, bartering, exchanging, giving, purchasing, distributing, or trapping to retain any bat, skunk, fox, raccoon, or coyote, except a zoological park, animal exhibitor, research facility, or wildlife rehabilitator.

(b) All persons are prohibited from importing into the state any bat, skunk, fox, raccoon, or coyote, except a zoological park, animal exhibitor, or research facility under an entry permit issued by the director of the department of agriculture in consultation with the secretary of the department.

(c) Any person importing a dog internationally that requires confinement according to requirements of 42 C.F.R. 71.51, shall notify the secretary of the department within seventy-two hours of the animal's arrival in the state.

(6) When a local health officer receives a report that a dog, cat, ferret, or hybrid has been exposed to a rabid or suspected rabid animal, the local health officer shall assess the vaccination status of the animal. Based on the species and vaccination status of the animal, the local health officer may require any of the following:

(a) For currently vaccinated dogs, cats, and ferrets:

(i) Immediate veterinary care;

(ii) Immediate revaccination with a USDA-licensed rabies vaccine;

and

(iii) The animal be kept under the owner's control and observed for signs of illness in a manner considered appropriate by the local health officer for forty-five days from the date of suspected or known rabies exposure.

(b) For unvaccinated dogs, cats, and ferrets:

(i) Immediate euthanasia; or

(ii) Quarantine:

(A) Immediate veterinary care;

(B) Immediate vaccination with a USDA-licensed rabies vaccine;

and

(C) Confinement and observation for signs of illness in a manner considered appropriate by the local health officer for at least four months for dogs and cats, and at least six months for ferrets from the date of suspected or known rabies exposure.

(c) For dogs and cats overdue for vaccination with proof of having received a USDA-licensed rabies vaccine at least once:

(i) Immediate veterinary care;

(ii) Immediate vaccination with a USDA-licensed rabies vaccine;
and

(iii) The animal be kept under the owner's control and observed for signs of illness in a manner considered appropriate by the local health officer for forty-five days from the date of suspected or known rabies exposure.

(d) For dogs and cats overdue for vaccination without proof of having received a USDA-licensed rabies vaccine at least once:

(i) Immediate euthanasia; or

(ii) Quarantine:

(A) Immediate veterinary care;

(B) Immediate vaccination with a USDA-licensed rabies vaccine;
and

(C) Confinement and observation for signs of illness in a manner considered appropriate by the local health officer for at least four months from the date of suspected or known rabies exposure; or

(iii) An evaluation consistent with the prospective serologic monitoring protocol:

(A) Immediate veterinary care;

(B) Collection of a first blood sample for analysis;

(C) Immediately following collection of the first blood sample, vaccination with a USDA-licensed rabies vaccine;

(D) Collection of a second blood sample for analysis at least five days, but no later than seven days from the first blood sample collection; and

(E) Confinement in a manner considered appropriate by the local health officer until the results of the prospective serologic monitoring protocol are known.

(I) If the prospective serologic monitoring protocol results show the animal has an adequate anamnestic response to the rabies vaccination, the animal must be kept under the owner's control and observed for signs of illness in a manner considered appropriate by the local health officer for forty-five days from the date of the suspected or known rabies exposure.

(II) If the prospective serologic monitoring protocol shows the animal does not have an adequate anamnestic response to the rabies vaccination, the animal must be confined and observed for signs of illness in a manner considered appropriate by the local health officer for at least four months from the date of suspected or known rabies exposure.

(e) For ferrets overdue for vaccination:

(i) Immediate euthanasia; or

(ii) Quarantine:

(A) Immediate veterinary care;

(B) Immediate vaccination with a USDA-licensed rabies vaccine;
and

(C) Confinement and observation for signs of illness in a manner considered appropriate by the local health officer for at least six months from the date of suspected or known rabies exposure.

(f) For hybrids, euthanize immediately.

(7) The owner or caretaker of a dog, cat, or ferret that is confined or under observation as described in subsection (6) of this section shall report any illness in the animal to the local health officer. If signs suggestive of rabies develop, the local health officer may order the animal to be euthanized and tested for rabies.

(8) When a local health officer receives a report that a mammal has bitten or otherwise potentially exposed a person to rabies, the local health officer may institute any or all of the following:

(a) Order a healthy dog, cat, or ferret to be confined in a manner the local health officer considers appropriate and observed daily for at least ten days with any illness reported to the local health officer, and if signs suggestive of rabies develop, order the animal to be euthanized and tested for rabies;

(b) Order immediate euthanasia and rabies testing of any stray or unwanted dog, cat, or ferret; or

(c) Order euthanasia and rabies testing of any hybrid or other mammal that is not a livestock animal.

(9) When a mammal other than a bat is found to be rabid, the local health officer may institute additional community-wide measures as appropriate including, but not limited to, the following actions:

(a) Issuance of orders to pick up and impound stray and unlicensed dogs, cats, hybrids and ferrets;

(b) Issuance of orders to owners of dogs, cats, and ferrets requiring proof of rabies vaccination following veterinary and USDA-licensed rabies vaccine manufacturer instructions;

(c) Restriction of dogs, cats, hybrids, and ferrets to owners' or caretakers' premises except when on leash; or

(d) Provide public and professional outreach education.

(10) When mammals are displaced during or after a man made or natural disaster and require emergency sheltering, the local health officer may implement and coordinate rabies prevention and control measures as described in Part I B.8., Disaster Response of the *Compendium of Animal Rabies Prevention and Control*, 2016. A copy of this publication is available for review at the department's website, at www.doh.wa.gov.

(11) A person euthanizing a mammal for the purpose of rabies testing as described in this section shall prepare, package, and transport the specimens to be tested in a manner approved by the local health officer and according to the department's *Guidelines for the Submission of Specimens for Rabies Testing*, February 2011. This publication is available from the department at www.doh.wa.gov.

[Statutory Authority: RCW 43.20.050 and 16.70.040. WSR 17-15-021, § 246-100-197, filed 7/7/17, effective 8/7/17. Statutory Authority: RCW 43.20.050 and 16.70.040(1). WSR 11-04-017, § 246-100-197, filed 1/21/11, effective 1/1/12.]

WAC 246-100-201 Psittacosis—Measures to prevent human disease.

(1) The purpose of this rule is to protect the public from psittacosis.

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

(a) "Avian chlamydiosis" means a bacterial infection of birds caused by *Chlamydochlamydia psittaci*;

(b) "Person" means any individual, corporation, company, association, society, firm, partnership, joint stock company, or governmental agency; or the authorized agents of these entities;

(c) "Psittacine bird" means all birds commonly known as parrots, macaws, cockatoos, cockatiels, lovebirds, parakeets, and all other birds of the order Psittaciformes.

(d) "Psittacosis" means a bacterial infection of humans caused by *Chlamydophila psittaci*.

(e) "Vendor" means a person selling, trading, or transferring a bird to another person as a commercial activity.

(3) A vendor acquiring, selling, trading, or transferring a psittacine bird shall maintain a record of transfer for at least one year which includes:

(a) Date of transaction;

(b) Name, address, and telephone number of the persons involved in the transaction;

(c) Number and type, including the common name of the bird transferred.

(4) A vendor transferring a psittacine bird to a member of the general public shall provide each buyer or recipient with written information about psittacosis and avian chlamydiosis including:

(a) Signs of infection in a sick bird including nasal discharge, sneezing, coughing, ruffled feathers, lethargy, and diarrhea;

(b) Symptoms of psittacosis in a human including chills, fever, headache, cough, and muscle aches;

(c) A warning that nasal discharge and droppings of an infected or sick bird may cause illness in humans;

(d) A warning that healthy appearing birds can shed the harmful bacteria that can cause psittacosis intermittently and that shedding can be activated by stress factors such as relocation, shipping, crowding, chilling, and breeding; and

(e) A recommendation to consult a veterinarian or health care provider, as appropriate, if signs or symptoms occur.

(5) To meet the requirements of subsection (4) of this section, vendors may use materials provided by the department and available at www.doh.wa.gov.

(6) A vendor shall post a readable sign accessible to the general public with the information described in subsection (4) of this section.

(7) A person exhibiting or displaying a psittacine bird in a place or area used or occupied by the public shall exhibit the bird in a manner preventing human exposure to the bird and bird discharges except:

(a) In single-purpose pet shops and aviaries; and

(b) At bird shows if a room containing a bird is separated from other areas and activities, and the room entrance has a sign warning people about potential risk of psittacosis.

(8) The local health officer may initiate an epidemiologic investigation to control the transmission of *C. psittaci* to humans, which may include:

(a) Site visit to where the recently purchased infected bird is located and identification of the location where the bird was originally procured;

(b) Documenting the number and types of birds involved, the health status of potentially affected persons and birds, locations of facilities where birds were housed, relevant ventilation-related factors, treatment protocols, and examination of sales records; and

(c) Working with the bird vendor and vendor's veterinarian to test suspect birds using methods established in Appendix 1 of the *Compendium of Measures To Control Chlamydophila Psittaci Infection Among Humans (Psittacosis) and Pet Birds (Avian Chlamydiosis)*, 2009. A copy of this publication is available for review at the department's website at www.doh.wa.gov.

(9) When investigating a case of psittacosis, the local health officer may enforce requirements of this section on a nonpsittacine bird if there is suspected exposure of the nonpsittacine bird to an infected bird.

(10) Upon confirmation of avian chlamydiosis, a vendor shall cooperate with the local health officer and assume costs associated with actions required by the local health officer, which may include, but is not limited to, testing of potentially exposed humans; and quarantine, testing, appropriate antibiotic treatment, and destruction of birds.

(11) Any person receiving a psittacine bird from points outside Washington state shall:

(a) Refuse receipt of any bird originating from premises where avian chlamydiosis infection is suspected or known; and

(b) Refuse receipt of any bird from a premises quarantined for avian chlamydiosis.

[Statutory Authority: RCW 43.20.050 and 16.70.040(1). WSR 11-04-017, § 246-100-201, filed 1/21/11, effective 1/1/12. Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-100-201, filed 11/22/00, effective 12/23/00; WSR 92-02-019 (Order 225B), § 246-100-201, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-201, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-201, filed 3/16/88.]

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

WAC 246-100-203 Special diseases—Sexually transmitted diseases—Health officer orders.

(1) A state or local health officer within his or her jurisdiction may, in accordance with RCW 70.24.024, issue orders for medical examination, testing, and/or counseling, as well as orders to cease and desist specific activities, when he or she knows or has reason to believe that a person has a sexually transmitted disease and is engaging in conduct endangering the public health.

(a) For purposes of this section, "reason to believe" means a health officer's belief that is based on:

(i) Laboratory test results confirming or suggestive of a STD; or

(ii) A health care provider's direct observation of clinical signs confirming an individual has or is likely to have a STD; or

(iii) Information obtained directly from an individual infected with a STD about the identity of his or her sexual or needle-sharing contacts when:

(A) Contact with the infected individual occurred during a period when the disease may have been infectious; and

(B) The contact was sufficient to transmit the disease; and

(C) The infected individual is, in the health officer's judgment, credible and believable.

(b) "Conduct endangering the public health" for the purposes of RCW 70.24.024 and this section, means:

(i) Anal, oral, or vaginal intercourse for all sexually transmitted diseases;

(ii) For HIV and Hepatitis B:

(A) Anal, oral, or vaginal intercourse; and/or

(B) Sharing of injection equipment; and/or
(C) Donating or selling blood, blood products, body tissues, or semen; and

(iii) Activities described in (b) (i) and (ii) of this subsection resulting in introduction of blood, semen, and/or vaginal fluids to:

- (A) Mucous membranes;
- (B) Eyes;
- (C) Open cuts, wounds, lesions; or
- (D) Interruption of epidermis.

(c) State and local health officers and their authorized representatives shall have authority to issue written orders for medical examination, testing, and/or counseling under chapter 70.24 RCW, only after:

(i) All other efforts to protect public health have failed, including reasonable efforts to obtain the voluntary cooperation of the person to be affected by the order; and

(ii) They have sufficient evidence to "reasonably believe" the individual to be affected by the order:

- (A) Has a sexually transmitted disease; and
- (B) Is engaging in "conduct endangering public health"; and

(iii) They have investigated and confirmed the existence of "conduct endangering the public health" by:

(A) Interviewing sources to assess their credibility and accuracy; and

(B) Interviewing the person to be affected by the order; and

(iv) They have incorporated all information required in RCW 70.24.024 in a written order.

(d) State and local health officers and their authorized representatives shall have authority to issue written orders for treatment under RCW 70.24.022 only after laboratory test results or direct observation of clinical signs or assessment of clinical data by a physician confirm the individual has, or is likely to have, a sexually transmitted disease.

(e) State and local health officers and their authorized representatives shall have authority to issue written orders to cease and desist from specified activities under RCW 70.24.024 only after:

(i) They have determined the person to be affected by the order is engaging in "conduct endangering public health"; and

(ii) Laboratory test results, or direct observation of clinical signs or assessment of clinical data by a physician, confirm the individual has, or is likely to have, a sexually transmitted disease; and

(iii) They have exhausted procedures described in subsection (8) (a) of this section; and

(iv) They have enlisted, if appropriate, court enforcement of the orders described in (c) and (d) of this subsection.

(f) Written orders to cease and desist from specified activities shall be for an initial period of time not to exceed three months, and may be renewed by the health officer for periods of time not to exceed three months provided all requirements of RCW 70.24.024 regarding notification, confidentiality, right to a judicial hearing, and right to counsel are met again at the time of renewal.

(2) A state or local health officer within his or her jurisdiction may, in accordance with RCW 70.24.034, bring action in superior court to detain a person in a designated or approved facility when he or she knows or has reason to believe that person has a sexually transmitted disease and continues to engage in behaviors that present an imminent danger to the public health.

(a) "Behaviors that present an imminent danger to public health" or "BPID" for the purposes of detention in accordance with RCW 70.24.034 and this section means the following activities, under conditions specified below, performed by an individual with a laboratory-confirmed HIV infection:

(i) Anal or vaginal intercourse without a latex condom; or
(ii) Shared use of blood-contaminated injection equipment;
(iii) Donating or selling HIV-infected blood, blood products, or semen; and

(iv) Activities described in (a)(i) and (ii) of this subsection constitute BPID only if:

(A) The infected individual received post-test counseling as described in WAC 246-100-209 prior to repeating activities; and

(B) The infected individual did not inform the persons with whom the activities occurred of his or her infectious status.

(b) State and local health officers and their authorized representatives shall have authority to seek court orders for detainment under RCW 70.24.034 only for persons infected with HIV and only after:

(i) Exhausting procedures described in subsection (1) of this section; and

(ii) Enlisting, if appropriate, court enforcement of orders to cease and desist; and

(iii) Having sufficient evidence to "reasonably believe" the person is engaging in BPID.

(c) A local health officer may notify the state health officer if he or she determines:

(i) The criteria for BPID are met by an individual; and

(ii) Such individual fails to comply with a cease and desist order affirmed or issued by a court.

(d) A local or state health officer may request the prosecuting attorney to file an action in superior court to detain an individual specified in this subsection. The requesting local or state health officer or authorized representative shall:

(i) Notify the department prior to recommending the detainment setting where the individualized counseling and education plan may be carried out consistent with subsection (9)(d), (e), and (f) of this section;

(ii) Make a recommendation to the court for placement of such individual consistent with (e), (f), and (g) of this subsection; and

(iii) Provide to the court an individualized plan for education and counseling consistent with (f) of this subsection.

(e) State board of health requirements for detainment of individuals demonstrating BPID include:

(i) Sufficient number of staff, caregivers, and/or family members to:

(A) Provide round-the-clock supervision, safety of detainee, and security; and

(B) Limit and restrict activities to prevent BPID; and

(C) Make available any medical, psychological, or nursing care when needed; and

(D) Provide access to AIDS education and counseling; and

(E) Immediately notify the local or state health officer of unauthorized absence or elopement; and

(ii) Sufficient equipment and facilities to provide:

(A) Meals and nourishment to meet nutritional needs; and

(B) A sanitary toilet and lavatory; and

(C) A bathing facility; and

(D) Bed and clean bedding appropriate to size of detainee; and

(E) A safe detention setting appropriate to chronological and developmental age of detainee; and

(F) A private sleeping room; and

(G) Prevention of sexual exploitation;

(iii) Sufficient access to services and programs directed toward cessation of BPID and providing:

(A) Linguistically, socially, culturally, and developmentally appropriate ongoing AIDS education and counseling; and

(B) Psychological and psychiatric evaluation and counseling; and

(C) Implementation of court-ordered plan for individualized counseling and education consistent with (g) of this subsection;

(iv) If required, provide access to isolation and/or restraint in accordance with restraint and seclusion rules in WAC 275-55-263 (2) (c);

(v) Maintain a safe, secure environment free from harassment, physical danger, and sexual exploitation.

(f) Washington state board of health standards for an individualized counseling and education plan for a detainee:

(i) Consideration of detainee's personal and environmental characteristics, culture, social group, developmental age, and language;

(ii) Identification of habitual and addictive behavior and relapse pattern;

(iii) Identification of unique risk factors and possible cross-addiction leading to behavior presenting imminent danger to public health;

(iv) Identification of obstacles to behavior change and determination of specific objectives for desired behavior;

(v) Provision of information about acquisition and transmission of HIV infection;

(vi) Teaching and training of individual coping skills to prevent relapse to BPID;

(vii) Specific counseling for chemical dependency, if required;

(viii) Identification of and assistance with access to community resources, including social services and self-help groups appropriate to provide ongoing support and maintenance of behavior change; and

(ix) Designation of a person primarily responsible for counseling and/or education who:

(A) Completed pretest and post-test counselor training approved by the office on AIDS; and

(B) Received training, as approved by the office on AIDS, focused on facilitating behavior change related to preventing BPID; and

(C) Has a postgraduate degree in social work, psychology, counseling, psychosocial nursing, or other allied profession; and

(D) Completed at least one year clinical experience after post-graduate education with a primary focus on individualized behavior change; and

(E) Is a certified counselor under chapter 18.19 RCW;

(x) Designation and provision of a qualified counselor under WAC 275-19-145 when the detainee is assessed to have a drug or alcohol problem.

(g) The state board of health designates the following settings appropriate for detainment provided a setting meets requirements in (e) (i), (ii), (iii), (iv), and (v) of this subsection:

(i) Homes, care facilities, or treatment institutions operated or contracted by the department;

- (ii) Private homes, as recommended by the local or state health officer;
- (iii) Assisted living facilities licensed under chapter 18.20 RCW;
- (iv) Nursing homes licensed under chapter 18.51 RCW;
- (v) Facilities licensed under chapter 71.12 RCW, including:
 - (A) Psychiatric hospitals, per chapter 246-322 WAC;
 - (B) Alcoholism treatment centers if certified for substance use under chapter 275-19 WAC;
 - (C) Adult residential rehabilitation centers, per chapter 246-325 WAC;
 - (D) Private adult treatment homes, per chapter 246-325 WAC;
 - (E) Residential treatment facilities for psychiatrically impaired children and youth, per chapter 246-323 WAC;
- (vi) A hospital licensed under chapter 70.41 RCW.

[Statutory Authority: RCW 70.24.130 and 2012 c 10. WSR 14-08-046, § 246-100-203, filed 3/27/14, effective 4/27/14. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-203, filed 5/18/05, effective 6/18/05.]

WAC 246-100-204 Special diseases—Human immunodeficiency virus (HIV)—Absence of HIV as an occupational qualification. For the purpose of RCW 49.60.172 concerning the absence of HIV infection as a bona fide occupational qualification only, "significant risk" means a job qualification which requires person-to-person contact likely to result in direct introduction of blood into the eye, an open cut or wound, or other interruption of the epidermis, when:

- (1) No adequate barrier protection is practical; and
- (2) Determined only on case-by-case basis consistent with RCW 49.60.180.

[Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-204, filed 5/18/05, effective 6/18/05.]

WAC 246-100-205 Special diseases—HIV—Testing and counseling following occupational exposure. A person who has experienced a substantial exposure to another person's bodily fluids in a manner that presents a possible risk of transmission of HIV, and who is exposed while engaged in a category of employment determined to be at risk of substantial exposure to HIV, may ask a state or local health officer to order pretest counseling, HIV testing, and post-test counseling of the person who was the source of the bodily fluids in accordance with RCW 70.24.340.

- (1) Substantial exposure that presents a possible risk of transmission shall be limited to:
 - (a) A physical assault upon the exposed person involving blood or semen;
 - (b) Intentional, unauthorized, nonconsensual use of needles or sharp implements to inject or mutilate the exposed person; or
 - (c) An accidental parenteral or mucous membrane or nonintact skin exposure to blood, semen, or vaginal fluids.
- (2) The alleged exposure must have occurred on the job while the individual was employed or acting as an authorized volunteer in one of

the following employment categories that are at risk of substantial exposure to HIV:

- (a) Law enforcement officer;
- (b) Firefighter;
- (c) Health care provider;
- (d) Staff of health care facilities;
- (e) Funeral director; or
- (f) Embalmer.

(3) The health officer shall:

(a) Determine that the alleged exposure meets the criteria established in this section for substantial exposure that presents a possible risk of transmission; and

(b) Ensure that pretest counseling of the individual to be tested, or a legal representative, occurs; and

(c) Arrange for testing of the individual who is the source of the exposure to occur within seven days of the request from the person exposed; and

(d) Ensure that records on HIV testing ordered by a health officer are maintained only by the ordering health officer.

(4) The health officer, as a precondition for ordering counseling and testing of the person who was the source of the bodily fluids, may require that the exposed individual agree to be tested for HIV if such testing is determined appropriate by the health officer.

(5) This section does not apply to the department of corrections or to inmates in its custody or subject to its jurisdiction.

[Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-205, filed 5/18/05, effective 6/18/05.]

WAC 246-100-206 Special diseases—HIV—Testing and counseling of jail detainees. Jail administrators, with the approval of the local public health officer, may order pretest counseling, HIV testing and post-test counseling of a jail detainee in accordance with RCW 70.24.360, provided that the local public health officer determines that the detainee's actual or threatened behavior presents a possible risk to the staff, general public, or other persons.

(1) Actual behaviors present a possible risk if they result in "exposure presenting a possible risk" and involve one of the following actions:

(a) Anal, oral, or vaginal intercourse excluding conjugal visits;

or

(b) Physical assault; or

(c) Sharing of injection equipment or sharp implements; or

(d) Throwing or smearing of blood, semen, or vaginal fluids; or

(2) Threatened behaviors present a "possible risk" if:

(a) The threatening individual states he or she is infected with HIV; and

(b) The threatened behavior is listed in subsection (1)(a), (b), (c), or (d) of this section; and

(c) The threatened behavior could result in "exposure presenting a possible risk."

(3) For purposes of subsections (1) and (2) of this section, "exposure presenting possible risk" means one or more of the following:

(a) Introduction of blood, semen, or vaginal fluids into:

(i) A body orifice or a mucous membrane;

- (ii) The eye; or
- (iii) An open cut, wound, lesion, or other interruption of the epidermis.
- (b) A needle puncture or penetrating wound resulting in exposure to blood, semen, and/or vaginal fluids.
- (4) Jail administrators may order pretest counseling, post-test counseling, and HIV testing only under the following conditions:
 - (a) The jail administrator documents and reports to the local health officer, within seven days after the incident, any incident perceived to be actual or threatened "behaviors presenting possible risk"; and
 - (b) The local health officer:
 - (i) Determines the documented behavior or behaviors meet the criteria established in this section for behaviors presenting a "possible risk"; and
 - (ii) Interviews the detained individual to evaluate the factual basis for alleged actual or threatened behavior; and
 - (iii) Makes a fact determination, based upon the documented behavior, the interview with the detained individual, and/or independent investigation, that sufficient factual evidence exists to support the allegation of actual or threatened "behaviors presenting possible risk"; and
 - (iv) Arranges for testing of the individual who is the source of the behavior to occur within seven days of the request from the jail administrator; and
 - (v) Reviews with the detained individual who is the source of the behavior the documentation of the actual or threatened behavior to try to assure understanding of the basis for HIV testing; and
 - (vi) Provides written approval of the jail administrator's order prior to HIV testing.
 - (c) The jail administrator maintains HIV test results and identity of the tested individual as a confidential, nondisclosable record, as provided in RCW 70.24.105.

[Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-206, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.380. WSR 02-12-106, § 246-100-206, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-206, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. WSR 97-15-099, § 246-100-206, filed 7/21/97, effective 7/21/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-206, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-206, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-07-095 (Order 325), § 248-100-206, filed 3/22/89; WSR 88-21-093 (Order 322), § 248-100-206, filed 10/19/88; WSR 88-17-056 (Order 316), § 248-100-206, filed 8/17/88. Statutory Authority: RCW 43.20.050. WSR 87-11-047 (Order 302), § 248-100-206, filed 5/19/87.]

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, 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 and 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) Explain that donations are tested to prevent contamination of the blood supply, tissue, or organ bank donations;

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

(c) 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 70.24.380. WSR 18-23-056, § 246-100-207, filed 11/15/18, effective 12/16/18; WSR 13-03-110, § 246-100-207, filed 1/17/13, effective 2/17/13. Statutory Authority: RCW 70.24.130. WSR 10-01-082, § 246-100-207, filed 12/15/09, effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-207, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.380. WSR 02-12-106, § 246-100-207, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-207, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.380. WSR 97-04-041, § 246-100-207, filed 1/31/97, effective 3/3/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-207, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 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. WSR 89-20-006 (Order 334), § 248-100-207, filed 9/22/89, effective 10/23/89. Statutory Authority: Chapter 70.24 RCW. WSR 89-14-003 (Order

329), § 248-100-207, filed 6/22/89; WSR 88-17-058 (Order 318), § 248-100-207, filed 8/17/88.]

WAC 246-100-208 Counseling standard—HIV 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 HIV counseling as defined in WAC 246-100-011(2);

(b) 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) Principal health care providers shall counsel or ensure HIV 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.

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

[Statutory Authority: RCW 70.24.380. WSR 18-23-056, § 246-100-208, filed 11/15/18, effective 12/16/18. Statutory Authority: RCW 70.24.130. WSR 10-01-082, § 246-100-208, filed 12/15/09, effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-208, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.380. WSR 02-12-106, § 246-100-208, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-208, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-208, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-208, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 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. WSR 10-01-082, § 246-100-209, filed 12/15/09, effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-209, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 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. WSR 97-15-099, § 246-100-209, filed 7/21/97, effective 7/21/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-209, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-209, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-02-008 (Order 324), § 248-100-209, filed 12/27/88; WSR 88-17-058 (Order 318), § 248-100-209, filed 8/17/88.]

WAC 246-100-211 Special diseases—Tuberculosis. (1) Health care providers diagnosing or caring for a person with tuberculosis, whether pulmonary or nonpulmonary, shall:

(a) Report the case to the local health officer or local health department in accordance with the provisions of this chapter, and

(b) Report patient status to the local health officer every three months or as requested.

(2) The local health officer or local health department shall:

(a) Have primary responsibility for control of tuberculosis within the designated jurisdiction;

(b) Maintain a tuberculosis control program including:

(i) Prophylaxis,

(ii) Treatment,

(iii) Surveillance,

(iv) Case finding,

(v) Contact tracing, and

(vi) Other aspects of epidemiologic investigation;

(c) Maintain a tuberculosis register of all persons with tuberculosis, whether new or recurrent, within the local jurisdiction including information about:

- (i) Identification of patient,
- (ii) Clinical condition,
- (iii) Epidemiology of disease,
- (iv) Frequency of examinations;
- (d) Impose isolation of a person with tuberculosis in an infectious stage if that person does not observe precautions to prevent the spread of the infection;
- (e) Designate the place of isolation when imposed;
- (f) Release the person from isolation when appropriate;
- (g) Maintain and provide outpatient tuberculosis diagnostic and treatment services as necessary, including public health nursing services and physician consultation; and
- (h) Submit reports of all cases to the department in accordance with the provisions of this chapter.
- (3) When a person with tuberculosis requires hospitalization,
 - (a) Hospital admission shall occur in accordance with procedures arranged by the local health officer and the medical director or administrator of the hospital, and
 - (b) The principal health care provider shall:
 - (i) Maintain responsibility for deciding date of discharge, and
 - (ii) Notify the local health officer of intended discharge in order to assure appropriate outpatient arrangements.

[Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-211, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-211, filed 5/19/87.]